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|                                                                                                                                                           |                                                                                                                                                                                                                                                                                                          |                                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| Form 990<br><br><br>Department of the Treasury<br>Internal Revenue Service | <b>Return of Organization Exempt From Income Tax</b><br><br><b>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)</b><br><br>▶ The organization may have to use a copy of this return to satisfy state reporting requirements | OMB No 1545-0047                 |
|                                                                                                                                                           |                                                                                                                                                                                                                                                                                                          | <b>2011</b>                      |
|                                                                                                                                                           |                                                                                                                                                                                                                                                                                                          | <b>Open to Public Inspection</b> |

|                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                              |                                                                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012</b>                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                              |                                                                                                                                                |
| <b>B</b> Check if applicable<br><input type="checkbox"/> Address change<br><br><input type="checkbox"/> Name change<br><br><input type="checkbox"/> Initial return<br><br><input type="checkbox"/> Terminated<br><br><input type="checkbox"/> Amended return<br><br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br>MIDWESTERN UNIVERSITY<br><br>Doing Business As<br><br>Number and street (or P O box if mail is not delivered to street address) Room/suite<br>555 31ST STREET<br><br>City or town, state or country, and ZIP + 4<br>DOWNERS GROVE, IL 60515 | <b>D Employer identification number</b><br><br>36-3377698                                                                                      |
|                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                              | <b>E Telephone number</b><br><br>(630) 515-7145                                                                                                |
|                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                              | <b>G</b> Gross receipts \$ 537,335,134                                                                                                         |
|                                                                                                                                                                                                                                                                                                                  | <b>F</b> Name and address of principal officer<br>KATHLEEN GOEPFINGER PHD<br>555 31ST STREET<br>DOWNERS GROVE,IL 60515                                                                                                                                                       | <b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                         |
|                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                              | <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list (see instructions) |
| <b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀(Insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527                                                                                                                   | <b>H(c)</b> Group exemption number ▶                                                                                                                                                                                                                                         |                                                                                                                                                |
| <b>J Website:</b> ▶ WWW.MIDWESTERN.EDU                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              |                                                                                                                                                |
| <b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶                                                                                                                               |                                                                                                                                                                                                                                                                              | <b>L</b> Year of formation 1900                                                                                                                |
|                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                              | <b>M</b> State of legal domicile IL                                                                                                            |

| Part I                                                                                   |                                                                                                                                                                                                                                                                                                            | Summary                   |              |
|------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|--------------|
| Activities & Governance                                                                  | <b>1</b> Briefly describe the organization's mission or most significant activities<br>MIDWESTERN UNIVERSITY'S HISTORICAL AND SUSTAINING PHILOSOPHY DEDICATES THE INSTITUTION AND ITS RESOURCES TO THE HIGHEST STANDARDS OF ACADEMIC EXCELLENCE TO MEET THE EDUCATIONAL NEEDS OF THE HEALTH CARE COMMUNITY |                           |              |
|                                                                                          |                                                                                                                                                                                                                                                                                                            |                           |              |
|                                                                                          |                                                                                                                                                                                                                                                                                                            |                           |              |
|                                                                                          |                                                                                                                                                                                                                                                                                                            |                           |              |
|                                                                                          | <b>2</b> Check this box <input checked="" type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets                                                                                                                                                 |                           |              |
|                                                                                          | <b>3</b> Number of voting members of the governing body (Part VI, line 1a) . . . . .                                                                                                                                                                                                                       | <b>3</b>                  | 18           |
|                                                                                          | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . .                                                                                                                                                                                                           | <b>4</b>                  | 15           |
|                                                                                          | <b>5</b> Total number of individuals employed in calendar year 2011 (Part V, line 2a) . . . . .                                                                                                                                                                                                            | <b>5</b>                  | 3,045        |
| <b>6</b> Total number of volunteers (estimate if necessary) . . . . .                    | <b>6</b>                                                                                                                                                                                                                                                                                                   | 3,474                     |              |
| <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 . . . . . | <b>7a</b>                                                                                                                                                                                                                                                                                                  | 0                         |              |
| <b>b</b> Net unrelated business taxable income from Form 990-T, line 34 . . . . .        | <b>7b</b>                                                                                                                                                                                                                                                                                                  |                           |              |
| Revenue                                                                                  | <b>8</b> Contributions and grants (Part VIII, line 1h) . . . . .                                                                                                                                                                                                                                           | Prior Year                | Current Year |
|                                                                                          | <b>9</b> Program service revenue (Part VIII, line 2g) . . . . .                                                                                                                                                                                                                                            | 2,255,718                 | 3,436,785    |
|                                                                                          | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . .                                                                                                                                                                                                                         | 216,952,195               | 259,938,254  |
|                                                                                          | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)                                                                                                                                                                                                                         | 5,950,312                 | 4,271,180    |
|                                                                                          | <b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .                                                                                                                                                                                                       | 2,399,209                 | 2,781,690    |
|                                                                                          |                                                                                                                                                                                                                                                                                                            | 227,557,434               | 270,427,909  |
| Expenses                                                                                 | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . . .                                                                                                                                                                                                                      | 1,631,658                 | 1,557,879    |
|                                                                                          | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . .                                                                                                                                                                                                                          | 0                         | 0            |
|                                                                                          | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)                                                                                                                                                                                                                | 105,197,024               | 124,897,675  |
|                                                                                          | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . .                                                                                                                                                                                                                         | 0                         | 0            |
|                                                                                          | <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <input checked="" type="checkbox"/> 434,678                                                                                                                                                                                             |                           |              |
|                                                                                          | <b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . .                                                                                                                                                                                                                           | 62,533,336                | 71,289,955   |
|                                                                                          | <b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)                                                                                                                                                                                                                         | 169,362,018               | 197,745,509  |
|                                                                                          | <b>19</b> Revenue less expenses Subtract line 18 from line 12 . . . . .                                                                                                                                                                                                                                    | 58,195,416                | 72,682,400   |
| Net Assets or Fund Balances                                                              |                                                                                                                                                                                                                                                                                                            | Beginning of Current Year | End of Year  |
|                                                                                          | <b>20</b> Total assets (Part X, line 16) . . . . .                                                                                                                                                                                                                                                         | 744,604,492               | 858,730,838  |
|                                                                                          | <b>21</b> Total liabilities (Part X, line 26) . . . . .                                                                                                                                                                                                                                                    | 369,511,510               | 426,456,585  |
|                                                                                          | <b>22</b> Net assets or fund balances Subtract line 21 from line 20 . . . . .                                                                                                                                                                                                                              | 375,092,982               | 432,274,253  |

|                                                                                                                                                                                                                                                                                                                       |                                                                           |                                                                                  |                                                 |                                                              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|----------------------------------------------------------------------------------|-------------------------------------------------|--------------------------------------------------------------|
| <b>Part II Signature Block</b>                                                                                                                                                                                                                                                                                        |                                                                           |                                                                                  |                                                 |                                                              |
| Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. |                                                                           |                                                                                  |                                                 |                                                              |
| Sign Here                                                                                                                                                                                                                                                                                                             | Signature of officer                                                      |                                                                                  | 2013-05-10<br>Date                              |                                                              |
|                                                                                                                                                                                                                                                                                                                       | KATHLEEN H GOEPFINGER PHD PRESIDENT & CEO<br>Type or print name and title |                                                                                  |                                                 |                                                              |
| Paid Preparer's Use Only                                                                                                                                                                                                                                                                                              | Preparer's signature                                                      | Date                                                                             | Check if self-employed <input type="checkbox"/> | Preparer's taxpayer identification number (see instructions) |
|                                                                                                                                                                                                                                                                                                                       | Firm's name (or yours if self-employed), address, and ZIP + 4             | ERNST & YOUNG US LLP<br>111 MONUMENT CIRCLE SUITE 2600<br>INDIANAPOLIS, IN 46204 |                                                 | EIN ▶                                                        |
|                                                                                                                                                                                                                                                                                                                       |                                                                           |                                                                                  |                                                 | Phone no ▶ (317) 681-7000                                    |
| May the IRS discuss this return with the preparer shown above? (see instructions) . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                  |                                                                           |                                                                                  |                                                 |                                                              |

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1

Briefly describe the organization’s mission

MIDWESTERN UNIVERSITY'S HISTORICAL AND SUSTAINING PHILOSOPHY DEDICATES THE INSTITUTION AND ITS RESOURCES TO THE HIGHEST STANDARDS OF ACADEMIC EXCELLENCE TO MEET THE EDUCATIONAL NEEDS OF THE HEALTH CARE COMMUNITY

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

If “Yes,” describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

If “Yes,” describe these changes on Schedule O

4

Describe the organization’s program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code ) (Expenses \$ 181,380,476 including grants of \$ 1,557,879 ) (Revenue \$ 261,420,687 )

SEE SCHEDULE O

4b

(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c

(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d

Other program services (Describe in Schedule O )

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e

Total program service expenses \$ 181,380,476

Part IV Checklist of Required Schedules

|     |                                                                                                                                                                                                                                                                                                                                                                                                 | Yes | No  |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|
| 1   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A                                                                                                                                                                              | 1   | Yes |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors (see 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   | <b>Section 501(c)(3) organizations.</b> 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 I                                                         | 6   | No  |
| 7   | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II                                                                                                | 7   | No  |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III                                                                                                                                                              | 8   | 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   | Yes |
| 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                                                                                                                                                                                                                                                  |     |     |
| a   | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.                                                                                                                                                                           | 11a | Yes |
| b   | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.                                                                                                       | 11b | No  |
| 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 | No  |
| 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 | No  |
| 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 | Yes |
| 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 | Yes |
| 15  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, 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? If "Yes," complete Schedule G, Part II . . . . .                                                                                                                   | 18  | Yes |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III . . . . .                                                                                                                                             | 19  | No  |
| 20a | Did the organization operate one or more hospitals? If "Yes," complete Schedule H . . . . .                                                                                                                                                                                                                                                                                                     | 20a | 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 |     |

Part 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? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .                                                          | 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? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .                                                                           | 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? <i>If "Yes," complete Schedule J</i> . . . . .                | 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? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25</i> . . . . . | 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 |     | No |
| 25a | <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</i> . . . . .       | 25b |     | No |
| 26  | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> . . . . .                                    | 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? <i>If "Yes," complete Schedule L, Part III</i> . . . . .            | 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? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .                                                                                                                                                                   | 28a |     | No |
| b   | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .                                                                                                                                                | 28b |     | No |
| c   | 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? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .                                                                       | 28c | Yes |    |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .                                                                                                                                                                  | 29  | Yes |    |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .                                                                                                  | 30  |     | No |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .                                                                                                                                                        | 31  |     | No |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .                                                                                                                                      | 32  |     | No |
| 33  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .                                                                                      | 33  |     | No |
| 34  | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . .                                                                                                                                         | 34  | Yes |    |
| 35a | Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?                                                                                                                                                                       | 35a | Yes |    |
| 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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .                                                                               | 35b | Yes |    |
| 36  | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .                                                                                           | 36  | Yes |    |
| 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? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .                                             | 37  |     | No |
| 38  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .                                                                                               | 38  | Yes |    |

|                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                               |     |       |  |    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-------|--|----|
| <div>Part V</div> <div>Statements Regarding Other IRS Filings and Tax Compliance</div>                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                               |     |       |  |    |
| Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                               |     |       |  |    |
|                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                               | Yes | No    |  |    |
| 1a                                                                                                                                                                                                                                                                      | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.<br>.                                                                                                                                                                                                                                                            | 1a  | 6,755 |  |    |
| b                                                                                                                                                                                                                                                                       | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.                                                                                                                                                                                                                                                              | 1b  | 0     |  |    |
| c                                                                                                                                                                                                                                                                       | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?                                                                                                                                                                                      | 1c  | Yes   |  |    |
| 2a                                                                                                                                                                                                                                                                      | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return.<br>.                                                                                                                                                            | 2a  | 3,045 |  |    |
| b                                                                                                                                                                                                                                                                       | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><br>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).                                                                                                              | 2b  | Yes   |  |    |
| 3a                                                                                                                                                                                                                                                                      | 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  |       |  |    |
| 4a                                                                                                                                                                                                                                                                      | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?                                                                                                                              | 4a  |       |  | No |
| b                                                                                                                                                                                                                                                                       | If "Yes," enter the name of the foreign country:<br>See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts                                                                                                                                                                             |     |       |  |    |
| 5a                                                                                                                                                                                                                                                                      | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?                                                                                                                                                                                                                                         | 5a  |       |  | No |
| b                                                                                                                                                                                                                                                                       | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?                                                                                                                                                                                                                              | 5b  |       |  | No |
| c                                                                                                                                                                                                                                                                       | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?                                                                                                                                                                                                                                                                             | 5c  |       |  |    |
| 6a                                                                                                                                                                                                                                                                      | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?                                                                                                                                                                   | 6a  | Yes   |  |    |
| b                                                                                                                                                                                                                                                                       | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?                                                                                                                                                                                                 | 6b  | Yes   |  |    |
| 7 Organizations that may receive deductible contributions under section 170(c).                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                               |     |       |  |    |
| a                                                                                                                                                                                                                                                                       | 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   |  |    |
| c                                                                                                                                                                                                                                                                       | 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.                                                                                                                                                                                                                                                                            | 7d  |       |  |    |
| e                                                                                                                                                                                                                                                                       | 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  |       |  |    |
| 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? |                                                                                                                                                                                                                                                                                                                                               | 8   |       |  |    |
| 9 Sponsoring organizations maintaining donor advised funds.                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                               |     |       |  |    |
| a                                                                                                                                                                                                                                                                       | Did the organization make any taxable distributions under section 4966?                                                                                                                                                                                                                                                                       | 9a  |       |  |    |
| b                                                                                                                                                                                                                                                                       | Did the organization make a distribution to a donor, donor advisor, or related person?                                                                                                                                                                                                                                                        | 9b  |       |  |    |
| 10 Section 501(c)(7) organizations. Enter                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                               |     |       |  |    |
| a                                                                                                                                                                                                                                                                       | Initiation fees and capital contributions included on Part VIII, line 12.                                                                                                                                                                                                                                                                     | 10a |       |  |    |
| b                                                                                                                                                                                                                                                                       | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.                                                                                                                                                                                                                                                  | 10b |       |  |    |
| 11 Section 501(c)(12) organizations. Enter                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                               |     |       |  |    |
| a                                                                                                                                                                                                                                                                       | Gross income from members or shareholders.                                                                                                                                                                                                                                                                                                    | 11a |       |  |    |
| b                                                                                                                                                                                                                                                                       | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).                                                                                                                                                                                                                  | 11b |       |  |    |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                               | 12a |       |  |    |
| b                                                                                                                                                                                                                                                                       | If "Yes," enter the amount of tax-exempt interest received or accrued during the year.                                                                                                                                                                                                                                                        | 12b |       |  |    |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers.                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                               |     |       |  |    |
| a                                                                                                                                                                                                                                                                       | Is the organization licensed to issue qualified health plans in more than one state?<br>Note. 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 the states in which the organization is licensed to issue qualified health plans.                                                                                                                                                                          | 13b |       |  |    |
| c                                                                                                                                                                                                                                                                       | Enter the aggregate amount of reserves on hand.                                                                                                                                                                                                                                                                                               | 13c |       |  |    |
| 14a 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 ☒

Section 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 . . . . .                                                                                                                                 |     |     |
| 1a | 18                                                                                                                                                                                                                            |     |     |
| b  | Enter the number of voting members included in line 1a, above, who are independent . . . . .                                                                                                                                  | 1b  | 15  |
| 2  | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .                                               | 2   | No  |
| 3  | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . . | 3   | No  |
| 4  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?                                                                                                              | 4   | No  |
| 5  | Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .                                                                                                          | 5   | No  |
| 6  | 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                                                                                              |     |     |
| a  | The governing body? . . . . .                                                                                                                                                                                                 | 8a  | Yes |
| 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 organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .        | 9   | No  |

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

|     |                                                                                                                                                                                                                                                                                                        |     |     |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|
|     |                                                                                                                                                                                                                                                                                                        | Yes | No  |
| 10a | 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 rise to conflicts? . . . . .                                                                                                                                                           | 12b | Yes |
| c   | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in 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?                                                                                   |     |     |
| a   | The organization's CEO, Executive Director, or top management official . . . . .                                                                                                                                                                                                                       | 15a | Yes |
| b   | Other officers or key employees of the organization . . . . .                                                                                                                                                                                                                                          | 15b | Yes |
|     | If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)                                                                                                                                                                                                                    |     |     |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .                                                                                                                                        | 16a | No  |
| b   | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its 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 |     |

Section C. Disclosure

|    |                                                                                                                                                                                                                                                                                                                                                         |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 17 | List the States with which a copy of this Form 990 is required to be filed ▶ _____                                                                                                                                                                                                                                                                      |
| 18 | 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.<br><input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request |
| 19 | 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.                                                                                                                                               |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶<br>DEAN MALONE<br>555 31ST STREET<br>DOWNERS GROVE, IL 60515<br>(630) 515-7145                                                                                                                                           |

Check if Schedule O contains a response to any question in this Part VII ☒

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

Form **990** (2011)



Part VIII

Statement of Revenue

|                                                           |                                                  |                                                                                                                                              |                | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under<br>sections<br>512, 513, or<br>514 |  |
|-----------------------------------------------------------|--------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------------------|----------------------------------------------------|-----------------------------------------|---------------------------------------------------------------------------------|--|
| Contributions, gifts, grants<br>and other similar amounts | 1a                                               | Federated campaigns . . .                                                                                                                    | 1a             |                      |                                                    |                                         |                                                                                 |  |
|                                                           | b                                                | Membership dues . . . . .                                                                                                                    | 1b             |                      |                                                    |                                         |                                                                                 |  |
|                                                           | c                                                | Fundraising events . . . . .                                                                                                                 | 1c             | 270,605              |                                                    |                                         |                                                                                 |  |
|                                                           | d                                                | Related organizations . . . .                                                                                                                | 1d             | 300,450              |                                                    |                                         |                                                                                 |  |
|                                                           | e                                                | Government grants (contributions)                                                                                                            | 1e             | 1,097,547            |                                                    |                                         |                                                                                 |  |
|                                                           | f                                                | All other contributions, gifts, grants, and<br>similar amounts not included above                                                            | 1f             | 1,768,183            |                                                    |                                         |                                                                                 |  |
|                                                           | g                                                | Noncash contributions included in<br>lines 1a-1f \$ 62,403                                                                                   |                |                      |                                                    |                                         |                                                                                 |  |
|                                                           | h                                                | Total. Add lines 1a-1f . . . . .                                                                                                             |                | 3,436,785            |                                                    |                                         |                                                                                 |  |
| Program Service Revenue                                   |                                                  |                                                                                                                                              | Business Code  |                      |                                                    |                                         |                                                                                 |  |
|                                                           | 2a                                               | Tuition & Fees                                                                                                                               | 611310         | 228,286,133          | 228,286,133                                        |                                         |                                                                                 |  |
|                                                           | b                                                | Post-Doctorate Program                                                                                                                       | 611310         | 18,333,973           | 18,333,973                                         |                                         |                                                                                 |  |
|                                                           | c                                                | Clinical Revenue                                                                                                                             | 621400         | 8,522,599            | 8,522,599                                          |                                         |                                                                                 |  |
|                                                           | d                                                | Student Housing                                                                                                                              | 721310         | 4,795,549            | 4,795,549                                          |                                         |                                                                                 |  |
|                                                           | e                                                |                                                                                                                                              |                |                      |                                                    |                                         |                                                                                 |  |
|                                                           | f                                                | All other program service revenue                                                                                                            |                |                      |                                                    |                                         |                                                                                 |  |
|                                                           | g                                                | Total. Add lines 2a-2f . . . . .                                                                                                             |                | 259,938,254          |                                                    |                                         |                                                                                 |  |
| Other Revenue                                             | 3                                                | Investment income (including dividends, interest<br>and other similar amounts) . . . . .                                                     |                | 2,871,063            |                                                    |                                         | 2,871,063                                                                       |  |
|                                                           | 4                                                | Income from investment of tax-exempt bond proceeds . .                                                                                       |                | 0                    |                                                    |                                         |                                                                                 |  |
|                                                           | 5                                                | Royalties . . . . .                                                                                                                          |                | 0                    |                                                    |                                         |                                                                                 |  |
|                                                           | 6a                                               | Gross rents                                                                                                                                  | (i) Real       | (ii) Personal        |                                                    |                                         |                                                                                 |  |
|                                                           |                                                  |                                                                                                                                              |                |                      |                                                    |                                         |                                                                                 |  |
|                                                           |                                                  |                                                                                                                                              |                |                      |                                                    |                                         |                                                                                 |  |
|                                                           |                                                  |                                                                                                                                              |                |                      |                                                    |                                         |                                                                                 |  |
|                                                           | b                                                | Less rental expenses                                                                                                                         |                |                      |                                                    |                                         |                                                                                 |  |
|                                                           | c                                                | Rental income or (loss)                                                                                                                      |                |                      |                                                    |                                         |                                                                                 |  |
|                                                           | d                                                | Net rental income or (loss) . . . . .                                                                                                        |                |                      |                                                    |                                         |                                                                                 |  |
|                                                           | 7a                                               | Gross amount from sales of<br>assets other than inventory                                                                                    | (i) Securities | (ii) Other           |                                                    |                                         |                                                                                 |  |
|                                                           |                                                  |                                                                                                                                              | 268,136,782    |                      |                                                    |                                         |                                                                                 |  |
|                                                           |                                                  |                                                                                                                                              | 266,736,665    |                      |                                                    |                                         |                                                                                 |  |
|                                                           |                                                  |                                                                                                                                              | 1,400,117      |                      |                                                    |                                         |                                                                                 |  |
|                                                           | d                                                | Net gain or (loss) . . . . .                                                                                                                 |                | 1,400,117            |                                                    |                                         | 1,400,117                                                                       |  |
|                                                           | 8a                                               | Gross income from fundraising events (not including<br>\$ 270,605<br>of contributions reported on line 1c)<br>See Part IV, line 18 . . . . . | a              | 113,308              |                                                    |                                         |                                                                                 |  |
|                                                           | b                                                | Less direct expenses . . . . .                                                                                                               | b              | 170,560              |                                                    |                                         |                                                                                 |  |
|                                                           | c                                                | Net income or (loss) from fundraising events . .                                                                                             |                | -57,252              |                                                    |                                         | -57,252                                                                         |  |
|                                                           | 9a                                               | Gross income from gaming activities<br>See Part IV, line 19 . . . . .                                                                        | a              |                      |                                                    |                                         |                                                                                 |  |
|                                                           | b                                                | Less direct expenses . . . . .                                                                                                               | b              |                      |                                                    |                                         |                                                                                 |  |
|                                                           | c                                                | Net income or (loss) from gaming activities . .                                                                                              |                | 0                    |                                                    |                                         |                                                                                 |  |
|                                                           | 10a                                              | Gross sales of inventory, less<br>returns and allowances . . . . .                                                                           | a              |                      |                                                    |                                         |                                                                                 |  |
| b                                                         | Less cost of goods sold . . . . .                | b                                                                                                                                            |                |                      |                                                    |                                         |                                                                                 |  |
| c                                                         | Net income or (loss) from sales of inventory . . |                                                                                                                                              | 0              |                      |                                                    |                                         |                                                                                 |  |
| Miscellaneous Revenue                                     |                                                  | Business Code                                                                                                                                |                |                      |                                                    |                                         |                                                                                 |  |
| 11a                                                       | Co-Funded Faculty                                | 900099                                                                                                                                       | 1,114,237      | 1,114,237            |                                                    |                                         |                                                                                 |  |
| b                                                         | Meal Plan                                        | 722320                                                                                                                                       | 286,053        |                      |                                                    | 286,053                                 |                                                                                 |  |
| c                                                         | Library Services                                 | 561499                                                                                                                                       | 276,619        |                      |                                                    | 276,619                                 |                                                                                 |  |
| d                                                         | All other revenue . . . . .                      |                                                                                                                                              | 1,162,033      | 368,196              |                                                    | 793,837                                 |                                                                                 |  |
| e                                                         | Total. Add lines 11a-11d . . . . .               |                                                                                                                                              | 2,838,942      |                      |                                                    |                                         |                                                                                 |  |
| 12                                                        | Total revenue. See Instructions . . . . .        |                                                                                                                                              | 270,427,909    | 261,420,687          |                                                    | 5,570,437                               |                                                                                 |  |

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 not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. |                                                                                                                                                                                                                                       | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------|----------------------------------------|-----------------------------|
| 1                                                                              | Grants and other assistance to governments and organizations in the United States See Part IV, line 21                                                                                                                                | 0                     |                                 |                                        |                             |
| 2                                                                              | Grants and other assistance to individuals in the United States See Part IV, line 22                                                                                                                                                  | 1,557,879             | 1,557,879                       |                                        |                             |
| 3                                                                              | Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16                                                                                                     | 0                     |                                 |                                        |                             |
| 4                                                                              | Benefits paid to or for members                                                                                                                                                                                                       | 0                     |                                 |                                        |                             |
| 5                                                                              | Compensation of current officers, directors, trustees, and key employees                                                                                                                                                              | 8,374,095             | 5,002,395                       | 3,371,700                              |                             |
| 6                                                                              | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)                                                                                         | 0                     |                                 |                                        |                             |
| 7                                                                              | Other salaries and wages                                                                                                                                                                                                              | 93,187,238            | 89,056,730                      | 3,890,891                              | 239,617                     |
| 8                                                                              | Pension plan contributions (include section 401(k) and section 403(b) employer contributions)                                                                                                                                         | 6,282,806             | 5,819,170                       | 448,828                                | 14,808                      |
| 9                                                                              | Other employee benefits                                                                                                                                                                                                               | 10,304,858            | 9,541,883                       | 738,606                                | 24,369                      |
| 10                                                                             | Payroll taxes                                                                                                                                                                                                                         | 6,748,678             | 6,249,781                       | 482,962                                | 15,935                      |
| 11                                                                             | Fees for services (non-employees)                                                                                                                                                                                                     |                       |                                 |                                        |                             |
| a                                                                              | Management                                                                                                                                                                                                                            | 0                     |                                 |                                        |                             |
| b                                                                              | Legal                                                                                                                                                                                                                                 | 1,579,234             | 679,393                         | 899,841                                |                             |
| c                                                                              | Accounting                                                                                                                                                                                                                            | 554,476               | 62,742                          | 491,734                                |                             |
| d                                                                              | Lobbying                                                                                                                                                                                                                              | 246,126               |                                 | 246,126                                |                             |
| e                                                                              | Professional fundraising See Part IV, line 17                                                                                                                                                                                         | 0                     |                                 |                                        |                             |
| f                                                                              | Investment management fees                                                                                                                                                                                                            | 935,724               | 93,572                          | 842,152                                |                             |
| g                                                                              | Other                                                                                                                                                                                                                                 | 7,660,201             | 7,039,449                       | 610,338                                | 10,414                      |
| 12                                                                             | Advertising and promotion                                                                                                                                                                                                             | 203,031               | 188,173                         | 10,719                                 | 4,139                       |
| 13                                                                             | Office expenses                                                                                                                                                                                                                       | 8,800,724             | 7,788,927                       | 971,965                                | 39,832                      |
| 14                                                                             | Information technology                                                                                                                                                                                                                | 1,217,180             | 1,200,753                       | 16,427                                 |                             |
| 15                                                                             | Royalties                                                                                                                                                                                                                             | 0                     |                                 |                                        |                             |
| 16                                                                             | Occupancy                                                                                                                                                                                                                             | 3,266,077             | 3,065,510                       | 200,567                                |                             |
| 17                                                                             | Travel                                                                                                                                                                                                                                | 1,271,841             | 890,672                         | 379,659                                | 1,510                       |
| 18                                                                             | Payments of travel or entertainment expenses for any federal, state, or local public officials                                                                                                                                        | 0                     |                                 |                                        |                             |
| 19                                                                             | Conferences, conventions, and meetings                                                                                                                                                                                                | 1,191,041             | 1,149,872                       | 34,614                                 | 6,555                       |
| 20                                                                             | Interest                                                                                                                                                                                                                              | 8,533,224             | 8,341,699                       | 191,525                                |                             |
| 21                                                                             | Payments to affiliates                                                                                                                                                                                                                | 0                     |                                 |                                        |                             |
| 22                                                                             | Depreciation, depletion, and amortization                                                                                                                                                                                             | 15,189,011            | 14,860,251                      | 328,760                                |                             |
| 23                                                                             | Insurance                                                                                                                                                                                                                             | 2,625,725             | 1,566,985                       | 1,058,740                              |                             |
| 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 )                                       |                       |                                 |                                        |                             |
| a                                                                              | CLINICAL FACULTY SERVICES                                                                                                                                                                                                             | 5,972,346             | 5,972,346                       |                                        |                             |
| b                                                                              | STUDENT HOUSING EXPENSE                                                                                                                                                                                                               | 4,157,876             | 4,157,876                       |                                        |                             |
| c                                                                              | BOOKS & PERIODICALS                                                                                                                                                                                                                   | 1,814,599             | 1,813,251                       | 1,348                                  |                             |
| d                                                                              | EDUCATION EXPENSE                                                                                                                                                                                                                     | 1,474,223             | 1,465,742                       | 8,296                                  | 185                         |
| e                                                                              |                                                                                                                                                                                                                                       |                       |                                 |                                        |                             |
| f                                                                              | All other expenses                                                                                                                                                                                                                    | 4,597,296             | 3,815,425                       | 704,557                                | 77,314                      |
| 25                                                                             | Total functional expenses. Add lines 1 through 24f                                                                                                                                                                                    | 197,745,509           | 181,380,476                     | 15,930,355                             | 434,678                     |
| 26                                                                             | Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation |                       |                                 |                                        |                             |

Part X

Balance Sheet

|                             |                                                                                                                                                         |                                                                                                                                                                                 |     |             | (A)               |     | (B)         |
|-----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-------------|-------------------|-----|-------------|
|                             |                                                                                                                                                         |                                                                                                                                                                                 |     |             | Beginning of year |     | End of year |
| Assets                      | 1                                                                                                                                                       | Cash—non-interest-bearing . . . . .                                                                                                                                             |     |             | 10,297            | 1   | 10,707      |
|                             | 2                                                                                                                                                       | Savings and temporary cash investments . . . . .                                                                                                                                |     |             | 61,706,923        | 2   | 120,166,654 |
|                             | 3                                                                                                                                                       | Pledges and grants receivable, net . . . . .                                                                                                                                    |     |             | 102,081           | 3   | 1,759,018   |
|                             | 4                                                                                                                                                       | Accounts receivable, net . . . . .                                                                                                                                              |     |             | 3,207,040         | 4   | 4,066,406   |
|                             | 5                                                                                                                                                       | Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .                   |     |             | 0                 | 5   | 0           |
|                             | 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 Schedule L . . . . .      |     |             | 0                 | 6   | 0           |
|                             | 7                                                                                                                                                       | Notes and loans receivable, net . . . . .                                                                                                                                       |     |             | 12,422,016        | 7   | 15,133,770  |
|                             | 8                                                                                                                                                       | Inventories for sale or use . . . . .                                                                                                                                           |     |             | 459,471           | 8   | 420,158     |
|                             | 9                                                                                                                                                       | Prepaid expenses and deferred charges . . . . .                                                                                                                                 |     |             | 1,825,240         | 9   | 2,171,361   |
|                             | 10a                                                                                                                                                     | Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D . . . . .                                                                                   | 10a | 587,771,208 |                   |     |             |
|                             | b                                                                                                                                                       | Less: accumulated depreciation . . . . .                                                                                                                                        | 10b | 117,072,827 | 426,749,168       | 10c | 470,698,381 |
|                             | 11                                                                                                                                                      | Investments—publicly traded securities . . . . .                                                                                                                                |     |             | 189,927,507       | 11  | 198,492,100 |
|                             | 12                                                                                                                                                      | Investments—other securities. See Part IV, line 11 . . . . .                                                                                                                    |     |             | 2,885,826         | 12  | 3,784,213   |
|                             | 13                                                                                                                                                      | Investments—program-related. See Part IV, line 11 . . . . .                                                                                                                     |     |             | 0                 | 13  | 0           |
|                             | 14                                                                                                                                                      | Intangible assets . . . . .                                                                                                                                                     |     |             | 0                 | 14  | 0           |
|                             | 15                                                                                                                                                      | Other assets. See Part IV, line 11 . . . . .                                                                                                                                    |     |             | 45,308,923        | 15  | 42,028,070  |
|                             | 16                                                                                                                                                      | <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .                                                                                                      |     |             | 744,604,492       | 16  | 858,730,838 |
| Liabilities                 | 17                                                                                                                                                      | Accounts payable and accrued expenses . . . . .                                                                                                                                 |     |             | 44,052,116        | 17  | 40,494,905  |
|                             | 18                                                                                                                                                      | Grants payable . . . . .                                                                                                                                                        |     |             | 6,681,586         | 18  | 7,685,371   |
|                             | 19                                                                                                                                                      | Deferred revenue . . . . .                                                                                                                                                      |     |             | 24,729,533        | 19  | 28,590,959  |
|                             | 20                                                                                                                                                      | Tax-exempt bond liabilities . . . . .                                                                                                                                           |     |             | 259,067,161       | 20  | 303,756,567 |
|                             | 21                                                                                                                                                      | Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .                                                                                                 |     |             | 0                 | 21  | 0           |
|                             | 22                                                                                                                                                      | Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .  |     |             | 0                 | 22  | 0           |
|                             | 23                                                                                                                                                      | Secured mortgages and notes payable to unrelated third parties . . . . .                                                                                                        |     |             | 0                 | 23  | 0           |
|                             | 24                                                                                                                                                      | Unsecured notes and loans payable to unrelated third parties . . . . .                                                                                                          |     |             | 0                 | 24  | 0           |
|                             | 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 D . . . . . |     |             | 34,981,114        | 25  | 45,928,783  |
|                             | 26                                                                                                                                                      | <b>Total liabilities.</b> Add lines 17 through 25 . . . . .                                                                                                                     |     |             | 369,511,510       | 26  | 426,456,585 |
| Net Assets or Fund Balances | <b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b> |                                                                                                                                                                                 |     |             |                   |     |             |
|                             | 27                                                                                                                                                      | Unrestricted net assets . . . . .                                                                                                                                               |     |             | 367,015,151       | 27  | 422,975,371 |
|                             | 28                                                                                                                                                      | Temporarily restricted net assets . . . . .                                                                                                                                     |     |             | 4,959,839         | 28  | 5,595,364   |
|                             | 29                                                                                                                                                      | Permanently restricted net assets . . . . .                                                                                                                                     |     |             | 3,117,992         | 29  | 3,703,518   |
|                             | <b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>                          |                                                                                                                                                                                 |     |             |                   |     |             |
|                             | 30                                                                                                                                                      | Capital stock or trust principal, or current funds . . . . .                                                                                                                    |     |             |                   | 30  |             |
|                             | 31                                                                                                                                                      | Paid-in or capital surplus, or land, building or equipment fund . . . . .                                                                                                       |     |             |                   | 31  |             |
|                             | 32                                                                                                                                                      | Retained earnings, endowment, accumulated income, or other funds . . . . .                                                                                                      |     |             |                   | 32  |             |
|                             | 33                                                                                                                                                      | <b>Total net assets or fund balances</b> . . . . .                                                                                                                              |     |             | 375,092,982       | 33  | 432,274,253 |
|                             | 34                                                                                                                                                      | <b>Total liabilities and net assets/fund balances</b> . . . . .                                                                                                                 |     |             | 744,604,492       | 34  | 858,730,838 |

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

|   |                                                                                                               |   |             |
|---|---------------------------------------------------------------------------------------------------------------|---|-------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12)                                                     | 1 | 270,427,909 |
| 2 | Total expenses (must equal Part IX, column (A), line 25)                                                      | 2 | 197,745,509 |
| 3 | Revenue less expenses Subtract line 2 from line 1                                                             | 3 | 72,682,400  |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                     | 4 | 375,092,982 |
| 5 | Other changes in net assets or fund balances (explain in Schedule O)                                          | 5 | -15,501,129 |
| 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 | 432,274,253 |

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

|    |                                                                                                                                                                                                                                                                                                                                                  | Yes | No |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1  | Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O                                                                      |     |    |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant?                                                                                                                                                                                                                                                  |     | No |
| b  | Were the organization's financial statements audited by an independent accountant?                                                                                                                                                                                                                                                               | Yes |    |
| c  | If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O | Yes |    |
| d  | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both<br><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis             |     |    |
| 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?                                                                                                                                                                                         | Yes |    |
| b  | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits                                                                                                                             | Yes |    |

SCHEDULE A  
(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

Open to Public  
Inspection

|                                                   |                                              |
|---------------------------------------------------|----------------------------------------------|
| Name of the organization<br>MIDWESTERN UNIVERSITY | Employer identification number<br>36-3377698 |
|---------------------------------------------------|----------------------------------------------|

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box )

1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2

☒

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )

3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )

6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II )

8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )

9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )

10

☐

An organization organized and operated exclusively to test for public safety Se**section 509(a)(4).**

11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h  

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

|          |     |    |
|----------|-----|----|
|          | Yes | No |
| 11g(i)   |     |    |
| 11g(ii)  |     |    |
| 11g(iii) |     |    |

| (i)<br>Name of supported organization | (ii)<br>EIN | (iii)<br>Type of organization (described on lines 1- 9 above or IRC section (see instructions)) | (iv)<br>Is the organization in col (i) listed in your governing document? |    | (v)<br>Did you notify the organization in col (i) of your support? |    | (vi)<br>Is the organization in col (i) organized in the U S ? |    | (vii)<br>Amount of support? |
|---------------------------------------|-------------|-------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|----|--------------------------------------------------------------------|----|---------------------------------------------------------------|----|-----------------------------|
|                                       |             |                                                                                                 | Yes                                                                       | No | Yes                                                                | No | Yes                                                           | No |                             |
|                                       |             |                                                                                                 |                                                                           |    |                                                                    |    |                                                               |    |                             |
|                                       |             |                                                                                                 |                                                                           |    |                                                                    |    |                                                               |    |                             |
|                                       |             |                                                                                                 |                                                                           |    |                                                                    |    |                                                               |    |                             |
|                                       |             |                                                                                                 |                                                                           |    |                                                                    |    |                                                               |    |                             |
|                                       |             |                                                                                                 |                                                                           |    |                                                                    |    |                                                               |    |                             |
|                                       |             |                                                                                                 |                                                                           |    |                                                                    |    |                                                               |    |                             |
| Total                                 |             |                                                                                                 |                                                                           |    |                                                                    |    |                                                               |    |                             |

Part II

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)  
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| Section A. Public Support                                                                                                                                                                             |          |          |          |          |          |           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in)                                                                                                                                                           | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")                                                                                                   |          |          |          |          |          |           |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf                                                                                                     |          |          |          |          |          |           |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge                                                                                             |          |          |          |          |          |           |
| 4 Total. Add lines 1 through 3                                                                                                                                                                        |          |          |          |          |          |           |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) |          |          |          |          |          |           |
| 6 Public Support. Subtract line 5 from line 4                                                                                                                                                         |          |          |          |          |          |           |

| Section B. Total Support                    |                                                                                                                                                                      |          |          |          |          |          |           |
|---------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) |                                                                                                                                                                      | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
| 7                                           | Amounts from line 4                                                                                                                                                  |          |          |          |          |          |           |
| 8                                           | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources                                       |          |          |          |          |          |           |
| 9                                           | Net income from unrelated business activities, whether or not the business is regularly carried on                                                                   |          |          |          |          |          |           |
| 10                                          | Other income (Explain in Part IV ) Do not include gain or loss from the sale of capital assets                                                                       |          |          |          |          |          |           |
| 11                                          | Total support (Add lines 7 through 10)                                                                                                                               |          |          |          |          |          |           |
| 12                                          | Gross receipts from related activities, etc (See instructions )                                                                                                      |          |          |          |          | 12       |           |
| 13                                          | 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 |                                                                                                                                                                                                                                                                                                                                                                                                        |                          |
|-----------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| 14                                                  | Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))                                                                                                                                                                                                                                                                                                                   | 14                       |
| 15                                                  | Public Support Percentage for 2010 Schedule A, Part II, line 14                                                                                                                                                                                                                                                                                                                                        | 15                       |
| 16a                                                 | <b>33 1/3% support test—2011.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization                                                                                                                                                                           | <input type="checkbox"/> |
| b                                                   | <b>33 1/3% support test—2010.</b> If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization                                                                                                                                                                    | <input type="checkbox"/> |
| 17a                                                 | <b>10%-facts-and-circumstances test—2011.</b> If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization      | <input type="checkbox"/> |
| b                                                   | <b>10%-facts-and-circumstances test—2010.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization | <input type="checkbox"/> |
| 18                                                  | <b>Private Foundation</b> If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions                                                                                                                                                                                                                                                                | <input type="checkbox"/> |

Part IIIPart 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 in)                                                                                                                                | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")                                                                        |          |          |          |          |          |           |
| 2 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 |          |          |          |          |          |           |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513                                                                             |          |          |          |          |          |           |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf                                                                          |          |          |          |          |          |           |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge                                                                  |          |          |          |          |          |           |
| 6 Total. Add lines 1 through 5                                                                                                                                             |          |          |          |          |          |           |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons                                                                                                |          |          |          |          |          |           |
| b 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                                                                                                                                                      |          |          |          |          |          |           |
| 8 Public Support (Subtract line 7c from line 6 )                                                                                                                           |          |          |          |          |          |           |

| Section B. Total Support                                                                                                                                                       |          |          |          |          |          |           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in)                                                                                                                                    | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
| 9 Amounts from line 6                                                                                                                                                          |          |          |          |          |          |           |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources                                             |          |          |          |          |          |           |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975                                                                      |          |          |          |          |          |           |
| c Add lines 10a and 10b                                                                                                                                                        |          |          |          |          |          |           |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on                                                 |          |          |          |          |          |           |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)                                                                             |          |          |          |          |          |           |
| 13 Total support (Add lines 9, 10c, 11 and 12.)                                                                                                                                |          |          |          |          |          |           |
| 14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b> |          |          |          |          |          |           |

| Section C. Computation of Public Support Percentage                                     |    |  |
|-----------------------------------------------------------------------------------------|----|--|
| 15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) | 15 |  |
| 16 Public support percentage from 2010 Schedule A, Part III, line 15                    | 16 |  |

| Section D. Computation of Investment Income Percentage                                                                                                                                                                                                                     |    |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--|
| 17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))                                                                                                                                                                               | 17 |  |
| 18 Investment income percentage from 2010 Schedule A, Part III, line 17                                                                                                                                                                                                    | 18 |  |
| 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 more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization         |    |  |
| b 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 18 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization |    |  |
| 20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions                                                                                                                                                  |    |  |

**Part IV** **Supplemental Information.** 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 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.

OMB No 1545-0047

2011

Open to Public Inspection

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

If the organization answered “Yes,” to Form 990, Part IV, Line 4, or Form 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 organization<br>MIDWESTERN UNIVERSITY | Employer identification number<br><br>36-3377698 |
|---------------------------------------------------|--------------------------------------------------|

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1

Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV
- 2

Political expenditures

▶ \$
- 3

Volunteer hours

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

- 1

Enter the amount of any excise tax incurred by the organization under section 4955

▶ \$
- 2

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?

☐ Yes

☐ No
- 4a

Was a correction made?

☐ Yes

☐ No
- b

If "Yes," describe in Part IV

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

- 1

Enter the amount directly expended by the filing organization for section 527 exempt function activities

▶ \$
- 2

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

▶ \$
- 4

Did the filing organization file Form 1120-POL for this year?

☐ Yes

☐ No
- 5

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

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds If none, enter -0- | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0- |
|----------|-------------|---------|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
|          |             |         |                                                                     |                                                                                                                                            |
|          |             |         |                                                                     |                                                                                                                                            |
|          |             |         |                                                                     |                                                                                                                                            |
|          |             |         |                                                                     |                                                                                                                                            |
|          |             |         |                                                                     |                                                                                                                                            |
|          |             |         |                                                                     |                                                                                                                                            |
|          |             |         |                                                                     |                                                                                                                                            |

Part II-A

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A
- Check
- ☐
- if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B
- Check
- ☐
- if the filing organization checked box A and "limited control" provisions apply

| Limits on Lobbying Expenditures<br>(The term "expenditures" means amounts paid or incurred.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                   | (a) Filing<br>Organization's<br>Totals          | (b) Affiliated<br>Group<br>Totals                        |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|----------------------------------------------------------|--------------------|------------------------------|-----------------------------------------|-------------------------------------------------|-------------------------------------------|---------------------------------------------------|--------------------------------------------|--------------------------------------------------|-------------------|-------------|--|--|
| 1a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 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                                                              |                                                 |                                                          |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| <table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table> |                                                                                                                                                   | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is:                       | Not over \$500,000 | 20% of the amount on line 1e | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000 | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000 | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000 | Over \$17,000,000 | \$1,000,000 |  |  |
| If the amount on line 1e, column (a) or (b) is:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | The lobbying nontaxable amount is:                                                                                                                |                                                 |                                                          |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| Not over \$500,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 20% of the amount on line 1e                                                                                                                      |                                                 |                                                          |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| Over \$500,000 but not over \$1,000,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | \$100,000 plus 15% of the excess over \$500,000                                                                                                   |                                                 |                                                          |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| Over \$1,000,000 but not over \$1,500,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | \$175,000 plus 10% of the excess over \$1,000,000                                                                                                 |                                                 |                                                          |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| Over \$1,500,000 but not over \$17,000,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | \$225,000 plus 5% of the excess over \$1,500,000                                                                                                  |                                                 |                                                          |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| Over \$17,000,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | \$1,000,000                                                                                                                                       |                                                 |                                                          |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| 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? |                                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |

4-Year Averaging Period Under Section 501(h)  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 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) 2011 | (e) Total |
| 2a Lobbying non-taxable amount                               |          |          |          |          |           |
| b Lobbying ceiling amount<br>(150% of line 2a, column(e))    |          |          |          |          |           |
| c Total lobbying expenditures                                |          |          |          |          |           |
| d Grassroots non-taxable amount                              |          |          |          |          |           |
| e Grassroots ceiling amount<br>(150% of line 2d, column (e)) |          |          |          |          |           |
| f Grassroots lobbying expenditures                           |          |          |          |          |           |

Part II-B

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

|    |                                                                                                                                                                                                                              | (a) |    | (b)     |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|---------|
|    |                                                                                                                                                                                                                              | Yes | No | Amount  |
| 1  | During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of |     |    |         |
| a  | Volunteers?                                                                                                                                                                                                                  | Yes |    |         |
| b  | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?                                                                                                                                 |     | No |         |
| c  | Media advertisements?                                                                                                                                                                                                        |     | No |         |
| d  | Mailings to members, legislators, or the public?                                                                                                                                                                             | Yes |    | 1,000   |
| e  | Publications, or published or broadcast statements?                                                                                                                                                                          |     | No |         |
| f  | Grants to other organizations for lobbying purposes?                                                                                                                                                                         |     | No |         |
| g  | Direct contact with legislators, their staffs, government officials, or a legislative body?                                                                                                                                  |     | No |         |
| h  | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?                                                                                                                                    |     | No |         |
| i  | Other activities? If "Yes," describe in Part IV                                                                                                                                                                              | Yes |    | 245,126 |
| j  | Total lines 1c through 1i                                                                                                                                                                                                    |     |    | 246,126 |
| 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                                                                                                                                   |     |    |         |
| d  | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?                                                                                                                                 |     |    |         |

Part III-A

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

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

Part III-B

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

|   |                                                                                                                                                                                                                                            |    |  |
|---|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--|
| 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).                                                                                |    |  |
| a | Current year                                                                                                                                                                                                                               | 2a |  |
| b | Carryover from last year                                                                                                                                                                                                                   | 2b |  |
| c | Total                                                                                                                                                                                                                                      | 2c |  |
| 3 | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues                                                                                                                                            | 3  |  |
| 4 | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | 4  |  |
| 5 | Taxable amount of lobbying and political expenditures (see instructions)                                                                                                                                                                   | 5  |  |

Part IV

Supplemental Information

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                                                                                                                                                                                                                                                                                                                                                     |
|------------------|---------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| OTHER ACTIVITIES | SCHEDULE C, PART II-B, LINE 1 I | The University engages two part-time third party lobbyists in order to secure funding for the university projects and programs and to monitor legislative matters related to the University's operations and educational purpose and its related powers, duties and interests. The amount included in part II-B, Line 1i are related directly to such purposes. |

SCHEDULE D

(Form 990)

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.**

OMB No 1545-0047

2011

Open to Public  
Inspection

**Name of the organization**  
MIDWESTERN UNIVERSITY

**Employer identification number**  
  
36-3377698

Part I

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 |
| 1 | Total number at end of year                                                                                                                                                                                                                                                                                                            |                              |
| 2 | Aggregate contributions to (during year)                                                                                                                                                                                                                                                                                               |                              |
| 3 | Aggregate grants from (during year)                                                                                                                                                                                                                                                                                                    |                              |
| 4 | Aggregate value at end of year                                                                                                                                                                                                                                                                                                         |                              |
| 5 | 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? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>                                                            |                              |
| 6 | Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div> |                              |

Part II

Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1

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

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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                                                        |
| a | Total number of conservation easements                                             |
| b | Total acreage restricted by conservation easements                                 |
| c | Number of conservation easements on a certified historic structure included in (a) |
| d | 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 ▶ \_\_\_\_\_

4

Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ \_\_\_\_\_

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

☐ Yes☐ No

9

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

Part III

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

1a

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

b

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▶ \$ \_\_\_\_\_

2

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

a

Revenues included in Form 990, Part VIII, line 1▶ \$ \_\_\_\_\_

b

Assets included in Form 990, Part X▶ \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** *(continued)*

**3** Using the organization’s accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- ☐ Public exhibition

☐ Loan or exchange programs
- ☐ Scholarly research

☐ Other
- ☐ Preservation for future generations

**4** Provide a description of the organization’s collections and explain how they further the organization’s exempt purpose in Part XIV

**5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization’s collection? ☐ **Yes** ☐ **No**

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ **Yes** ☒ **No**

**b** If "Yes," explain the arrangement in Part XIV and complete the following table

|           | Amount |
|-----------|--------|
| <b>1c</b> |        |
| <b>1d</b> |        |
| <b>1e</b> |        |
| <b>1f</b> |        |

**2a** Did the organization include an amount on Form 990, Part X, line 21? ☐ **Yes** ☒ **No**

**b** If "Yes," explain the arrangement in Part XIV

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

|                                                                   | (a)Current Year | (b)Prior Year | (c)Two Years Back | (d)Three Years Back | (e)Four Years Back |
|-------------------------------------------------------------------|-----------------|---------------|-------------------|---------------------|--------------------|
| <b>1a</b> Beginning of year balance . . . . .                     | 8,077,831       | 7,506,305     | 7,089,544         | 6,627,146           |                    |
| <b>b</b> Contributions . . . . .                                  | 1,199,400       | 734,209       | 520,987           | 667,136             |                    |
| <b>c</b> Investment earnings or losses . . . . .                  | 251,211         | 230,392       | 198,942           | 185,502             |                    |
| <b>d</b> Grants or scholarships . . . . .                         | 60,425          | 170,044       | 201,046           | 265,400             |                    |
| <b>e</b> Other expenditures for facilities and programs . . . . . | 151,343         | 167,152       | 99,807            | 99,079              |                    |
| <b>f</b> Administrative expenses . . . . .                        | 17,792          | 55,879        | 2,315             | 25,761              |                    |
| <b>g</b> End of year balance . . . . .                            | 9,298,882       | 8,077,831     | 7,506,305         | 7,089,544           |                    |

**2** Provide the estimated percentage of the year end balance held as

- Board designated or quasi-endowment ▶

0 %
- Permanent endowment ▶

39 820 %
- Term endowment ▶

60 180 %

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by

|                                                                                                        | Yes           | No |
|--------------------------------------------------------------------------------------------------------|---------------|----|
| <b>(i)</b> unrelated organizations . . . . .                                                           | <b>3a(i)</b>  | No |
| <b>(ii)</b> related organizations . . . . .                                                            | <b>3a(ii)</b> | No |
| <b>b</b> If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>3b</b>     |    |

**4** Describe in Part XIV the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

| Description of property                                                                                              | (a) Cost or other basis (investment) | (b)Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|----------------------------------------------------------------------------------------------------------------------|--------------------------------------|--------------------------------|------------------------------|----------------|
| <b>1a</b> Land . . . . .                                                                                             |                                      | 22,124,258                     |                              | 22,124,258     |
| <b>b</b> Buildings . . . . .                                                                                         |                                      | 469,596,719                    | 83,894,036                   | 385,702,683    |
| <b>c</b> Leasehold improvements . . . . .                                                                            |                                      |                                |                              |                |
| <b>d</b> Equipment . . . . .                                                                                         |                                      | 50,637,895                     | 33,178,791                   | 17,459,104     |
| <b>e</b> Other . . . . .                                                                                             |                                      | 45,412,336                     |                              | 45,412,336     |
| <b>Total.</b> Add lines 1a-1e <i>(Column (d) should equal Form 990, Part X, column (B), line 10(c).)</i> . . . . . ▶ |                                      |                                |                              | 470,698,381    |

| (a) Description of security or category<br>(including name of security)                                                                                      | (b) Book value | (c) Method of valuation<br>Cost or end-of-year market value |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------------------------------------------------|
| (1) Financial derivatives                                                                                                                                    |                |                                                             |
| (2) Closely-held equity interests                                                                                                                            |                |                                                             |
| Other                                                                                                                                                        |                |                                                             |
|                                                                                                                                                              |                |                                                             |
|                                                                                                                                                              |                |                                                             |
|                                                                                                                                                              |                |                                                             |
|                                                                                                                                                              |                |                                                             |
|                                                                                                                                                              |                |                                                             |
|                                                                                                                                                              |                |                                                             |
|                                                                                                                                                              |                |                                                             |
|                                                                                                                                                              |                |                                                             |
|                                                                                                                                                              |                |                                                             |
|                                                                                                                                                              |                |                                                             |
| <b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 12 )  |                |                                                             |

| (a) Description of investment type                                                                                                                             | (b) Book value | (c) Method of valuation<br>Cost or end-of-year market value |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------------------------------------------------|
|                                                                                                                                                                |                |                                                             |
|                                                                                                                                                                |                |                                                             |
|                                                                                                                                                                |                |                                                             |
|                                                                                                                                                                |                |                                                             |
|                                                                                                                                                                |                |                                                             |
|                                                                                                                                                                |                |                                                             |
|                                                                                                                                                                |                |                                                             |
|                                                                                                                                                                |                |                                                             |
|                                                                                                                                                                |                |                                                             |
| <b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 13 )  |                |                                                             |

| (a) Description                                                            | (b) Book value |
|----------------------------------------------------------------------------|----------------|
| (1) Due from affiliates                                                    | 7,188,200      |
| (2) Deferred bond issuance costs                                           | 4,761,580      |
| (3) Other current assets                                                   | 8,836          |
| (4) Self-insurance assets                                                  | 6,314,750      |
| (5) INT RATE PROTECTION AGREEMENTS                                         | 3,113,745      |
| (6) FICA RECAPTURE RECEIVABLE                                              | 19,738,183     |
| (7) 2008 BOND DISCOUNT                                                     | 181,609        |
| (8) DEFERRED COMPENSATION                                                  | 193,173        |
| (9) CASH VALUE-LIFE INSURANCE                                              | 527,994        |
| <b>Total.</b> (Column (b) should equal Form 990, Part X, col.(B) line 15.) | 42,028,070     |

| <b>(a)</b> Description of Liability                                        | <b>(b)</b> Amount |
|----------------------------------------------------------------------------|-------------------|
| Federal Income Taxes                                                       | 0                 |
| Other current liabilities                                                  | 3,995,835         |
| FICA recapture payable                                                     | 10,997,829        |
| Self-insurance liabilities                                                 | 5,219,259         |
| Interest rate protection agreements                                        | 11,537,521        |
| Refundable federal student loans                                           | 8,790,020         |
| PROFESS LIAB TAIL COVER                                                    | 57,000            |
| RETIREE BENEFITS                                                           | 2,497,056         |
| L-T DEFERRED PPD TUITION                                                   | 2,641,090         |
| DEFERRED COMPENSATION                                                      | 193,173           |
| <b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 25 ) | <b>45,928,783</b> |

**Schedule D (Form 990) 2011**

|                                                                                                |                                                                                 |           |  |
|------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|-----------|--|
| <b>Part XI    Reconciliation of Change in Net Assets from Form 990 to Financial Statements</b> |                                                                                 |           |  |
| <b>1</b>                                                                                       | Total revenue (Form 990, Part VIII, column (A), line 12)                        | <b>1</b>  |  |
| <b>2</b>                                                                                       | Total expenses (Form 990, Part IX, column (A), line 25)                         | <b>2</b>  |  |
| <b>3</b>                                                                                       | Excess or (deficit) for the year Subtract line 2 from line 1                    | <b>3</b>  |  |
| <b>4</b>                                                                                       | Net unrealized gains (losses) on investments                                    | <b>4</b>  |  |
| <b>5</b>                                                                                       | Donated services and use of facilities                                          | <b>5</b>  |  |
| <b>6</b>                                                                                       | Investment expenses                                                             | <b>6</b>  |  |
| <b>7</b>                                                                                       | Prior period adjustments                                                        | <b>7</b>  |  |
| <b>8</b>                                                                                       | Other (Describe in Part XIV)                                                    | <b>8</b>  |  |
| <b>9</b>                                                                                       | Total adjustments (net) Add lines 4 - 8                                         | <b>9</b>  |  |
| <b>10</b>                                                                                      | Excess or (deficit) for the year per financial statements Combine lines 3 and 9 | <b>10</b> |  |

|                                                                                                       |                                                                                                           |           |  |
|-------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------|--|
| <b>Part XII    Reconciliation of Revenue per Audited Financial Statements With Revenue per Return</b> |                                                                                                           |           |  |
| <b>1</b>                                                                                              | Total revenue, gains, and other support per audited financial statements . . . . .                        | <b>1</b>  |  |
| <b>2</b>                                                                                              | Amounts included on line 1 but not on Form 990, Part VIII, line 12                                        |           |  |
| <b>a</b>                                                                                              | Net unrealized gains on investments . . . . .                                                             | <b>2a</b> |  |
| <b>b</b>                                                                                              | Donated services and use of facilities . . . . .                                                          | <b>2b</b> |  |
| <b>c</b>                                                                                              | Recoveries of prior year grants . . . . .                                                                 | <b>2c</b> |  |
| <b>d</b>                                                                                              | Other (Describe in Part XIV) . . . . .                                                                    | <b>2d</b> |  |
| <b>e</b>                                                                                              | Add lines <b>2a</b> through <b>2d</b> . . . . .                                                           | <b>2e</b> |  |
| <b>3</b>                                                                                              | Subtract line <b>2e</b> from line <b>1</b> . . . . .                                                      | <b>3</b>  |  |
| <b>4</b>                                                                                              | Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>                                |           |  |
| <b>a</b>                                                                                              | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                                | <b>4a</b> |  |
| <b>b</b>                                                                                              | Other (Describe in Part XIV) . . . . .                                                                    | <b>4b</b> |  |
| <b>c</b>                                                                                              | Add lines <b>4a</b> and <b>4b</b> . . . . .                                                               | <b>4c</b> |  |
| <b>5</b>                                                                                              | Total Revenue Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 12 ) . . . . . | <b>5</b>  |  |

|                                                                                                          |                                                                                                            |           |  |
|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>Part XIII    Reconciliation of Expenses per Audited Financial Statements With Expenses per Return</b> |                                                                                                            |           |  |
| <b>1</b>                                                                                                 | Total expenses and losses per audited financial statements . . . . .                                       | <b>1</b>  |  |
| <b>2</b>                                                                                                 | Amounts included on line 1 but not on Form 990, Part IX, line 25                                           |           |  |
| <b>a</b>                                                                                                 | Donated services and use of facilities . . . . .                                                           | <b>2a</b> |  |
| <b>b</b>                                                                                                 | Prior year adjustments . . . . .                                                                           | <b>2b</b> |  |
| <b>c</b>                                                                                                 | Other losses . . . . .                                                                                     | <b>2c</b> |  |
| <b>d</b>                                                                                                 | Other (Describe in Part XIV) . . . . .                                                                     | <b>2d</b> |  |
| <b>e</b>                                                                                                 | Add lines <b>2a</b> through <b>2d</b> . . . . .                                                            | <b>2e</b> |  |
| <b>3</b>                                                                                                 | Subtract line <b>2e</b> from line <b>1</b> . . . . .                                                       | <b>3</b>  |  |
| <b>4</b>                                                                                                 | Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :                                 |           |  |
| <b>a</b>                                                                                                 | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                                 | <b>4a</b> |  |
| <b>b</b>                                                                                                 | Other (Describe in Part XIV) . . . . .                                                                     | <b>4b</b> |  |
| <b>c</b>                                                                                                 | Add lines <b>4a</b> and <b>4b</b> . . . . .                                                                | <b>4c</b> |  |
| <b>5</b>                                                                                                 | Total expenses Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 18 ) . . . . . | <b>5</b>  |  |

|                                                                                                                                                                                                                                                                                                                |                            |                                                                                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part XIV    Supplemental Information</b>                                                                                                                                                                                                                                                                    |                            |                                                                                                                                                                |
| Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information. |                            |                                                                                                                                                                |
| Identifier                                                                                                                                                                                                                                                                                                     | Return Reference           | Explanation                                                                                                                                                    |
| Describe the intended uses of the organization's endowment funds                                                                                                                                                                                                                                               | Schedule D, Part V, Line 4 | Restricted Endowment funds are used based on donor intent<br>The University has not relied on endowment spending to support operations or student scholarships |

Additional Data

Software ID:

Software Version:

EIN: 36-3377698

Name: MIDWESTERN UNIVERSITY

Form 990, Schedule D, Part IX, - Other Assets

| (a) Description                | (b) Book value |
|--------------------------------|----------------|
| Due from affiliates            | 7,188,200      |
| Deferred bond issuance costs   | 4,761,580      |
| Other current assets           | 8,836          |
| Self-insurance assets          | 6,314,750      |
| INT RATE PROTECTION AGREEMENTS | 3,113,745      |
| FICA RECAPTURE RECEIVABLE      | 19,738,183     |
| 2008 BOND DISCOUNT             | 181,609        |
| DEFERRED COMPENSATION          | 193,173        |
| CASH VALUE-LIFE INSURANCE      | 527,994        |

Form 990, Schedule D, Part X, - Other Liabilities

| 1 (a) Description of Liability      | (b) Amount |
|-------------------------------------|------------|
| Other current liabilities           | 3,995,835  |
| FICA recapture payable              | 10,997,829 |
| Self-insurance liabilities          | 5,219,259  |
| Interest rate protection agreements | 11,537,521 |
| Refundable federal student loans    | 8,790,020  |
| PROFESS LIAB TAIL COVER             | 57,000     |
| RETIREE BENEFITS                    | 2,497,056  |
| L-T DEFERRED PPD TUITION            | 2,641,090  |
| DEFERRED COMPENSATION               | 193,173    |

SCHEDULE E  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Schools

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization  
MIDWESTERN UNIVERSITY

Employer identification number  
36-3377698

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                  |    | YES | NO |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|----|
| <div>1</div> 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  | Yes |    |
|                                                                                                                                                                                                                                                                                                                                                                                                                         | 3  | Yes |    |
|                                                                                                                                                                                                                                                                                                                                                                                                                         | 4a | Yes |    |
| <div>2</div> 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?                                                                                                                                                         | 4b | Yes |    |
|                                                                                                                                                                                                                                                                                                                                                                                                                         | 4c | Yes |    |
|                                                                                                                                                                                                                                                                                                                                                                                                                         | 4d | Yes |    |
|                                                                                                                                                                                                                                                                                                                                                                                                                         | 5a |     | No |
| <div>3</div> 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 |    |     |    |

Part III 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).

| Identifier               | Return Reference           | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|--------------------------|----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SUPPLEMENTAL INFORMATION | SCHEDULE E, PART I, LINE 3 | Midwestern University maintains nondiscriminatory policies for all students regardless of race, color, gender, sexual preference, religion national or ethnic origin, disability, status as a veteran, marital status, or age. The nondiscriminatory policies are published in the following: 1) The AACOMAS (American Association of Colleges & Osteopathic Medicine) 2) Student Handbook 3) Course Catalog 4) Web Page. SCHEDULE E, PART I, LINE 6A Midwestern University received Federal Research Awards and participates in Federal loan programs. |



[illegible]

3 Enter total number of other organizations or entities . . . . . ►

## Part III

[illegible]

**Part IV Foreign Forms**

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)*

☒ Yes ☐ No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If " Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*

☐ Yes ☒ No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*

☐ Yes ☒ No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*

☐ Yes ☒ No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*

☐ Yes ☒ No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*

☐ Yes ☒ No

Part V

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

| Identifier                                                                 | Return Reference   | Explanation                                                                  |
|----------------------------------------------------------------------------|--------------------|------------------------------------------------------------------------------|
| Organization's Procedures for Monitoring Use of Grant Funds Outside the US | Schedule F, Part V | Annually the university participates in a medical mission to Central America |

| Identifier                                            | Return Reference                           | Explanation                                                            |
|-------------------------------------------------------|--------------------------------------------|------------------------------------------------------------------------|
| Method used to account for expenditures in the region | Schedule F, Part I, Question 3, Column (f) | Expenditures are reported on the financial statements in the year paid |

SCHEDULE G  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

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.

OMB No 1545-0047

2011

Open to Public  
Inspection

Name of the organization  
MIDWESTERN UNIVERSITY

Employer identification number  
36-3377698

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a

☐ Mail solicitations

b

☐ Internet and e-mail solicitations

c

☐ Phone solicitations

d

☐ In-person solicitations

e

☐ Solicitation of non-government grants

f

☐ Solicitation of government grants

g

☐ Special fundraising events

2a

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

☐ Yes ☐ No

b

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

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

3

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

|                 |                                                                         | (a) Event #1                    | (b) Event #2                   | (c) Other Events    | (d) Total Events                 |
|-----------------|-------------------------------------------------------------------------|---------------------------------|--------------------------------|---------------------|----------------------------------|
|                 |                                                                         | Scholarship Din<br>(event type) | MWU Golf Outng<br>(event type) | 1<br>(total number) | (Add col (a) through<br>col (c)) |
| Revenue         | 1 Gross receipts . . . .                                                | 179,501                         | 151,218                        | 53,194              | 383,913                          |
|                 | 2 Less Charitable contributions . . . .                                 | 123,050                         | 110,965                        | 36,590              | 270,605                          |
|                 | 3 Gross income (line 1 minus line 2) . . . .                            | 56,451                          | 40,253                         | 16,604              | 113,308                          |
| Direct Expenses | 4 Cash prizes . . . .                                                   |                                 |                                |                     |                                  |
|                 | 5 Non-cash prizes . . . .                                               | 5,643                           | 4,517                          | 5,076               | 15,236                           |
|                 | 6 Rent/facility costs . . . .                                           | 21,000                          | 29,364                         | 9,776               | 60,140                           |
|                 | 7 Food and beverages . . . .                                            | 41,708                          | 14,425                         | 8,499               | 64,632                           |
|                 | 8 Entertainment . . . .                                                 | 5,747                           |                                |                     | 5,747                            |
|                 | 9 Other direct expenses . . . .                                         | 15,502                          | 2,589                          | 6,714               | 24,805                           |
|                 | 10 Direct expense summary Add lines 4 through 9 in column (d) . . . . . |                                 |                                |                     | ( 170,560 )                      |
|                 | 11 Net income summary Combine lines 3 and 10 in column (d). . . . .     |                                 |                                |                     | -57,252                          |

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

|                 |                                                                           | (a) Bingo                                                         | (b) Pull tabs/Instant<br>bingo/progressive bingo                  | (c) Other gaming                                                  | (d) Total gaming                 |
|-----------------|---------------------------------------------------------------------------|-------------------------------------------------------------------|-------------------------------------------------------------------|-------------------------------------------------------------------|----------------------------------|
|                 |                                                                           |                                                                   |                                                                   |                                                                   | (Add col (a) through<br>col (c)) |
| Revenue         | 1 Gross revenue . . . . .                                                 |                                                                   |                                                                   |                                                                   |                                  |
|                 |                                                                           |                                                                   |                                                                   |                                                                   |                                  |
| Direct Expenses | 2 Cash prizes . . . . .                                                   |                                                                   |                                                                   |                                                                   |                                  |
|                 | 3 Non-cash prizes . . . . .                                               |                                                                   |                                                                   |                                                                   |                                  |
|                 | 4 Rent/facility costs . . . . .                                           |                                                                   |                                                                   |                                                                   |                                  |
|                 | 5 Other direct expenses . . . . .                                         |                                                                   |                                                                   |                                                                   |                                  |
|                 |                                                                           |                                                                   |                                                                   |                                                                   |                                  |
|                 | 6 Volunteer labor . . . . .                                               | <input type="checkbox"/> Yes .....<br><input type="checkbox"/> No | <input type="checkbox"/> Yes .....<br><input type="checkbox"/> No | <input type="checkbox"/> Yes .....<br><input type="checkbox"/> No |                                  |
|                 | 7 Direct expense summary Add lines 2 through 5 in column (d) . . . . .    |                                                                   |                                                                   |                                                                   | ( )                              |
|                 | 8 Net gaming income summary Combine lines 1 and 7 in column (d) . . . . . |                                                                   |                                                                   |                                                                   |                                  |

9 Enter the state(s) in which the organization operates gaming activities \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states? . . . . . ☐ Yes ☐ No

b If "No," Explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . . ☐ Yes ☐ No

b If "Yes," Explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 11

Does the organization operate gaming activities with nonmembers?

Yes

No
- 12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

Yes

No

13

Indicate the percentage of gaming activity operated in

|   |                             |     |
|---|-----------------------------|-----|
| a | The organization's facility | 13a |
| b | An outside facility         | 13b |

14

Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name

Address

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

Yes

No

b

If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$

c

If "Yes," enter name and address

Name

Address

16

Gaming manager information

Name

Gaming manager compensation

\$

Description of services provided

Director/officer

Employee

Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

Yes

No

b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV

Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

| Identifier | ReturnReference | Explanation |
|------------|-----------------|-------------|
|------------|-----------------|-------------|

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
MIDWESTERN UNIVERSITY

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

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

OMB No 1545-0047

2011

Open to Public  
Inspection

Employer identification number  
36-3377698

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .

☒ Yes ☐ No
- 2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

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 Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ▶ ☐

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|----------------------------------------------------|---------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
|                                                    |         |                                    |                          |                                   |                                                       |                                        |                                    |
|                                                    |         |                                    |                          |                                   |                                                       |                                        |                                    |
|                                                    |         |                                    |                          |                                   |                                                       |                                        |                                    |
|                                                    |         |                                    |                          |                                   |                                                       |                                        |                                    |
|                                                    |         |                                    |                          |                                   |                                                       |                                        |                                    |
|                                                    |         |                                    |                          |                                   |                                                       |                                        |                                    |
|                                                    |         |                                    |                          |                                   |                                                       |                                        |                                    |
|                                                    |         |                                    |                          |                                   |                                                       |                                        |                                    |
|                                                    |         |                                    |                          |                                   |                                                       |                                        |                                    |
|                                                    |         |                                    |                          |                                   |                                                       |                                        |                                    |
|                                                    |         |                                    |                          |                                   |                                                       |                                        |                                    |
|                                                    |         |                                    |                          |                                   |                                                       |                                        |                                    |
|                                                    |         |                                    |                          |                                   |                                                       |                                        |                                    |
|                                                    |         |                                    |                          |                                   |                                                       |                                        |                                    |
|                                                    |         |                                    |                          |                                   |                                                       |                                        |                                    |

2

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶

3

Enter total number of other organizations listed in the line 1 table . . . . . ▶

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)Amount of cash grant | (d)Amount of non-cash assistance | (e)Method of valuation (book, FMV, appraisal, other) | (f)Description of non-cash assistance |
|---------------------------------------------|-------------------------|-------------------------|----------------------------------|------------------------------------------------------|---------------------------------------|
| (1) Student scholarship, awards, and grants | 192                     | 1,282,879               |                                  |                                                      |                                       |
| (2) Student need-based scholarships         | 108                     | 275,000                 |                                  |                                                      |                                       |
|                                             |                         |                         |                                  |                                                      |                                       |
|                                             |                         |                         |                                  |                                                      |                                       |
|                                             |                         |                         |                                  |                                                      |                                       |
|                                             |                         |                         |                                  |                                                      |                                       |
|                                             |                         |                         |                                  |                                                      |                                       |

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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|--------------------------------------|---------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990, SCHEDULE I, PART I, LINE 2 | Description of Organization's Procedures for Monitoring the Use of Grants | MIDWESTERN UNIVERSITY AWARDS ITS INSTITUTIONAL SCHOLARSHIPS TO QUALIFIED STUDENTS BASED ON FINANCIAL NEED, ACADEMIC ACHIEVEMENT, AND COMMUNITY SERVICE EACH SCHOLARSHIP PROGRAM HAS DIFFERENT ELIGIBILITY REQUIREMENTS, APPLICATION DEADLINES AND SEPARATE APPLICATION PROCEDURES APPLICATIONS FOR THESE SCHOLARSHIPS ARE ACCEPTED THROUGHOUT THE YEAR SCHOLARSHIP AWARDS CAN RANGE FROM A FEW HUNDRED DOLLARS TO SEVERAL THOUSAND DOLLARS ONCE THE SCHOLARSHIP RECIPIENT HAS BEEN SELECTED AND THE SCHOLARSHIP AWARD DETERMINED, THE OFFICE OF STUDENT FINANCIAL SERVICES IS NOTIFIED BY THE SCHOLARSHIP COMMITTEE OR DEPARTMENT THE SCHOLARSHIP AWARD IS CREDITED TO THE STUDENT'S ACCOUNT THE UNIVERSITY HAS WRITTEN POLICIES AND PROCEDURES AND MAINTAINS RECORDS FOR GRANT AND SCHOLARSHIPS AWARDED TO ITS STUDENTS MIDWESTERN UNIVERSITY AWARDS A PORTION OF THE REMAINING CORPUS FROM THE PREVIOUS SALE OF LOANS AS A RESULT OF THE SCHOOL AS LENDER LOAN PROGRAM(A PROGRAM UNDER THE FEDERAL FAMILY EDUCATION LOAN PROGRAM FFELP) AS STUDENT NEED BASED SCHOLARSHIPS THE AWARDS ARE FUNDED FROM MIDWESTERN UNIVERSITY FOUNDATION THESE SCHOLARSHIPS ARE AWARDED TO THE STUDENTS WHO DEMONSTRATE THE MOST SIGNIFICANT FINANCIAL NEED AS DETERMINED BY THEIR FREE APPLICATION FOR FEDERAL STUDENT AID (FAFSA) THE SCHOLARSHIPS ARE THEN CREDITED AGAINST THE STUDENTS' TUITION BILL |

Schedule J  
(Form 990)

Compensation Information

OMB No 1545-0047

2011

Open to Public Inspection

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

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

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization  
MIDWESTERN UNIVERSITY

Employer identification number  
  
36-3377698

Part I

Questions Regarding Compensation

|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |        |    |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----|
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Yes    | No |
| 1a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.<br><div><div><input checked="" type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input checked="" type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input checked="" type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div> |        |    |
| b  | If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 1b Yes |    |
| 2  | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 2 Yes  |    |
| 3  | Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.<br><div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>                                                                                                                                                                                                                                        |        |    |
| 4  | During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:<br><div><div>a Receive a severance payment or change-of-control payment?</div><div>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div><div>c Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III                                                                                                                                                                                                                                                                                                                                              | 4a No  |    |
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 4b Yes |    |
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 4c No  |    |
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |        |    |
| 5  | Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.<br>For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:<br><div><div>a The organization?</div><div>b Any related organization?</div></div> If "Yes," to line 5a or 5b, describe in Part III                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 5a No  |    |
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 5b No  |    |
| 6  | For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:<br><div><div>a The organization?</div><div>b Any related organization?</div></div> If "Yes," to line 6a or 6b, describe in Part III                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 6a No  |    |
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 6b No  |    |
| 7  | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 7 No   |    |
| 8  | Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53.4958-4(a)(3)? If "Yes," describe in Part III                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 8 No   |    |
| 9  | If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 9      |    |

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

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

**Note.** The sum of columns (B)(i)-(iii) 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 W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported in prior Form 990 or Form 990-EZ |
|-------------------------------|------|----------------------------------------------------|-------------------------------------|-------------------------------------|------------------------------------------------|-------------------------|---------------------------------|------------------------------------------------------------|
|                               |      | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |                                                |                         |                                 |                                                            |
| (1) KATHLEEN H GOEPPINGER PHD | (i)  | 523,629                                            | 281,429                             | 129,050                             | 227,891                                        | 18,541                  | 1,180,540                       | 0                                                          |
|                               | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                          |
| (2) ARTHUR G DOBBELAERE PHD   | (i)  | 457,436                                            | 188,796                             | 94,409                              | 24,500                                         | 8,471                   | 773,612                         | 0                                                          |
|                               | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                          |
| (3) GREGORY J GAUS            | (i)  | 375,020                                            | 160,475                             | 75,698                              | 24,500                                         | 17,976                  | 653,669                         | 0                                                          |
|                               | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                          |
| (4) DEAN P MALONE             | (i)  | 260,771                                            | 58,585                              | 28,018                              | 24,500                                         | 17,354                  | 389,228                         | 0                                                          |
|                               | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                          |
| (5) GEORGE T CALEEL DO        | (i)  | 197,661                                            | 0                                   | 17,859                              | 18,799                                         | 11,501                  | 245,820                         | 0                                                          |
|                               | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                          |
| (6) KAREN D JOHNSON PHD       | (i)  | 231,693                                            | 54,389                              | 20,939                              | 19,393                                         | 7,365                   | 333,779                         | 0                                                          |
|                               | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                          |
| (7) MARY LEE PHARM D          | (i)  | 321,179                                            | 68,626                              | 41,435                              | 24,500                                         | 12,170                  | 467,910                         | 0                                                          |
|                               | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                          |
| (8) DENNIS PAULSON PHD        | (i)  | 321,769                                            | 78,546                              | 42,432                              | 24,500                                         | 17,655                  | 484,902                         | 0                                                          |
|                               | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                          |
| (9) ANGELA MARTY MS           | (i)  | 172,344                                            | 49,224                              | 14,575                              | 17,608                                         | 17,171                  | 270,922                         | 0                                                          |
|                               | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                          |
| (10) JOHN R BURDICK PHD       | (i)  | 273,379                                            | 64,755                              | 30,498                              | 24,500                                         | 17,399                  | 410,531                         | 0                                                          |
|                               | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                          |
| (11) LORI A KEMPER DO         | (i)  | 285,959                                            | 54,935                              | 19,397                              | 24,500                                         | 17,525                  | 402,316                         | 0                                                          |
|                               | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                          |
| (12) KAREN J NICHOLS DO       | (i)  | 297,843                                            | 0                                   | 34,371                              | 24,500                                         | 12,046                  | 368,760                         | 0                                                          |
|                               | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                          |
| (13) MICHAEL MACNEAL          | (i)  | 306,204                                            | 57,815                              | 16,401                              | 24,500                                         | 12,062                  | 416,982                         | 0                                                          |
|                               | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                          |
| (14) RUSSEL GILPATRICK        | (i)  | 304,729                                            | 58,653                              | 11,120                              | 24,500                                         | 12,057                  | 411,059                         | 0                                                          |
|                               | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                          |
| (15) ANTHONY WILL DO          | (i)  | 289,916                                            | 0                                   | 0                                   | 24,500                                         | 1,703                   | 316,119                         | 0                                                          |
|                               | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                          |
|                               |      |                                                    |                                     |                                     |                                                |                         |                                 |                                                            |

Part IIISupplemental 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.

| Identifier                            | Return Reference                | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|---------------------------------------|---------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Supplemental Compensation Information | SCHEDULE J, PART I, QUESTION 1A | FIRST CLASS TRAVEL THE UNIVERSITY ALLOWS FOR FIRST CLASS TRAVEL FOR ITS CEO, COO, AND CFO AND ALLOWS FOR OTHER KEY EMPLOYEES WITH RESPONSIBILITIES ON BOTH CAMPUSES TO PURCHASE FIRST CLASS UPGRADES. FIRST CLASS TRAVEL IS NOT CONSIDERED COMPENSATION. HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES SOCIAL/COUNTRY CLUB DUES ARE PAID FOR THE CEO AS PROVIDED FOR IN THE CEO'S EMPLOYMENT CONTRACT. THE CLUB IS USED FOR BUSINESS USE ONLY, THEREFORE NOT CONSIDERED COMPENSATION. TAX INDEMNIFICATION AND GROSS-UP PAYMENTS THE UNIVERSITY PROVIDES CERTAIN OFFICERS AND EMPLOYEES WITH TAX GROSS UP PAYMENTS. FOR THREE OFFICERS, THE UNIVERSITY PROVIDES A TAX GROSS UP ON CAR ALLOWANCES. THE UNIVERSITY ALSO PROVIDES A CURRENT PAYMENT IN LIEU OF A CONTRIBUTION TO ITS QUALIFIED RETIREMENT PLAN TO EMPLOYEES WHOSE COMPENSATION EXCEEDS CODE LIMITS ON CONTRIBUTIONS TO THE QUALIFIED PLANS. GROSS UPS ARE PAID ON SUCH PAYMENTS TO ACCOUNT FOR THE FACT THAT SUCH PAYMENTS ARE NOT SUBJECT TO DEFERRAL AND OTHER TAX BENEFITS ASSOCIATED WITH QUALIFIED RETIREMENT PLANS. THE UNIVERSITY PROVIDES TUITION ASSISTANCE TO EMPLOYEES. THIS BENEFIT IS TAXABLE AND INCLUDES A TAX GROSS UP PAYMENT. AN OFFICER WAS AMONG RECIPIENTS WHO RECEIVED THE BENEFIT. KATHLEEN H GOEPPINGER - \$20,320. SCHEDULE J, PART I, QUESTION 4B. CONTRIBUTIONS TO A SUPPLEMENTARY NONQUALIFIED RETIREMENT PLAN. KATHLEEN GOEPPINGER - \$203,391. THIS AMOUNT IS INCLUDED IN SCHEDULE J, PART II, COLUMN C. BENEFITS UNDER THE PLAN ARE NON-FUNDED, NON-VESTED, FORFEITABLE, NON-FIXED PAYMENTS. SCHEDULE J, PART II, Column (B)(ii) Bonus & Incentive Compensation. LISTED OFFICERS AND DEANS RECEIVE A CERTAIN PERCENTAGE OF BASE COMPENSATION AS ADDITIONAL COMPENSATION, BASED UPON ATTAINMENT OF VARIOUS PREDETERMINED PERFORMANCE RELATED GOALS FOR THE INDIVIDUALS INVOLVED, ALL AS REFLECTED IN COMPREHENSIVE WRITTEN PERFORMANCE APPRAISALS. |

Schedule K  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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

2011

Open to Public Inspection

Name of the organization  
MIDWESTERN UNIVERSITY

Employer identification number  
36-3377698

Part I Bond Issues

|   | (a) Issuer Name                   | (b) Issuer EIN | (c) CUSIP # | (d) Date Issued | (e) Issue Price | (f) Description of Purpose | (g) Defeased |    | (h) On Behalf of Issuer |    | (i) Pool financing |    |
|---|-----------------------------------|----------------|-------------|-----------------|-----------------|----------------------------|--------------|----|-------------------------|----|--------------------|----|
|   |                                   |                |             |                 |                 |                            | Yes          | No | Yes                     | No | Yes                | No |
| A | Glendale AZ IDA Series 2004 Bonds | 52-1767454     | 378286FE3   | 07-13-2004      | 17,164,944      | See Schedule O             |              | X  |                         | X  |                    | X  |
| B | Glendale AZ IDA Series 2007 Bonds | 52-1767454     | 378286GD4   | 04-18-2007      | 67,184,077      | See Schedule O             |              | X  |                         | X  |                    | X  |
| C | Glendale AZ IDA Series 2008 Bonds | 52-1767454     | 378286GE2   | 05-15-2008      | 28,600,000      | See Schedule O             |              | X  |                         | X  |                    | X  |
| D | Glendale AZ IDA Series 2010 Bonds | 52-1767454     | 378286HC5   | 05-27-2010      | 159,999,058     | See Schedule O             |              | X  |                         | X  |                    | X  |

Part II Proceeds

|    |                                                                                                        | A          |    | B          |    | C          |    | D           |    |
|----|--------------------------------------------------------------------------------------------------------|------------|----|------------|----|------------|----|-------------|----|
| 1  | Amount of bonds retired                                                                                | 12,500,000 |    | 0          |    | 100,000    |    | 5,000,000   |    |
| 2  | Amount of bonds defeased                                                                               | 0          |    | 0          |    | 0          |    | 0           |    |
| 3  | Total proceeds of issue                                                                                | 17,165,333 |    | 68,049,262 |    | 28,600,039 |    | 160,000,689 |    |
| 4  | Gross proceeds in reserve funds                                                                        | 0          |    | 5,918,068  |    | 0          |    | 10,434,119  |    |
| 5  | Capitalized interest from proceeds                                                                     | 0          |    | 0          |    | 0          |    | 0           |    |
| 6  | Proceeds in refunding escrow                                                                           | 0          |    | 0          |    | 0          |    | 0           |    |
| 7  | Issuance costs from proceeds                                                                           | 294,994    |    | 0          |    | 18,522     |    | 0           |    |
| 8  | Credit enhancement from proceeds                                                                       | 0          |    | 0          |    | 0          |    | 0           |    |
| 9  | Working capital expenditures from proceeds                                                             | 0          |    | 0          |    | 0          |    | 169,485     |    |
| 10 | Capital expenditures from proceeds                                                                     | 0          |    | 0          |    | 0          |    | 80,587,133  |    |
| 11 | Other spent proceeds                                                                                   | 16,870,339 |    | 62,131,194 |    | 28,581,517 |    | 68,809,952  |    |
| 12 | Other unspent proceeds                                                                                 | 0          |    | 0          |    | 0          |    | 0           |    |
| 13 | Year of substantial completion                                                                         | 2004       |    | 2007       |    | 2008       |    | 2010        |    |
|    |                                                                                                        | Yes        | No | Yes        | No | Yes        | No | Yes         | No |
| 14 | Were the bonds issued as part of a current refunding issue?                                            |            | X  | X          |    | X          |    | X           |    |
| 15 | Were the bonds issued as part of an advance refunding issue?                                           | X          |    | X          |    |            | X  |             | X  |
| 16 | Has the final allocation of proceeds been made?                                                        | X          |    | X          |    | X          |    | X           |    |
| 17 | Does the organization maintain adequate books and records to support the final allocation of proceeds? | X          |    | X          |    | X          |    | X           |    |

Part III Private Business Use

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

Part III

Private Business Use (Continued)

|    |                                                                                                                                                                                                                                                  | A   |    | B   |    | C   |    | D   |    |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|-----|----|-----|----|-----|----|
|    |                                                                                                                                                                                                                                                  | Yes | No | Yes | No | Yes | No | Yes | No |
| 3a | Are there any management or service contracts that may result in private business use?                                                                                                                                                           |     |    |     |    |     |    | X   |    |
| b  | 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 property?                                                               |     |    |     |    |     |    | X   |    |
| c  | Are there any research agreements that may result in private business use of bond-financed property?                                                                                                                                             |     |    |     |    |     |    | X   |    |
| d  | 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?                                                                           |     |    |     |    |     |    | X   |    |
| 4  | Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government <div></div>                                                                      | 0 % |    | 0 % |    | 0 % |    | 0 % |    |
| 5  | Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government <div></div> |     |    |     |    |     |    |     |    |
| 6  | Total of lines 4 and 5                                                                                                                                                                                                                           |     |    |     |    |     |    |     |    |
| 7  | Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?                                                                                                      |     |    |     |    |     |    | X   |    |

Part IV

Arbitrage

|    |                                                                                                                                          | A          |    | B          |    | C   |    | D   |    |
|----|------------------------------------------------------------------------------------------------------------------------------------------|------------|----|------------|----|-----|----|-----|----|
|    |                                                                                                                                          | Yes        | No | Yes        | No | Yes | No | Yes | No |
| 1  | Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue? |            | X  |            | X  |     | X  |     | X  |
| 2  | Is the bond issue a variable rate issue?                                                                                                 |            | X  |            | X  | X   |    |     | X  |
| 3a | Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?                                     | X          |    | X          |    |     | X  |     | X  |
| b  | Name of provider                                                                                                                         | ROYAL BANK |    | ROYAL BANK |    | 0   |    |     |    |
| c  | Term of hedge                                                                                                                            | 0 2        |    | 0 3        |    |     |    |     |    |
| d  | Was the hedge superintegrated?                                                                                                           |            | X  |            | X  |     |    |     |    |
| e  | Was a hedge terminated?                                                                                                                  | X          |    | X          |    |     |    |     |    |
| 4a | Were gross proceeds invested in a GIC?                                                                                                   |            | X  |            | X  |     | X  |     | X  |
| b  | Name of provider                                                                                                                         | 0          |    | 0          |    | 0   |    | 0   |    |
| c  | Term of GIC                                                                                                                              |            |    |            |    |     |    |     |    |
| d  | Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?                                              |            |    |            |    |     |    |     |    |
| 5  | Were any gross proceeds invested beyond an available temporary period?                                                                   |            | X  |            | X  |     | X  |     | X  |
| 6  | Did the bond issue qualify for an exception to rebate?                                                                                   |            | X  |            | X  |     | X  | X   |    |

Part V

Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations . . . . . ☒ Yes ☐ No

Part VI

Supplemental Information

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

| Identifier | Return Reference | Explanation |
|------------|------------------|-------------|
|------------|------------------|-------------|

Schedule K  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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

2011

Open to Public Inspection

Name of the organization  
MIDWESTERN UNIVERSITY

Employer identification number  
36-3377698

| Part I Bond Issues                  |                |             |                 |                 |                            |              |    |                         |    |                    |    |
|-------------------------------------|----------------|-------------|-----------------|-----------------|----------------------------|--------------|----|-------------------------|----|--------------------|----|
| (a) Issuer Name                     | (b) Issuer EIN | (c) CUSIP # | (d) Date Issued | (e) Issue Price | (f) Description of Purpose | (g) Defeased |    | (h) On Behalf of Issuer |    | (i) Pool financing |    |
|                                     |                |             |                 |                 |                            | Yes          | No | Yes                     | No | Yes                | No |
| A Glendale AZ IDA Series 2011 Bonds | 52-1767454     | 378286HF8   | 09-28-2011      | 50,000,000      | See Schedule O             |              | X  |                         | X  |                    | X  |

| Part II Proceeds |                                                                                                        |            |    |   |  |   |  |   |  |
|------------------|--------------------------------------------------------------------------------------------------------|------------|----|---|--|---|--|---|--|
|                  |                                                                                                        | A          |    | B |  | C |  | D |  |
| 1                | Amount of bonds retired                                                                                | 540,000    |    |   |  |   |  |   |  |
| 2                | Amount of bonds defeased                                                                               | 0          |    |   |  |   |  |   |  |
| 3                | Total proceeds of issue                                                                                | 50,000,000 |    |   |  |   |  |   |  |
| 4                | Gross proceeds in reserve funds                                                                        | 0          |    |   |  |   |  |   |  |
| 5                | Capitalized interest from proceeds                                                                     | 0          |    |   |  |   |  |   |  |
| 6                | Proceeds in refunding escrow                                                                           | 0          |    |   |  |   |  |   |  |
| 7                | Issuance costs from proceeds                                                                           | 0          |    |   |  |   |  |   |  |
| 8                | Credit enhancement from proceeds                                                                       | 0          |    |   |  |   |  |   |  |
| 9                | Working capital expenditures from proceeds                                                             | 0          |    |   |  |   |  |   |  |
| 10               | Capital expenditures from proceeds                                                                     | 50,000,000 |    |   |  |   |  |   |  |
| 11               | Other spent proceeds                                                                                   | 0          |    |   |  |   |  |   |  |
| 12               | Other unspent proceeds                                                                                 | 0          |    |   |  |   |  |   |  |
| 13               | Year of substantial completion                                                                         | 2011       |    |   |  |   |  |   |  |
|                  |                                                                                                        | Yes        | No |   |  |   |  |   |  |
| 14               | Were the bonds issued as part of a current refunding issue?                                            |            | X  |   |  |   |  |   |  |
| 15               | Were the bonds issued as part of an advance refunding issue?                                           |            | X  |   |  |   |  |   |  |
| 16               | Has the final allocation of proceeds been made?                                                        | X          |    |   |  |   |  |   |  |
| 17               | Does the organization maintain adequate books and records to support the final allocation of proceeds? | X          |    |   |  |   |  |   |  |

| Part III Private Business Use |                                                                                                                            |  |  |     |    |     |    |     |    |     |    |
|-------------------------------|----------------------------------------------------------------------------------------------------------------------------|--|--|-----|----|-----|----|-----|----|-----|----|
|                               |                                                                                                                            |  |  | A   |    | B   |    | C   |    | D   |    |
|                               |                                                                                                                            |  |  | Yes | No | Yes | No | Yes | No | Yes | No |
| 1                             | Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? |  |  |     | X  |     |    |     |    |     |    |
| 2                             | Are there any lease arrangements that may result in private business use of bond-financed property?                        |  |  |     | X  |     |    |     |    |     |    |

Part III

Private Business Use (Continued)

|    |                                                                                                                                                                                                                                                   | A   |    | B   |    | C   |    | D   |    |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|-----|----|-----|----|-----|----|
|    |                                                                                                                                                                                                                                                   | Yes | No | Yes | No | Yes | No | Yes | No |
| 3a | Are there any management or service contracts that may result in private business use?                                                                                                                                                            | X   |    |     |    |     |    |     |    |
| b  | 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 property?                                                                | X   |    |     |    |     |    |     |    |
| c  | Are there any research agreements that may result in private business use of bond-financed property?                                                                                                                                              | X   |    |     |    |     |    |     |    |
| d  | 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?                                                                            | X   |    |     |    |     |    |     |    |
| 4  | Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government <div>▶</div>                                                                      | 0 % |    |     |    |     |    |     |    |
| 5  | Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government <div>▶</div> |     |    |     |    |     |    |     |    |
| 6  | Total of lines 4 and 5                                                                                                                                                                                                                            |     |    |     |    |     |    |     |    |
| 7  | Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?                                                                                                       | X   |    |     |    |     |    |     |    |

Part IV

Arbitrage

|    |                                                                                                                                          | A   |    | B   |    | C   |    | D   |    |
|----|------------------------------------------------------------------------------------------------------------------------------------------|-----|----|-----|----|-----|----|-----|----|
|    |                                                                                                                                          | Yes | No | Yes | No | Yes | No | Yes | No |
| 1  | Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue? |     | X  |     |    |     |    |     |    |
| 2  | Is the bond issue a variable rate issue?                                                                                                 | X   |    |     |    |     |    |     |    |
| 3a | Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?                                     |     | X  |     |    |     |    |     |    |
| b  | Name of provider                                                                                                                         | 0   |    |     |    |     |    |     |    |
| c  | Term of hedge                                                                                                                            |     |    |     |    |     |    |     |    |
| d  | Was the hedge superintegrated?                                                                                                           |     |    |     |    |     |    |     |    |
| e  | Was a hedge terminated?                                                                                                                  |     |    |     |    |     |    |     |    |
| 4a | Were gross proceeds invested in a GIC?                                                                                                   |     | X  |     |    |     |    |     |    |
| b  | Name of provider                                                                                                                         | 0   |    |     |    |     |    |     |    |
| c  | Term of GIC                                                                                                                              |     |    |     |    |     |    |     |    |
| d  | Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?                                              |     |    |     |    |     |    |     |    |
| 5  | Were any gross proceeds invested beyond an available temporary period?                                                                   |     | X  |     |    |     |    |     |    |
| 6  | Did the bond issue qualify for an exception to rebate?                                                                                   |     | X  |     |    |     |    |     |    |

Part V

Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations . . . . . ☐ Yes ☒ No

Part VI

Supplemental Information

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

| Identifier | Return Reference | Explanation |
|------------|------------------|-------------|
|------------|------------------|-------------|

Schedule L  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Transactions with Interested Persons

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization  
MIDWESTERN UNIVERSITY

Employer identification number  
  
36-3377698

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 40b

| 1 | (a) Name of disqualified person | (b) Description of transaction | (c)<br>Corrected? |    |
|---|---------------------------------|--------------------------------|-------------------|----|
|   |                                 |                                | Yes               | No |
|   |                                 |                                |                   |    |
|   |                                 |                                |                   |    |
|   |                                 |                                |                   |    |
|   |                                 |                                |                   |    |
|   |                                 |                                |                   |    |
|   |                                 |                                |                   |    |
|   |                                 |                                |                   |    |

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$ \_\_\_\_\_

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$ \_\_\_\_\_

Part II Loans to and/or From Interested Persons.  
Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

| (a) Name of interested person and purpose | (b) Loan to or from the organization? |      | (c)Original principal amount | (d)Balance due | (e) In default? |    | (f) Approved by board or committee? |    | (g)Written agreement? |    |
|-------------------------------------------|---------------------------------------|------|------------------------------|----------------|-----------------|----|-------------------------------------|----|-----------------------|----|
|                                           | To                                    | From |                              |                | Yes             | No | Yes                                 | No | Yes                   | No |
|                                           |                                       |      |                              |                |                 |    |                                     |    |                       |    |
|                                           |                                       |      |                              |                |                 |    |                                     |    |                       |    |
|                                           |                                       |      |                              |                |                 |    |                                     |    |                       |    |
|                                           |                                       |      |                              |                |                 |    |                                     |    |                       |    |
|                                           |                                       |      |                              |                |                 |    |                                     |    |                       |    |
|                                           |                                       |      |                              |                |                 |    |                                     |    |                       |    |
| Total . . . . . ▶ \$ _____                |                                       |      |                              |                |                 |    |                                     |    |                       |    |

Part III Grants or Assistance Benefitting Interested Persons.  
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

| (a) Name of interested person | (b)Relationship between interested person and the organization | (c)Amount of grant or type of assistance |
|-------------------------------|----------------------------------------------------------------|------------------------------------------|
|                               |                                                                |                                          |
|                               |                                                                |                                          |
|                               |                                                                |                                          |
|                               |                                                                |                                          |
|                               |                                                                |                                          |
|                               |                                                                |                                          |

Part IV

**Business Transactions Involving Interested Persons.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? |    |
|-------------------------------|-----------------------------------------------------------------|---------------------------|--------------------------------|-----------------------------------------|----|
|                               |                                                                 |                           |                                | Yes                                     | No |
| (1) GERRIT A VAN HUISSTEDE    | SEE SCHEDULE L, PART V                                          | 458,181                   | Bank Services Charges/Fees     |                                         |    |
| (2) JANET R BOLTON            | SEE SCHEDULE L, PART V                                          | 227,477                   | INVESTMENT MANAGEMENT SERVICES |                                         |    |
|                               |                                                                 |                           |                                |                                         |    |
|                               |                                                                 |                           |                                |                                         |    |
|                               |                                                                 |                           |                                |                                         |    |
|                               |                                                                 |                           |                                |                                         |    |

Part V

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

| Identifier          | Return Reference                             | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|---------------------|----------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Schedule L, Part IV | Business Transaction with Interested PersonS | INTERESTED PERSON GERRIT A VAN HUISSTEDE<br>RELATIONSHIP MR GERRIT A VAN HUISSTEDE IS REGIONAL PRESIDENT OF WELLS FARGO BANK, N A , AND THE SECRETARY, TREASURER AND CHAIRMAN OF THE FINANCE COMMITTEE FOR THE BOARD OF TRUSTEES OF MIDWESTERN UNIVERSITY WELLS FARGO BANK PROVIDES CREDIT, BANKING AND INVESTMENT SERVICES TO THE UNIVERSITY AND IS THE TRUSTEE ON BONDS ISSUED BY A RELATED ORGANIZATION TRANSACTION THE UNIVERSITY PAYS WELLS FARGO BANK, N A FOR BANK SERVICE CHARGES, BANK FEES, INVESTMENT FEES AND OTHER RELATED BANK CHARGES THE AMOUNTS LISTED ON SCHEDULE L, COLUMN (C) THAT ARE REFERRED TO HERE DO NOT INCLUDE PRINCIPAL AMOUNTS, INTEREST OR FEES ON CREDIT TRANSACTIONS UNDER THE UNIVERSITY'S CONFLICT OF INTEREST POLICY, MR VAN HUISSTEDE DID NOT PARTICIPATE IN THE NEGOTIATION OR APPROVAL OF THE UNIVERSITY'S FEE AGREEMENTS WITH WELLS FARGO OR ANY OF THE SERVICES PROVIDED BY WELLS FARGO INTERESTED PERSON JANET R BOLTON RELATIONSHIP JANET R BOLTON IS AN OFFICER OF MORGAN STANLEY / SMITH BARNEY AND A MEMBER OF THE BOARD OF TRUSTEES OF MIDWESTERN UNIVERSITY MORGAN STANLEY PROVIDES INVESTMENT MANAGEMENT SERVICES TO MIDWESTERN UNIVERSITY TRANSACTION THE UNIVERSITY PAYS MORGAN STANLEY FOR INVESTMENT MANAGEMENT SERVICES THE AMOUNTS LISTED ON SCHEDULE L, COLUMN (C) THAT ARE REFERRED TO HERE ARE FOR THOSE SERVICES UNDER THE UNIVERSITY'S CONFLICT OF INTEREST POLICY, MS BOLTON DID NOT PARTICIPATE IN THE NEGOTIATION OR APPROVAL OF THE UNIVERSITY'S FEE AGREEMENTS WITH MORGAN STANLEY FOR ANY OF THE SERVICES PROVIDED BY MORGAN STANLEY |

SCHEDULE M  
(Form 990)

Department of the Treasury  
Internal Revenue Service

NonCash Contributions

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization  
MIDWESTERN UNIVERSITY

Employer identification number  
36-3377698

Part I Types of Property

|                                                                            | (a)<br>Check<br>if<br>applicable | (b)<br>Number of Contributions<br>or items contributed | (c)<br>Contribution amounts<br>reported on<br>Form 990, Part VIII, line<br>1g | (d)<br>Method of determining<br>contribution amounts |
|----------------------------------------------------------------------------|----------------------------------|--------------------------------------------------------|-------------------------------------------------------------------------------|------------------------------------------------------|
| 1 Art—Works of art . . . . .                                               |                                  |                                                        |                                                                               |                                                      |
| 2 Art—Historical treasures . . . . .                                       |                                  |                                                        |                                                                               |                                                      |
| 3 Art—Fractional interests . . . . .                                       |                                  |                                                        |                                                                               |                                                      |
| 4 Books and publications . . . . .                                         |                                  |                                                        |                                                                               |                                                      |
| 5 Clothing and household<br>goods . . . . .                                |                                  |                                                        |                                                                               |                                                      |
| 6 Cars and other vehicles . . . . .                                        |                                  |                                                        |                                                                               |                                                      |
| 7 Boats and planes . . . . .                                               |                                  |                                                        |                                                                               |                                                      |
| 8 Intellectual property . . . . .                                          |                                  |                                                        |                                                                               |                                                      |
| 9 Securities—Publicly traded . . . . .                                     | X                                | 1                                                      | 1,103                                                                         | cost/selling price                                   |
| 10 Securities—Closely held stock . . . . .                                 |                                  |                                                        |                                                                               |                                                      |
| 11 Securities—Partnership, LLC,<br>or trust interests . . . . .            |                                  |                                                        |                                                                               |                                                      |
| 12 Securities—Miscellaneous . . . . .                                      |                                  |                                                        |                                                                               |                                                      |
| 13 Qualified conservation<br>contribution—Historic<br>structures . . . . . |                                  |                                                        |                                                                               |                                                      |
| 14 Qualified conservation<br>contribution—Other . . . . .                  |                                  |                                                        |                                                                               |                                                      |
| 15 Real estate—Residential . . . . .                                       |                                  |                                                        |                                                                               |                                                      |
| 16 Real estate—Commercial . . . . .                                        |                                  |                                                        |                                                                               |                                                      |
| 17 Real estate—Other . . . . .                                             |                                  |                                                        |                                                                               |                                                      |
| 18 Collectibles . . . . .                                                  |                                  |                                                        |                                                                               |                                                      |
| 19 Food inventory . . . . .                                                |                                  |                                                        |                                                                               |                                                      |
| 20 Drugs and medical supplies . . . . .                                    |                                  |                                                        |                                                                               |                                                      |
| 21 Taxidermy . . . . .                                                     |                                  |                                                        |                                                                               |                                                      |
| 22 Historical artifacts . . . . .                                          |                                  |                                                        |                                                                               |                                                      |
| 23 Scientific specimens . . . . .                                          |                                  |                                                        |                                                                               |                                                      |
| 24 Archeological artifacts . . . . .                                       |                                  |                                                        |                                                                               |                                                      |
| 25 Other ► ( Medical<br>equipment &<br>Heart/lung/Abdominal<br>Machines )  | X                                | 9                                                      | 60,300                                                                        | Opinions of Experts                                  |
| Landscaping<br>- Trees,                                                    |                                  |                                                        |                                                                               |                                                      |
| 26 Other ► ( Bushes )                                                      | X                                | 43                                                     | 1,000                                                                         | Cost/selling price                                   |
| 27 Other ► ( )                                                             |                                  |                                                        |                                                                               |                                                      |
| 28 Other ► ( )                                                             |                                  |                                                        |                                                                               |                                                      |

29

Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . .

30a

During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .

30a

Yes

No

b

If "Yes," describe the arrangement in Part II

31

Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31

Yes

32a

Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions? . . . . .

32a

No

b

If "Yes," describe in Part II

33

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

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

Cat No 51227J

Schedule M (Form 990) 2011

Part III

**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                                                                                                                                                                                                                           |
|--------------------------|---------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SUPPLEMENTAL INFORMATION | SCHEDULE M, LINE 31 | FOR THE TYPE OF PROPERTY ON SCHEDULE M, PART 1, COLUMN B, THE UNIVERSITY REPORTS THE NUMBER OF ITEMS RECEIVED DURING THE YEAR THE UNIVERSITY HAS AN ACCEPTANCE POLICY FOR NON-STANDARD CONTRIBUTIONS, WHICH IS REVIEWED BY MANAGEMENT |

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public  
Inspection

|                                                   |                                                  |
|---------------------------------------------------|--------------------------------------------------|
| Name of the organization<br>MIDWESTERN UNIVERSITY | Employer identification number<br><br>36-3377698 |
|---------------------------------------------------|--------------------------------------------------|

| Identifier           | Return Reference         | Explanation                                                                                                                                                                                                                               |
|----------------------|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| NUMBER OF VOLUNTEERS | FORM 990, PART I, LINE 6 | VOLUNTEERS CONSIST PRIMARILY OF ADJUNCT/VOLUNTEER (UNCOMPENSATED) FACULTY PROVIDING TEACHING SERVICES FOR THE UNIVERSITY'S VARIOUS HEALTHCARE EDUCATIONAL SERVICES (5940), AS WELL AS UNCOMPENSATED MEMBERS OF THE BOARD OF TRUSTEES (17) |

| Identifier                                     | Return Reference            | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|------------------------------------------------|-----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| DESCRIPTION OF PROGRAM SERVICE ACCOMPLISHMENTS | FORM 990, PART III, LINE 4A | <p>DURING THE FISCAL YEAR ENDED 6/30/12, MIDWESTERN UNIVERSITY PROVIDED HEALTH SCIENCES EDUCATION SERVICES TO APPROXIMATELY 5,126 PRE-DOCTORAL STUDENTS AND 235 POST-DOCTORAL STUDENTS THESE STUDENT SERVICES ARE LOCATED ON THREE CAMPUSES, TWO IN ILLINOIS AND ONE IN ARIZONA MIDWESTERN UNIVERSITY OFFERS HEALTH EDUCATION PROGRAMS IN MEDICINE,PHARMACY, PHYSICIAN ASSISTANCE, PHYSICAL THERAPY, OCCUPATIONAL THERAPY, BIOMEDICAL, PODIATRY, CLINICAL PSYCHOLOGY, PERFUSION SERVICES, NURSE ANESTHETIST, DENTISTRY, OPTOMETRY, AND GRADUATE EDUCATION PROGRAMS IN MEDICINE, AS WELL AS CONTINUING EDUCATION FOR STAFF AND ALUMNI MIDWESTERN UNIVERSITY CONTINUED ITS RESEARCH AND TRAINING PROGRAMS WITH THE SUPPORT OF FEDERAL AND PRIVATE FUNDING CREDIT COUNSELING, DEBT MANAGEMENT SERVICES FORM 990, PART IV, LINE 9, AND SCHEDULE D, PART IV THE UNIVERSITY ANSWERED "YES" AT FORM 990, PART IV, LINE 9, ONLY BECAUSE IT PROVIDES CREDIT COUNSELING, DEBT MANAGEMENT SERVICES TO ITS STUDENTS IN CONJUNCTION WITH ITS STUDENT LOAN/FINANCIAL AID PROGRAMS SCHEDULE D, PART IV REQUESTS NO INFORMATION PERTAINING TO THESE SERVICES DESCRIBE THE PROCESS USED BY THE ORGANIZATION TO REVIEW 990 FORM 990, PART VI, LINE 11B THE 990 IS PREPARED BY MANAGEMENT OF THE UNIVERSITY ALONG WITH THE ADVICE OF THE UNIVERSITY'S AUDITORS, ATTORNEYS AND TAX ADVISORS THE 990 IS THEN REVIEWED BY THE CEO AND CFO PRIOR TO PRESENTING TO THE BOARD OF TRUSTEES THE 990 IS PRESENTED TO THE BOARD OF TRUSTEES FOR THEIR REVIEW AND APPROVAL AT THE BOARD RETREAT PRIOR TO FILING</p> |

| Identifier                   | Return Reference               | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|------------------------------|--------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Conflicts of Interest POLICY | FORM 990, PART VI, QUESTION 12 | MIDWESTERN UNIVERSITY HAS A WRITTEN CONFLICT OF INTEREST POLICY APPROVED BY THE BOARD OF TRUSTEES FOR THE UNIVERSITY AND ALL OF ITS RELATED ORGANIZATIONS, ALL OFFICERS, TRUSTEES, KEY EMPLOYEES AND OTHER CERTAIN FACULTY AND STAFF ARE ANNUALLY REQUIRED TO COMPLETE A CONFLICT OF INTEREST QUESTIONNAIRE AND DISCLOSE ALL CONFLICTS OF INTEREST QUESTIONNAIRES ARE RETURNED TO THE PRESIDENT OF THE UNIVERSITY , FOR REVIEW AND ANNUAL APPROVAL A COMMITTEE OF THE BOARD OF TRUSTEES REVIEWS AND RESOLVES ANY POTENTIAL CONFLICTS OF INTERESTS REPORTED ON THE QUESTIONNAIRES INVOLVING A TRUSTEE, OFFICER, OR CERTAIN KEY EMPLOYEES THE PRESIDENT, AS DESIGNEE OF THE BOARD COMMITTEE, REVIEWS AND RESOLVES MATTERS INVOLVING OTHER INDIVIDUALS WHO RECEIVE THE QUESTIONNAIRES PROCEDURES FOR ADDRESSING ACTUAL OR POSSIBLE CONFLICTS ARE SET FORTH IN THE BOARD APPROVED CONFLICTS OF INTEREST POLICY STATEMENT RECORDS OF ANY PROCEEDINGS ARE KEPT, AND ANNUAL REPORTS OF THE ACTIVITIES, REVIEWS AND RESOLUTIONS REGARDING CONFLICTS OF INTEREST ARE MADE TO THE BOARD OF TRUSTEES |

| Identifier           | Return Reference               | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|----------------------|--------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| WHISTLEBLOWER POLICY | FORM 990, PART VI, QUESTION 13 | THE UNIVERSITY HAS A BOARD OF TRUSTEE APPROVED WRITTEN WHISTLEBLOWER POLICY IN PLACE AND HAS IMPLEMENTED POLICIES AND PROCEDURES ENCOURAGING EMPLOYEES TO COME FORWARD (WHETHER THROUGH AN OPEN DOOR POLICY OR A CONFIDENTIAL PHONE LINE IN THE PRESIDENT AND CEO OFFICES) WITH INFORMATION ON VARIOUS IMPROPER ACTIVITIES, SPECIFIES THAT THE INDIVIDUALS WILL BE PROTECTED FROM RETALIATION, IDENTIFIES STAFF AND MANAGEMENT PERSONNEL TO WHOM SUCH INFORMATION CAN BE REPORTED, AND ASSURES THAT SUCH INFORMATION WILL BE REVIEWED AND ACTED UPON BY MANAGEMENT AS APPROPRIATE |

| Identifier                                | Return Reference               | Explanation                                                                                             |
|-------------------------------------------|--------------------------------|---------------------------------------------------------------------------------------------------------|
| Document Retention and Destruction Policy | FORM 990, PART VI, QUESTION 14 | MIDWESTERN UNIVERSITY HAS A BOARD OF TRUSTEE APPROVED WRITTEN DOCUMENT RETENTION AND DESTRUCTION POLICY |

| Identifier                                                               | Return Reference                      | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|--------------------------------------------------------------------------|---------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Offices & Positions for Which Process was Used, & Year Process was Begun | FORM 990, PART VI, QUESTION 15A & 15B | MIDWESTERN UNIVERSITY ADOPTED A COMPREHENSIVE EXECUTIVE COMPENSATION REVIEW SYSTEM IN 1995 AND HAS FOLLOWED THE POLICY THROUGHTOUT THE YEARS. THE POLICIES AND PRACTICES HAVE ENSURED A CONSISTENT METHODOLOGY FOR ALL ACADEMIC DEANS AND OFFICERS OF THE UNIVERSITY AND THE EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES (THE "COMPENSATION COMMITTEE"). THE COMPENSATION COMMITTEE IS COMPOSED OF TRUSTEES WITHOUT A CONFLICT OF INTEREST WITH RESPECT TO COMPENSATION ARRANGEMENTS WHICH IT APPROVES. THE COMPENSATION COMMITTEE CHAIR ENGAGES AN OUTSIDE COMPENSATION CONSULTANT TO BENCHMARK THE SALARIES AND BENEFITS OF THE ADMINISTRATIVE PERSONNEL OF MIDWESTERN UNIVERSITY. MERIT INCREASES ARE AWARDED BASED ON COMPREHENSIVE WRITTEN PERFORMANCE APPRAISALS, EXTERNAL MARKET AND COMPARABILITY DATA AND INTERNAL EQUITY. THE COMPENSATION COMMITTEE REVIEWS ALL PERFORMANCE APPRAISAL FORMS, INCLUDING A COMPREHENSIVE REVIEW OF THE PERFORMANCE OF THE PRESIDENT, CHIEF EXECUTIVE OFFICER THAT IS DISTRIBUTED TO EVERY MEMBER OF THE BOARD OF TRUSTEES, AND COLLECTED AND EVALUTED BY THE CHAIRMAN OF THE BOARD. THE COMPENSATION COMMITTEE MEETS AT LEAST TWICE A YEAR. ONE MEETING IS HELD EXCLUSIVELY TO REVIEW THE PERTINENT DATA AND PRESIDENT'S PERFORMANCE AND MAY INCLUDE THE EXTERNAL CONSULTANT DURING THE MEETING. THE PRESIDENT IS NOT INCLUDED IN THIS MEETING. MINUTES OF ALL COMPENSATION COMMITTEE MEETINGS ARE WRITTEN AND MAINTAINED IN THE OFFICE OF THE PRESIDENT CEO. |

| Identifier                                                                 | Return Reference               | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|----------------------------------------------------------------------------|--------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Avail of Gov Docs, Conflict of Interest Policy, & Fin Strmts to Gen Public | FORM 990, PART VI, QUESTION 19 | MIDWESTERN UNIVERSITY'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE NOT MADE AVAILABLE TO THE GENERAL PUBLIC THE 990 IS AVAILABLE ON GUIDESTAR COM AND ALSO AT EACH OF THE UNIVERSITY'S TWO CAMPUSES THE FINANCIAL STATEMENTS AND PERTINENT OPERATING STATISTICS ARE AVAILABLE AT WWW DACBOND COM Average Hours Per Week Spent on Related Organizations Form 990, Part VII, Section A, Column (B) GERRIT A VAN HUISSTEDE 0 5 FRANK J DILEO 1 0 JOHN LADOWICZ 0 5 KEVIN D LEAHY 0 5 ROBERT M LOCKHART PHD 0 5 W JAY LOVELACE 0 5 KATHLEEN H GOEPPINGER PHD 1 5 ARTHUR G DOBBELAERE PHD 1 5 GREGORY J GAUS 1 5 DEAN P MALONE 1 5 |

| Identifier                                   | Return Reference          | Explanation                                                                                                                                                                                                                    |
|----------------------------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Other changes in Net Assets or Fund Balances | Form 990, Part XI, Line 5 | & (4,774,950) UNREALIZED GAIN ON INVESTMENTS \$(10,364,429) UNREALIZED GAIN ON INTEREST RATE PROTECTION AGREEMENTS \$ (61,300) NONCASH CONTRIBUTIONS \$ (300,450) RELATED ORGANIZATION - FOUNDATION ----- \$(15,501,129) TOTAL |

| Identifier                            | Return Reference                       | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|---------------------------------------|----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| DESCRIPTION OF PURPOSE OF BOND ISSUES | SCHEDULE K, PART I, LINE A, COLUMN (F) | <p>PROCEEDS FROM THE SALE OF THE BONDS WERE USED TO REFUND THE REMAINING PRINCIPAL AMOUNT FOR THE SERIES 1998A BONDS THAT WERE ISSUED ON SEPTEMBER 24, 1998 FORM 990, SCHEDULE K, PART I, LINE B, COLUMN (F) PROCEEDS FROM THE SALE OF THE BONDS WERE USED TO PARTIALLY FUND PROJECTS ASSOCIATED WITH THE PROGRAMS AND CAMPUS EXPANSIONS OF THE UNIVERSITY AND THE PROCEEDS WERE ALSO USED TO REFUND THE REMAINING PRINCIPAL AMOUNT OF THE COMMERCIAL PAPER REVENUE NOTE PROGRAM (2009 BONDS) ISSUED JANUARY 29, 2009, JUNE 19, 2008, NOVEMBER 5, 2008 AND DECEMBER 10, 2008 FORM 990, SCHEDULE K, PART I, LINE C, COLUMN (F) PROCEEDS FROM THE SALE OF THE BONDS WERE USED TO PARTIALLY FUND PROJECTS ASSOCIATED WITH THE PROGRAMS AND CAMPUS EXPANSIONS OF THE UNIVERSITY AND THE PROCEEDS WERE ALSO USED TO REFUND THE REMAINING PRINCIPAL AMOUNT OF THE COMMERCIAL PAPER REVENUE NOTE PROGRAM (2009 BONDS) ISSUED JANUARY 29, 2009, JUNE 19, 2008, NOVEMBER 5, 2008 AND DECEMBER 10, 2008 FORM 990, SCHEDULE K, PART I, LINE D, COLUMN (F) PROCEEDS FROM THE SALE OF THE BONDS WERE USED TO REFUND THE REMAINING AMOUNT OF THE SERIES 1996 A &amp; B BONDS ISSUED ON AUGUST 14, 1996 AND PARTIAL REFUNDING OF PRINCIPAL AMOUNT FOR THE SERIES 1998B BONDS ISSUED ON SEPTEMBER 24, 1998, AND SERIES 2001 A &amp; B BONDS ISSUED ON MAY 31, 2001 FORM 990, SCHEDULE K, PART I, LINE E, COLUMN (F) PROCEEDS FROM THE SALE OF THE BONDS WERE USED TO reimburse for projects associated with the programs and campus expansions of the University</p> |

| Identifier                                 | Return Reference            | Explanation                                                                                                                                                    |
|--------------------------------------------|-----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TOTAL AMOUNT OF PROCEEDS OF THE BOND ISSUE | SCHEDULE K, PART II, LINE 3 | TOTAL AMOUNT OF BOND PROCEEDS IS DIFFERENT FROM THE BOND ISSUE PRICE REPORTED ON SCHEDULE K, PART I, COLUMN (E) BECAUSE OF THE ADDITION OF INVESTMENT EARNINGS |

| Identifier                                     | Return Reference              | Explanation                                                                                                                                                                                                                                                                                                                                                         |
|------------------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| RESEARCH CONDUCTED IN BOND FINANCED FACILITIES | SCHEDULE K, PART III, LINE 3B | MIDWESTERN UNIVERSITY UTILIZES THE BOND-FINANCED FACILITIES TO CONDUCT RESEARCH SPONSORED BY CHARITABLE ORGANIZATIONS CREATED PURSUANT TO SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. TO OUR KNOWLEDGE, THIS RESEARCH FALLS WITHIN THE EXEMPT PURPOSES OF SUCH SPONSORS AND, ACCORDINGLY, WOULD NOT BE TREATED AS PRIVATE BUSINESS USE OF THE FINANCED PROPERTY |

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization  
MIDWESTERN UNIVERSITY

Employer identification number  
36-3377698

Part I

Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

| (a)<br>Name, address, and EIN of disregarded entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity |
|-----------------------------------------------------|-------------------------|--------------------------------------------------|---------------------|---------------------------|----------------------------------|
|                                                     |                         |                                                  |                     |                           |                                  |
|                                                     |                         |                                                  |                     |                           |                                  |
|                                                     |                         |                                                  |                     |                           |                                  |
|                                                     |                         |                                                  |                     |                           |                                  |
|                                                     |                         |                                                  |                     |                           |                                  |
|                                                     |                         |                                                  |                     |                           |                                  |
|                                                     |                         |                                                  |                     |                           |                                  |

Part II

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

| (a)<br>Name, address, and EIN of related organization                                                         | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled organization |    |
|---------------------------------------------------------------------------------------------------------------|-------------------------|--------------------------------------------------|----------------------------|-----------------------------------------------------|----------------------------------|---------------------------------------------------|----|
|                                                                                                               |                         |                                                  |                            |                                                     |                                  | Yes                                               | No |
| (1) MIDWESTERN UNIVERSITY FOUNDATION<br><br>555 31st Street<br><br>Downers Grove, IL 60515<br>36-3955804      | SUPPORT MWU             | IL                                               | 501(C)(3)                  | 9                                                   | MWU                              | Yes                                               |    |
| (2) Midwestern University Hosp & Med Ctrs<br><br>555 31st Street<br><br>Downers Grove, IL 60515<br>36-2166999 | Inactive                | IL                                               | 501(C)(3)                  | 3                                                   | MWU                              | Yes                                               |    |
| (3) Midwestern University Properties Corp<br><br>36-3377699                                                   | Title Holding           | IL                                               | 501(C)(2)                  | N/A                                                 | MWU                              | Yes                                               |    |
|                                                                                                               |                         |                                                  |                            |                                                     |                                  |                                                   |    |
|                                                                                                               |                         |                                                  |                            |                                                     |                                  |                                                   |    |
|                                                                                                               |                         |                                                  |                            |                                                     |                                  |                                                   |    |
|                                                                                                               |                         |                                                  |                            |                                                     |                                  |                                                   |    |

Part III

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

| (a)<br>Name, address, and EIN<br>of<br>related organization | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Predominant income<br>(related, unrelated,<br>excluded from tax<br>under sections 512-<br>514) | (f)<br>Share of total<br>income | (g)<br>Share of end-of-<br>year<br>assets | (h)<br>Disproportionate<br>allocations? |    | (i)<br>Code V—UBI<br>amount in box 20 of<br>Schedule K-1<br>(Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>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)<br>Name, address, and EIN of related organization                                                  | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Percentage<br>ownership |
|--------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------------------------------|-------------------------------------|--------------------------------------------------------|---------------------------------|------------------------------------------|--------------------------------|
| (1) Osteopathic Management Enterprises Inc<br>555 31st Street<br>Downers Grove, IL 60515<br>36-3483456 | Inactive                | IL                                                        | MWU                                 | C CORP                                                 |                                 |                                          | 100 000 %                      |
|                                                                                                        |                         |                                                           |                                     |                                                        |                                 |                                          |                                |
|                                                                                                        |                         |                                                           |                                     |                                                        |                                 |                                          |                                |
|                                                                                                        |                         |                                                           |                                     |                                                        |                                 |                                          |                                |
|                                                                                                        |                         |                                                           |                                     |                                                        |                                 |                                          |                                |
|                                                                                                        |                         |                                                           |                                     |                                                        |                                 |                                          |                                |

Part V

Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Sale of assets to related organization(s)

g Purchase of assets from related organization(s)

h Exchange of assets with related organization(s)

i Lease of facilities, equipment, or other assets to related organization(s)

j Lease of facilities, equipment, or other assets from related organization(s)

k Performance of services or membership or fundraising solicitations for related organization(s)

l Performance of services or membership or fundraising solicitations by related organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

n Sharing of paid employees with related organization(s)

o Reimbursement paid to related organization(s) for expenses

p Reimbursement paid by related organization(s) for expenses

q Other transfer of cash or property to related organization(s)

r Other transfer of cash or property from related organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

Yes

No

No

No

No

No

No

No

No

No

No

No

No

Yes

No

Yes

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

| (a)<br>Name of other organization         | (b)<br>Transaction<br>type(a-r) | (c)<br>Amount involved | (d)<br>Method of determining amount<br>involved |
|-------------------------------------------|---------------------------------|------------------------|-------------------------------------------------|
| (1) Midwestern University Properties Corp | P                               | 95,939                 | CASH                                            |
| (2) Midwestern University Properties Corp | R                               | 490,923                | CASH                                            |
| (3) Midwestern University Foundation      | C                               | 300,450                | CASH                                            |
| (4) Midwestern University Foundation      | P                               | 10,111                 | CASH                                            |
| (5) Midwestern University Foundation      | R                               | 26,953                 | CASH                                            |
| (6)                                       |                                 |                        |                                                 |

Schedule R (Form 990) 2011

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.

[illegible]

Part VII

Supplemental Information

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

| Identifier | Return Reference | Explanation |  |
|------------|------------------|-------------|--|
|------------|------------------|-------------|--|

Additional Data

Software ID:

Software Version:

EIN: 36-3377698

Name: MIDWESTERN UNIVERSITY

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

| (A)<br>Name and Title                                  | (B)<br>Average<br>hours<br>per<br>week | (C)<br>Position (check all<br>that apply) |                       |         |              |                                 |        | (D)<br>Reportable<br>compensation<br>from the<br>organization<br>(W- 2/1099-<br>MISC) | (E)<br>Reportable<br>compensation<br>from related<br>organizations<br>(W- 2/1099-<br>MISC) | (F)<br>Estimated<br>amount of other<br>compensation<br>from the<br>organization<br>and related<br>organizations |
|--------------------------------------------------------|----------------------------------------|-------------------------------------------|-----------------------|---------|--------------|---------------------------------|--------|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
|                                                        |                                        | Individual trustee<br>or director         | Institutional Trustee | Officer | Key employee | Highest compensated<br>employee | Former |                                                                                       |                                                                                            |                                                                                                                 |
| WILLIAM D ANDREWS<br>CHAIRPERSON/TRUSTEE               | 1 0                                    | X                                         |                       |         |              |                                 |        | 0                                                                                     | 0                                                                                          | 0                                                                                                               |
| SR ANNE C LEONARD<br>VICE CHAIRPERSON/TRUSTEE          | 1 0                                    | X                                         |                       |         |              |                                 |        | 0                                                                                     | 0                                                                                          | 0                                                                                                               |
| GERRIT A VAN HUISSTEDE<br>SECRETARY/TREASURER/TRUSTEE  | 1 0                                    | X                                         |                       |         |              |                                 |        | 0                                                                                     | 0                                                                                          | 0                                                                                                               |
| JEAN L BAXTER JD<br>TRUSTEE                            | 1 0                                    | X                                         |                       |         |              |                                 |        | 0                                                                                     | 0                                                                                          | 0                                                                                                               |
| MICHAEL J BLEND PHD DO<br>TRUSTEE                      | 1 0                                    | X                                         |                       |         |              |                                 |        | 0                                                                                     | 0                                                                                          | 0                                                                                                               |
| FRANK J DILEO<br>TRUSTEE                               | 1 0                                    | X                                         |                       |         |              |                                 |        | 0                                                                                     | 0                                                                                          | 0                                                                                                               |
| JOHN H FINLEY DO<br>TRUSTEE                            | 1 0                                    | X                                         |                       |         |              |                                 |        | 0                                                                                     | 0                                                                                          | 0                                                                                                               |
| GRETCHEN R HANNAN<br>TRUSTEE                           | 1 0                                    | X                                         |                       |         |              |                                 |        | 0                                                                                     | 0                                                                                          | 0                                                                                                               |
| JOHN LADOWICZ<br>TRUSTEE                               | 1 0                                    | X                                         |                       |         |              |                                 |        | 0                                                                                     | 0                                                                                          | 0                                                                                                               |
| KEVIN D LEAHY<br>TRUSTEE                               | 1 0                                    | X                                         |                       |         |              |                                 |        | 0                                                                                     | 0                                                                                          | 0                                                                                                               |
| MADELINE R LEWIS DO<br>TRUSTEE                         | 1 0                                    | X                                         |                       |         |              |                                 |        | 0                                                                                     | 0                                                                                          | 0                                                                                                               |
| ROBERT M LOCKHART PHD<br>TRUSTEE                       | 1 0                                    | X                                         |                       |         |              |                                 |        | 0                                                                                     | 0                                                                                          | 0                                                                                                               |
| W JAY LOVELACE<br>TRUSTEE                              | 1 0                                    | X                                         |                       |         |              |                                 |        | 0                                                                                     | 0                                                                                          | 0                                                                                                               |
| PAUL M STEINGARD DO<br>TRUSTEE                         | 1 0                                    | X                                         |                       |         |              |                                 |        | 0                                                                                     | 0                                                                                          | 0                                                                                                               |
| JANET R BOLTON CFP CIMA<br>TRUSTEE                     | 1 0                                    | X                                         |                       |         |              |                                 |        | 0                                                                                     | 0                                                                                          | 0                                                                                                               |
| KENNETH R HERLIN<br>TRUSTEE                            | 1 0                                    | X                                         |                       |         |              |                                 |        | 0                                                                                     | 0                                                                                          | 0                                                                                                               |
| Warren B Grayson<br>TRUSTEE                            | 1 0                                    | X                                         |                       |         |              |                                 |        | 0                                                                                     | 0                                                                                          | 0                                                                                                               |
| KATHLEEN H GOEPPINGER PHD<br>PRESIDENT/CEO/TRUSTEE     | 40 0                                   | X                                         |                       | X       |              |                                 |        | 934,108                                                                               | 0                                                                                          | 246,432                                                                                                         |
| ARTHUR G DOBBELAERE PHD<br>ASSISTANT SECR /COO/EXEC VP | 40 0                                   |                                           |                       | X       |              |                                 |        | 740,641                                                                               | 0                                                                                          | 32,971                                                                                                          |
| GREGORY J GAUS<br>ASSISTANT TREAS /CFO/SENIOR VP       | 40 0                                   |                                           |                       | X       |              |                                 |        | 611,193                                                                               | 0                                                                                          | 42,476                                                                                                          |
| DEAN P MALONE<br>VP FINANCE                            | 40 0                                   |                                           |                       | X       |              |                                 |        | 347,374                                                                               | 0                                                                                          | 41,854                                                                                                          |
| GEORGE T CALEEL DO<br>VP CLINICAL EDUCATION            | 40 0                                   |                                           |                       | X       |              |                                 |        | 215,520                                                                               | 0                                                                                          | 30,300                                                                                                          |
| KAREN D JOHNSON PHD<br>VP UNIVERSITY RELATIONS         | 40 0                                   |                                           |                       | X       |              |                                 |        | 307,021                                                                               | 0                                                                                          | 26,758                                                                                                          |
| MARY LEE PHARM D<br>VP/CAO PHARMACY/HEALTH             | 40 0                                   |                                           |                       | X       |              |                                 |        | 431,240                                                                               | 0                                                                                          | 36,670                                                                                                          |
| DENNIS PAULSON PHD<br>VP/CAO MEDICINE AND DENTAL       | 40 0                                   |                                           |                       | X       |              |                                 |        | 442,747                                                                               | 0                                                                                          | 42,155                                                                                                          |

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

| (A)<br>Name and Title                               | (B)<br>Average hours per week | (C)<br>Position (check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|-----------------------------------------------------|-------------------------------|----------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                     |                               | Individual trustee or director         | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |                                                                      |                                                                           |                                                                                               |
| ANGELA MARTY MS<br>VP HUMAN RESOURCES & ADMIN       | 40 0                          |                                        |                       | X       |              |                              |        | 236,143                                                              | 0                                                                         | 34,779                                                                                        |
| JOHN R BURDICK PHD<br>VP CLINIC OP & DEAN/BASIC SCI | 40 0                          |                                        |                       |         | X            |                              |        | 368,632                                                              | 0                                                                         | 41,899                                                                                        |
| LORI A KEMPER DO<br>DEAN MEDICINE                   | 40 0                          |                                        |                       |         |              | X                            |        | 360,291                                                              | 0                                                                         | 42,025                                                                                        |
| KAREN J NICHOLS DO<br>DEAN MEDICINE                 | 40 0                          |                                        |                       |         |              | X                            |        | 332,214                                                              | 0                                                                         | 36,546                                                                                        |
| MICHAEL MACNEAL<br>DEAN DENTAL MEDICINE             | 40 0                          |                                        |                       |         |              | X                            |        | 380,420                                                              | 0                                                                         | 36,562                                                                                        |
| RUSSEL GILPATRICK<br>DEAN DENTAL MEDICINE           | 40 0                          |                                        |                       |         |              | X                            |        | 374,502                                                              | 0                                                                         | 36,557                                                                                        |
| ANTHONY WILL DO<br>FACULTY                          | 40 0                          |                                        |                       |         |              | X                            |        | 289,916                                                              | 0                                                                         | 26,203                                                                                        |