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## Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Yreasury Internal Revenue Service Name of the organization

## **Schedule of Contributors**

►Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

2011

**Employer identification number** 

WALGREEN BENEFIT FL	JND	<u>36-6051130</u>		
Organization type (check				
Filers of:	Section:			
Form 990 or 990-EZ	501(c)( ) (enter number) organization	:		
	4947(a)(1) nonexempt charitable trust not treated as a private foundation			
	527 political organization			
Form 990-PF	X 501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt charitable trust treated as a private fou	Indation .		
	501(c)(3) taxable private foundation			
•				
Check if your organization	on is covered by the General Rule or a Special Rule.	A Description Co.		
Note. Only a section 501 instructions	(c)(7), (8), or (10) organization can check boxes for both the General Rt	ule and a Special Rule. See		
General Rule	· 	<u> </u>		
X For an organizat	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5 ny one contributor. Complete Parts I and II.	5,000 or more (in money or		
Special Rules				
sections 509(a)(	1(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% sup (1) and 170(b)(1)(A)(vi) and received from any one contributor, during th (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-	e year, a contribution of the greater		
the year, total co	on (c) (7), (8), or (10) organization filing Form 990 or 990-EZ that received ontributions of more than \$1,000 for use exclusively for religious, charite poses, or the prevention of cruelty to children or animals. Complete Part	able, scientific, literary, or		
the year, contrib total to more tha year for an exclu applies to this o	on (c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received outions for use exclusively for religious, charitable, etc., purposes, but then \$1,000. If this box is checked, enter here the total contributions that wasively religious, charitable, etc., purpose. Do not complete any of the preganization because it received nonexclusively religious, charitable, etc.	nese contributions did not vere received during the parts unless the General Rule ., contributions of \$5,000 or more		
990-EZ, or 990-PF), but	on that is not covered by the General Rule and/or the Special Rules does it must answer "No" on Part IV, line 2, of its Form 990; or check the bo a 990-PF, to certify that it does not meet the filing requirements of Sched	x on line H of its Form 990-EZ or on		
For Paperwork Reduction Ac	t Notice, see the instructions for Form 990, 990-EZ, or 990-PF.	Schedule B (Form 990, 990-EZ, or 990-PF) (2011)		

(HTA)



Name of organization Empt WALGREEN BENEFIT FUND

Employer	Identification	number
	36-6051130	

raiti	(see instructions), use duplicate copies	s of Part i in additional space is n	eedea.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Ohio Northem University  800 Utopia Parkway  Queens NY 11439  Foreign State or Province:  Foreign Country:	\$19,650	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Touro University 27-33 W 23rd Street New York NY 10010 Foreign State or Province: Foreign Country:	\$ 13,800	Person X  Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	Texas Tech University - Health Science, TX Comptroller PO Box 13528, Capitol Station Austin TX 78711 Foreign State or Province: - Foreign Country:	\$ 11,694	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) <u>No.</u>	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Northeastem Ohio University 4209 Street, Route 44, PO Box 95 Rootstown OH 44272 Foreign State or Province: Foreign Country:	\$11,780	Person X  Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	University of Wisconsin 21 N Park Street, Suite 5301  Madison WI 53715  Foreign State or Province:  Foreign Country:	\$5,600	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	Ohio Northern University 207 S. Gilber Ada OH 45810 Foreign State or Province: Foreign Country:	\$5,000	Person X Payroll  Noncash (Complete Part II If there is a noncash contribution.)

Schedule B (Form 980, 990-EZ, or 990-PF) (2011)