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DLN: 93493195005241

Form **990**

Department of the Treasury

Return of Organization Exempt From Income Tax

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

2009

OMB No 1545-0047

Open to Public

The second secon

▶ The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service Inspection calendar year, or tax year beginning 09-01-2009 and ending 08-31-2010 A For the 2009 D Employer identification number Name of organization Northwestern University B Check if applicable use IRS Address change 36-2167817 label or Doing Business As E Telephone number print or Name change type. See Specific (847) 491-3741 Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite Instruc-G Gross receipts \$ 3,354,539,840 Terminated tions. City or town, state or country, and ZIP + 4 Evanston, IL 60208 Amended return Application pending Name and address of principal officer Is this a group return for Eugene Sunshine affiliates? 633 Clark St Evanston, IL 60208 Γ Yes Γ No H(b) Are all affiliates included? If "No," attach a list (see instructions) **✓** 501(c) (3) **◄** (insert no) Tax-exempt status ☐ 4947(a)(1) or ☐ 527 Group exemption number 🕨 **Website: ►** www northwestern edu K Form of organization ✓ Corporation ┌ Trust ┌ Association ┌ Other ► M State of legal domicile IL L Year of formation 1851 Summary Briefly describe the organization's mission or most significant activities Education and research Activities & Governance Check this box 🔰 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) \cdot . Number of independent voting members of the governing body (Part VI, line 1b) $\,$. $\,$. 24 22,161 Total number of employees (Part V. line 2a) . . . 0 Total number of volunteers (estimate if necessary) . -11,277,014 Total gross unrelated business revenue from Part VIII, column (C), line 12 Net unrelated business taxable income from Form 990-T, line 34 $\,$. 7h **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 199,295,810 200,683,218 Program service revenue (Part VIII, line 2g) . 1,454,577,011 1,347,831,746 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . -55,764,935 353,410,782 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 82,205,410 87,667,763 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 1,573,568,031 2,096,338,774 279,867,991 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . 235.491.275 14 Benefits paid to or for members (Part IX, column (A), line 4) . . 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5 15 791.263.543 849.525.993 **Expenses** 16a Professional fundraising fees (Part IX, column (A), line 11e) . . 253,403 196,264 Total fundraising expenses (Part IX, column (D), line 25) $\blacktriangleright 28,658,760$ Ь **17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . . 878,539,844 853,608,939 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 1,905,548,065 1,983,199,187 19 Revenue less expenses Subtract line 18 from line 12 . -331,980,034 113,139,587 t Assets or | nd Balances | **Beginning of Current End of Year** Year 20 Total assets (Part X, line 16) . 7,920,245,885 8,362,828,437 Total liabilities (Part X, line 26) . . 1,590,762,503 1,578,804,468 22 6,329,483,382 6,784,023,969 Net assets or fund balances Subtract line 21 from line 20 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 2011-07-14 Here Signature of officer Eugene Sunshine Sr VP for Business and Finance Type or print name and title Preparer's identifying number Preparer's signature Date Check if Paid empolyed 🕨 🔽 Preparer's Firm's name (or yours Deloitte Tax LLP EIN ▶ if self-employed), **Use Only** address, and ZIP + 4 111 S Wacker Drive Phone no (312) 486-1000 Chicago, IL 60606

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

Yes ┌ No

Cat No 11282Y

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

University Mission Statement Northwestern is committed to excellent teaching, innovative research, and the personal and intellectual growth of its students in a diverse academic community

2	Did the organization undertake any the prior Form 990 or 990-EZ? .	sıgnıfıcant program se	rvices during the yea	ar which were not listed on	┌ Yes ┌ No
	If "Yes," describe these new servic	es on Schedule O			
3	Did the organization cease conduct services?	ıng, or make sıgnıfıcan	t changes in how it c	onducts, any program	┌ Yes ┌ No
	If "Yes," describe these changes or	n Schedule O			
4	Describe the exempt purpose achie Section 501(c)(3) and 501(c)(4) o allocations to others, the total expe	rganizations and sectio	on 4947(a)(1) trusts	are required to report the an	
4a	(Code) (Expense	s \$ 1,161,182,407	ıncludıng grants of \$	224,972,358) (Revenue \$	899,428,407)
	Education of students For the 2010 acade. The exempt purpose of Northwestern Unistudent body in a comprehensive range of and professional fields, closely related to	versity is to provide education f academic and professional	onal services to its studer I fields At the graduate le	its. This includes superior undergrad	luate education for a diverse
4b	(Code) (Expense	s \$ 441,906,000	ıncludıng grants of \$	54,895,633) (Revenue \$	485,302,957)
	Research activities The research program discovery, intellectual inquiry, and creativities well as undergraduate studies				
4c	(Code) (Expense	s \$ 109,812,000	ıncludıng grants of \$) (Revenue \$	74,842,418)
	Auxilliary enterprises serve the educational student, faculty, and staff activities	ıl mıssıon by prımarıly provid	ding residences and food	services, and other various goods a	and services to support University
4d	Other program services (Describ	e ın Schedule O)			
	(Expenses \$	including grants of	⁻ \$) (Revenue \$)
4e	Total program service expenses▶\$	1,712,900,40	7		
					Form 990 (2009)

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? 💋	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		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	Yes	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 2	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ 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.			
	◆ 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.			
	◆ 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.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ 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? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		Νο
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
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	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16	Yes	
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Yes	
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
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
С	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		Νo
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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	Yes	
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule 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	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	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 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

orm 990 (,2009)	Page
Part V	Statements Regarding Other IRS Filings and Tax Compliance	

			Yes	NO
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
h	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1		
	1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this			
Ja	return?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes	
b	If "Yes," enter the name of the foreign country ▶NI, QA			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
5a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Νo
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νο
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		Νo
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		Νo
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club 10b			
O	facilities IUB IUB			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	_		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

619 Clark St Evanston, IL 60208 (847) 491-4722

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.

Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body 1a 36			
b	Enter the number of voting members that are independent 1b 24	.		
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	Yes	
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 organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νο
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
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		Νo
	ction B. Policies (This Section B requests information about policies not required by the Internal venue Code.)			
100	venue code.)		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11				
		11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, 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	Yes	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		Νo
	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed AK, AZ, KY, ME, MD, MI, NH, NY, C	Н,ОГ	R,SC,	WA
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 make these available. Check all that apply Own website. Another's website. Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ne orga	nızatıor	n ►
	Karl Turro Controller			

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees. 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 the organization did i	not compen	sate any	y curi	rent	or fo	rmer	ffice	r, dırector, trustee	or key employee	
(A) Name and Title	(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See add'l data										

			•
Lb Total	▶ 11	,050,209 5,466,796	1,182,900

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization 1,557

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	Yes	
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	_	.,	
	marvidua I I I I I I I I I I I I I I I I I I I	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		Νο

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
LBR Consolidated Services 440 Bonner Rd Wauconda, IL 60084	Custodial services	6,901,403
LS Power Development 1700 Broadway New York, NY 10019	Investment management	3,294,850
Natural Gas Partners 125 E John Carpenter Freeway Irving, TX 75062	Investment management	2,699,440
Europa Capital LLP 132 Sloane St London SW1X9AX UK	Investment management	1,804,703
Denham Capital Management 200 Clarendon St Boston, MA 60601	Investment management	1,547,329
2 Total number of independent contractors (including but not limited to those listed above) \$100,000 in compensation from the organization ►318) who received more than	

Part V	/	Statement o	T Revenue					
AI	4	Endoustril			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
뚩	1a	Federated cam	-					
띭	b	Membership du	es 1b					
ું.∰	С	Fundraising eve	ents 1c	907,988				
Program Service Revenue and other similar amounts	d	Related organiz	ations 1d					
	e	Government grants	s (contributions) 1e					
	f	All other contribution	ons, gifts, grants, and 1f	199,775,230	i			
	_	similar amounts no	t included above butions included in					
	g	lines 1a-1f \$ _	1,986,031					
	h	Total. Add lines	3 1a-1f	▶	200,683,218			
				Business Code				
	2a	Tuition and fees			726 246 405	726 246 405		
				900,099	726,246,495	726,246,495		
22	Ь	Research activities		900,099	485,302,957	485,302,957		
AC.	C	Educational activiti	es	900,099	116,216,209	116,216,209		
<u>.</u>	d	Auxilliary enterprise	es	900,099	74,842,418	74,842,418		
É	e	Medical departmen	ts	900,099	28,732,940	28,732,940		
Ĉ B	f	All other progra	ım service revenue		23,235,992	23,235,992		
<u>&</u>	g	Total Add Upsa	s 2a – 2f	<u> </u>	1,454,577,011			
	3		ome (including dividen		1,434,377,011			
			ome (including dividen ar amounts)	· '	126,809,581	4,944,170		121,865,411
	4		tment of tax-exempt bond		, ,	, ,		
	5				95,633,145			95,633,145
		,	(ı) Real	(II) Personal				
	6a	Gross Rents	5,269,348	(11,7 1111111111111111111111111111111111				
	ь	Less rental	2,439,402					
		expenses Rental income	2,829,946					
	C	or (loss)		_				
	d	Net rental inco	me or (loss)		2,829,946			2,829,946
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of	668,356,014	813,887,184				
		assets other than inventory						
	b	Less cost or	633,196,178	622,445,819				
		other basis and sales expenses						
	С	Gain or (loss)	35,159,836	191,441,365				
	d	Net gain or (los	s)		226,601,201	52,601		226,548,600
Other Revenue	8a	Ψ	luding ,988 reported on line 1c) e 18					
Ψ	L	1	a	172,781				
둦	b		penses b	119,667 events ►	53,114			53,114
v	c 9a		loss) from fundraising	events F	33,114			33,114
	94	See Part IV, lin	rom gaming activities e 19 a					
	b	Less direct ex	penses b					
	c		loss) from gamıng actı	vities				
	10a	Gross sales of	* *					
		returns and allo	а					
	b	=	oods sold b					
	С		loss) from sales of inv					
		Miscellaneous		Business Code	420 572			420 572
	11a	A lumni affinity	card	900,099	428,572			428,572
	b	Alumnı travel s	tudy	561,520	142,910		142,910	
	С	Investment in p	partners	523,000	-11,522,149		-11,522,149	
	d	All other reven	ne		102,225		102,225	
	e	Total. Add lines	s 11a-11d		-10,848,442			
	12	Total revenue.	See Instructions .	▶	2,096,338,774	1,459,573,782	-11,277,014	447,358,788 Form 990 (2009)

Part IX Statement of Functional Expenses

Δ	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).									
Do no	ot include amounts reported on lines 6b, p, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	45,348,686	45,348,686	general expenses						
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	196,307,547	196,307,547							
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	38,211,758	38,211,758							
4	Benefits paid to or for members									
5	Compensation of current officers, directors, trustees, and key employees	10,117,187	1,443,424	8,247,286	426,477					
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	678,163,317	610,339,360	51,876,083	15,947,874					
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	56,341,318	50,635,848	4,402,661	1,302,809					
9	Other employee benefits	56,635,113	50,426,218	4,791,132	1,417,763					
10	Payroll taxes	48,269,058	43,402,627	3,755,211	1,111,220					
11	Fees for services (non-employees)									
а	Management									
b	Legal	4,378,527		4,378,527						
c	Accounting	691,320		691,320						
d	Lobbying	595,306		595,306						
e	Professional fundraising See Part IV, line 17	196,264			196,264					
f	Investment management fees	88,261,058		88,261,058						
g	Other	181,120,120	158,561,573	20,982,083	1,576,464					
12	Advertising and promotion	14,535,082	10,225,204	927,978	3,381,900					
13	Office expenses	116,993,277	97,131,339	18,718,375	1,143,563					
14	Information technology	22,360,462	22,310,723	24,151	25,588					
15	Royalties	33,268,376	33,268,376							
16	Occupancy	118,711,418	117,782,752	597,160	331,506					
17	Travel	54,924,829	54,023,791	379,406	521,632					
18	Payments of travel or entertainment expenses for any federal, state, or local public officials									
19	Conferences, conventions, and meetings	20,281,282	19,921,854	275,014	84,414					
20	Interest	28,948,372		28,948,372						
21	Payments to affiliates									
22	Depreciation, depletion, and amortization	104,963,493	101,250,113	2,705,672	1,007,708					
23	Insurance									
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)									
а	Sundry payments	63,576,017	62,309,214	1,083,225	183,578					
b		,,	,,							
c										
d										
e										
f	All other expenses									
25	Total functional expenses. Add lines 1 through 24f	1 092 100 107	1 712 000 407	241 640 020	20 650 760					
		1,983,199,187	1,712,900,407	241,640,020	28,658,760					
26	Joint costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation									

Pa	rt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing				1	
	2	Savings and temporary cash investments			161,110,520	2	235,882,939
	3	Pledges and grants receivable, net			153,886,000	3	85,689,000
	4	Accounts receivable, net			284,670,741	4	318,612,841
	5	Receivables from current and former officers, directors, truste highest compensated employees Complete Part II of	es, ke	y employees, and			
		Schedule L				5	
	6	Receivables from other disqualified persons (as defined under persons described in section 4958(c)(3)(B) Complete Part I		on 4958(f)(1)) and			
		Schedule L				6	
Assets	7	Notes and loans receivable, net			52,717,905	7	48,636,928
Š	8	Inventories for sale or use			3,597,191	8	2,772,023
⋖	9	Prepaid expenses and deferred charges			58,356,139	9	62,973,901
	10a	Land, buildings, and equipment cost or other basis <i>Complete</i> Part VI of Schedule D	10a	2,465,814,024			
	b	Less accumulated depreciation	10Ь	984,522,309	1,436,227,439	10c	1,481,291,715
	11	Investments—publicly traded securities	-		521,807,695	11	493,546,481
	12	Investments—other securities See Part IV, line 11			5,176,284,925	12	5,611,657,293
	13	Investments—program-related See Part IV, line 11			13,081,496	13	167,896
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			58,505,834	15	21,597,420
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			7,920,245,885	16	8,362,828,437
	17	Accounts payable and accrued expenses .			210,922,360	17	207,729,076
	18	Grants payable		18			
	19	Deferred revenue	303,351,876	19	319,148,544		
_	20	Tax-exempt bond liabilities	611,165,655	20	608,412,043		
ēS.	21	Escrow or custodial account liability Complete Part IV of Sched	ule D			21	
Liabilities	22	Payables to current and former officers, directors, trustees, keemployees, highest compensated employees, and disqualified	,				
=======================================		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parti	es .		215,000,000	23	200,000,000
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D			250,322,612	25	243,514,805
	26	Total liabilities. Add lines 17 through 25			1,590,762,503	26	1,578,804,468
S		Organizations that follow SFAS 117, check here ▶ 🔽 and con	nplet	e lines 27			
Balance	~=	through 29, and lines 33 and 34.			3 600 050 383		4.047.324.060
<u> ಪ</u>	27	Unrestricted net assets			3,699,050,382	27	4,047,334,969
	28	Temporarily restricted net assets			1,621,873,000	28	1,698,125,000
Fund	29	Permanently restricted net assets			1,008,560,000	29	1,038,564,000
Ţ		Organizations that do not follow SFAS 117, check here ► ☐ lines 30 through 34.	and co	omplet e			
ō	30	Capital stock or trust principal, or current funds	_			30	
ğ	31	Paid-in or capital surplus, or land, building or equipment fund				31	
Assets	32	Retained earnings, endowment, accumulated income, or other				32	
	33	Total net assets or fund balances	.unus		6,329,483,382	33	6,784,023,969
Net	34	Total liabilities and net assets/fund balances			7,920,245,885	34	8,362,828,437
	J-7	rotal nabilities and het assets/julia balances	•		7,320,243,000	34	0,002,020,437

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both Separate basis Consolidated basis Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	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	

Form **990** (2009)

OMB No 1545-0047

Inspection

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Northwestern University

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

Public Charity Status and Public Support

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

Employer identification number

36-2167817

Pa	rt I	Reaso	n for Pub	olic Charity Stat	us (All org	anızatıons	must comp	lete this pa	rt.) See ın:	struction	ıs		
he o	organi	zation is	not a private	foundation because	ıtıs (Forlı	nes 1 throu	gh 11, check	only one box	:)				
1	Γ	A churc	h, conventio	n of churches, or as:	sociation of	churches s	ection 170(b)	(1)(A)(i).					
2	굣	A schoo	l described	ın section 170(b)(1)	(A)(ii). (Att	ach Schedu	le E)						
3	Г			erative hospital serv				170(b)(1)(A)(iii).				
4	Γ	A medic		organization operate						L)(A)(iii).	. Enter	the	
5	Г	An orga	nızatıon ope	rated for the benefit	of a college	or universit	y owned or op	erated by a	governmenta	al unit des	cribed	lın	
		section	170(b)(1)(A	()(iv). (Complete Pa	rt II)								
6	Γ	A federa	al, state, or l	ocal government or	governmenta	al unit desci	ıbed ın sectio	n 170(b)(1)	(A)(v).				
7	Γ	describe	ed in	t normally receives a		part of its s	support from a	a governmen	tal unit or fro	om the ge	neral p	ublic	
8	Г			described in section		.)(vi) (Com	plete Part II)					
9	Ė			normally receives					ıtıons. meml	pership fe	es.and	daros	ss
	•			ties related to its ex									
		•		ss investment incom	•	-			` '				
				anızatıon after June 3						,			
10	Г	•		anized and operated	•			•	•				
11	Ė	-	_	anized and operated	•	•	•			carry out	t the p	urpos	es of
	,	one or n the box	nore publicly	supported organizates the type of supported by Type II	tions describ	bed in section and c	on 509(a)(1)	or section 5 11e through	09(a)(2) Se	e section	•)(3).	Check
e f g	,	other th section If the or check th Since A	an foundation 509(a)(2) Iganization r Inis box Ugust 17, 20	x, I certify that the on managers and other eceived a written def	er than one o	or more publ	licly supporte S that it is a T	d organization	ons describe	d ın secti	on 509	(a)(1	.) or
			g persons? rson who dur	ectly or indirectly co	ntrols aitha	ralone orto	aether with n	areone dacc	rihad in (ii)		Г	Yes	No No
				overning body of the	•			ersons desc	ribed iii (ii)	11	Lg(i)	165	110
			, -	r of a person describ		_	Clott			_	.g(ii)		
		• •	•	ed entity of a person	• •		hove?				g(iii)		
h				g information about t						[9(111/		
••		1101146	the following	g miormation about t	ne supporte	a organizati	011(3)						
(i) Name of supported organization		e of rted	of (ii) (described on content of ted EIN lines 1-9 above or IRC section		Is the organizat col (i) list your gove	(iv) Is the organization in col (i) listed in your governing document?		tify the tion in fyour rt?	(vi) Is the organization of col (i) organiz in the U S ?			(vii) A mount support	
				(see instructions))	Yes	No	Yes	No	Yes	No			

ınstructions

P	Support Schedule (Complete only if yo					and 170(b)	(1)(A)(vi)
S	ection A. Public Support	a checked tile	DOX OII IIIC 3,	,, or o or rare.	÷·/		
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2006	(6) 2007	(d) 2008	(e) 2009	(I) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual						
_	grants ") Tax revenues levied for the						
2	organization's benefit and either						
	paid to or expended on its						
	behalf						
3	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the						
	amount shown on line 11, column						
_	(f) Dublic Support Subtract line F from						
6	Public Support. Subtract line 5 from line 4						
S	ection B. Total Support	1		-			
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2000	(6) 2007	(d) 2008	(e) 2009	(1) Total
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
9	sources Net income from unrelated						
9	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income (Explain in Part						
	IV) Do not include gain or loss						
	from the sale of capital assets						
11	Total support (Add lines 7						
4.5	through 10)	/5					
12	Gross receipts from related activities	,	•			12	
13	First Five Years If the Form 990 is f	or the organizati	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	inization, ▶□
	check this box and stop here						-1
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2009			11 column (f))		14	
15	Public Support Percentage for 2008	Schedule A . Pa	rt II. line 14			15	
	33 1/3% support test—2009. If the	•	,	v on line 13 and	line 14 is 33 1/30		k this hox
	and stop here. The organization qua	-		·	IIIIC 14 13 33 1/3/	o or more, ence	▶ □
ь	33 1/3% support test—2008. If the				5a, and line 15 is	33 1/3% or moi	
	box and stop here. The organization				,		▶
17a	10%-facts-and-circumstances test-	-2009. If the org	anızatıon dıd not	check a box on lı	ne 13, 16a, or 16	b and line 14	
	ıs 10% or more, and ıf the organizat						
	in Part IV how the organization mee	ts the "facts and	l cırcumstances"	test The organiz	ration qualifies as	a publicly supp	
L	organization	_2009 Ifthe c==	onization did net	chack a bay as li	no 12 165 164	or 17a and line	▶□
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ	_					
	Explain in Part IV how the organizat						clv
	supported organization						▶ ┌
10	Deiveta Farmdation Ifthe averages	on did not obselv	a hay an line 12	16- 16- 17-	17	hay and cas	•

▶□

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support			<u> </u>	1	T	ı
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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						
3	purpose Gross receipts from activities that				+		
3	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	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	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						
с	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6)						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
11	business activities not included						
	ın lıne 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support (Add lines 9, 10c,						
14	11 and 12) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and stop here	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	▶ ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	009 (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	2008 Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind stop here. T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes here	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(us more man 33	1/370 and ine

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

DLN: 93493195005241

OMB No 1545-0047

Political Campaign and Lobbying Activities

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

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

Open to Public Inspection

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

Se	ction 501(c)(3) organizations Co	mplete Parts I-A and B Do not complete	e Part I-C					
	, ,, , -			Do not complete f	Part I-B			
	ction 527 organizations Complete	•						
	-	s," to Form 990, Part IV, Line 4, or l		•			•	n
		have filed Form 5768 (election under s						
	, , , , -	t have NOT filed Form 5768 (election ur	,	• • •			•	
	e organization answered inter- ction 501(c)(4), (5), or (6) organi	s," to Form 990, Part IV, Line 5 (Prozations, Complete Part III	oxy rax) or Form	990-⊑∠, line 35a	(regar	aing p	roxy tax), then
	me of the organization	zations Complete Lart III		Employ	ver ider	ntıfıcatı	ion numbe	 e r
	thwestern University				,			
		 	=0.4.		67817			
Par	t I-A Complete if the or	ganization is exempt under s	section 501(c)	or is a section	n 52/	orga	<u>inizatio</u>	<u>n.</u>
1	Provide a description of the org	ganızatıon's dırect and ındırect politic	al campaign activ	ities in Part IV				
2	Political expenditures				F	\$		
3	V olunteer hours							
Par	t I-B Complete if the or	ganization is exempt under s	section 501(c))(3).				
1	Enter the amount of any excise	e tax incurred by the organization und	er section 4955		►	\$		
2	Enter the amount of any excise	e tax incurred by organization manage	ers under section	4955	►	\$		
3	If the organization incurred a s	ection 4955 tax, did it file Form 4720	O for this year?				☐ Yes	┌ No
4a	Was a correction made?						┌ Yes	┌ No
b	If "Yes," describe in Part IV							
Par	t I-C Complete if the or	ganization is exempt under s	section 501(c)	except section	on 50:	1(c)(3	3).	
1	Enter the amount directly expe	ended by the filing organization for sec	tion 527 exempt	function activities	; þ	\$		
2	Enter the amount of the filing o	rganızatıon's funds contributed to oth	ner organizations f	or section 527				
	exempt funtion activities				►	\$		
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here a	nd on Form 1120	-POL, line 17b	►	\$		
4	Did the filing organization file F	Form 1120-POL for this year?				·	┌ Yes	┌ No
5	State the names, addresses ar	nd employer identification number (EI	N) of all section 5	27 political organ	ıızatıon:	s to wh	ıch paym	ents
	were made For each organizat	ion listed, enter the amount paid from	the filing organiza	ation's funds Also	entert	he amo	ount of po	olitical
		re promptly and directly delivered to a littee (PAC) If additional space is ne				separa	ate segre	gated
	iunu oi a pontical action comm	intee (FAC) II additional Space IS nee	eueu, provide info	imation in Part IV				
	(a) Name	(b) Address	(c) EIN	(d) A mount paid	from	(e) A	4 mount o	f political
				filing organizat	ıon's	cont	ributions	received

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

section 4911 tax for this year?

┌ Yes ┌ No

Р	art II-A Complete if the organization under section 501(h)).	is exempt under section 501(c)(3)	and filed Form 5768	(election
Ą	Check If the filing organization belongs to	- · · · · · · · · · · · · · · · · · · ·		
D	Check I if the filing organization checked bo Limits on Lobbying & (The term "expenditures" means a		(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influence public o	opinion (grass roots lobbying)		
b	Total lobbying expenditures to influence a legisl	785,982		
c	Total lobbying expenditures (add lines 1a and 1	b)	785,982	
d	Other exempt purpose expenditures		2,007,784,036	
е	Total exempt purpose expenditures (add lines 1	c and 1d)	2,008,570,018	
f	Lobbying nontaxable amount Enter the amount columns	1,000,000		
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (enter 25% of li	ne 1f)	250,000	
h	Subtract line 1g from line 1a If zero or less, ent	er -0-	0	
	Subtract line 1 ffrom line 1 c If zero or less ente	ar - 0-		

4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting

	Lobbying Expenditures During 4-Year Averaging Period								
	Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total			
2a	Lobbying non-taxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000			
b	Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000			
_c	Total lobbying expenditures	644,715	732,476	745,207	785,982	2,908,380			
_d	Grassroots non-taxable amount	250,000	250,000	250,000	250,000	1,000,000			
е 	Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000			
f	Grassroots lobbying expenditures								

che	dule C (Form 990 or 990-EZ) 200						Page 3
Pa	rt II-B Complete if the or (election under se	rganization is exempt under ection 501(h)).	section 501(c)(3) and has I				
			-	(;	a)	(b)
				Yes	No	A mo	unt
1		anization attempt to influence foreign t to influence public opinion on a legis					
а	Volunteers?						
b	Paid staff or management (includ	e compensation in expenses reported	l on lines 1c through 1i)?				
c	Media advertisements?						
d	Mailings to members, legislators	, or the public?					
е	Publications, or published or broa	adcast statements?					
f	Grants to other organizations for	lobbying purposes?					
g	Direct contact with legislators, th	neır staffs, government officials, or a l	egislative body?				
h	Rallies, demonstrations, seminar	s, conventions, speeches, lectures, c	rany sımılar means?				
i	Other activities? If "Yes," descri	ibe in Part IV					
j	Total lines 1c through 1:						
2a	Did the activities in line 1 cause	the organization to be not described	n section 501(c)(3)?				
Ь	If "Yes," enter the amount of any	tax incurred under section 4912					
c	If "Yes," enter the amount of any	tax incurred by organization manage	rs under section 4912				
d	If the filing organization incurred	a section 4912 tax, did it file Form 4	720 for this year?				
Par	t III-A Complete if the or 501(c)(6).	ganization is exempt under	section 501(c)(4), section !	501(c)(5), o		
	W					Yes	s No
1		nore) dues received nondeductible by			-	2	
2	=	n-house lobbying expenditures of \$2,0			-	3	
3		ryover lobbying and political expendit		-01/-	\(\(\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
26H	501(c)(6) if BOTH	rganization is exempt under Part III-A, lines 1 and 2 are					ion
	answered "Yes".						
1	Dues, assessments and similar a			1			
2	expenses for which the section 5	bbbying and political expenditures (do 27(f) tax was paid).	o not include amounts of political				
a	Current year	(. , para).		2a			
ь	Carryover from last year			2b			
c	Total			2c			
3	Aggregate amount reported in se	ction 6033(e)(1)(A) notices of nonde	ductible section 162(e) dues	3			
4	If notices were sent and the amo	unt on line 2c exceeds the amount or	line 3, what portion of the excess				
	does the organization agree to ca political expenditure next year?	arryover to the reasonable estimate o	f nondeductible lobbying and	4			
5	Taxable amount of lobbying and p	political expenditures (see instruction	ıs)	5			
Pä	rt IV Supplemental Info	ormation					
	mplete this part to provide the des o, complete this part for any addit	criptions required for Part I-A, line 1, ional information	Part I-B, line 4, Part I-C, line 5, an	d Part	II-B, lıne	11	
	Ident if ier	Return Reference	Explana	t ion			

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DLN: 93493195005241

OMB No 1545-0047

2009

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Pa	rt I	Organizations Maintaining Donor A			or Accounts. Complete if the
		organization answered fes to Form 9	(a) Donor advised funds		(b) Funds and other accounts
1	Total	number at end of year	1		(b) I amas ama other accounts
2		gate contributions to (during year)	- 88,059		
3		gate grants from (during year)	607,500		
4		gate value at end of year	12,697,823	_	_
5	Did th	e organization inform all donors and donor adv are the organization's property, subject to the	visors in writing that the assets held in donc	•	sed ∀Yes
6	Dıd tl used	ne organization inform all grantees, donors, and only for charitable purposes and not for the be rring impermissible private benefit	d donor advisors in writing that grant funds		
Pa	rt II	Conservation Easements. Complete	ıf the organızatıon answered "Yes" to	Forn	n 990, Part IV, line 7.
2	☐ P☐	rese(s) of conservation easements held by the oreservation of land for public use (e.g., recreative reservation of natural habitat reservation of open space	tion or pleasure)	ertifie	
	easer	nent on the last day of the tax year	Г		Held at the End of the Year
а	Total	number of conservation easements	<u> </u>	2a	neid at the Liid of the Teal
b		acreage restricted by conservation easement		2b	
c		eer of conservation easements on a certified hi	 -	2c	
d		per of conservation easements included in (c) a	` '	2d	
3		er of conservation easements modified, transf exable year 🛌	erred, released, extinguished, or terminated	d by th	e organization during
4	Numb	er of states where property subject to conserv	ation easement is located ►		
5		the organization have a written policy regarding cement of the conservation easements it holds		ling of	violations, and Yes No
6	Staff	and volunteer hours devoted to monitoring, ins	pecting and enforcing conservation easeme	ents d	uring the year ►
7	A mou	int of expenses incurred in monitoring, inspect	ıng, and enforcıng conservation easements	durıng	g the year ▶ \$
8		each conservation easement reported on line h)(4)(B)(i) and 170(h)(4)(B)(ii)?	2(d) above satisfy the requirements of sect	tion	┌ Yes
9	balan	rt XIV, describe how the organization reports of ce sheet, and include, if applicable, the text of rganization's accounting for conservation ease	the footnote to the organization's financial	•	•
Par	t III	Organizations Maintaining Collectic Complete if the organization answered		or Otl	ner Similar Assets.
1a	art, h	organization elected, as permitted under SFA: istorical treasures, or other similar assets heli de, in Part XIV, the text of the footnote to its fi	d for public exhibition, education or researc	h ın fu	
b	hıstoı	organization elected, as permitted under SFA: rical treasures, or other similar assets held for de the following amounts relating to these item	public exhibition, education, or research in		
	(i) _{Re}	evenues included in Form 990, Part VIII, line	1		▶ \$
	(ii) _A	ssets included in Form 990, Part X			▶ \$
2	Ifthe	organization received or held works of art, his ring amounts required to be reported under SFA		r finan	
а		nues included in Form 990, Part VIII, line 1			▶ \$

Assets included in Form 990, Part X

ar	Titl Organizations Maintaining Co	ollections of Art	<u>, Hist</u>	toric	cal Trea	asures, or (<u>Oth€</u>	er Similar	Asse	: ts (co	ntınued)	
3	Using the organization's accession and other items (check all that apply)	er records, check any	/ of the	e foll	owing tha	t are a signific	ant	use of its co	llection	ו		
а	Public exhibition		d	\vdash	Loan or	exchange prog	gram:	s				
b	Scholarly research e Other											
С	Preservation for future generations											
ı	Provide a description of the organization's c Part XIV	ollections and expla	ın how	they	further t	he organizatio	n's e	xempt purpo	ose in			
5	During the year, did the organization solicit assets to be sold to raise funds rather than							mılar	Г	Yes	Г No	
Pa ا	t IV Escrow and Custodial Arrang						ed "\	Yes" to For	m 990),		
	Part IV, line 9, or reported an ai											
.a	Is the organization an agent, trustee, custon included on Form 990, Part X?					ns or other as	sets	not	Γ	Yes	∏ No	
b	If "Yes," explain the arrangement in Part XI	V and complete the	followi	ing ta	ble			1				
_									A mou	ınt		
с	Beginning balance						1c					
d	Additions during the year						1d					
е	Distributions during the year						1e					
f	Ending balance						1f					
а	Did the organization include an amount on F	orm 990, Part X, line	≥ 21?						Γ	Yes	┌ No	
b	If "Yes," explain the arrangement in Part XI	V										
'a	rt V Endowment Funds. Complete	ıf the organızatıor	ı ansı	were	d "Yes"							
		(a)Current Year	(b)Prior		(c)Two Years Ba	ack (d) Three Years	Back (e	Four Ye	ears Back	
a	Beginning of year balance	4,398,200,000			3,142,000							
b	Contributions	61,037,000			,755,000							
С	Investment earnings or losses	400,914,000			2,883,000							
d	Grants or scholarships	11,750,000			5,536,000							
e	Other expenditures for facilities and programs	121,461,000		110),979,000							
f	Administrative expenses		<u> </u>		299,000							
g	End of year balance	4,726,940,000	·	4,398	3,200,000							
	Provide the estimated percentage of the yea	ar end balance held a	15									
а	Board designated or quasi-endowment 🕨	47.000 %										
ь	Permanent endowment > 20.000 %											
c	Term endowment ► 33.000 %											
а	Are there endowment funds not in the posse	ssion of the organiza	ation t	hat a	re held a	nd administer	ed for	r the				
	organization by									Yes	No	
	(i) unrelated organizations			•					3a(i)		No	
	(ii) related organizations								3a(ii)	igsqcup	N o	
	If "Yes" to 3a(II), are the related organization								3b			
	Describe in Part XIV the intended uses of th					Doub V. Luc	. 10					
ėΙ	t VI Investments—Land, Building	s, and Equipme	<u>nt. Se</u>									
	Description of investment		ı		ost or othe (investment			(c) Accumula depreciation		(d) Boo	k value	
а	Land		Ĺ			28,35	9,768			28	3,359,768	
b	Buildings		. [2,001,58	4,698	719,455	5,567	1,282	2,129,131	
c	Leasehold improvements		. [4,74	3,374	2,378	3,131	2	2,365,243	
d	Equipment		. [431,12	6,184	262,688	3,611	168	3,437,573	
e	Other		. [-								

1,481,291,715

(a) Description of security or category			od of valuation
(including name of security)	(b)Book value	Cost or end-o	f-year market value
Financial derivatives	1,413,840,073		F
Closely-held equity interests Other			
Equity, fixed income, real assets,etc	4,197,817,220		F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	5,611,657,293		
Part VIII Investments—Program Related. See			
			od of valuation
(a) Description of investment type	(b) Book value		f-year market value
-			
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, III			
(a) Descrip			(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	5.)		
Part X Other Liabilities. See Form 990, Part X			
1 (a) Description of Liability	(b) A mount		
Federal Income Taxes			
Deposits payable,actuarial liability of annuities payable	72,165,599		
Reserves for self-insurance	16,880,000		
Government advances for student loans	39,143,000		
Asset retirement obligations	115,326,206		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	243,514,805		

Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial State	ments
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1
2	Total expenses (Form 990, Part IX, column (A), line 25)	2
3	Excess or (deficit) for the year Subtract line 2 from line 1	3
4	Net unrealized gains (losses) on investments	4
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV)	8
9	Total adjustments (net) Add lines 4 - 8	9
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Reven	ue per Return
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	
а	Net unrealized gains on investments	
b	Donated services and use of facilities	
c	Recoveries of prior year grants	
d	Other (Describe in Part XIV) 2d	
e	Add lines 2a through 2d	. 2e
3	Subtract line 2e from line 1	. 3
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a	
b	Other (Describe in Part XIV)	
c	Add lines 4a and 4b	. 4c
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	. 5
	Reconciliation of Expenses per Audited Financial Statements With Expenses	ises per Return
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	
ь	Prior year adjustments	
c	Other losses	
d	Other (Describe in Part XIV) 2d	
e	Add lines 2a through 2d	. 2e
3	Subtract line 2e from line 1	. 3
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIV) 4b	
c	Add lines 4a and 4b	. 4c
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	. 5
Par	rt XIV Supplemental Information	
	nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and t V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also comp	

Ident if ier	Return Reference	Explanation
Part III, Line 1a		The University does not capitalize collections. As stated in the University notes to the financial statements, the accounting policy for library collections is to expense all purchases. Museum purchases are accounted for similarly. Gifts of art and similar tangible personal property are accounted for as gifts-in-kind.
Part X	Description of Uncertain Tax Positions Under FIN 48	In accordance with the requirements of the FASB ASC Income Taxes Topic, the University makes an assessment of individual tax positions and follows a process for recognition and measurement of uncertain tax positions. Tax positions are evaluated on whether they meet the "more likely than not" standard for sustainability on examination by tax authorities.
		Part X, line 25, Asset Retirement Obligations The University follows the FASB Interpretation No 47, "Accounting for Conditional Asset Retirement Obligations-An Interpretation of FASB Statement No 143"(FIN 47) FIN 47 clarifies the term conditional asset retirement obligation as it is used in SFAS No 143, "Accounting for Asset Retirement Obligations," and requires a liability to be recorded if the fair value of the obligation to retire an asset can be reasonably estimated Asset retirement obligations covered by FIN 47 include those for which an entity has a legal obligation to perform an asset retirement activity, however, the timing and/or method of settling the obligation are conditional on a future event that may or may not be within the control of the entity. In accordance with FIN 47, the University records all known asset retirement obligations for which the fair value of the liability can be reasonably estimated, including certain obligations relating to regulatory remediation.

Employer identification number

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization Northwestern University

Schools

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

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2009

Open to Public

	36-216/81/			
			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?		V	
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,"	2	Yes	
	please explain Policies are included in student, faculty, and staff handbooks Policies are also periodically reprinted in school newspapers	3	Yes	
4	Does the organization maintain the following?			
а	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	
С	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 Schedule O (Form 990)			
5	Does the organization discriminate by race in any way with respect to	 -		
а	Students' rights or privileges?	5a		Νo
b	Admissions policies?	5b		Νo
c	Employment of faculty or administrative staff?	5c		Νo
d	Scholarships or other financial assistance?	5d		Νo
	Educational policies?	5e		Νo
f	Use of facilities?	5f		Νo
g	Athletic programs?	5g		Νo
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Schedule O (Form 990)	5h		Νo
	Does the organization receive any financial aid or assistance from a governmental agency? Has the organization's right to such aid ever been revoked or suspended?	6a 6b	Yes	No
	If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990) Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05	35		1110
	of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Schedule O (Form	7	Yes	

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DLN: 93493195005241

OMB No 1545-0047

2009

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

Totals .

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. ▶ See separate instructions.

Open to Public **Inspection**

Name of the organization

Employer identification number

lort	hwestern University					• •		
JIU	inwestern omversity				36	-2167817		
Pa		rmation on Ac 990, Part IV, lır		de the United States	. Complete if t	he organı	zation answered	
1				ecords to substantiate i	the amount of	the grants	or	
				assistance, and the se				
	the grants or assistar	nce [?]					✓ Yes / N	МO
2	For grant makers. Descr United States	ribe in Part IV the	organization's pr	ocedures for monitoring th	ne use of grant fu	nds outside	the	
3	Activites per Region (U	Ise Schedule F-1	(Form 990) ıf add	ditional space is needed)				
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity lis is a program s describe specif service(s) in	service, ic type of	(f) Total expenditures for region	
See	e Add'l Data			are regiony				_

86

81,992,779

Part IV,	line 15, for any	recipient who rec	nizations or Entiti eived more than \$5, space is needed.					
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
See Add'l Data								
2 Enter total nu tax-exempt b	imber of recipier by the IRS, or fo	nt organizations lis r which the grante	sted above that are see or counsel has pro	recognized as chari ovided a section 50:	ties by the foreign o 1(c)(3) equivalency	ountry, recognized letter	as . ►	
3 Enter total nu	ımber of other o	rganızatıons or er	itities	<u></u>		<u></u>	. ▶	20

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

Use Schedule	F-1 (Form 990) if ad				ii tile organization a	ered res to form	
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
Grants, stipends and awards to non-resident alien students	Central America and the Caribbean	20	350,542	ACH direct deposit or Check			
	East Asia and the	839	16,374,286	ACH direct deposit or Check			
	Europe	328	6,673,930	A CH direct deposit or Check			
	Middle East and North	106	2,285,770	ACH direct deposit or Check			
Grants, stipends and awards	North America	129	2,258,525	ACH direct deposit or Check			
, '	Russia and the Newly	23	580,210	A C H direct deposit or Check			
to non-resident alien students Grants, stipends and awards to non-resident alien students	South America	84	1,720,550	A C H direct deposit or Check			
Grants, stipends and awards to non-resident alien students	South Asia	194	3,764,916	ACH direct deposit or Check			
Grants, stipends and awards to non-resident alien students	Sub-Saharan Africa	53	997,476	ACH direct deposit or Check			
Grants disbursed during student's enrollment in international program	Central America and the Caribbean	2	26,216	Applied to student account, credits are refunded by check			
Grants disbursed during student's enrollment in international program	East Asia and the Pacific	45	175,397	A pplied to student account, credits are refunded by check			
	Europe	110	702,438	Applied to student account, credits are refunded by check			
Grants disbursed during student's enrollment in international program	Middle East and North Africa	13	115,012	Applied to student account, credits are refunded by check			
Grants disbursed during student's enrollment in international program	North America	1	11,114	Applied to student account, credits are refunded by check			
Grants disbursed during student's enrollment in international program	South America	58	403,360	Applied to student account, credits are refunded by check			
Grants disbursed during student's enrollment in international program	South Asia	5	47,433	A pplied to student account, credits are refunded by check			
	Sub-Saharan Africa	14	61,794	A pplied to student account, credits are refunded by check			
	1	1		1		1	1

Schedule F (Form 990) 2009		Page 4
	provide the information required	ın Part I, line 2, and any addıtıonal ınformation.
Identifier Procedure for Monitoring Grants Outside the U S	ReturnReference	Explanation Schedule F, Part I, Line 2 Grants or other assistance are awarded to foreign organizations or entities pursuant to the University policies and procedures for all grant subawards Such subawards are monitored through the University's Office for Sponsored Research (OSR) and the University's Office of Accounting Services for Research and Sponsored Programs (ASRSP) All subaward documentation including purchase orders, related charges and invoices are reviewed and monitored by ASRSP and confirmed with the principal investigator. The principal investigator must certify that the subaward costs are in accordance with OMBA-21 cost principles, also, ASRSP requests and collects audit reports from subaward recipients to monitor compliance. If the information is not furnished to ASRSP, payment may be withheld. Grants and other assistance are awarded to students on the basis of financial need following. University policies developed to meet regulatory requirements (federal methodology) and guided by the College Board (institutional methodology). Merit scholarships are awarded based upon talent (eg, academic, music, and athletic). All of these awarded grants are allowed to be used by the students towards any type of costs, no subsequent monitoring is required.
Schedule F, Part IV		Schedule F, Part I The program services listed in Part I reflect international educational programs in which the University had material involvement in the design, development and/or control of the program and/or curriculum. While Northwestern University provides its students with access to a multitude of study abroad programs and exchanges located throughout the world, the University does not administer or operate the educational courses taught by all of these programs. Rather, under reciprocity and affiliation agreements, the University helps facilitate its student access to such international programs and recognizes credit earned by students at such foreign educational institutions, and such exchange programs are excluded from Schedule F, Part I Under Northwestern University's current accounting procedures, all expenses associated with study abroad international programs are not separately tracked, and therefore some expenditures per program are not listed in Part I, column (f) of Schedule F Schedule F, Part I, column(f), line 3 Expenditures reported in the Form 990, Schedule F, Part I are prepared using the accrual method of accounting University activities are assigned a unique identifying number. Direct expenses are recorded with respect to each activity in the University's electronic financial recording system Such direct expenses, for the relevant tax year, are reflected in column (f) Schedule F, Part II, line 1 In connection with the monitoring of subawards through OSR, approved purchase orders and invoices are documented and accounted for in the University's electronic financial recording system, and such amounts are reflected in Part II, line 1 Schedule F, Part III, method used to report cash grants and column (c) Cash grants given to individuals are recorded in an electronic reporting tool. The data recorded includes information as to non-resident alien status and participation by undergraduate students in study abroad programming. Individual recipients of cash grants are coded with unique identifyi

Software ID: **Software Version:**

> **EIN:** 36-2167817 Name: Northwestern University

(ı) Method of

valuation

(book, FMV,

appraisal, other)

(h) Description of

non-cash

assistance

Form 990 Schedu	le F F	Part I -	Activi	ties Outside	e T	he United State	es				
(a) Region		` '	mber of in the ion	(c) Number of employees of agents in region		(d) Activities conducted in regio type) (i e , fundrai program service grants to recipie located in the rec	on (by Ising, es, ents	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region			expenditures region
Middle East and North Africa			1	8		Maintaining offices employees or agen	,	International ca Doha, Qatar for In journalism ar	students		26,413,368
Central America and th	he					Program services		Study abroad p			51,002
Caribbean East Asia and the Pac	ıfıc					Program services		Study abroad p	rograms		845,706
Europe						Program Services		Study abroad p	rograms		1,532,448
East Asia and the Pac	ıfıc					Fundraising					78,983
Central America and the Caribbean	he					Program Services		Business trave (includes trave seminars and			111,824
East Asia and the Pac	ıfıc					Program services		conferences) Business trave (includes trave seminars and		· · · · · · · · · · · · · · · · · · ·	
Europe						Program services		conferences) Business trave (includes trave seminars and			1,849,208
Middle East and North Africa						Program services		conferences) Business trave (includes trave seminars and			
North A merica						Program services		conferences) Business trave (includes trave			350,699
Russia and the Newly Independent States						Program services		seminars and conferences) Business trave (includes trave seminars and			14,314
South America						Program services		conferences) Business trave (includes trave			201,539
South Asıa						Program services		conferences) Business trave (includes trave			107,816
Sub-Saharan Africa						Program services		conferences) Business trave (includes trave			284,913
Middle East and North						Program services		conferences) Study abroad p	rograms		1,994,786
A frica Russia and the Newly						Program services		Study abroad p	rogram		8,294
Independent States South America						Program services		Study abroad p	rograms		403,596
South Asia						Program services		Study abroad p	rograms		207,732
Sub-Saharan Africa						Program services		Study abroad p	rograms		765,886
Central America and the Caribbean	he					Unrelated trade or					722
East Asia and the Pac	ıfıc					Unrelated trade or					243
Europe						Unrelated trade or business					3,135
Middle East and North A frica						Unrelated trade or business					
Russia and the Newly Independent States						Unrelated trade or business					473
South America Central America and tl	he					Unrelated trade or business Investments					2,107
Caribbean Europe						Investments					
North America					Investments						
Sub-Saharan Africa						Investments					
East Asia and the Pac	ıfıc							Research Research			2,143,541
Europe Middle East and North						Program services		Research			1,677,078
A frica North A merica						Program services Program services		Research			2,022,052
South America						Program services		Research			10,336
South Asia						Program services		Research			217
Sub-Saharan Africa						Program services		Research			164
Central America and the	he					Grantmakıng					376,758
Caribbean East Asia and the Pac	ıfıc					Grantmakıng					16,666,388
Europe						Grantmakıng					8,455,143
Middle East and North Africa						Grantmakıng					2,531,730
North America						Grantmakıng					4,013,008
Russia and the Newly Independent States						Grantmakıng					580,210
South America						Grantmakıng					2,123,910
South Asia						Grantmakıng					3,812,349
Sub-Saharan Africa						Grantmakıng					1,151,165
Form 990 Schedu		Part II RS code	- Gran	ts or Entitie	es (Outside The Uni	ited S	States			
(a) Name of organization	and	ction EIN(if	(c) Region	(d)) Purpose of grant) A mount of ash grant	(f) Man cash disbi		(g) A mount of non- cash assistance
	appli	ıcable)	East As Pacific			ant subaward from onsored research		50,668	ACH direct or Check	deposit	
			East As Pacific	ıa and the		ds ant subaward from onsored research			ACH direct or Check	deposit	
			Europe			ds ant subaward from onsored research			ACH direct or Check	deposit	
			Europe			ds ant subaward from onsored research		136,610	ACH direct or Check	deposit	
			Europe		fun Gra s p c	ds ant subaward from onsored research			ACH direct	deposit	
			Europe		s p c fun	ant subaward from onsored research ds			ACH direct or Check		
			Middle (North A	frıc a		ant subaward from onsored research ds			ACH direct or Check	deposit	
			Middle I North A	frıc a		ant subaward from onsored research ds		115,385	ACH direct or Check	deposit	
			North A	merica	Gra	ant subaward from onsored research		25,000	ACH direct or Check	deposit	
			North A		s p c fun				ACH direct or Check		
			North A		s p c fun	ant subaward from onsored research ds ant subaward from			ACH direct or Check		
			North A		s p c fun	onsored research ds			ACH direct		
			North A			ant subaward from onsored research ds	_		ACH direct or Check	aeposit	
			North A	merica	Gra	ant subaward from onsored research			ACH direct or Check		
			N a while A		fun			75 506	A C.I.		

funds

funds

funds

funds

funds

North America

North America

Sub-Saharan Africa

Sub-Saharan Africa

Sub-Saharan Africa

Sub-Saharan Africa

Grant subaward from

sponsored research

Grant subaward from sponsored research

75,506 ACH direct deposit

57,940 ACH direct deposit

8,865 ACH direct deposit

5,190 ACH direct deposit

or Check

or Check

or Check

13,851 ACH direct deposit

or Check

63,989 ACH direct deposit

or Check

or Check

As Filed Data -

DLN: 93493195005241

SCHEDULE G (Form 990 or 990-EZ) Supplemental Information Regarding Fundraising or Gaming Activities

2009

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

Open to Public Inspection

Name of the organization	Emple
Northwestern University	ł
	26 2

Employer identification number
36-2167817

Part I	Fundraising Activities. Complete if the organization answered "Yes" to 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
- Internet and e-mail solicitations f 🔽 Solicitation of government grants
 - a F Special fundraising events

d 🔽 In-person solicitations

Phone solicitations

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 activities?

Yes No

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

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes No		(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization	
Ruffalo C O D Y	Phone solicitation		No	497,870	119,790	400,172	
Carol O'Brien Associates	Campaign counseling		No	0	22,960	0	
	Gift planning marketing		No	0	46,689	0	
Target Analytics	Campaign counseling		No	0	6,825	0	
Total				497,870	196,264	400,172	

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

Pa	Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.							
		· · ·	(a) Event #1 Dance Marathon (event type)	(b) Event #2 Brain Tumor Institute Fundraiser	(c) O ther Events 1 (total number)	(d) Tot (Add col		
Φ_3	1	Construction	632,640	(event type) 385,895	62,234		1 081	0,769
Reveilue	2	Gross receipts Less Charitable contributions	586,061	,				7,988
<u> </u>	3	Gross income (line 1 minus line 2)	46,579	84,602	41,600		17	2,781
	4	Cash prizes						
မှာ	5	Non-cash prizes						
Expenses	6	Rent/facility costs	60,883	3	5,575		6	6,458
ă	7	Food and beverages			23,425		2	3,425
Direct	8	Entertainment		7,070	3,500		10	0,570
ā	9	Other direct expenses .	14,208	3	5,006		19	9,214
	10	Direct expense summary Add line	es 4 through 9 ın columr	ı(d)			119	9,667
	11	Net income summary Combine lin	nes 3, column d, and line	10			5	3,114
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lin		"Yes" to Form 990, Pa	rt IV, line 19, or repo	rted mor	e thar	1
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Tot (Add col col		
	1	Gross revenue						
9.00 9.00	2	Cash prizes						
sesueda	3	Non-cash prizes						
<u>ភ</u>	4	Rent/facility costs						
Direct	5	Other direct expenses						
	6	Volunteer labor	∀es% No	│ Yes% │ No				
		Direct expense summary Add lines						
	8	Net gaming income summary Coml	bine lines 1, column d, a	nd line 7			Yes	No
9 a	Is th	er the state(s) in which the organiza he organization licensed to operate				. 9a		
b		No," Explain						
10a b		e any of the organization's gaming l 'es," Explain	icenses revoked, suspei	nded or terminated during	the tax year?	10a		
11 12	Is th	s the organization operate gaming a he organization a grantor, beneficiar	ry or trustee of a trust or			11		

Indicate the percentage of gaming activity operated in The organization's facility An outside facility Inter the name and address of the person who prepares the organization's gaming/special events books and records Name Address Address If "ves," enter the amount of gaming revenue received by the organization receives gaming revenue? If "ves," enter the amount of gaming revenue received by the organization If "ves," enter name and address Name Address Caming manager information Name Gaming manager compensation Small Description of services provided Director/officer Employee Independent contractor Mandatory distributions a Is the organization required under state law to make charitable distributions from the gaming proceeds to retein the state gaming license?	Yes No
b An outside facility	
Name ► Address ► 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? b If "Yes," enter the amount of gaming revenue received by the organization F \$ and the amount of gaming revenue retained by the third party F \$ and the amount of gaming revenue retained by the third party F \$ and the amount of gaming revenue retained by the third party F \$ and the amount of gaming revenue retained by the third party F \$ and the amount of gaming revenue retained by the third party F \$ and the amount of gaming revenue retained by the third party F \$ and the amount of gaming revenue retained by the third party F \$ and the amount of gaming revenue retained by the organization F \$ and the amount of gaming manager information Name F Baming manager information Name F Description of services provided F 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?	
Name ► Address ► L5a Does the organization have a contract with a third party from whom the organization receives gaming revenue? b If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$ C If "Yes," enter name and address Name ► Address ► Gaming manager information Name ► Gaming manager compensation ► \$ Description of services provided ► □ Director/officer □ Employee □ Independent contractor Mandatory distributions a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	
Address Does the organization have a contract with a third party from whom the organization receives gaming revenue? If "Yes," enter the amount of gaming revenue received by the organization If "Yes," enter name and address Name Address Address Gaming manager information Name Gaming manager compensation S Description of services provided Director/officer Employee Independent contractor Mandatory distributions a Is the organization required under state law to make chantable distributions from the gaming proceeds to retain the state gaming license?	
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b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming manager information Name ▶ Gaming manager information Name ▶ Description of services provided ▶ Independent contractor If Mandatory distributions a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming livense?	
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming manager information Name ▶ Gaming manager information Name ▶ Description of services provided ▶ Independent contractor Mandatory distributions a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	
b If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$ \$ C If "Yes," enter name and address Name	
amount of gaming revenue retained by the third party \$ If "Yes," enter name and address Name	
Address Addres	
Address Addres	
Address Gaming manager information Name Gaming manager compensation Description of services provided Director/officer Employee Independent contractor Mandatory distributions a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	
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Name Gaming manager information Name Gaming manager compensation \$ Description of services provided Director/officer Employee Independent contractor Mandatory distributions a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	
Name Gaming manager information Name Gaming manager compensation \$ Description of services provided Director/officer Employee Independent contractor Mandatory distributions Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	
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Gaming manager compensation Description of services provided Director/officer	
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Description of services provided F Director/officer Employee Independent contractor Mandatory distributions a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	
Director/officer Employee Independent contractor Mandatory distributions a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	
Director/officer Employee Independent contractor Mandatory distributions a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	
If Mandatory distributions a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	
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?	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	
retain the state gaming license?	
17a	
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent In the organization's own exempt activities during the tax year ▶ \$	

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DLN: 93493195005241

OMB No 1545-0047

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

Department of the Treasury Internal Revenue Service Name of the organization

Northwestern University

Schedule I

(Form 990)

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

Inspect ion Employer identification number

Worthwestern only ersity						36-2167817	
Part I General Information	n on Grants and	Assistance				•	
 Does the organization maintain the selection criteria used to av Describe in Part IV the organization 	vard the grants or ass	sistance?					▽ Yes ┌ N
Part II Grants and Other A Form 990, Part IV, lin Part IV and Schedule	e 21 for any recipi	ent that received n	nore than \$5,000. Ch	eck this box if no one	e recipient receive	d more than \$5,000	. Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran or assistance
See Additional Data Table							
	<u> </u>			†	†		

Enter total number of section 501(c)(3) and government organizations 166

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

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
Student grants, scholarships, and fellowships are financial aid that can be used towards any type of educational related costs	9483	175,954,155			
Prizes and awards reflect prizes and awards to non-employees in recognition of an accomplishment, activity, or event	221	387,369			
Program-related investments student loans	213	2,416,577			
Other program-related investments	58	2,938,960			

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

Identifier Return Reference Explanation

Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 Grants given to support of charitable community organizations. Such grants are extended only for charitable purposes to organizations that are exempt under Code Section 501(c)(3). After qualifications for the grant are met and the grant is disbursed to the charitable organization there is no subsequent monitoring by the University. Grants or other assistance are awarded to organizations or entities in the U.S. pursuant to the University policies and procedures for all grant subawards. Such subawards are monitored through the University's Office for Sponsored Research (OSR) and the University's Office of Accounting Services for Research and Sponsored Programs (ASRSP). All subaward documentation including purchase orders, related charges and invoices are reviewed and monitored by ASRSP and confirmed with the principal investigator. The principal investigator must certify that the subaward costs are in accordance with OMB A-21 cost principles, also, ASRSP requests and collects audit reports from subaward recipients to monitor compliance. If the information is not furnished to ASRSP, payment may be withheld. Grants and other assistance are awarded to students on the basis of financial need following University policies developed to meet regulatory requirements (federal methodology) and guided by the College Board (institutional methodology). Merit scholarships are awarded based upon talent (eg, academic, music, and athletic). All of these awarded grants are allowed to be used by the students towards any type of costs, no subsequent monitoring is required.
O ther Information	Part IV	Part III Prizes and awards reflect prizes and awards extended to non-employees in recognition of an accomplishment, activity, or event Prizes and awards given to employees are included as compensation and reported on an employee's Form W-2 Program-related investments. Long term student loan balances as of 8/31/2010 were \$2,416,577 which represent outstanding loan balances of 213 individuals. Total short term and emergency student loans issued for the tax year were \$804,071 which represent loans issued to 346 individuals. Other program-related investments reflects certain investment portfolio balances as of 8/31/2010. Such investment portfolios are managed by students enrolled in an asset management practicum under the guidance of faculty.

Software ID: Software Version:

EIN: 36-2167817

Name: Northwestern University

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of (b) FIN (c) IRC Code section (d) Amount of cash (e) Amount of non- (f) Method of (g) Description of (h) Purpose of grant

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Evanston Community Foundation Inc1007 Church St Ste 108 Evanston, IL 60201	36-3466802	501(c)(3)	62,696				Charitable fundraising conducted by student org & support of charitable community organization
Fabretto Children's Foundation3124 North 10th Street Arlington,VA 22201	36-3894824	501(c)(3)	13,844				Charitable fundraising conducted by student organization
Partners in HealthPO Box 845578 Boston, MA 02284	04-3567502	501(c)(3)	15,341				Charitable fundraising conducted by student organization
American Red Cross2200 W Harrison St Chicago,IL 60612	53-0196605	501(c)(3)	9,078				Charitable fundraising conducted by student organization
Metrosquash5655 S University Ave Chicago,IL 60637	20-2614486	501(c)(3)	8,000				Charitable fundraising conducted by student organization
Link Community Development824 W Superior Street Ste312 Chicago, IL 60642	20-8023219	501(c)(3)	8,000				Charitable fundraising conducted by student organization
Gift of AdoptionPO Box 567 Techny, IL 60082	36-1863217	501(c)(3)	8,000				Charitable fundraising conducted by student organization
Young America's Foundation 110 Elden St Herndon, VA 20170	23-7042029	501(c)(3)	7,500				Charitable fundraising conducted by student organization
People's Music School Inc 931 W Eastwood Ave Chicago, IL 60640	51-0192597	501(c)(3)	6,800				Charitable fundraising conducted by student organization
Habitat for Humanity Lake County IL Inc315 N Martin Luther King Jr Ave Waukegan, IL 60085	36-3659288	501(c)(3)	17,000				Charitable fundraising conducted by student organization

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (c) IRC Code section (a) Name and address of **(b)** EIN (d) A mount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization ıf applıcable grant cash valuation non-cash assistance or assistance (book, FMV, appraisal, or government assistance other) 36-0895575 501(c)(3) Chicago Academy of Support of charitable Sciences 2430 N Cannon Dr community 50,000 Chicago, IL 60614 organizations Chicago Botanic Garden 36-2225482 501(c)(3) Support of charitable (Chicago Horticultural community 115,000 Society)1000 Lake Cook Rd organizations Glencoe, IL 60022 Lyric Opera of Chicago 20 36-6008929 501(c)(3) Support of charitable North Wacker Drive Ste 860 community 7,500 Chicago, IL 60606 organizations The Art Institute of Chicago 36-2167725 501(c)(3) Support of charitable 111 S Michigan Ave community 11,000 Chicago, IL 60603 organizations Ravinia Festival418 Sheridan 36-6002273 501(c)(3) Support of charitable Road community 6,000 Highland Park, IL 60035 organizations 501(c)(3) United Way of Metropolitan 36-0200478 Support of charitable Chicago560 W Lake St community 15,000 Chicago, IL 60661 organizations 501(c)(3) Orchestral Association of the 38-2167823 Support of charitable Chicago Symphony220 S community 15,000 Michigan Ave organizations Chicago, IL 60604 Health for Humanity415 36-3820640 501(c)(3) Support of charitable Linden Ave Ste B community 10,000 Wilmette, IL 60091 organizations Field Museum1400 S Lake 36-2167011 501(c)(3) Support of charitable Shore Drive community 10,000 Chicago, IL 60605 organizations 36-4244167 Millennium Park IncDT 111 S 501(c)(3) Support of charitable Wacker Drive community 10,000 Chicago, IL 60602 organizations

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (a) Name and address of **(b)** EIN (c) IRC Code section (d) A mount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization ıf applıcable grant cash valuation non-cash assistance or assistance (book, FMV, appraisal, or government assistance other) 501(c)(6) EVMark1560 Sherman Ave 36-3571291 Support of charitable Evanston, IL 60201 community 19,200 organizations Chicago's North Shore 501(c)(6) 36-4449110 Support of charitable Convention & Visitors' community 25,000 Bureau8001 Lincoln Ave organizations Ste715 Skokie, IL 60077 501(c)(3) Support of charitable Evanston Public Library 1703 36-3286198 Orrington Ave community 10,000 Evanston, IL 60201 organization Foundation 65PO Box 750 36-4003165 501(c)(3) Support of charitable Evanston, IL 60204 community 36,666 organizations 501(c)(3) McGaw YMCA 1420 Maple 36-2169194 Support of charitable Ave community 25,000 Evanston, IL 60201 organizations City of Evanston2100 Ridge 36-6005870 115 Support of local Ave governmental 549,485 Evanston, IL 60201 organization Garrett-Evangelical 36-2167085 501(c)(3) Support of charitable Theological Seminary 2121 community 7,500 Sheridan Rd organizations Evanston, IL 60201 Northwestern Medical Faculty 36-3097297 501(c)(3) Support of research Foundation680 N Lakeshore activities 1,808,483 Dr Chicago, IL 60611 74-1185725 12th Man FoundationBernard 501(c)(3) Support of research C Richardson Zone at Kyle activities 30,236 Field Suite 12 College Station, TX 77841 AAAS1200 New York 53-0196568 501(c)(3) Support of research Avenue NW activities 100,762 Washington, DC 20005

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (c) IRC Code section (a) Name and address of **(b)** EIN (d) A mount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization ıf applıcable grant cash valuation non-cash assistance or assistance (book, FMV, appraisal, or government assistance other) 36-3317058 501(c)(3) Access Community Health Support of research Network222 N Canal St activities 183,030 Chicago, IL 60606 Access DuPage511 Thornhill 36-4448208 501(c)(3) Support of research Dr M activities 415,819 Carol Stream, IL 60188 501(c)(3) Adler Planetarium & 36-6210902 Support of research Astronomy Museum1300 S activities 13,874 Lake Shore Dr Chicago, IL 60605 ADT Security Services Inc1 58-1814102 Support of research Town Center Road activities 92,743 Boca Raton, FL 33486 Advocate Hope Childrens 36-2169147 501(c)(3) Support of research Hospital4440 W 95th St activities 22,364 Oak Lawn, IL 60453 501(c)(3) Advocate Lutheran General 36-2169147 Support of research Hospital1775 W Dempster St activities 22,364 Park Ridge, IL 60068 501(c)(3) AIDS Arms Inc219 Sunset 75-2306145 Support of research Ave activities 278,450 Dallas, TX 75208 501(c)(3) Albert Einstein College of 13-1624225 Support of research Medicine1300 Morris Park activities 66,412 Avenue Bronx, NY 10461 Amarıllo Heart Group1901 83-0362959 501(c)(3) Support of research Port Lane activities 5,590 Amarıllo, TX 79106 American Cancer Society 23-7040934 501(c)(3) Support of research Illinois Division Inc225 N activities 90,649 Michigan Ste 1200 Chicago, IL 60601

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (a) Name and address of (b) EIN (c) IRC Code section (d) A mount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization if applicable grant cash valuation non-cash assistance or assistance (book, FMV, appraisal, or government assistance other) 501(c)(3) American Institutes for 25-0965219 Support of research Research1000 Thomas activities 63,637 Jefferson St NW Washington, DC 20007 American Lung Association 13-1632524 501(c)(3) Support of research 1301 Pennsylvania Ave NW activities 57,152 Suite 800 Washington, DC 20004 501(c)(3) Asian Human Services 4753 36-3005889 Support of research N Broadway Sutie 700 activities 8,625 Chicago, IL 60640 501(c)(3) Baptist Hospital of Miami 59-0910342 Support of research 8900 N Kendall Drive activities 8,960 Mıamı, FL 33176 501(c)(3) 04-2103545 Support of research Boston College 140 Commonwealth Ave activities 39,673 Chestnut Hill, MA 02467 Boston Imaging Core Lab LLC 26-1215497 Support of research 580 Harrison Avenue activities 41,040 Boston, MA 02118 501(c)(3) Boston Medical CenterOne 04-3314093 Support of research Boston Medical Center Place activities 11,905 Boston, MA 02118 Boys & Girls Clubs of Chicago 36-2166997 501(c)(3) Support of research 550 W Van Buren Street activities 10,824 Suite 350 Chicago, IL 60607 Brentwood Biomedical 95-4183712 501(c)(3) Support of research Research Institute Inc11301 activities 8,840 Wilshire Blvd Los Angeles, CA 90073 Brigham and Women's 04-2312909 501(c)(3) Support of research Hospital 75 Francis St activities 614,467 Boston, MA 02115

Form 990,Schedule I, Par	t II, Grants an	d Other Assistance	e to Governments	and Organization	s in the United Sta	tes	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Cabot Security Materials Inc 325 E Middlefield Road Mountain View, CA 94043	26-2158716		493,039				Support of research activities
Campbell-Kibler Associates Inc80 Lakeside Dr Groton,MA 01450	04-3297519		70,135				Support of research activities
Cardiology PC801 Princeton Ave SW Birmingham, AL 35211	63-0710054		92,836				Support of research activities
Carleton CollegeOne North College St Northfield, MN 55057	41-0694747	501(c)(3)	60,486				Support of research activities
Case Western Reserve University10900 Euclid Ave Cleveland,OH 44106	34-1018992	501(c)(3)	33,321				Support of research activities
Chicago State University 9501 South King Drive Chicago, IL 60628	36-2580815	115	29,424				Support of research activities
Children's Memorial Hospital 2300 N Lincoln Ave Chicago, IL 60614	36-2170833	501(c)(3)	3,095,960				Support of research activities
Christopher Newport University1 University PI Newport News, VA 23606	54-0701501	115	14,484				Support of research activities
Cold Spring Harbor LaboratoryOne Bungtown Road Cold Spring Harbor, NY 11724	11-2013303	501(c)(3)	19,309				Support of research activities
Colorado State University 203 Administration Building Fort Collins, CO 80523	84-6000546	115	27,106				Support of research activities

(a) Name and address of	(b) EIN	(c) IRC Code section	(d) A mount of cash	(e) A mount of non-	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government	(5) 21.11	ıf applicable	grant	cash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
Columbia University615 W 131st Street New York, NY 10027	13-1624202	501(c)(3)	44,617				Support of research activities
Cornell University222 Day Hall Ithaca,NY 14853	15-0532082	501(c)(3)	268,862				Support of research activities
Cutting Corporation4940 Hampden Ln Bethesda, MD 20814	52-0944767		6,495				Support of research activities
Dana-Farber Cancer Institute 44 Binney Street Boston, MA 02115	07-6580745		72,131	_			Support of research activities
Dartmouth College420 Lexington Ave New York, NY 10170	02-0222111	501(c)(3)	22,379				Support of research activities
David Ostrow & Associates 5455 N Sheridan Road Suite 2503 Chicago, IL 60640	20-5241516		25,083				Support of research activities
Duke UniversityChapel Dr Durham, NC 27705	56-0532129	501(c)(3)	21,889				Support of research activities
East Bay Institute for Research and Education150 Muir Road 151-I Martinez, CA 64553	68-0177975	501(c)(3)	124,065				Support of research activities
Emory University201 Dowman Dr Atlanta, GA 30322	58-0566256	501(c)(3)	54,360				Support of research activities
Family Care Health Centers 401 Holly Hills Ave St Louis, MO 63111	23-7076112		63,413				Support of research activities

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (a) Name and address of (b) EIN (c) IRC Code section (d) A mount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization if applicable grant cash valuation non-cash assistance or assistance (book, FMV, appraisal, or government assistance other) 501(c)(3) Fisk University1000 17th 62-0202000 Support of research Ave N activities 20,705 Nashville, TN 37208 G4 Capital Partners 14 20-4262458 Support of research Skillman Street activities 15,000 Roslyn, NY 11576 GeoEngineers Inc600 91-6237984 Support of research Stewart St Ste 1700 activities 10,638 Seattle, WA 98101 501(c)(3) George Washington 53-0196584 Support of research University2121 I Street NW activities 58,690 Washington, DC 20052 H Lee Moffit Cancer Center & 59-2451713 501(c)(3) Support of research Research Institute12902 activities 10.196 Magnolia Ave Tampa, FL 33612 501(c)(3) Hampton University 100 E 54-0505990 Support of research Queen St activities 34,008 Hampton, VA 23668 501(c)(3) Harvard University 04-2103580 Support of research Massachusetts Hall activities 103,729 Cambridge, MA 02138 501(c)(3) Health Research and 36-2203931 Support of research Educational Trust155 N activities 17,076 Wacker Ste 400 Chicago, IL 60606 Health Research 14-1402155 Support of research Incorporated Roswell Park activities 78,415 Cancer Institute DivisionElm Carlton Sts Buffalo, NY 14263 Hektoen Institute for Medical 36-2244897 501(c)(3) Support of research Research2240 W Ogden Ave activities 85,621 Chicago, IL 60612

Form 990,Schedule I, Par	t II, Grants an	d Other Assistance	e to Governments	and Organization	s in the United Sta	tes	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Hematology Oncology Associates of Illinois Inc676 N St Clair Street Suite 2140 Chicago, IL 60611	36-4117454		36,159				Support of research activities
Hinshaw & Culbertson LLP 222 N LaSalle Street Suite 300 Chicago, IL 60601	36-2128133		12,500				Support of research activities
Horizon Research Inc326 Cloister Ct Chapel Hill, NC 27514	56-1550276		8,948				Support of research activities
Howard Brown Health Center 4025 N Sheridan Road Chicago, IL 60613	36-2894128	501(c)(3)	173,241				Support of research activities
Illinois Institute of Technology3300 S Federal St Chicago, IL 60616	36-2170136	501(c)(3)	30,652				Support of research activities
Indiana University107 S Indiana Ave Bloomington,IN 47405	35-6001673	115	297,198				Support of research activities
IP3 Inc1320 N Michigan Avenue Saginaw, MI 48602	20-0660686		7,500				Support of research activities
J Craig Venter Institute9704 Medical Center Drive Rockville, MD 20850	52-1842938	501(c)(3)	675,512				Support of research activities
Jasculca Terman and Associates Inc730 N Franklin Street Suite 510 Chicago, IL 60654	36-3136983		155,080				Support of research activities
Johns Hopkins University 1101 E 33rd St Baltimore, MD 21218	52-0595110	501(c)(3)	228,252				Support of research activities

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(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
Kaiser Foundation Research InstitutePO Box 378066 Denver, CO 80237	94-1105628	501(c)(3)	24,607				Support of research activities			
Lextech Labs 3080 Ogden A venue Suite 200 Lisle, IL 60532	26-3043481		25,000				Support of research activities			
Louisiana State University 3848 W Lakeshore Dr Baton Rouge, LA 70808	72-6087770	115	44,323				Support of research activities			
Loyola University Chicago 1032 W Sheridan Rd Chicago, IL 60660	36-1408475	501(c)(3)	83,021				Support of research activities			
Massachusetts General Hospital55 Fruit St Boston, MA 02114	04-1564655	501(c)(3)	162,999				Support of research activities			
Massachusetts Institute of Technology77 Massachusetts Ave Cambridge,MA 02142	04-2103594	501(c)(3)	77,999				Support of research activities			
Materials & Electrochemical Research Corporation7960 South Kolb Road Tucson, AZ 85706	86-0530946		24,503				Support of research activities			
Mayo Clinic Rochester200 First St SW Rochester, MN 55905	41-6011702	501(c)(3)	62,406				Support of research activities			
Medical College of Wisconsin 8701 Watertown Plank Rd Milwaukee, WI 53226	39-0806261	501(c)(3)	84,071				Support of research activities			
Medical University of South Carolina179 Ashley Avenue Charleston, SC 29425	57-6000722	115	35,968				Support of research activities			

Form 990,Schedule I, Par	Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
Memorial Hospital of Rhode Island111 Brewster St Pawtucket, RI 02680	05-0259004	501(c)(3)	58,851				Support of research activities				
Memorial Sloan-Kettering Cancer Center1275 York Avenue New York, NY 10065	13-1624182	501(c)(3)	180,000				Support of research activities				
Michigan State University 113 Angell Bldg East Lansing, MI 48824	38-6005984	115	403,669				Support of research activities				
Morehouse College830 Westview Dr SW Atlanta, GA 30314	58-0566205	501(c)(3)	15,342				Support of research activities				
Mount Sinai HospitalOne Gustave L Levy Pl New York, NY 10029	13-1624096	501(c)(3)	9,354				Support of research activities				
Moveo Integrated Branding Inc1 Parkview Plaza Suite 150 Oakbrook Terrace, IL 60181	36-3528800		15,000				Support of research activities				
Nanosonix Inc8025 Lamon Avenue Skokie,IL 60077	26-2268972		135,603				Support of research activities				
National Comprehensive Cancer Network275 Commerce Dr Suite 300 Fort Washington, PA 19034	23-2818395	501(c)(3)	10,000				Support of research activities				
National Geographic Society 1145 17th St NW Washington, DC 20036	53-0193519	501(c)(3)	50,638				Support of research activities				
neubottlecom134 Crichton Ln Palatine,IL 60067	20-2861821		16,910				Support of research activities				

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Rehabilitation Institute Research Corporation345 E Superior St Chicago, IL 60611	36-3728711	501(c)(3)	1,000				Support of charitable community organization
Rensselaer Polytechnic Institute110 8th St Troy, NY 12180	14-1340095	501(c)(3)	5,490				Support of research activities
Rice University6100 Main St Houston, TX 77005	74-1109620	501(c)(3)	10,138				Support of research activities
Rockefeller University1230 York Avenue New York, NY 10065	13-1624158	501(c)(3)	444,428				Support of research activities
Rush University Medical Center1653 W Congress Parkway Chicago, IL 60612	36-2174823	501(c)(3)	1,861,378				Support of research activities
SA Ignite LLC924 South Hillside Ave Elmhurst, IL 60126	27-0288669		56,250				Support of research activities
Saint Francis Hospital and Medical Center114 Woodland St Hartford, CT 06105	47-0376601	501(c)(3)	118,955				Support of research activities
Salk Institute10010 North Torrey Pines Road La Jolla,CA 92037	95-2160097	501(c)(3)	54,730				Support of research activities
Santa Fe Institute1399 Hyde Park Rd Santa Fe,NM 87501	85-0325494	501(c)(3)	32,265				Support of research activities
Scott & White Memorial Hospital2401 S 31st Street Temple,TX 76508	74-1166904	501(c)(3)	18,220				Support of research activities

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(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
United BioSource Corporation 7501 Wisconsin Ave Ste 705 Bethesda, MD 20814			86,080				Support of research activities			
University of Alabama at Birmingham1530 3rd Ave South Birmingham, AL 35294	63-6005396	115	59,206				Support of research activities			
University of Arizona617 N Santa Rita Ave Tucson, AZ 85721	74-2652689	115	105,763				Support of research activities			
University of California Davis One Shields Ave Davis, CA 95616	94-6036494	115	57,274				Support of research activities			
University of California Irvine Office of Administration Irvine,CA 92697	95-2226406	115	303,010				Support of research activities			
University of California Los AngelesHillgard Ave Los Angeles, CA 90095	95-6006143	115	408,257				Support of research activities			
University of California San Diego9500 Gilman Dr La Jolla, CA 92093	95-6006144	115	25,539				Support of research activities			
University of California San Francisco505 Parnassus Ave San Francisco, CA 94143	56-6001393	115	638,687				Support of research activities			
University of California Santa Barbara4105 Cheadle Hall Santa Barbara, CA 93106	95-6006145	115	134,615				Support of research activities			
University of California Santa Cruz1156 High St Santa Cruz, CA 95064	77-0289144	115	56,987				Support of research activities			
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Form 990,Schedule I, Par	t II, Grants an	ıd Other Assistanc	e to Governments	and Organization	ıs in the United Sta	ıtes	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
University of Chicago5801 S Ellis Ave Chicago, IL 60637	36-2177139	501(c)(3)	5,782,845				Support of research activities
University of Chicago National Opinion Research Center5801 S Ellis Ave Chicago, IL 60637	36-2177139	501(c)(3)	6,737				Support of research activities
University of Cincinnati2600 Clifton Ave Cincinnati, OH 45221	31-6000989	115	24,907				Support of research activities
University of Delaware210 S College Ave Newark, DE 19716	51-6000297	115	47,397				Support of research activities
University of Florida201 Criser Hall Gainesville, FL 32611	59-6002052	115	15,423				Support of research activities
University of Illinois801 S Morgan St Chicago, IL 60607	37-6000511	115	3,725,952				Support of research activities
University of Kentucky100 Funkhouser Bldg Lexington, KY 40506	61-6001218	115	149,704				Support of research activities
University of Maryland2108 Mitchell Bldg College Park, MD 20742	52-6002033	115	37,210				Support of research activities
University of Massachusetts A mherstOffice of A dministration A mherst, MA 01003	04-3167352	2 115	180,653				Support of research activities
University of Medicine and Dentistry of New Jersey150 Bergen St Newark, NJ 07103	22-1775306		34,557				Support of research activities

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
University of Miami1252 Memorial Drive Coral Gables, FL 33146	59-0624458	501(c)(3)	75,030				Support of research activities
University of Michigan515 E Jefferson Ann Arbor, MI 48109	38-6000134	115	2,200,726				Support of research activities
University of Minnesota101 Pleasant St Minneapolis, MN 55455	41-6007513	115	166,977				Support of research activities
University of Missouri- Columbia105 Jesse Hall Columbia, MO 65211	43-6003859	115	66,365				Support of research activities
University of Nebraska Medical Center984230 Nebraska Medical Center Omaha, NE 68198	47-0491233	115	95,636				Support of research activities
University of New Mexico1 University of New Mexico Albuquerque, NM 87131	85-6000642	115	21,919				Support of research activities
University of Notre Dame317 Main Building Notre Dame,IN 46556	35-0868188	501(c)(3)	52,833				Support of research activities
University of O klahoma660 Parrington O val Norman, OK 73019	73-6017987	115	143,310				Support of research activities
University of Pennsylvania 3451 Walnut Street Philadelphia, PA 19104	23-1352685	501(c)(3)	311,499				Support of research activities
University of Pittsburgh4227 Fifth Ave Pittsburgh, PA 15260	25-0965591	501(c)(3)	401,317				Support of research activities

Form 990,Schedule I, Par	rt II, Grants an	d Other Assistance	e to Governments	and Organization	s in the United Sta	tes	
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University of RochesterOffice of Administration Rochester, NY 14627	16-0743209	501(c)(3)	432,351				Support of research activities
University of Southern California1540 Alcazar St Los Angeles, CA 90089	95-1642394	501(c)(3)	281,840				Support of research activities
University of Tennessee Knoxville527 Andy Holt Tower Knoxville,TN 37996	62-6001636	115	270,331				Support of research activities
University of Texas at Austin 2100 San Jacinto Blvd Austin, TX 78712	74-6000203	115	102,945				Support of research activities
University of Texas at El Paso500 W University Ave El Paso,TX 79968	74-6000813	115	11,446				Support of research activities
University of Texas at San AntonioOne UTSA Circle San Antonio, TX 78249	74-1717115	115	342,131				Support of research activities
University of Texas M D Anderson Cancer Center 1515 Holcombe Blvd Houston,TX 77030	76-0273984	115	153,290				Support of research activities
University of Texas Southwestern Med Ctr at Dallas5323 Harry Hines Blvd Dallas,TX 75390	75-6002868	115	635,379				Support of research activities
University of Virginia1 College Park Wise, VA 24293	54-6001796	115	1,402,189				Support of research activities
University of Washington 1410 NE Campus Parkway Seattle, WA 98195	91-6001537	115	91,778				Support of research activities

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
University of Wisconsin- Madison716 Langdon St Madison, WI 53706	39-1805963	115	234,047				Support of research activities
Vanderbilt UniversityOffice of Administration Nashville,TN 37240	62-0476822	501(c)(3)	144,300				Support of research activities
Voices for Illinois Children 208 S La Salle Street Suite 1490 Chicago, IL 60604	36-3480909	501(c)(3)	67,500				Support of research activities
Wake Forest University Health Sciences1834 Wake Forest Rd WinstonSalem, NC 27106	90-0222618	501(c)(3)	45,652				Support of research activities
Washington State University PO Box 1495 Spokane, WA 99210	91-6001108	115	187,879				Support of research activities
Washington University in St LouisOne Brookings Dr St Louis, MO 63130	43-0653611	501(c)(3)	643,376				Support of research activities
Westat Inc1600 Research Blvd Rockville, MD 20850	84-0529566		6,819				Support of research activities
Wing Tech Inc9916 Newhall Road Potomac, MD 20854	25-1736195		132,806				Support of research activities
Wright State University 3640 Colonel Glenn Hwy Dayton, OH 45435	31-0732831		30,303				Support of research activities
Yale University140 Prospect St New Haven, CT 06511	06-0646973	501(c)(3)	273,552				Support of research activities

Form 990,Schedule I, Pa	form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States								
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
StandUp for Kids83 Walton St Ste 100 Atlanta, GA 30303	33-0414855	501(c)(3)	496,767				Charitable fundraising conducted by student organization		

Compensation Information

DLN: 93493195005241

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

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

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

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization Northwestern University

Employer identification number

36-2167817

Pa	rt I Questions Regarding Compensation	on				
					Yes	Νo
1a	Check the appropriate box(es) if the organization p 990, Part VII, Section A, line 1a Complete Part I		ny of the following to or for a person listed in Form ride any relevant information regarding these items			
	First-class or charter travel	굣	Housing allowance or residence for personal use			
	▼ Travel for companions	Г	Payments for business use of personal residence			
	▼ Tax idemnification and gross-up payments	<u> - </u>	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 reimbursement orprovision of all the expenses des			1b	Yes	
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executive		· · · · · · · · · · · · · · · · · · ·	2	Yes	
3	Indicate which, if any, of the following the organiza organization's CEO/Executive Director Check all		y			
	Compensation committee		Written employment contract			
	Independent compensation consultant	<u> </u>	Compensation survey or study			
	Form 990 of other organizations	<u>~</u>	Approval by the board or compensation committee			İ
4	During the year, did any person listed in Form 990 or a related organization), Part VII	I, Section A, line ${f 1a}$ with respect to the filing organization			
а	Receive a severance payment or change-of-contro	ol paymen	nt?	4a		Νο
b	Participate in, or receive payment from, a supplem	nental non	qualified retirement plan?	4b		Νo
С	Participate in, or receive payment from, an equity-	-based co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and	provide th	ne applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only n	must comp	plete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A compensation contingent on the revenues of	A, line 1a,	, did the organization pay or accrue any			
а	The organization?			5a		No
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A compensation contingent on the net earnings of	A, line 1a,	, did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section payments not described in lines 5 and 6? If "Yes,"			7		No
8	Were any amounts reported in Form 990, Part VII					
	subject to the initial contract exception described in Part III	l in Regs	section 53 4958-4(a)(3)? If "Yes," describe	8		No
9	If "Yes" to line 8, did the organization also follow t section 53 4958-6(c)?	the rebutt	able presumption procedure described in Regulations	9		

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

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

Note. The sum of columns (B)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name (B) Breakdown of W-2 and/or 1099-MISC compensation (I) Base compensation (I) Davis compensation (II) Davis compensation (III) Other comp								
(i) Base incentive reportable compensation reportable compensation Form 990 or Form 990-EZ	(A) Name	(B) Breakdown of	W-2 and/or 1099-MI		(C) Retirement and		(E) Total of columns	
See Additional Data Table	_	(i) Base compensation	ıncentive	(iii) Other reportable compensation		benefits	(B)(ı)-(D)	Form 990 or
	See Additional Data Table							

Part III Supplemental Information

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

Ident if ier	Ret urn Ref erence	Explanation
		Travel for companions The President's spouse has accompanied the President at development events for business purposes and such expenses were not treated as taxable compensation. Tax gross-up payments. The Vice President of Business and Finance, Eugene Sunshine, received a tax-gross up payment for insurance policy premiums, which was treated as taxable compensation. The Vice President and Chief Investment Officer, William McLean, received a tax-gross up payment for retirement related contributions, which was treated as taxable compensation. The Vice President of Alumni Relations and Development, Sarah Pearson, received a tax-gross up payment in connection with a tuition payment for her dependent, which was treated as taxable compensation. Housing allowance or residence for personal use. The President, Morton Schapiro, resides in University-owned housing which is provided for the convenience of the employer pursuant to Internal Revenue. Code Section 119 and not treated as taxable compensation. During a period in 2009 when Henry Bienen was President, he resided in University-owned housing which was provided for the convenience of the employer pursuant to Internal Revenue. Code Section 119 and not treated as taxable compensation. Individuals provided with a housing allowance are (i) The Vice President of Business and Finance, Eugene Sunshine, (ii) The Provost, Daniel Linzer, and (iii) Head Coach, Patrick Fitzgerald II. The amounts are treated as taxable compensation. Health or social club dues or initiation fees. The President, Morton Schapiro, was extended memberships in organizations that are held in the President's individual name but that reflect institutional business requirements and are not treated as taxable compensation. Henry Bienen served as President for a period in calendar year 2009 and was extended memberships in organizations that were held in the then President's individual name but that reflected institutional business requirements and were not treated as taxable compensation. The Vice President

Software ID: Software Version:

EIN: 36-2167817

Name: Northwestern University

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees										
(A) Name		(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation		
		(i) Base Compensation	(ii) Bonus & ıncentıve compensatıon	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ		
Morton O Schapiro	(I) (II)	361,183 0	0 0	14,466	173,757 0	48,457 0	597,863 0	0 0		
Daniel I Linzer	(I)	432,760 0	0	14,175 0	24,500	9,039 O	480,474 0	0		
Eugene S Sunshine	(ı) (ıı)	688,045 0	0	77,967 0	24,500 0	6,814 0	797,326 0	0		
William J Banis	(ı) (ıı)	213,469 0	0	620	22,238	6,8 4 3 0	243,170 0	0		
Alan K Cubbage	(ı) (ıı)	227,913 0	0	1,247	22,800	1,092	253,052 0	0		
J Larry Jameson	(I) (II)	731,406 728,436	0	929 17,326	18,350 24,550	11,566 15,525	762,251 785,837	0		
Marilyn McCoy	(1) (11)	225,800 0	0	17,296 0	24,500 0	6,888 0	274,484 0	0		
Morteza A Rahımı	(1) (11)	583,747 0	0	284	24,500 0	6,659 0	615,190 0	0		
Sarah Risley Pearson	(I) (II)	336,551 0	0	38,903	24,500 0	26,523 0	426,477 0	0		
Joseph T Walsh Jr	(I)	257,873 0	0	552 0	24,500 0	64,835 0	347,760 0	0		
William H McLean	(I) (II)	515,056 0	867,317 0	146,638	24,500 0	40,508 0	1,594,019 0	0		
Thomas G Cline	(I) (II)	398,385 0	0	17,451 0	24,500 0	11,434 0	451,770 0	0		
Henry S Bienen	(I)	1,898,936 0	100,000	125,584	24,500 0	91,755 0	2,240,775 0	375,000 0		
Jeffrey C Miller	(ı) (ıı)	657,897 0	0	17,039 0	24,500 0	9,209 0	708,645 0	0		
Ronald Nayler	(I) (II)	278,618 0	0 0	17,039	21,417 0	6,857 0	323,931 0	0 0		
Patrick M McCarthy	(ı) (ıı)	85,917 1,466,753	0 0	55 16,914	5,213 29,400	189 15,525	91,374 1,528,592	0		
H Huntington Batjer	(I) (II)	115,081 1,019,723	0	666 17,377	11,256 29,400	6,443 15,525	133,446 1,082,025	0		
Patrick W Fitzgerald II	(I) (II)	1,072,340 0	31,500 0	·	24,500 0	9,401 0	1,189,961 0	0 0		
Murad Alam	(1) (11)	3,000 1,145,750	0	0 69	180 29,400	17 6,980	3,197 1,182,199	0		
Thomas A Mustoe	(1) (11)	177,537 872,515	0	666 774	14,146 29,400	937 15,525	193,286 918,214	0		
Lewis Landsberg	(I) (II)	237,369 171,295	0		24,000 7,200	923 15,224	262,554 196,933	0		

DLN: 93493195005241

OMB No 1545-0047

Open to Public **Inspection**

Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds

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

Department of the Treasury Internal Revenue Service Name of the organization Northwestern University

Employer identification number

										36-21	67817			
P	art I Bond Issues									•				
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date	e Issued	(e) Issue	e Price	(f) Des	cription of F	Purpose		efeased	Bel) On nalf of suer
											Yes	No	Yes	No
Α_	Illinois Educational Facilities Authority	52-1297563	4520018K9	10-29	-2003	183,	530,698	Refund bond acquire,cons univ facilitie	truct,or rer			х		Х
В	Illinois Finance Authority	86-1091967	45200BFC7	09-09-	-2004	135,8	800,000	A cquire, cor University fa		novate		х		Х
С	Illinois Finance Authority	86-1091967	45200BH50	10-03-	-2006	150,	740,726	Refund bond	s issued 12	:/3/97		x		x
D	Illinois Finance Authority	86-1091967	45200FKZ1	06-25-	-2008	125,0	000,000	A cquire, cor University fa		novate		х		Х
P	art III Proceeds	•												
				A	١	В	3		;		D		E	
1	Total proceeds of issue			194	4,022,795	144	4,677,21	7 15	0,740,726	12	26,815,68	80		
2	Gross proceeds in reserve fund	s												
3	Proceeds in refunding or defeas	ance escrows												
4	Other unspent proceeds			2:	1,364,003					2	21,364,00	03		
5	Issuance costs from proceeds			:	1,092,348	:	1,039,40	0	1,518,234		1,250,00	0 0		
6	Working capital expenditures fr	om proceeds												
7	Capital expenditures from proce	eeds		158	8,297,067	14:	3,637,81	7		10	4,201,6	77		
8	Year of substantial completion			200	08	200	08					L		
				Yes	No	Yes	No	Yes	No	Yes	No	Y	es	No
9	Were the bonds issued as part o	of a current refunding i	ssue?	Х			Х		Х		Х			
10	Were the bonds issued as part o	of an advance refundin	g issue?		Х		Х	Х			х			
11	Has the final allocation of proce	eeds been made?		х		Х		Х			Х			
12	Does the organization maintain the final allocation of proceeds?		ecords to support	Х		Х		Х		Х				
Pa	rt IIII Private Business Us	se											•	
					A	+	В	_	C		<u> </u>		E	
l				Yes	No	Yes	No	Yes	No	Yes	No	Ye	s	No

Χ

Х

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

Are there any lease arrangements with respect to the financed property

which owned property financed by tax-exempt bonds?

which may result in private business use?

Х

Χ

Χ

Χ

Χ

Х

Schedule K (Form 990) 2009

Part III Private Business Use (Continued)

			A	E	3		С		D		E
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?	Х		Х		х			Х		
3b	Are there any research agreements with respect to the financed property which may result in private business use?	X		Х		х			Х		
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?		×		х		х		х		
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										
6	Total of lines 4 and 5		0 %		0 %		0 %				
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	Х		Х		Х		х			
Do.	T TV Arbitrage									·	

Part IV Arbitrage

			A		В		С		D		E
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		х	x			х		x		
2	Is the bond issue a variable rate issue?		Х	х			х	x			
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		х	х			х	x			
ь	Name of provider	Morgan Star other banks		Morgan Star other banks	•		•	other banks other banks			
С	Term of hedge	37 000	00000000	37 000	000000000			37 000	00000000		
4a	Were gross proceeds invested in a GIC?		Х		Х		Х		Х		
ь	Name of provider										
С	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?		х	х			х		х		
6	Did the bond issue qualify for an exception to rebate?		х		х		х		х		

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DLN: 93493195005241

OMB No 1545-0047

Open to Public Inspection

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury

Transactions with Interested Persons

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

Internal Revenue Service

Name of the organization Employer identification number Northwestern University

<u>, </u>							3	6-21678	17		
Part I Excess Benefit Train Complete if the organizat		•					, -			ne 40b	
				1							orrected?
1 (a) Name of disq	uaiiiieu	person			(b) Desc	ription	n of trans	action		Yes	No
2 Enter the amount of tax impos	ed on t	he organ	nization man	lagers or	disqualified pers	ons du	ırına the v	ear unde	-	•	•
section 4958									\$		
3 Enter the amount of tax, if any	, on line	2, abo	ve, reımburs	ed by th	e organization .			🕨	*		
Part II Loans to and/or I	rom	Intere	sted Pers	sons.							
Complete If the organiz					, Part IV, line 26	, or Fo	rm 990-E		, lıne 38	a	
	(b) Loan to					(6)	In	(f) Approv	ve d	(g) Writi	tan
(a) Name of interested person and purpose		m the zation?	(c)O rig principal a		(d)Balance due		(e) In lefault?	by boar	d or	agreeme	
purpose			principal e	amount		V		commit	1	V	
	То	From				Yes	No	Yes	No	Yes	No
							_				
otal	<u>. </u>			▶ s							
art IIII Grants or Assistar					Persons.			_ 			
Complete if the orga	nızatı						27.				
(a) Name of interested pers	on	(1			een interested per ganization	rson	(c) A m	nount of g	rant or ty	pe of assi	stance
a		n/a		14 1110 011	gameation		merit-ba:	sed schol	arship A	mount \$ 20	000
a		n/a					research	grant Am	ount \$ 4	1085	
Part IV Business Transact											
Complete if the orga		n ansv	wered "Yes	" on Fo		/, line	28a, 28	b, or 28	С.		
		(h	Nelationsh	ın I						l(e) S	haring of

(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?		
	organization			Yes	No	
See Additional Data Table						

Jennifer Cline

Software ID: Software Version:

EIN: 36-2167817

Name: Northwestern University

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person

(b) Relationship
between interested
person and the

(c) A mount of
transaction \$
transaction \$
revenues?

(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction \$	(d) Description of transaction	organı	aring of zation's nues?
	organization			Yes	No
Northern Trust	Nicholas D Chabraja,Trustee, was serving as a bank director	723,931	Bank and investment transaction fees less interest earned from bank		No
Northern Trust	William Osborn, Trustee, was serving as a bank director	723,931	Bank and investment transaction fees less interest earned from bank		No
Technology Crossover Ventures	Jay C Hoag, Trustee, partner w/ ownership interest over 5%	2,454,084	Investment in two venture capital funds Technology Crossover Ventures VI and VIIA		No
Rndtable Hithcare Ptnrs	Lester B Knight, Trustee, was serving as a director	1,335,290	Investment in two private equity funds Roundtable Healthcare Partners and Roundtable Healthcare Partners II		No
Nicor Gas	R Eden Martin, Trustee, was serving as a director	1,270,929	Utility services		No
A on Corporation	Lester B Knight, Trustee, was serving as a director	109,240	Insurance broker		No
A on Corporation	R Eden Martin, Trustee, was serving as a director	109,240	Insurance broker		No
Thoma Cressey Fd	Lee M Mitchell, Trustee, partner w/ ownership interest over 5%	3,044,872	Investment in three private equity funds Thoma Cressey Fund VI, Thoma Cressey Fund VIII, and Thoma Bravo Fund IX		No
Madison Dearborn	John A Canning, Jr , Trustee, partner w/ ownership interest over 5%	309,137	Investment in five private equity funds Madison Dearborn II, III, IV, V and VI		No
New Enterprise Associates	Peter J Barris, Trustee, partner w/ ownership interest over 5%	543,242	Investment in six venture capital funds NEA VIII, VIIIA, IX, X, XI, and XII		No
RCPI Landmark Properties LLC	A Steven Crown, Trustee, partner w/ ownership interest over 5%	120,138	Property rental		No
NanoInk Inc	Ann Lurie, Trustee, direct and indirect ownership interest over 35%	45,646	License of intellectual property		No
Leigh Bienen	Family member of Henry S Bienen, Key Employee	69,657	Employment		No
Charlotte Cubbage	Family member of Alan K Cubbage, Officer	69,863	Employment		No
Jennifer Linzer	Family member of Daniel I Linzer, Officer	37,561	Employment		No

Family member of Thomas G Cline,

Officer

17,594 Employment

Νo

SCHEDULE M (Form 990)

NonCash Contributions

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization Northwestern University

Part I Types of Property

Employer identification number

36-2167817

		(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of de revent	termir	ning	
1	Art—Works of art	Х	15		FMV on date of gift			
2	Art—Historical treasures .			,	_			
3	Art—Fractional interests							
4	Books and publications	Х		107,618	FMV on date of gift			
5	Clothing and household	V		5.250				
	goods	X		5,250	FMV on date of gift			
	Cars and other vehicles							
7	Boats and planes							
	Intellectual property							
9	Securities—Publicly traded .	X	360	10,036,205	Proceeds from sale			
10	Securities—Closely held stock .							
	Securities—Partnership, LLC, or trust interests	х	1	875,210	FMV on date of gift			
	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	X	4	9,945	FMV on date of gift			
20	Drugs and medical supplies .							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other \blacktriangleright (Event/tickets)	Х	78	107,583	FMV on date of gift			
26	Other ► (<u>Equip/softwre</u>)	Х	6	802,498	FMV on date of gift			
27	O ther ▶()							
28	O ther ► ()							
29	Number of Forms 8283 received for which the organization compl		- -		29			3
							Yes	No
30a	During the year, did the organiza							
	must hold for at least three year			on, and which is not require	d to be used			
	for exempt purposes for the enti					30a		No
b	If "Yes," describe the arrangeme	ent in Part 1	II					
31	Does the organization have a gif	tacceptand	ce policy that requires the r	eview of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or use contributions?	e third part • • •	ies or related organizations	to solicit, process, or sell i	non-cash • • • • •	32a		Νο
b	If "Yes," describe in Part II						Ī	
33	If the organization did not report	revenues i	n column (c) for a type of p	roperty for which column (a) is checked,			
	describe in Part II							
or P	rivacy Act and Paperwork Reduction	Act Notice,	see the Instructions for Forr	n 990. Cat No 51227J	Schedule	M (For	m 990)	2009

Page 2

Part II

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

Identifier Return Reference Explanation

Schedule M (Form 990) 2009

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As Filed Data -

DLN: 93493195005241

SCHEDULE 0

Department of the Treasury
Internal Revenue Service

(Form 990)

Supplemental Information to Form 990

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

Attach to Form 990.

OMB No 1545-0047

2009

Open to Public

Inspection

	Employer identification number
Northwestern University	
	36-2167817

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 2		Business Relationships John A Canning, Jr and T Bondurant French John A Canning, Jr and Lester B Knight John A Canning, Jr and Timothy P Sullivan John A Canning, Jr and Eugene Sunshine Lester B Knight and D Gideon Searle Lester B Knight and Patrick G Ryan Lester B Knight and J B Pritzker Lester B Knight and William A Osborn Lester B Knight and T Bondurant French Lester B Knight and A Steven Crown Lester B Knight and R Eden Martin Lester B Knight and M Jude Reyes

DLN: 93493195005241

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Northwestern University

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

Employer identification number

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	Legal or fo	(c) domicile (state reign country)	Tota	(d) al income	(e End-of-ye	e) ar assets	Direct c	(f) ontrolling htity
Part II Identification of Related Tax-Exempt Organization or more related tax-exempt organizations during the t	ons (Complete ıf t ax year.)	he or	ganızatıon ar	nswer	ed "Yes" o	n Form 9	990, Part	IV, line 3	4 because it had one
(a) Name, address, and EIN of related organization	(b) Primary activity		(c) Legal domicile (s or foreign count	state try)	(d) Exempt Cod	e section	(e Public char (if section 5) ity status (01(c)(3))	(f) Direct controlling entity
Rubicon Insurance Company									
2020 Ridge Ave	Providing medical malpra		IL		501(c)	(3)	2)		N/A
Evanston, IL 60208 36-3694409	coverage		IL.		301(0)	(3)			14/0
Northwestern Medical Faculty Foundation									
680 N Lakeshore Dr	Patient care, teaching		IL		501(c)	(3)		9	N/A
Chicago, IL 60611 36-3097297									
Students Publishing Company									
1999 Sheridan Rd	Publishes student periodicals		IL		501(c)(3)		11a		N/A
Evanston, IL 60208 36-6002654									
Mcgaw Medical Center of Northwestern University									
420 E Superior St	Coordination of medical residents		IL		501(c)(3)		11a		N/A
Chicago, IL 60611 36-2656113									
The Big Ten Conference Inc									
1500 W Higgins Rd	Facilitate quality Intercollegiate athletic		IL		501(c)(3)		11b		N/A
Park Ridge, IL 60068 36-3640583	competition								
Northwestern University Employees Benefit Trust									
PO Box 803878 Northern Trust at Tru	Providing health insurand benefits to current and		IL		501(c)	(9)			N/A
Chicago, IL 60680 36-3180819	former eligible employee	es							
Northwestern University Employees Benefit Trust Dental									
PO Box 803878 Northern Trust at Tru	Providing health insurand benefits to current and		IL		501(c)	(9)			N/A
Chicago, IL 60680 36-3591834	former eligible employee	es							
For Privacy Act and Danerwork Peduction Act Notice, see the Instructions f	or Form 990		Cat No. 5013	5 Y				Sch	edule P (Form 990) 2009

(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?		e Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)		(j Gener mana partr	al or Iging
								Yes	No			Yes	No
				s a Corporation of treated as a corpo				nswer	ed "Y	es" on F	orm 990, P	art IV,	
	cause it had one t		ciacca organización.				(f))	Ī	(a)	(h)		
(a) Name, address, and EIN o	f related organization	(b) Primary ad	ctivity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	Share of incor	f total	Sh end-	(g) nare of -of-year issets	(h) Percentag ownership		
									1				
									1				

chedule R (Form 990) 2009		Р	age 3
Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 3	35, or 36.)		
Note. Complete line 1 if any entity is listed in Parts II, III or IV		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?			1
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to other organization(s)	1b		No
c Gift, grant, or capital contribution from other organization(s)	1c	Yes	1
d Loans or loan guarantees to or for other organization(s)	1d		No
e Loans or loan guarantees by other organization(s)	1e		No
f Sale of assets to other organization(s)	1f		No
g Purchase of assets from other organization(s)	1 g		No
h Exchange of assets	1h		No
i Lease of facilities, equipment, or other assets to other organization(s)	1i	Yes	1
			1
j Lease of facilities, equipment, or other assets from other organization(s)	1j		No
k Performance of services or membership or fundraising solicitations for other organization(s)	1k		No
I Performance of services or membership or fundraising solicitations by other organization(s)	11		No
m Sharing of facilities, equipment, mailing lists, or other assets	1m	1	No
n Sharing of paid employees	1n	Yes	1
Reimbursement paid to other organization for expenses	10	Yes	1
p Reimbursement paid by other organization for expenses	1р	Yes	1
		1	1

q	O ther transfer of cash or property to other organization(s)
r	O ther transfer of cash or property from other organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relations	hips and transaction thres	sholds
(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1) Rubicon Insurance Company	Q	7,196,436
(2) Rubicon Insurance Company	Р	-1,109,456
(3) Northwestern Medical Faculty Foundation	Q	2,046,638
(4) Northwestern Medical Faculty Foundation	Р	43,572,070
(5) Northwestern University Employees Benefit Trust	Q	24,280,668
(6) Northwestern University Employees Benefit Trust Dental	Q	2,369,202
	Schad	ule P (Form 990) 2009

1q Yes

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 Are parti sect 501(d organiz	ners ion :)(3) :ations?	(e) Share of end-of-year assets		r) ortionate tions?	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h Gene mana part	agın tner?
			Yes	No		Yes	No		Yes	N
									+-	╁
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Software ID: Software Version:

EIN: 36-2167817

Name: Northwestern University

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

- Tuent - Tuent	T Teation of Relate	<u> </u>	 		T
(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 501(c) (3))	(f) Direct Controlling Entity
Rubicon Insurance Company 2020 Ridge Ave Evanston, IL60208 36-3694409	Providing medical malpractice coverage	IL	501(c) (3)	11b	N/A
Northwestern Medical Faculty Foundation 680 N Lakeshore Dr Chicago, IL60611 36-3097297	Patient care, teaching	IL	501(c) (3)	9	N/A
Students Publishing Company 1999 Sheridan Rd Evanston, IL60208 36-6002654	Publishes student periodicals	IL	501(c) (3)	11a	N/A
Mcgaw Medical Center of Northwestern University 420 E Superior St Chicago, IL60611 36-2656113	Coordination of medical residents	IL	501(c) (3)	11a	N/A
The Big Ten Conference Inc 1500 W Higgins Rd Park Ridge, IL60068 36-3640583	Facilitate quality intercollegiate athletic competition	IL	501(c) (3)	11b	N/A
Northwestern University Employees Benefit Trust PO Box 803878 Northern Trust at Tru Chicago, IL60680 36-3180819	Providing health insurance benefits to current and former eligible employees	IL	501(c) (9)		N/A
Northwestern University Employees Benefit Trust Dental PO Box 803878 Northern Trust at Tru Chicago, IL60680 36-3591834	Providing health insurance benefits to current and former eligible employees	IL	501(c) (9)		N/A

Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of other organization	(b) Transaction type(a-r)	(c) A mount Involved (\$)
(1)	Rubicon Insurance Company	Q	7,196,436
(1)	Rubicon Insurance Company	Р	-1,109,456
(2)	Northwestern Medical Faculty Foundation	Q	2,046,638
(3)	Northwestern Medical Faculty Foundation	Р	43,572,070
(4)	Northwestern University Employees Benefit Trust	Q	24,280,668
(5)	Northwestern University Employees Benefit Trust Dental	Q	2,369,202

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 2		Business Relationships continued R Eden Martin and Charles W Douglas William A Osborn and Nicholas D Chabraja William A Osborn and Miles D White M Jude Reyes and A Steven Crown M Jude Reyes and William A Osborn M Jude Reyes and Patrick G Ryan Family Relationships Patrick G Ryan and Patrick G Ryan, Jr

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		A hard copy of the University's final Form 990 (including all required schedules), was provided to each voting member of the University's governing body prior to filing. That version of the Form 990 is identical to the one ultimately filed with the IRS. Prior to providing a copy to the governing body, a draft of the Form 990 was reviewed by the Committee on Audit of the Board of Trustees, which is comprised of a subset of members from the governing body who review the accounting procedures and controls of the University

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		Conflict of Interest Policies University ByLaw's require that any conflict of interest of any Trustee, Officer or their immediate families be disclosed to the Board of Trustees in writing. An Officer shall call any conflict of interest to the attention of the President. If the matter is being considered by the Board of Trustees or one of its committees, such Officer is not permitted to participate in or make recommendations about the conflict of interest under discussion, except to the extent the Officer is required by the Trustees or other officers to answer pertinent questions related to the conflict. A Trustee having a conflict of interest shall call it to the attention of the Board or committee and shall abstain on voting on the subject. The Trustee is encouraged to answer pertinent questions when the his/her knowledge of the subject will assist the Board or any of its committees. Potential conflicts of interest of Trustees and Officers are reviewed by the University's General Counsel. Pursuant to the University's staff and faculty Conflict of Interest Policies, employees are required to disclose potential conflicts of interest to the University on an annual basis. Employees receive annual reminders to complete a conflict of interest questionnaire and responses are submitted electronically and reviewed by each employee's supervisor. Potential conflicts are further reviewed by the University's Department of Human Resources and action taken by senior management as needed.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, Iine 15		The Compensation Committee of the Board includes members of the University's governing body who are not related or controlled by the employees whose compensation they are reviewing. To assess the reasonableness of employee compensation, the Compensation Committee of the Board relies on formal surveys and comparability data prepared and compiled by outside consultants who have expertise in the field of executive compensation assessment and benchmarking. The Compensation Committee of the Board met in June 2008 to review and approve fiscal year 2009 (September 1, 2008 to August 31, 2009) salaries and met in June 2009 to review and approve fiscal year 2010 (September 1, 2009 to August 31, 2010) salaries. Actions undertaken by the Compensation Committee of the Board are contemporaneously documented in the minutes of each meeting. Compensation Committee of the Board reviewed and approved compensation of all current officers listed in Part VII, Section A. The Committee reviewed and approved compensation of all current key employees listed in Part VII, Section A with the exception of Jeffrey Miller (Vice Dean and Chief Operating Officer of Feinberg School of Medicine). Jeffrey Miller's compensation is reviewed and approved annually by the Vice President for Medical Affairs and Dean of the Feinberg School of Medicine and comparability data prepared by third-party professional consultants is used to assess his compensation.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		Governing documents The University maintains an Office for University Relations where information requests from the public are processed. Conflict of Interest Policies. The University's conflict of interest policy for faculty and staff is posted on the University's website. Additional detail policies, including the trustee policy, are available upon request. Financial Statements. The University's annual audited consolidated financial statements are available as pdf documents to be downloaded on demand from the University wiebsite.

ldentifier	Return Reference	Explanation
Schedule G, Part I, Line 2b, Column (v)	Explanation of Fundraising Payments	The following professional fundraisers received reimbursements for expenses associated with their services to the University (the amount of expenses reimbursed paid are reflected). RuffaloCODY (\$11,539) and Carol O'Brien Associates (\$680). Agreements with professional fundraising services permit reimbursement for direct expenses such as printing, mailing and shipping.

ldentifier	Return Reference	Explanation
		Schedule G, Part I, line 3 State exemptions and registrations No registration is required in Delaw are, Idaho, Indiana, low a, Montana, Nebraska, Nevada, South Dakota, Vermont or Wyoming University has requested confirmation of exemption from New Jersey The University continues the process of registering, applying for exemption from registration or confirming exemption from registration in the states not listed in Part I, line 3 that require such action

ldentifier	Return Reference	Explanation
		Schedule J, Part I Average hours per w eek devoted to related organizations The following individuals listed in column A provided estimated average hours per week to related organizations as noted J Larry Jameson, 30 hours Patrick M McCarthy, 40 hours Murad Alam, 40 hours Thomas A Mustoe, 30 hours H Huntington Batjer, 30 hours Lew is Landsberg, 30 hours

ldentifier	Return Reference	Explanation
		Schedule K, Part I, column (c) Bond Issues, CUSIP# The following bond issuances are associated with additional CUSIP numbers as noted (B) IFA - Series 2004 CUSIP#45200BFD5, (D) IFA-Series 2008 CUSIP#45200FLA5, and #45200FLB3

ldentifier	Return Reference	Explanation
		Schedule K, Part III, line 3c Private Business Use The University engages bond counsel and performs a review of management or service contracts and research agreements at the time of any new bond issuances, generally every two years. At that time all existing bond issuances and private use are re-examined and re-documented. The University monitors private use changes internally on an ongoing basis.

ldentifier	Return Reference	Explanation
		Schedule K, Part IV, line 3 Arbitrage, Name of provider and term of hedge Hedge providers and terms of hedges for bonds (B) IFA-Series 2004 and (D) IFA-Series 2008 are as follows Morgan Stanley Capital Services, 25 and 37 years, Bank of America, 25 and 37 years, JP Morgan, 25 and 37 years

ldentifier	Return Reference	Explanation
		Schedule K, Part II, Line 9 Bond (A) Form 8038 Bond (A)IEFA - Series 2003 bond proceeds were used in part to refund 1993 bonds on December 1, 2003, and therefore represent a current refunding of the 1993 bonds. Form 8038 line 27 states that it is a current refunding, how ever, there is a typographical error on line 35 indicating a final 1993 bond call date of December 1, 2013. The correct date is December 1, 2003, the University has requested that the issuer file an amended Form 8038 to correct this error.

ldentifier	Return Reference	Explanation
		Schedule K, Part II, Line 9 Bond (C) Form 8038 Bond(C)IFA - Series 2006 bonds were issued to refund bondes issued December 3, 1997. Form 8038 incorrectly identified the costs of issuance on line 30 as non-refunding proceeds of the issue, these proceeds should be reflected on line 24. There were no non-refunding proceeds of the 2006 issue, the University has requested that the issuer file an amended Form 8038 to correct this error.

ldentifier	Return Reference	Explanation								
		Schedule K, Part III, line 4 Funding sources and private usage The University finances acquisition, construction, or renovation of University facilities with multiple funding sources including tax exempt bond issues. There is a small amount of monitored private use within the facilities partially financed by bonds, however such usage was financed from other sources.								

ldentifier	Return Reference	Explanation
		Schedule K, Part IV, line 5 Gross proceeds investment period As disclosed on the Form 8038-T filed November 2009 for Bond (B) IFA - Series 2006, gross proceeds were invested beyond an available temporary period and the University calculated and made a yield reduction payment in the amount of \$310,118

ldentifier	Return Reference	Explanation
		Schedule L, Part III, part IV Interested Persons Schedule L, Part III Grant or assistance benefitting interested persons was given pursuant to objective criteria. Schedule L, Part IV. Amounts reflected with respect to the business transaction relating to Technology Crossover Ventures represent venture capital purchases less capital gains and income during the tax year. Amounts reflected with respect to the business transaction relating to Roundtable. Healthcare Partners represent expenses and private equity purchases less capital gains and income during the tax year. Amounts reflected with respect to the business transactions relating to Aon Corporation represent payments made to its affiliate, Aon Risk Services of Illinois during the tax year. Amounts reflected with respect to the business transaction relating to Thoma Cressey Funds represent capital gains and income less expenses and private equity purchases during the tax year. Amounts reflected with respect to the business transaction relating to Madison. Dearborn represent capital gains and income less expenses and private equity purchases during the tax year. Amounts reflected with respect to the business transaction relating to New Enterprise Associates represent capital gains less venture capital purchases during the tax year. Investment of University assets are governed by an Investment Policy and monitored by an Investment Committee of the Board of Trustees.

ldentifier	Return Reference	Explanation
		Schedule R, Part II Identification of Related Tax-Exempt Organizations Northwestern Medical Faculty Foundation is included as a "related organization" because under its current bylaws, its clinical department chairs comprise a majority of its directors. These individuals are also employed as chairs of the corresponding academic departments within the Feinberg School of Medicine of Northwestern University. However, the two organizations do not stand in the roles of parent and subsidiary. They are separate legal entities, and Northwestern Medical Faculty Foundation is not subject to control by Northwestern University or vice-versa.

ldentifier	Return Reference	Explanation								
		Schedule R, Part V Method used to determine the value of services, cash, and other assets Transactions to and from external entities are recorded in the University's financial system. Payments received are identified and recorded into the appropriate chart string (account code) with a description of the purpose. Payments made to vendors are recorded into the appropriate chart string (account code) with a description of the payee and purpose.								

ldentifier	Return Reference	Explanation
Part VI, Line 9	Local chapters, branches, or affiliates	The University does not have local chapters, branches, lodges, units or similar affiliates. As described in Schedule F, the University has one international campus, located in Doha, Qatar. The University has a number of affiliation agreements and arrangements with other research and educational institutions but the University does not have authority to exercise supervision and control of such institutions.

ldentifier	Return Reference	Explanation
Part VI, Line 16b	Joint venture arrangements	The University does not have a written policy regarding joint ventures in general. However, joint venture agreements are reviewed by the University's Office of General Counsel to evaluate whether the arrangement furthers the mission of the University and to ensure the safeguarding of University's assets. The University also has guidelines concerning joint ventures in its technology transfer and investments policies.

Software ID: Software Version:

EIN: 36-2167817

Name: Northwestern University

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

Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) Average hours per	Posi t	tion (hat a	che	')	_	ı	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation	
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations	
Peter J Barris Trustee	1 00	×						0	0	0	
Judith S Block Trustee	1 00	Х						0	0	0	
John A Canning Jr Trustee	1 00	×						О	0	0	
Nicholas D Chabraja Trustee	1 00	х						0	0	0	
A Steven Crown Trustee	1 00	Х						0	0	0	
Richard H Dean Trustee	1 00	×						0	0	0	
Charles W Douglas Trustee	1 00	х						0	0	0	
D Cameron Findlay Trustee	1 00	х						0	0	0	
Dennis J FitzSimons Trustee	1 00	Х						0	0	0	
T Bondurant French Trustee	1 00	х						0	0	0	
Christopher B Galvin Trustee	1 00	х						0	0	0	
J Douglas Gray Trustee and Lecturer	1 00	Х						8,450	6,650	0	
Philip L Harris Trustee	1 00	Х						0	0	0	
Thomas Z Hayward Jr Trustee	1 00	Х						0	0	0	
Jay C Hoag Trustee	1 00	×						0	0	0	
Lester B Knight Trustee	1 00	Х						0	0	0	
Timothy K Krauskopf Trustee	1 00	Х						0	0	0	
Edward M Lıddy Trustee	1 00	Х						0	0	0	
Ann Lurie Trustee	1 00	Х						0	0	0	
J Landis Martin Trustee	1 00	Х						0	0	0	
R Eden Martin Trustee	1 00	Х						0	0	0	
Lee M Mitchell Trustee	1 00	Х						0	0	0	
William A Osborn Trustee	1 00	Х						0	0	0	
JB Pritzker Trustee	1 00	Х						0	0	0	
M Jude Reyes Trustee	1 00	х						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		tion (that a	che	')			(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other		
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations		
Patrick G Ryan Trustee	1 00	Х						0	0	0		
Patrick G Ryan Jr Trustee	1 00	х						0	0	0		
Paul L Sagan Trustee	1 00	х						0	0	0		
William E Sagan Trustee	1 00	х						0	0	0		
D Gideon Searle Trustee	1 00	Х						0	0	0		
Andrew E Senyeı MD Trustee	1 00	Х						0	0	0		
Benjamin W Slivka Trustee	1 00	Х						0	0	0		
Timothy P Sullivan Trustee	1 00	х						0	0	0		
David B Weinberg Trustee	1 00	Х						0	0	0		
Miles D White Trustee	1 00	х						0	0	0		
William Wrigley Jr Trustee	1 00	Х						0	0	0		
Morton O Schapiro President	40 00			х				375,649	0	222,214		
Daniel I Linzer Provost	40 00			х				446,935	0	33,539		
Eugene S Sunshine Senior VP for Business	40 00			х				766,012	0	31,314		
William J Banis VP Student Affairs	40 00			х				214,089	0	29,081		
Alan K Cubbage VP University Relations	40 00			х				229,160	0	23,892		
J Larry Jameson VP for Medical Affairs a	30 00			х				732,335	745,762	69,991		
Marilyn McCoy VP for Administration	40 00			х				243,096	0	31,388		
Morteza A Rahımı VP Information Technolog	40 00			х				584,031	0	31,159		
Sarah Rısley Pearson VP for Development	40 00			х				375,454	0	51,023		
Joseph T Walsh Jr VP for Research	40 00			х				258,425	0	89,335		
William H McLean VP and Chief Investment	40 00			х				1,529,011	0	65,008		
Thomas G Cline VP and General Counsel	40 00			х				415,836	0	35,934		
Henry S Bienen President Emeritus	40 00				х			2,124,520	0	116,255		
Jeffrey C Miller Vice Dean, COO Medical S	40 00				х			674,936	0	33,709		

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

Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) Average hours	Posi t	((tion (hat a	che		II		(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	
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former				
Ronald Nayler Assoc VP Facilities Man	40 00				Х			295,657	0	28,274	
Patrick M McCarthy Professor, Medical Schoo	10 00					x		85,972	1,483,667	50,327	
H Huntington Batjer Professor, Medical Schoo	30 00					×		115,747	1,037,100	62,624	
Patrick W Fitzgerald II Head Coach	30 00					×		1,156,060	0	33,901	
Murad Alam Asst Professor, Medical	10 00					x		3,000	1,145,819	36,577	
Thomas A Mustoe Professor, Medical Schoo	30 00					х		178,203	873,289	60,008	
Lewis Landsberg Former VP Medical Affair	30 00						х	237,631	174,509	47,347	

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
Tuition and fees	900,099	726,246,495	726,246,495		
Research activities	900,099	485,302,957	485,302,957		
Educational activities	900,099	116,216,209	116,216,209		
Auxilliary enterprises	900,099	74,842,418	74,842,418		
Medical departments	900,099	28,732,940	28,732,940		