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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at *www IRS gov/form990*

OMB No 1545-0047

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 07-01-2017 , and ending 06-30-2018

B Check if applicable
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
Midwestern University

Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
555 31ST STREET

City or town, state or province, country, and ZIP or foreign postal code
DOWNERS GROVE, IL 60515

D Employer identification number
36-3377698

E Telephone number
(630) 515-7145

G Gross receipts $ 1,354,483,901

F Name and address of principal officer
KATHLEEN H GOEPPINGER PHD
555 31ST STREET
DOWNERS GROVE, IL 60515

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW MIDWESTERN EDU

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1900

M State of legal domicile IL

Part I Summary

1 Briefly describe the organization's mission or most significant activities
MIDWESTERN UNIVERSITY DEDICATES THE INSTITUTION AND ITS RESOURCES TO THE HIGHEST STANDARDS OF ACADEMIC EXCELLENCE TO MEET THE EDUCATIONAL NEEDS OF THE HEALTH CARE COMMUNITY

Activities & Governance

2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets		
3	Number of voting members of the governing body (Part VI, line 1a)	**3**	18
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	16
5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	**5**	4,020
6	Total number of volunteers (estimate if necessary)	**6**	2,998
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	-59,325
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	5,588,364	6,360,319
9	Program service revenue (Part VIII, line 2g)	404,110,737	438,818,744
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	11,007,756	16,555,381
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,691,830	2,980,382
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	423,398,687	464,714,826

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,848,949	2,297,652
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	205,473,954	215,691,207
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶809,049		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	114,191,524	126,253,196
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	321,514,427	344,242,055
19	Revenue less expenses Subtract line 18 from line 12	101,884,260	120,472,771

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	1,338,466,897	1,422,394,557
21	Total liabilities (Part X, line 26)	439,887,725	402,476,063
22	Net assets or fund balances Subtract line 21 from line 20	898,579,172	1,019,918,494

Part II Signature Block

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

****** 2019-05-14
Signature of officer Date

KATHLEEN H GOEPPINGER PHD PRESIDENT & CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Nicole Bencik	Nicole Bencik			P00756195

Firm's name ▶ CROWE LLP — Firm's EIN ▶ 35-0921680
Firm's address ▶ 225 West Wacker Drive Suite 2600, Chicago, IL 606061224 — Phone no (312) 899-7000

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line 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? . . . . . ☐ Yes ☑ No

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? . . . . . ☐ Yes ☑ No

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 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 $ 320,941,787 including grants of $ 2,297,652) (Revenue $ 441,072,231)

See Additional Data

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** ▶ 320,941,787

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	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		
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 for escrow or custodial account liability, 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		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	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 and XII 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, Parts I and IV*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts 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* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No

Part IV **Checklist of Required Schedules** *(continued)*

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	**20a**		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	**20b**		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**		No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**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	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
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 direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**	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? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response or note to any line in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	**1a**	9,172		
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	**2a**	4,020		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **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**		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	**3b**		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .	**4a**			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
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 as charitable contributions? . . .	**6a**			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**			
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**		Yes	
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.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**			
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .	**9a**			
b	Did the sponsoring 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? **Note.** See the instructions for additional information the organization must report on Schedule O	**13a**			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the 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 or note to any line 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		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	16		
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 this 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

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

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 during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records
▶DEAN MALONE 555 31ST STREET DOWNERS GROVE, IL 60515 (630) 515-7145

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

Check if Schedule O contains a response or note to any line in this Part VII . . . . . ☐

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								10,017,080	0	1,699,374

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 481

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
CHANEN CONSTRUCTION 3300 N THIRD ST PHOENIX, AZ 85067	GENERAL CONTRACTOR	24,551,571
LEVEL 3 AUDIO VISUAL 955 EAST JAVELINA AVENUE SUITE B106 MESA, AZ 85204	AUDIO VISUAL PROVIDER	3,290,526
HILL MECHANICAL CORPORATION 11045 GAGE AVENUE FRANKLIN PARK, IL 60131	BUILDING SYSTEM CONSTRUCTION AND MAINTENANCE	2,946,226
METRO CLEANING COMPANY 8349 W DESERT SPOON PEORIA, AZ 85383	JANITORIAL SERVICES	2,609,787
EBSCO 10 Estes Street Ipswich, MA 01938	E-Library Services	1,887,764

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 72

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . ☑

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts					
1a Federated campaigns	1a				
b Membership dues	1b				
c Fundraising events	1c	202,295			
d Related organizations	1d				
e Government grants (contributions)	1e	2,833,766			
f All other contributions, gifts, grants, and similar amounts not included above	1f	3,324,258			
g Noncash contributions included in lines 1a-1f $ 194,292					
h **Total.** Add lines 1a-1f		6,360,319			
Program Service Revenue	Business Code				
2a TUITION & FEES	611310	396,175,056	396,175,056		
b ~~POST-DOCTORATE PROGRAM~~	611310	11,985,010	11,985,010		
c ~~CLINICAL REVENUE~~	621400	25,607,160	25,607,160		
d ~~STUDENT HOUSING~~	721310	5,051,518	5,051,518		
e					
f All other program service revenue		0	0	0	0
g **Total.** Add lines 2a–2f		438,818,744			
3 Investment income (including dividends, interest, and other similar amounts)		8,251,863		-59,325	8,311,188
4 Income from investment of tax-exempt bond proceeds					
5 Royalties					
	(i) Real	(ii) Personal			
6a Gross rents					
b Less rental expenses					
c Rental income or (loss)	0	0			
d Net rental income or (loss)					
	(i) Securities	(ii) Other			
7a Gross amount from sales of assets other than inventory	897,857,599	0			
b Less cost or other basis and sales expenses	889,547,079	7,002			
c Gain or (loss)	8,310,520	-7,002			
d Net gain or (loss)			8,303,518		8,303,518
Other Revenue 8a Gross income from fundraising events (not including $ 202,295 of contributions reported on line 1c) See Part IV, line 18	a	122,112			
b Less direct expenses	b	214,994			
c Net income or (loss) from fundraising events			-92,882		-92,882
9a Gross income from gaming activities See Part IV, line 19	a				
b Less direct expenses	b				
c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	a				
b Less cost of goods sold	b				
c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	Business Code				
11a CO-FUNDED FACULTY	561499	1,101,578	1,101,578		
b STUDENT LOAN INTEREST	561499	648,918	648,918		
c FOOD SERVICES	561499	212,714	212,714		
d All other revenue		1,110,054	290,277	0	819,777
e **Total.** Add lines 11a–11d		3,073,264			
12 **Total revenue.** See Instructions		464,714,826	441,072,231	-59,325	17,341,601

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)

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	26,352	26,352		
2 Grants and other assistance to domestic individuals See Part IV, line 22	2,271,300	2,271,300		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	7,770,681	3,252,473	4,518,208	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	164,803,783	158,651,981	5,860,324	291,478
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	13,247,334	12,500,197	726,276	20,861
9 Other employee benefits	18,901,558	17,781,770	1,087,942	31,846
10 Payroll taxes	10,967,851	10,279,984	669,367	18,500
11 Fees for services (non-employees)				
a Management				
b Legal	757,660	442,421	315,239	
c Accounting	559,750	64,750	495,000	
d Lobbying	244,497		244,497	
e Professional fundraising services See Part IV, line 17				
f Investment management fees	811,709	49,562	762,147	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	11,587,823	10,433,247	1,066,148	88,428
12 Advertising and promotion	661,799	481,527	119,034	61,238
13 Office expenses	19,930,606	18,195,279	1,651,243	84,084
14 Information technology	1,523,282	1,477,535	45,747	
15 Royalties				
16 Occupancy	6,517,173	6,399,320	117,853	
17 Travel	1,605,177	1,296,041	305,582	3,554
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,801,799	1,736,722	63,312	1,765
20 Interest	10,817,195	10,681,537	135,658	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	36,030,546	35,239,804	790,742	
23 Insurance	5,952,479	3,326,724	2,622,144	3,611
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a CLINICAL FACULTY SERVICES	7,177,311	7,177,311		
b STUDENT HOUSING EXPENSE	5,808,385	5,808,385		
c EDUCATION EXPENSE	2,089,670	2,068,294	21,376	
d BOOKS & PERIODICALS	2,303,465	2,298,606	4,859	
e All other expenses	10,072,870	9,000,665	868,521	203,684
25 **Total functional expenses.** Add lines 1 through 24e	344,242,055	320,941,787	22,491,219	809,049
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☐

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	289,901,924	1	390,266,553
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	333,382	3	282,495
	4	Accounts receivable, net	6,618,249	4	6,974,911
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	0
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	1,448,839	8	1,554,468
	9	Prepaid expenses and deferred charges	4,340,015	9	3,811,589
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 1,018,488,464			
	b	Less accumulated depreciation — 10b: 296,917,291	720,070,923	10c	721,571,173
	11	Investments—publicly traded securities	252,569,488	11	225,330,025
	12	Investments—other securities See Part IV, line 11	11,947,870	12	20,280,964
	13	Investments—program-related See Part IV, line 11	34,290,157	13	33,435,984
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	16,946,050	15	18,886,395
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	1,338,466,897	16	1,422,394,557
Liabilities	17	Accounts payable and accrued expenses	43,975,697	17	42,092,546
	18	Grants payable	4,387,513	18	3,510,972
	19	Deferred revenue	50,493,524	19	51,183,780
	20	Tax-exempt bond liabilities	289,605,487	20	256,564,035
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	0
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	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	51,425,504	25	49,124,730
	26	**Total liabilities.** Add lines 17 through 25	439,887,725	26	402,476,063
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	884,396,951	27	1,004,027,890
	28	Temporarily restricted net assets	8,346,379	28	9,437,972
	29	Permanently restricted net assets	5,835,842	29	6,452,632
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	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	Total net assets or fund balances	898,579,172	33	1,019,918,494
	34	Total liabilities and net assets/fund balances	1,338,466,897	34	1,422,394,557

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	464,714,826
2	Total expenses (must equal Part IX, column (A), line 25)	2	344,242,055
3	Revenue less expenses Subtract line 2 from line 1	3	120,472,771
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	898,579,172
5	Net unrealized gains (losses) on investments	5	-616,656
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	1,483,207
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,019,918,494

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ 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?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
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?	3a	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	3b	Yes	

Additional Data

Software ID: 17005876
Software Version: 2017v2.2
EIN: 36-3377698
Name: Midwestern University

Form 990, Part III, Line 4a:

DESCRIPTION OF PROGRAM SERVICE ACCOMPLISHMENTS DURING THE FISCAL YEAR ENDED JUNE 30, 2018, MIDWESTERN UNIVERSITY PROVIDED HEALTH SCIENCES EDUCATION SERVICES TO APPROXIMATELY 6,785 PRE-DOCTORAL STUDENTS AND 148 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 SCIENCES, PODIATRY, CLINICAL PSYCHOLOGY, PERFUSION SERVICES, NURSE ANESTHETIST, DENTISTRY, OPTOMETRY, VETERINARY MEDICINE, SPEECH LANGUAGE PATHOLOGY, 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 MIDWESTERN UNIVERSITY CLINICS THE MIDWESTERN UNIVERSITY MULTISPECIALTY CLINICS OPERATED AT THE ARIZONA AND ILLINOIS CAMPUSES INCLUDE DENTAL INSTITUTES, EYE INSTITUTES, FAMILY MEDICINE PRACTICES, COMPANION ANIMAL CLINIC AT THE ANIMAL HEALTH INSTITUTE, SPEECH-LANGUAGE INSTITUTES, A PHYSICAL THERAPY INSTITUTE AND OTHER HEALTH SERVICES DESIGNED TO PROVIDE CLINICAL TEACHING SITES AND MEET A WIDE-RANGE OF HEALTHCARE NEEDS OF AREA PATIENTS IN ACCORDANCE WITH THE UNIVERSITY'S ACADEMIC MISSION, THE FEE SCHEDULES AT THE TWO DENTAL INSTITUTES HAVE BEEN REDUCED TO APPROXIMATELY 50% OR MORE OF USUAL AND CUSTOMARY CHARGES AS A RESULT, DURING FISCAL YEAR ENDED JUNE 30, 2018, MWU PATIENTS PAID $25,652,000 LESS IN PATIENT SERVICE FEES THAN THEY WOULD HAVE HAD MWU CHARGED USUAL AND CUSTOMARY FEES ALSO, THE UNIVERSITY HAS A DISCOUNT PROGRAM WHEREBY LOW INCOME INDIVIDUALS CAN APPLY FOR FREE CARE AT MWU CLINICS BASED ON THE FEDERAL POVERTY GUIDELINES THE TOTAL DISCOUNTS IN FISCAL YEAR ENDED JUNE 30, 2018 WERE $1,546,000 AT STATED PATIENT SERVICE CHARGES HAD MWU CHARGED USUAL AND CUSTOMARY FEES, THE VALUE OF THE DISCOUNTS WOULD HAVE BEEN $3,516,000

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KATHLEEN H GOEPPINGER PHD PRESIDENT/CEO/TRUSTEE	40 0 1 3	X		X				1,342,479	0	953,216
Sr ANNE C LEONARD CHAIRPERSON/TRUSTEE	1 0 0 0	X						0	0	0
JANET R BOLTON CFP CIMA VICE CHAIRPERSON/TRUSTEE	1 0 0 0	X						0	0	0
GERRIT A VAN HUISSTEDE SECRETARY/TREASURER/TRUSTEE	1 0 0 5	X						0	0	0
WILLIAM D ANDREWS TRUSTEE	1 0 0 0	X						0	0	0
JEAN L BAXTER JD TRUSTEE	1 0 0 5	X						0	0	0
MICHAEL J BLEND PHD DO TRUSTEE	1 0 0 0	X						0	0	0
STEVEN R CHANEN TRUSTEE	1 0 0 0	X						0	0	0
WARREN B GRAYSON TRUSTEE	1 0 0 5	X						0	0	0
GRETCHEN R HANNAN TRUSTEE	1 0 0 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KENNETH R HERLIN TRUSTEE	1 0 0 1	X						0	0	0
MICHAEL P KAMRADT TRUSTEE - APPOINTED 12/5/17	1 0 0 0	X						0	0	0
JOHN LADOWICZ TRUSTEE	1 0 0 1	X						0	0	0
KEVIN D LEAHY TRUSTEE	1 0 0 5	X						0	0	0
MADELINE R LEWIS DO TRUSTEE	1 0 0 5	X						0	0	0
BARBARA J RALSTON TRUSTEE	1 0 0 0	X						0	0	0
ELAINE M SCRUGGS TRUSTEE	1 0 0 0	X						0	0	0
RONALD D TUCKER TRUSTEE	1 0 0 0	X						0	0	0
ARTHUR G DOBBELAERE PHD ASSISTANT SECRETARY/COO/EXEC VP	40 0 1 3			X				1,070,805	0	41,254
GREGORY J GAUS ASSISTANT TREASURER/CFO/SENIOR VP	40 0 1 3			X				918,314	0	49,315

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DEAN P MALONE VP FINANCE	40 0 1 3			X				497,446	0	55,098
KAREN D JOHNSON PHD VP UNIVERSITY RELATIONS	40 0 0 0			X				469,571	0	38,881
MARY LEE PHARM D VP/CAO PHARMACY/HEALTH	40 0 0 0			X				574,124	0	48,262
DENNIS PAULSON PHD VP CAO MEDICINE AND DENTAL	40 0 0 0			X				620,385	0	55,887
ANGELA MARTY MS VP HUMAN RESOURCES & ADMIN	40 0 0 0			X				375,523	0	52,543
KATHLEEN N PLAYER EDD VP CAO HEALTH SCIENCES	40 0 0 0			X				538,869	0	48,100
THERESA W FOSSUM PHD DVM VP & DEAN OF MEDICINE	40 0 0 0			X				542,371	0	55,522
BARBARA L MCCLOUD ESQ VP & GENERAL COUNSEL	40 0 0 0			X				559,985	0	39,593
LORI A KEMPER DO DEAN OF MEDICINE	40 0 0 0					X		537,490	0	55,315
KAREN J NICHOLS DO DEAN OF MEDICINE	40 0 0 0					X		528,834	0	48,039

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PAUL B SMITH DDS DEAN DENTAL MEDICINE	40 0 ..... 0 0					X		490,513	0	55,341
MICHAEL MACNEIL DDS DEAN DENTAL MEDICINE	40 0 ..... 0 0					X		484,367	0	47,864
THOMAS A BOYLE DO DEAN POSTDOCTORAL EDUCATION	40 0 ..... 0 0					X		466,004	0	55,144

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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.**

▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
Midwestern University

Employer identification number
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 12, check only one box)

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

2 ☑ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))

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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university

_____

10 ☐ An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

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

12 ☐ 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations _____

g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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

(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")	3,757,577	4,730,183	6,551,796	5,588,364	6,360,319	26,988,239
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 **Total.** Add lines 1 through 3	3,757,577	4,730,183	6,551,796	5,588,364	6,360,319	26,988,239
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)						0
6 **Public support.** Subtract line 5 from line 4						26,988,239

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2013	(b)2014	(c)2015	(d)2016	(e)2017	(f)Total
7 Amounts from line 4	3,757,577	4,730,183	6,551,796	5,588,364	6,360,319	26,988,239
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,751,167	4,466,598	4,137,639	4,615,902	8,251,863	25,223,169
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	4,759	0	0	4,759
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	6,168,483	1,406,523	-1,123,054	2,747,373	3,073,264	12,272,589
11 **Total support.** Add lines 7 through 10						64,488,756

12 Gross receipts from related activities, etc (see instructions)	12	1,879,738,141

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	41 85 %
15 Public support percentage for 2016 Schedule A, Part II, line 14	15	41 69 %

16a **33 1/3% support test—2017.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☑

b **33 1/3% support test—2016.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2017.** 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 **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2016.** 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 **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 VI)						
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 section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2017** (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from **2016** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2017.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests—2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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 Supporting Organizations

(Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2)*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)*	10b		

Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI*	11c		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization*	2		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)*	1		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s)*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard*	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- **a** ☐ The organization satisfied the Activities Test Complete **line 2** below
- **b** ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- **c** ☐ The organization supported a governmental entity Describe in **Part VI** how you supported a government entity (see instructions)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement*	2b		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard*	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

Section D - Distributions	**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in **Part VI**) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**) See instructions	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2017**	**(iii) Distributable Amount for 2017**
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 **Excess distributions carryover to 2018.** Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
Schedule A, Part II, Line 10 Other Income	DESCRIPTION - CO-FUNDED FACULTY, COLUMN A - 1042586 0, COLUMN B - 827980 0, COLUMN C - 772 309 0, COLUMN D - 1042416 0, COLUMN E - 1101578 0, COLUMN F - 4786869 0, DESCRIPTION - STU DENT LOAN INTEREST, COLUMN A - 349140 0, COLUMN B - 323673 0, COLUMN C - 371677 0, COLUMN D - 509684 0, COLUMN E - 648918 0, COLUMN F - 2203092 0, DESCRIPTION - FOOD SERVICES, COLU MN A - 252749 0, COLUMN B - 232859 0, COLUMN C - 234806 0, COLUMN D - 201209 0, COLUMN E - 212714 0, COLUMN F - 1134337 0, DESCRIPTION - BOOKSTORE REVENUE, COLUMN A - 31508 0, COLU MN B - 24795 0, COLUMN C - 14163 0, COLUMN D - 7631 0, COLUMN E - 20415 0, COLUMN F - 9851 2 0, DESCRIPTION - WASHING MACHINE REVENUE, COLUMN A - 26038 0, COLUMN B - 26330 0, COLUMN C - 17916 0, COLUMN D - 18346 0, COLUMN E - 15749 0, COLUMN F - 104379 0, DESCRIPTION - C AMPUS RENTAL, COLUMN A - 9200 0, COLUMN B - 9200 0, COLUMN C - 9200 0, COLUMN D - 17950 0, COLUMN E - 37638 0, COLUMN F - 83188 0, DESCRIPTION - MISCELLANEOUS REVENUE, COLUMN A - 5 20792 0, COLUMN B - 342199 0, COLUMN C - 580500 0, COLUMN D - 368144 0, COLUMN E - 348792 0, COLUMN F - 2160427 0, DESCRIPTION - CREDIT CARD FEE REVENUE SHARE, COLUMN A - , COLUMN B - , COLUMN C - 51501 0, COLUMN D - 133069 0, COLUMN E - 164072 0, COLUMN F - 348642 0, D ESCRIPTION - MISC STUDENT FEES, COLUMN A - 66588 0, COLUMN B - 187067 0, COLUMN C - 214200 0, COLUMN D - 127318 0, COLUMN E - 153048 0, COLUMN F - 748221 0, DESCRIPTION - CONTINUIN G MEDICAL EDUCATION REVENUE, COLUMN A - 4070 0, COLUMN B - 3690 0, COLUMN C - 49447 0, COL UMN D - 119309 0, COLUMN E - 144913 0, COLUMN F - 321429 0, DESCRIPTION - STUDENT ACTIVITI ES, COLUMN A - 11457 0, COLUMN B - 11097 0, COLUMN C - 11165 0, COLUMN D - 11366 0, COLUMN E - 9640 0, COLUMN F - 54725 0, DESCRIPTION - ALUMNI ASSOCIATION DUES, COLUMN A - 6000 0, COLUMN B - 4225 0, COLUMN C - 10425 0, COLUMN D - 3350 0, COLUMN E - 35007 0, COLUMN F - 59007 0, DESCRIPTION - LIBRARY SERVICES, COLUMN A - 146663 0, COLUMN B - 88804 0, COLUMN C - 77804 0, COLUMN D - 75383 0, COLUMN E - 66230 0, COLUMN F - 454884 0, DESCRIPTION - LAT E CHARGES, COLUMN A - 7674 0, COLUMN B - 9774 0, COLUMN C - 8202 0, COLUMN D - 13523 0, CO LUMN E - 8937 0, COLUMN F - 48110 0, DESCRIPTION - CONVENIENCE CHARGE REVENUE, COLUMN A - 2932 0, COLUMN B - 3474 0, COLUMN C - 3624 0, COLUMN D - 4070 0, COLUMN E - 6868 0, COLUMN F - 20968 0, DESCRIPTION - MWU STUDENT SICK VISIT REVENUE, COLUMN A - 65086 0, COLUMN B - 93110 0, COLUMN C - 95007 0, COLUMN D - 94605 0, COLUMN E - 98745 0, COLUMN F - 446553 0, DESCRIPTION - GAIN/(LOSS) ON INTEREST RATE PROTECTION AGREEMENT, COLUMN A - 3626000 0, CO LUMN B - -781754 0, COLUMN C - -3645000 0, COLUMN D - 0 0, COLUMN E - 0 0, COLUMN F - -800 754 0,

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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.**
▶**Information about Schedule C (Form 990 or 990-EZ) and its instructions is at** ***www.irs.gov/form990*****.**

OMB No 1545-0047

2017

Open to Public Inspection

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

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

Name of the organization	**Employer identification number**
Midwestern University	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 in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ $

3 Volunteer hours for political campaign activities (see instructions)

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 function 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-
1					
2					
3					
4					
5					
6					

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 (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group 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		
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-		

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

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? ☐ **Yes** ☐ **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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

	For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity	(a) Yes	(a) No	(b) 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?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		2,500
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		241,997
j	Total Add lines 1c through 1i			244,497
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 carry over 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) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible 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

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
Schedule C, Part II-B, Line 1 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	SCHEDULE C, PART II-B, LINE 1A MIDWESTERN UNIVERSITY STUDENTS ATTEND NATIONAL DO DAY ON CAPITOL HILL REPRESENTING THEIR PROFESSION DO'S EDUCATE MEMBERS OF CONGRESS AND THEIR STAFF ABOUT OSTEOPATHIC MEDICINE AND COMMUNICATE THEIR POSITIONS ON IMPORTANT HEALTH POLICY ISSUES WHERE APPROPRIATE SCHEDULE C, PART II-B, LINE 1G IN THE ORDINARY COURSE OF ITS BUSINESS, THE UNIVERSITY MAY HAVE DIRECT CONTACT WITH LEGISLATORS, THEIR STAFFS, GOVERNMENT OFFICIALS OR A LEGISLATIVE BODY ON A VARIETY OF LEGISLATIVE MATTERS DIRECTLY RELATED TO AND AFFECTING THE UNIVERSITY'S OPERATIONS, EDUCATIONAL PURPOSES, POWERS, DUTIES AND INTERESTS SCHEDULE C, PART II-B, LINE 1I THE UNIVERSITY ENGAGES TWO PART-TIME THIRD PARTY LOBBYISTS IN ORDER 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 C, Part II-B, Line 1 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	SCHEDULE C, PART II-B, LINE 1A MIDWESTERN UNIVERSITY STUDENTS ATTEND NATIONAL DO DAY ON CAPITOL HILL REPRESENTING THEIR PROFESSION DO'S EDUCATE MEMBERS OF CONGRESS AND THEIR STAFF ABOUT OSTEOPATHIC MEDICINE AND COMMUNICATE THEIR POSITIONS ON IMPORTANT HEALTH POLICY ISSUES WHERE APPROPRIATE SCHEDULE C, PART II-B, LINE 1G IN THE ORDINARY COURSE OF ITS BUSINESS, THE UNIVERSITY MAY HAVE DIRECT CONTACT WITH LEGISLATORS, THEIR STAFFS, GOVERNMENT OFFICIALS OR A LEGISLATIVE BODY ON A VARIETY OF LEGISLATIVE MATTERS DIRECTLY RELATED TO AND AFFECTING THE UNIVERSITY'S OPERATIONS, EDUCATIONAL PURPOSES, POWERS, DUTIES AND INTERESTS SCHEDULE C, PART II-B, LINE 1I THE UNIVERSITY ENGAGES TWO PART-TIME THIRD PARTY LOBBYISTS IN ORDER 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

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

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" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of 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? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can 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? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" on 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 education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 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	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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 section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, 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" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), 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) Revenue included on 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 (ASC 958) relating to these items

a Revenue included on 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 acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

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" on 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 XIII and complete the following table

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☑ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

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

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	14,182,221	12,924,556	11,110,846	10,315,605	9,786,054
b Contributions	2,349,733	1,569,582	2,597,127	1,395,746	758,790
c Net investment earnings, gains, and losses	473,646	394,580	339,063	318,093	296,611
d Grants or scholarships	549,573	499,700	572,639	610,297	443,785
e Other expenditures for facilities and programs	543,466	181,017	356,213	83,194	60,003
f Administrative expenses	21,957	25,780	193,628	225,107	22,062
g End of year balance	15,890,604	14,182,221	12,924,556	11,110,846	10,315,605

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶ 0 %
- b Permanent endowment ▶ 40 61 %
- c Temporarily restricted endowment ▶ 59 39 %

The percentages on lines 2a, 2b, and 2c should equal 100%

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

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. 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
1a Land		22,760,361		22,760,361
b Buildings		853,885,640	210,885,973	642,999,667
c Leasehold improvements				
d Equipment		133,273,188	86,031,318	47,241,870
e Other		8,569,275		8,569,275
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				721,571,173

Part VII **Investments—Other Securities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

Part IX **Other Assets.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	

Part X **Other Liabilities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
OTHER CURRENT LIABILITIES	4,485,239
SELF-INSURANCE LIABILITIES	9,458,181
REFUNDABLE FEDERAL STUDENT LOAN	24,492,276
PROFESS LIAB TAIL COVER	132,189
RETIREE BENEFITS	10,337,407
DEFERRED COMPENSATION	219,438
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	49,124,730

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	

Part XIII Supplemental Information

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, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID: 17005876
Software Version: 2017v2.2
EIN: 36-3377698
Name: Midwestern University

Supplemental Information

Return Reference	Explanation
Schedule D, Part V, Line 4 Intended uses of endowment funds	RESTRICTED ENDOWMENT FUNDS ARE USED BASED ON DONOR INTENT THE UNIVERSITY HAS NOT RELIED O N ENDOWMENT SPENDING TO SUPPORT OPERATIONS OR STUDENT SCHOLARSHIPS

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SCHEDULE E (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Schools

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule E (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
Midwestern University

Employer identification number
36-3377698

Part I

			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II	3	Yes	
4	Does the organization maintain the following?			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
	If you answered "No" to any of the above, please explain If you need more space, use Part II			
5	Does the organization discriminate by race in any way with respect to			
a	Students' rights or privileges?	5a		No
b	Admissions policies?	5b		No
c	Employment of faculty or administrative staff?	5c		No
d	Scholarships or other financial assistance?	5d		No
e	Educational policies?	5e		No
f	Use of facilities?	5f		No
g	Athletic programs?	5g		No
h	Other extracurricular activities?	5h		No
	If you answered "Yes" to any of the above, please explain If you need more space, use Part II			
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Yes	
b	Has the organization's right to such aid ever been revoked or suspended?	6b		No
	If you answered "Yes" to either line 6a or line 6b, explain on Part II			
7	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II	7	Yes	

Part II **Supplemental Information.** Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable Also provide any other additional information (see instructions)

Return Reference	Explanation
Schedule E, Part I, Line 3 RACIALLY NONDISCRIMINATORY POLICY	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 OF OSTEOPATHIC MEDICINE} 2) STUDENT HANDBOOK 3) COURSE CATALOG 4) WEB PAGE
Schedule E, Part I, Line 6(a) FINANCIAL AID OR ASSISTANCE FROM A GOVERNMENT	MIDWESTERN UNIVERSITY RECEIVED FEDERAL RESEARCH AWARDS AND PARTICIPATES IN FEDERAL LOAN PROGRAMS

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
► Attach to Form 990.
► Information about Schedule F (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
Midwestern University

Employer identification number
36-3377698

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ **Yes** ☐ **No**

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total	0	0			15,092,000
b Total from continuation sheets to Part I					0
c **Totals** (add lines 3a and 3b)	0	0			15,092,000

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ _____

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

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

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, Return by a U S Transferor of Property to a Foreign Corporation (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 separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)*	☐ 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, Information 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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)*	☐ Yes	☑ No

Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation
Schedule F, Part V PROCEDURES FOR MONITORING USE OF GRANT FUNDS OUTSIDE THE US	ANNUALLY THE UNIVERSITY PARTICIPATES IN A MEDICAL MISSION TO CENTRAL AMERICA

Return Reference	Explanation
Schedule F, Part I, Line 3(f) METHOD USED TO ACCOUNT FOR EXPENDITURES IN THE REGION	EXPENDITURES ARE REPORTED ON THE FINANCIAL STATEMENTS IN THE YEAR PAID INVESTMENTS ARE REPORTED AT FAIR VALUE AS OF THE FISCAL YEAR END

Return Reference	Explanation
Schedule F, Part I, Line 3 PROCEDURES FOR MONITORING USE OF GRANT FUNDS OUTSIDE THE US	THE UNIVERSITY PARTICIPATED IN A DENTAL MISSION TO TONGA DURING THE FISCAL YEAR ENDING JUNE 30, 2018

Additional Data

Software ID: 17005876
Software Version: 2017v2.2
EIN: 36-3377698
Name: Midwestern University

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean			Investments	N/A	15,016,000
Central America and the Caribbean			Program Services	Medical Mission Trip	3,000

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
East Asia and the Pacific			Program Services	Dental Medicine Mission Trip	73,000

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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" on 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.**

▶ **Information about Schedule G (Form 990 or 990-EZ) and its instructions is at *www irs gov/form990***

OMB No 1545-0047

2017

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" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

a ☐ Mail solicitations
b ☐ Internet and email 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

	(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? **Yes**	**No**	**(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
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total		▶					

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

Part II **Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

Revenue		(a) Event #1 Bright Lights (event type)	(b) Event #2 MWU Golf Outing (event type)	(c) Other events 1 (total number)	(d) Total events (add col (a) through col (c))
	1 Gross receipts	187,373	81,713	55,321	324,407
	2 Less Contributions	101,845	62,110	38,340	202,295
	3 Gross income (line 1 minus line 2)	85,528	19,603	16,981	122,112
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	41,628	9,559	8,371	59,558
	6 Rent/facility costs	25,826	17,480	17,435	60,741
	7 Food and beverages	51,027			51,027
	8 Entertainment	2,750			2,750
	9 Other direct expenses	28,138	6,764	6,016	40,918
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				214,994
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-92,882

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

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct 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 conduct 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 conducted in

a The organization's facility	**13a**	%
b An outside facility	**13b**	%

14 Enter 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 of the third party

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 **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Return Reference	Explanation

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
Midwestern University

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 Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC 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 noncash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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 Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) STUDENT SCHOLARSHIPS, AWARDS, AND GRANTS	246	1,863,204			
(2) STUDENT NEED-BASED SCHOLARSHIPS	147	319,607			
(3) STUDENT LOAN FORGIVENESS	120	88,489			
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
Schedule I, Part III SCH I, PART III, LINE 3	STUDENT LOAN FORGIVENESS MIDWESTERN UNIVERSITY FROM TIME TO TIME FORGIVES THE LOANS OF FORMER STUDENTS DUE TO BANKRUPTCY, DEATH AND/OR DISABILITY
Schedule I, Part I, Line 2 Procedures for monitoring use of grant funds	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

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
Midwestern University

Employer identification number
36-3377698

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☑ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☑ Tax idemnification and gross-up payments	☑ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of 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 directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☑ Compensation committee	☐ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on 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 duplicate copies if additional space is needed.

For each individual whose compensation must be reported on 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, applicable column (D) and (E) amounts for that individual

(A) Name and Title	**(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 in column (B) reported as deferred on prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Return Reference	Explanation
Schedule J, Part I, Line 7 DETERMINATION OF BONUS & INCENTIVE COMPENSATION	LISTED OFFICERS AND DEANS CAN RECEIVE AT-RISK COMPENSATION WHICH IS A PERCENTAGE OF THEIR 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, AND AT RISK INCENTIVE GOALS
Schedule J, Part I, Line 1a First-class or charter travel	THE UNIVERSITY ALLOWS FOR FIRST CLASS TRAVEL FOR ITS CEO 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
Schedule J, Part I, Line 1a 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 ALL LEVELS OF EMPLOYEES WHOSE DEPENDENTS ATTEND THE UNIVERSITY THIS BENEFIT IS TAXABLE AND INCLUDES A TAX GROSS UP PAYMENT LISTED ON SCHEDULE J PART II, RECIPIENTS WHO RECEIVED THE BENEFIT LORI A KEMPER DO, DEAN OF MEDICINE $20,447 PAUL B SMITH DDS, DEAN DENTAL MEDICINE $17,072 THE UNIVERSITY PROVIDES TUITION ASSISTANCE TO EMPLOYEES IN EXCESS OF THE $5,250 THRESHOLD FOR NONTAXABLE TUITION REIMBURSEMENTS THE AMOUNT REIMBURSED IN EXCESS OF $5,250 IS TAXABLE AND INCLUDES A TAX GROSS UP PAYMENT LISTED ON SCHEDULE J PART II, RECIPIENTS WHO RECEIVED THIS BENEFIT THOMAS BOYLE, DO, DEAN POSTDOCTORAL EDUCATION $27,484 ANGELA MARTY, MS, VP HUMAN RESOURCES & ADMIN $4,419
Schedule J, Part I, Line 1a 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
Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan	THE MIDWESTERN UNIVERSITY SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN II (THE"PLAN"), EFFECTIVE JUNE 30, 2017, HAS BEEN ESTABLISHED FOR THE BENEFIT OF DR KATHLEEN GOEPPINGER, THE PRESIDENT AND CHIEF EXECUTIVE OFFICER ("CEO") OF THE UNIVERSITY THE PLAN IS INTENDED TO PROVIDE THE CEO WITH A TARGET RETIREMENT BENEFIT FOR HER SERVICE WITH MWU FOR THE PERIOD BEGINNING ON HER 65TH BIRTHDAY AND ENDING ON HER 75TH BIRTHDAY BASED UPON HER AVERAGE COMPENSATION FOR THE THREE CONSECUTIVE CALENDAR YEARS OF THIS PERIOD DURING WHICH HER COMPENSATION IS THE HIGHEST, WITH A LEVEL OF ANNUAL ACCRUALS APPROXIMATING 82 5% OF MARKET, AND OFFSETS BY OTHER RETIREMENT PLANS THE BENEFIT VESTS AND WILL BE PAID IN TWO INSTALLMENTS FOLLOWING THE CEO'S 70TH AND 75TH BIRTHDAYS RESPECTIVELY, EACH DETERMINED WITH APPROPRIATE PROJECTIONS, CALCULATIONS AND RE-CALCULATIONS AS REQUIRED THE CONSULTING FIRM OF KORN FERRY HAY GROUP WAS RETAINED TO CONSTRUCT A PROPOSAL TO ESTABLISH THE PLAN AND TO REVIEW THE PRESIDENT AND CEO 'S TOTAL COMPENSATION, THE RESULTS OF WHICH WERE REVIEWED AND APPROVED BY BOTH THE EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES AND THE FULL BOARD OF TRUSTEES AS OF DECEMBER 31, 2017, $911,002 HAD BEEN ACCRUED BY UNIVERSITY FOR THE PROVISION OF RETIREMENT BENEFITS UNDER THE PLAN THIS AMOUNT IS REPORTED IN SCHEDULE J, PART II, COLUMN C IN FEBRUARY OF 2018, THE FIRST INSTALLMENT PAYABLE UNDER THE PLAN OF $836,000 WAS PAID TO DR GOEPPINGER

Additional Data

Software ID: 17005876
Software Version: 2017v2.2
EIN: 36-3377698
Name: Midwestern University

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(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 in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 KATHLEEN H GOEPPINGER PHD PRESIDENT/CEO/TRUSTEE	(I)	683,749	459,415	199,315	937,502	15,714	2,295,695	0
	(II)	0	0	0	0	0	0	0
1 ARTHUR G DOBBELAERE PHD ASSISTANT SECRETARY/COO/EXEC VP	(I)	557,343	315,027	198,435	26,500	14,754	1,112,059	0
	(II)	0	0	0	0	0	0	0
2 GREGORY J GAUS ASSISTANT TREASURER/CFO/SENIOR VP	(I)	502,767	282,644	132,903	26,500	22,815	967,629	0
	(II)	0	0	0	0	0	0	0
3 DEAN P MALONE VP FINANCE	(I)	331,728	112,641	53,077	26,500	28,598	552,544	0
	(II)	0	0	0	0	0	0	0
4 KAREN D JOHNSON PHD VP UNIVERSITY RELATIONS	(I)	325,793	95,747	48,031	26,500	12,381	508,452	0
	(II)	0	0	0	0	0	0	0
5 MARY LEE PHARM D VP/CAO PHARMACY/HEALTH	(I)	391,331	111,512	71,281	26,500	21,762	622,386	0
	(II)	0	0	0	0	0	0	0
6 DENNIS PAULSON PHD VP CAO MEDICINE AND DENTAL	(I)	417,987	126,185	76,213	26,500	29,387	676,272	0
	(II)	0	0	0	0	0	0	0
7 ANGELA MARTY MS VP HUMAN RESOURCES & ADMIN	(I)	240,391	99,971	35,161	24,144	28,399	428,066	0
	(II)	0	0	0	0	0	0	0
8 KATHLEEN N PLAYER EDD VP CAO HEALTH SCIENCES	(I)	374,065	123,398	41,406	26,500	21,600	586,969	0
	(II)	0	0	0	0	0	0	0
9 THERESA W FOSSUM PHD DVM VP & DEAN OF MEDICINE	(I)	376,326	120,735	45,310	26,500	29,022	597,893	0
	(II)	0	0	0	0	0	0	0
10 BARBARA L MCCLOUD ESQ VP & GENERAL COUNSEL	(I)	405,838	112,071	42,076	26,500	13,093	599,578	0
	(II)	0	0	0	0	0	0	0
11 LORI A KEMPER DO DEAN OF MEDICINE	(I)	341,421	85,505	110,564	26,500	28,815	592,805	0
	(II)	0	0	0	0	0	0	0
12 KAREN J NICHOLS DO DEAN OF MEDICINE	(I)	372,866	86,913	69,055	26,500	21,539	576,873	0
	(II)	0	0	0	0	0	0	0
13 PAUL B SMITH DDS DEAN DENTAL MEDICINE	(I)	299,324	90,215	100,974	26,500	28,841	545,854	0
	(II)	0	0	0	0	0	0	0
14 MICHAEL MACNEIL DDS DEAN DENTAL MEDICINE	(I)	356,013	81,792	46,562	26,500	21,364	532,231	0
	(II)	0	0	0	0	0	0	0
15 THOMAS A BOYLE DO DEAN POSTDOCTORAL EDUCATION	(I)	323,634	69,497	72,873	26,500	28,644	521,148	0
	(II)	0	0	0	0	0	0	0

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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 Part VI.
▶ Attach to Form 990.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

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 2007 BONDS	52-1767454	378286GD4	04-18-2007	67,184,077	SEE SCHEDULE K, PART VI		X		X		X
B	GLENDALE AZ IDA SERIES 2010 BONDS	52-1767454	378286HC5	05-27-2010	159,999,058	SEE SCHEDULE K, PART VI		X		X		X
C	GLENDALE AZ IDA SERIES 2013 BONDS	52-1767454	000000000	11-13-2013	106,430,000	SEE SCHEDULE K, PART VI		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	13,750,000	23,015,000	35,800,000	
2	Amount of bonds legally defeased	0	0	0	
3	Total proceeds of issue	68,269,290	160,186,102	106,430,000	
4	Gross proceeds in reserve funds	5,948,185	10,527,424	0	
5	Capitalized interest from proceeds	0	0	0	
6	Proceeds in refunding escrows	0	0	0	
7	Issuance costs from proceeds	0	0	0	
8	Credit enhancement from proceeds	0	0	0	
9	Working capital expenditures from proceeds	0	169,485	0	
10	Capital expenditures from proceeds	0	80,679,241	30,000,000	
11	Other spent proceeds	62,321,105	68,809,952	76,430,000	
12	Other unspent proceeds	0	0	0	
13	Year of substantial completion	2007	2010	2013	

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X		X		X			
15	Were the bonds issued as part of an advance refunding issue?	X			X		X		
16	Has the final allocation of proceeds been made?	X		X		X			
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	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		X		
2	Are there any lease arrangements that may result in private business use of bond-financed property?				X		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 of bond-financed property?			X		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		X		
c	Are there any research agreements that may result in private business use of bond-financed property?			X		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		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 ▶		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 ▶		0 %		0 %		0 %		
6	Total of lines 4 and 5		0 %		0 %		0 %		
7	Does the bond issue meet the private security or payment test?				X		X		
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?				X		X		
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?			X		X			

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X		X		
b	Exception to rebate?		X		X		X		
c	No rebate due?	X		X		X			
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X		X	X			
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X			X		X		
b	Name of provider	ROYAL BANK OF CANADA							
c	Term of hedge	30 %							
d	Was the hedge superintegrated?		X						
e	Was the hedge terminated?	X							

Part IV Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		
7	Has the organization established written procedures to monitor the requirements of section 148? . . .	X		X		X			

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has 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?	X		X		X			

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
Schedule K, Part I, Column (f) SCH K, PART I, LINE A, COL F	PROCEEDS FROM THE SALE OF THE BONDS WERE USED TO REFUND THE REMAINING AMOUNT OF THE SERIES 1996 A & 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 & B BONDS ISSUED ON MAY 31, 2001

Return Reference	Explanation
Schedule K, Part I, Column (f) SCH K, PART I, LINE B, COL 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 OF THE COMMERCIAL PAPER REVENUE NOTE PROGRAM (2009 BONDS) ISSUED JANUARY 29, 2009, JUNE 19, 2008, NOVEMBER 5, 2008 AND DECEMBER 10, 2008

Return Reference	Explanation
Schedule K, Part I, Column (f) SCH K, PART I, LINE C, COL F	PROCEEDS FROM THE SALE OF THE BONDS WERE USED TO REIMBURSE FOR PROJECTS ASSOCIATED WITH THE PROGRAMS AND CAMPUS EXPANSIONS OF THE UNIVERSITY AND THE PROCEEDS WERE ALSO USED TO REFUND THE REMAINING AMOUNT OF THE SERIES 2008 BONDS ISSUED ON MAY 15, 2008 AND THE SERIES 2011 BONDS ISSUED SEPTEMBER 28, 2011

Return Reference	Explanation
Schedule K, Part II, Line 3 SCH 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

Return Reference	Explanation
Schedule K, Part III, Line 3b SCH K, PART III, LINE 3B	MIDWESTERN UNIVERSITY UTILIZES BOND COUNSEL TO REVIEW ANY MANAGEMENT OR SERVICE CONTRACTS RELATING TO THE BOND FINANCED PROPERTY

Return Reference	Explanation
Schedule K, Part III, Line 3c SCH K, PART III, LINE 3C	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

Return Reference	Explanation
Schedule K, Part III, Line 3d SCH K, PART III, LINE 3D	MIDWESTERN UNIVERSITY UTILIZES BOND COUNSEL TO REVIEW ANY RESEARCH AGREEMENTS RELATING TO THE BOND FINANCED PROPERTY

Return Reference	Explanation
Schedule K, Part IV, Line 2c COLUMN A	Issuer name GLENDALE, AZ IDA SERIES 2007 BONDS The calculation for computing no rebate due was performed on 05/11/2018

Return Reference	Explanation
Schedule K, Part IV, Line 2c COLUMN B	Issuer name GLENDALE, AZ IDA SERIES 2010 BONDS The calculation for computing no rebate due was performed on 06/12/2018

Return Reference	Explanation
Schedule K, Part IV, Line 2c COLUMN C	Issuer name GLENDALE, AZ IDA SERIES 2013 BONDS The calculation for computing no rebate due was performed on 01/24/2018

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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, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ.**
▶**Information about Schedule L (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
Midwestern University

Employer identification number
36-3377698

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) 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) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	No

2 Enter the amount of tax incurred by 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-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? Yes	No
Total				▶ $								

Part III Grants or Assistance Benefiting 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 assistance	(d) Type of assistance	(e) Purpose 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) CHANEN CONSTRUCTION COMPANY INC	SEE SCHEDULE L, PART V	19,176,880	GENERAL CONTRACTING		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
Schedule L, Part IV INTERESTED PERSON CHANEN CONSTRUCTION COMPANY, INC	RELATIONSHIP STEVEN R CHANEN IS THE PRESIDENT AND CHIEF EXECUTIVE OFFICER OF CHANEN CONSTRUCTION COMPANY, INC AND A MEMBER OF THE BOARD OF TRUSTEES OF MIDWESTERN UNIVERSITY CHANEN CONSTRUCTION COMPANY, INC HAS PROVIDED GENERAL CONTRACTING SERVICES ON NUMEROUS MAJOR UNIVERSITY CONSTRUCTION PROJECTS OVER MANY YEARS TRANSACTION THE UNIVERSITY PAYS CHANEN CONSTRUCTION COMPANY, INC AS THE GENERAL CONTRACTOR FOR UNIVERSITY CONSTRUCTION PROJECTS THE AMOUNTS LISTED ON SCHEDULE L, COLUMN (C) THAT ARE REFERRED TO HERE ARE FOR THOSE SERVICES DURING THE TAXABLE YEAR MR CHANEN WAS ELECTED TO THE UNIVERSITY'S BOARD OF TRUSTEES AS OF JANUARY 16, 2015 UNDER THE UNIVERSITY'S CONFLICT OF INTEREST POLICY, MR CHANEN DOES NOT PARTICIPATE IN THE APPROVAL BY THE BOARD OF TRUSTEES OF THE UNIVERSITY'S CONTRACTING AGREEMENTS WITH CHANEN CONSTRUCTION FOR ANY OF THE SERVICES PROVIDED BY CHANEN CONSTRUCTION ARRANGEMENTS BETWEEN CHANEN CONSTRUCTION AND THE UNIVERSITY HAVE ALWAYS BEEN AND CONTINUE TO BE CONDUCTED ON AN ARMS LENGTH, FAIR MARKET VALUE BASIS

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
Midwestern University

Employer identification number
36-3377698

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications	X		74,160	Replacement cost
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies	X	6	45,540	Selling cost
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (Raffle Items - Fundraising)	X	220	54,592	Selling cost
26 Other ▶ (One Horse-named Chester)	X	1	20,000	Opinions of experts
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 — 29: 0

		Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 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		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 nonstandard contributions?	31	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		No
b If "Yes," describe in Part II			
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II **Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
Schedule M, Part I, Line 31 Review of nonstandard contributions	FOR THE TYPE OF PROPERTY ON SCHEDULE M, PART I, 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 M, Part I Explanations of reporting method for number of contributions	Other - Raffle Items - Fundraising Number of contributions received Drugs and medical supplies - Number of contributions received Books and publications - Number of items received

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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 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
Midwestern University

Employer identification number
36-3377698

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part I, Line 6 NUMBER OF VOLUNTEERS	NUMBER OF VOLUNTEERS CONSISTS PRIMARILY OF ADJUNCT/VOLUNTEER (UNCOMPENSATED) FACULTY PROVIDING TEACHING SERVICES FOR THE UNIVERSITY'S VARIOUS HEALTHCARE EDUCATIONAL SERVICES (2,559), AS WELL AS UNCOMPENSATED MEMBERS OF THE BOARD OF TRUSTEES (16)

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part I, Line 7a DIFFERENCE BETWEEN PART I LINE 7A AND PART VIII COL C LINE 12	THE FORM 990-T SHOWS UNRELATED BUSINESS INCOME IN THE AMOUNT OF $33,377 THIS AMOUNT INCLUDES DISALLOWED TRANSPORTATION FRINGE BENEFITS, WHICH IS NOT REFLECTED ON FORM 990, PART VIII, COLUMN C AS A RESULT, FORM 990, PART I, LINE 7A IS $(59,325)

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IV, Line 9 PART IV, LINE 9 AND SCHEDULE D, PART IV	CREDIT COUNSELING, DEBT MANAGEMENT SERVICES 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 13 WHISTLEBLOWER POLICY	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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 14 DOCUMENT RETENTION AND DESTRUCTION POLICY	MIDWESTERN UNIVERSITY HAS A BOARD OF TRUSTEE APPROVED WRITTEN DOCUMENT RETENTION AND DESTRUCTION POLICY

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 1a Delegate broad authority to a committee	The Executive Committee consists of the Chairperson of the Board of Trustees, the Vice Chairperson of the Board of Trustees, the Secretary, the Treasurer, and the President and CEO of the University The duty of the Executive Committee is to transact the business of the Board of Trustees between meetings of the Board, but the designation of such committee and the delegation thereto of authority shall not operate to relieve the Board of Trustees, or any individual Trustee, of any responsibility imposed by law All actions of the Executive Committee shall be deemed to be the actions of the Board of Trustees and shall be reported to the Board of Trustees at its next meeting The Executive Committee shall be vested with and may in its discretion exercise the full powers, duties, responsibilities, and authority of the Board of Trustees except where prohibited by law

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 11b Review of form 990 by governing body	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 AT THE BOARD RETREAT PRIOR TO FILING

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	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 ALL 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 MEETS AS NECESSARY TO REVIEW AND RESOLVE 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 AND REVIEWED BY EXTERNAL AUDITORS

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 19 Required documents available to the public	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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VIII, Line 11d Other Miscellaneous Revenue	Bookstore Revenue - Total Revenue 20415, Related or Exempt Function Revenue , Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 20415, Fitn ess Program Revenue - Total Revenue 2487, Related or Exempt Function Revenue , Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 2487, Vend ing Machines Revenue - Total Revenue 3169, Related or Exempt Function Revenue , Unrelate d Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 3169, Was hing Machine Revenue - Total Revenue 15749, Related or Exempt Function Revenue , Unrelat ed Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 15749, C ampus Rental - Total Revenue 37638, Related or Exempt Function Revenue , Unrelated Busin ess Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 37638, Miscellan eous Revenue - Total Revenue 157666, Related or Exempt Function Revenue , Unrelated Busi ness Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 157666, Credit card fee revenue share - Total Revenue 164072, Related or Exempt Function Revenue , Unre lated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 16407 2, Misc Student Fees - Total Revenue 153048, Related or Exempt Function Revenue , Unrela ted Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 153048, Continuing Medical Education revenue - Total Revenue 144913, Related or Exempt Function Revenue 144913, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 51 2, 513, or 514 , Student Activities - Total Revenue 9640, Related or Exempt Function Rev enue 9640, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 51 3, or 514 , Alumni Events - Total Revenue 460, Related or Exempt Function Revenue 460, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 , Alumni Association Dues - Total Revenue 35007, Related or Exempt Function Revenue 35007 , Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 , Library Serices - Total Revenue 66230, Related or Exempt Function Revenue , Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 66230, Pen alty Charges - Total Revenue 698, Related or Exempt Function Revenue , Unrelated Busines s Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 698, Late Charges - Total Revenue 8937, Related or Exempt Function Revenue , Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 8937, Parking Fines - Total Re venue 4413, Related or Exempt Function Revenue , Unrelated Business Revenue , Revenue E xcluded from Tax Under Sections 512, 513, or 514 4413, Returned Check Fee - Total Revenue 450, Related or Exempt Function Revenue , Unrelated Business Revenue , Revenue Exclude d from Tax Under Sections 512,

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VIII, Line 11d Other Miscellaneous Revenue	513, or 514 450, Premium Income - Total Revenue 171075, Related or Exempt Function Reve nue , Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 171075, Convenience Charge Revenue - Total Revenue 6868, Related or Exempt Function Revenue , Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 51 3, or 514 6868, Copy Center Chgs Revenue - Total Revenue 1621, Related or Exempt Functio n Revenue , Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 5 13, or 514 1621, Late Fee-Health Insurnce - Total Revenue 5041, Related or Exempt Functi on Revenue , Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 5041, MWU Student Sick Visit Revenue - Total Revenue 98745, Related or Exemp t Function Revenue 98745, Unrelated Business Revenue , Revenue Excluded from Tax Under S ections 512, 513, or 514 , Origination Fees - Total Revenue 200, Related or Exempt Funct ion Revenue , Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 200, MSC Pt Rsrch Study Rev - Total Revenue 1512, Related or Exempt Functio n Revenue 1512, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 51 2, 513, or 514 ,

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	UNREALIZED GAIN ON INTEREST RATE PROTECTION AGREEMENTS - 4658401, NET ASSET TRANSFER TO MIDWESTERN UNIVERSITY FOUNDATION - -64916, NONCASH CONTRIBUTIONS NOT REPORTED ON FINANCIAL STATEMENTS - -194292, LOSS ON IMPAIRMENT - -2915986,

990 Schedule O, Supplemental Information

Return Reference	Explanation
Part VI, Line 15 A and B OFFICES & POSITIONS FOR WHICH PROCESS WAS USED, & YEAR PROCESS WAS BEGUN	MIDWESTERN UNIVERSITY ADOPTED A COMPREHENSIVE EXECUTIVE COMPENSATION REVIEW SYSTEM IN 1995 AND HAS FOLLOWED THE POLICY THROUGHOUT 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 EVALUATED 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 IN FISCAL 2018 KORN FERRY HAY WAS ENGAGED TO COMPLETE A COMPREHENSIVE REVIEW OF BOTH TOTAL COMPENSATION AND EXECUTIVE BENEFITS OF ALL SENIOR ADMINISTRATORS OF MIDWESTERN UNIVERSITY THEIR COMPLETE AND COMPREHENSIVE STUDY WAS PRESENTED TO THE EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES THE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES APPROVES THEIR ANALYSIS AND RECOMMENDATIONS THIS IS AN ANNUAL PROCESS THAT HAS BEEN IN PLACE FOR THE PAST 24 YEARS, HOWEVER, KORN FERRY HAY WAS RECENTLY ENGAGED TO REPLACE THE PRIOR FIRM

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

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) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) 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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1)MIDWESTERN UNIVERSITY FOUNDATION 555 31ST STREET DOWNERS GROVE, IL 60515 36-3955804	SUPPORT MWU	IL	501(c)(3)	10	MWU	Yes	
(2)MIDWESTERN UNIVERSITY HOSP & MED CTRS 555 31ST STREET DOWNERS GROVE, IL 60515 36-2166999	INACTIVE	IL	501(c)(3)	3	MWU	Yes	
(3)MIDWESTERN UNIVERSITY PROPERTIES CORP 555 31ST STREET DOWNERS GROVE, IL 60515 36-3377699	TITLE HOLDING	IL	501(c)(2)		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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1)OSTEOPATHIC MANAGEMENT ENTERPRISES INC 555 31ST STREET DOWNERS GROVE, IL 60515 36-3483456	INACTIVE	IL	MWU	C Corporation	0	0	100 %	Yes	

Part V **Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

		Yes	No
1 During the tax year, did the orgranization 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, or**(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o		No
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r	Yes	
s Other transfer of cash or property from related organization(s)	1s		No

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) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)MIDWESTERN UNIVERSITY FOUNDATION	Q	351,396,481	CASH
(2)MIDWESTERN UNIVERSITY FOUNDATION	R	351,493,675	Cash
(3)MIDWESTERN UNIVERSITY PROPERTIES CORP	R	194,822	CASH

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)