

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

2013**Open to Public
Inspection**

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

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

| | |
|---|---|
| A For the 2013 calendar year, or tax year beginning <u>JULY 01</u> , 2013, and ending <u>JUNE 30</u> , 20 <u>14</u> | |
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization <u>ROSALIND FRANKLIN UNIVERSITY OF MEDICINE AND SCIENCE</u> Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite <u>3333 GREEN BAY ROAD</u> City or town, state or province, country, and ZIP or foreign postal code <u>NORTH CHICAGO, IL 60064-3095</u> D Employer identification number <u>36-2181973</u> E Telephone number <u>(847)578-3000</u> G Gross receipts \$ <u>131,932,467</u> H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶ |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | J Website: ▶ <u>WWW.ROSALINDFRANKLIN.EDU</u> |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | L Year of formation: <u>1911</u> M State of legal domicile: <u>IL</u> |

Part I Summary

| | | | |
|---|--|----------------------------------|---------------------|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: <u>THE MISSION OF ROSALIND FRANKLIN UNIVERSITY IS TO SERVE THE NATION THROUGH THE INTERPROFESSIONAL EDUCATION OF HEALTH AND BIOMEDICAL PROFESSIONALS AND THE DISCOVERY OF KNOWLEDGE DEDICATED (CONTINUED ON SCHEDULE O)</u> | | |
| | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| | 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | <u>21</u> |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | <u>18</u> |
| | 5 Total number of individuals employed in calendar year 2013 (Part V, line 2a) | 5 | <u>1,105</u> |
| | 6 Total number of volunteers (estimate if necessary) | 6 | <u>18</u> |
| | 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | <u>0</u> |
| b Net unrelated business taxable income from Form 990-T, line 34 | 7b | <u>-5,733</u> | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | Prior Year | Current Year |
| | 9 Program service revenue (Part VIII, line 2g) | <u>17,573,161</u> | <u>18,148,911</u> |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | <u>80,298,069</u> | <u>84,352,218</u> |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | <u>848,178</u> | <u>3,378,305</u> |
| | 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | <u>2,124,816</u> | <u>2,619,292</u> |
| | 12 | <u>100,844,224</u> | <u>108,498,726</u> |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) | <u>4,716,276</u> | <u>5,786,914</u> |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) | <u>0</u> | <u>0</u> |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | <u>56,238,384</u> | <u>59,913,032</u> |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | <u>0</u> | <u>0</u> |
| | b Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>763,000</u> | | |
| | 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | <u>33,483,171</u> | <u>36,606,820</u> |
| | 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) | <u>94,437,831</u> | <u>102,306,766</u> |
| 19 Revenue less expenses. Subtract line 18 from line 12 | <u>6,406,393</u> | <u>6,191,960</u> | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | Beginning of Current Year | End of Year |
| | 21 Total liabilities (Part X, line 26) | <u>230,542,250</u> | <u>240,705,035</u> |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 | <u>124,332,877</u> | <u>130,924,592</u> |
| | | <u>106,209,373</u> | <u>109,780,443</u> |

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

| | | | | | |
|-------------------------------|---|---|-------------------------|---|--------------------------|
| Sign Here | Signature of officer | Date | | | |
| | <u>ROBERTA LANE, CFO</u> Type or print name and title | | | | |
| Paid Preparer Use Only | Print/Type preparer's name <u>JOHN WOODHULL</u> | Preparer's signature <u>John V. Woodhull, Esq.</u> | Date <u>2/5/2015</u> | Check <input type="checkbox"/> if self-employed | PTIN <u>P01305268</u> |
| | Firm's name ▶ <u>CROWE HORWATH LLP</u> | Firm's EIN ▶ <u>35-0921680</u> | | | |
| | Firm's address ▶ <u>225 WEST WACKER DRIVE, SUITE 2600, CHICAGO, IL 60606-1224</u> | Phone no. <u>(312)899-7000</u> | | | |

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form **990** (2013)

**Application for Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-1709

► **File a separate application for each return.**► **Information about Form 8868 and its instructions is at www.irs.gov/form8868.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

| | | Enter filer's identifying number, see instructions |
|--|---|--|
| Type or print File by the due date for filing your return. See instructions. | Name of exempt organization or other filer, see instructions. ROSALIND FRANKLIN UNIVERSITY OF MEDICINE AND SCIENCE | Employer identification number (EIN) or 36-2181973 |
| | Number, street, and room or suite no. If a P.O. box, see instructions. 3333 GREEN BAY ROAD | Social security number (SSN) |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. NORTH CHICAGO, IL 60064-3095 | |

Enter the Return code for the return that this application is for (file a separate application for each return) ☐ 0 ☐ 1

| Application Is For | Return Code | Application Is For | Return Code |
|--|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ | 01 | Form 990-T (corporation) | 07 |
| Form 990-BL | 02 | Form 1041-A | 08 |
| Form 4720 (individual) | 03 | Form 4720 (other than individual) | 09 |
| Form 990-PF | 04 | Form 5227 | 10 |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | 11 |
| Form 990-T (trust other than above) | 06 | Form 8870 | 12 |

- The books are in the care of ► **ROBERTA LANE**

Telephone No. ► **(847)578-3000**Fax No. ► **(847)578-3434**

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **February 15**, 20 **15**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☐ calendar year 20 _____ or

► ☒ tax year beginning **July 01**, 20 **13**, and ending **June 30**, 20 **14**.

- 2** If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

| | | |
|---|-----------|----|
| 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 3a | \$ |
| b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | 3b | \$ |
| c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 3c | \$ |

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐ Yes ☒ No**1** Briefly describe the organization's mission:

ROSALIND FRANKLIN UNIVERSITY OF MEDICINE AND SCIENCE (RFUMS) IS A PRIVATE RESEARCH UNIVERSITY WITH APPROXIMATELY 2,100 STUDENTS ENROLLED IN FOUR COLLEGES ON A CAMPUS LOCATED IN NORTH CHICAGO, ILLINOIS. FOUNDED IN 1911, RFUMS BEGAN AS THE CHICAGO MEDICAL SCHOOL AND HAS GROWN TO INCLUDE THE DR. WILLIAM M. SCHOLL COLLEGE OF PODIATRIC MEDICINE, THE COLLEGE OF HEALTH (CONTINUED ON SCHEDULE O)

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 57,061,426 including grants of \$ 5,786,914) (Revenue \$ 77,126,622)

INSTRUCTION - THE PRIMARY PURPOSE OF THE UNIVERSITY IS TO EDUCATE AND TRAIN MEDICAL AND OTHER HEALTHCARE PROFESSION STUDENTS. IN 2013, RFUMS TRAINED APPROXIMATELY 2,157 STUDENTS. THE CHICAGO MEDICAL SCHOOL HAD 774 ENROLLED AND ACTIVE STUDENTS. THE COLLEGE OF HEALTH PROFESSIONS HAD 784 STUDENTS ENROLLED IN FIFTEEN PROGRAMS. THE SCHOLL COLLEGE OF PODIATRIC MEDICINE HAD 358 STUDENTS. THE COLLEGE OF PHARMACY HAD 204 STUDENTS. THE SCHOOL OF GRADUATE AND POST-DOCTORATE STUDIES HAD 37 STUDENTS.

4b (Code:) (Expenses \$ 18,397,788 including grants of \$) (Revenue \$)

RESEARCH - A CORE COMPONENT OF THE UNIVERSITY'S MISSION IS THE DISCOVERY OF KNOWLEDGE DEDICATED TO IMPROVING THE HEALTH OF THE NATION'S PEOPLE. IN ADDITION TO INSTRUCTION, MANY OF THE UNIVERSITY FACULTY ENGAGE IN UNIVERSITY-FUNDED AND EXTERNALLY FUNDED RESEARCH PROJECTS. PRIMARY AREAS OF RESEARCH FOCUS INCLUDE: STRUCTURAL BIOLOGY/ BIOCHEMISTRY, NEUROSCIENCES, AND CANCER/CELL/DEVELOPMENT BIOLOGY. EXTERNAL FUNDING COMES FROM THE NATIONAL INSTITUTE OF HEALTH AND ORGANIZATIONS SUCH AS THE AMERICAN DIABETES ASSOCIATION, THE AMERICAN CANCER SOCIETY AND THE AMERICAN HEART ASSOCIATION.

4c (Code:) (Expenses \$ 3,616,740 including grants of \$) (Revenue \$ 4,673,072)

PATIENT CARE - THE UNIVERSITY UTILIZES EXISTING LABORATORY FACILITIES AND PERSONNEL TO PROCESS GENERAL LAB TESTS AND SPECIALIZED LAB TESTS FOR REPRODUCTIVE IMMUNOLOGY. SPECIMENS COME THROUGH THE ROSALIND FRANKLIN UNIVERSITY HEALTH SYSTEM AND VARIOUS UNRELATED HEALTH SYSTEMS AND DIAGNOSIS CENTERS. THE ANNUAL TESTING VOLUME AVERAGES APPROXIMATELY 68,000. THE SCHOLL FOOT & ANKLE CENTER AT THE ROSALIND FRANKLIN UNIVERSITY HEALTH SYSTEM (RFUHS) IS A FULLY FUNCTIONING PODIATRY CLINIC THAT ALSO SERVES AS A TRAINING FACILITY FOR STUDENTS FROM THE DR. WILLIAM M. SCHOLL COLLEGE OF PODIATRIC MEDICINE. SECOND- AND THIRD-YEAR PODIATRY STUDENTS COMPLETE REQUIRED CLERKSHIPS AT THE SCHOLL FOOT & ANKLE CENTER, DURING WHICH TIME THE STUDENTS PARTICIPATE IN DIRECT PATIENT CARE AND DEVELOP PROFICIENCY IN THE ASSESSMENT, DIAGNOSIS AND TREATMENT OF PODIATRIC MALADIES. ALL STUDENTS ARE SUPERVISED IN THE CLINIC BY LICENSED PODIATRIC PHYSICIANS FROM SCHOLL COLLEGE OF PODIATRIC MEDICINE. ADDITIONALLY, FOURTH-YEAR MEDICAL STUDENTS FROM THE CHICAGO MEDICAL SCHOOL COMPLETE SENIOR ELECTIVE CLERKSHIPS IN (CONTINUED ON SCHEDULE O)

4d Other program services (Describe in Schedule O.)

(Expenses \$ 3,870,111 including grants of \$ 0) (Revenue \$ 5,368,740)

4e Total program service expenses **82,946,065**

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)? <i>If "Yes," complete Schedule A</i> | 1 ✓ | |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? | 2 ✓ | |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> | 3 | ✓ |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> | 4 ✓ | |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> | 5 | ✓ |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> | 6 | ✓ |
| 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 | ✓ |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> | 8 | ✓ |
| 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> | 9 | ✓ |
| 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> | 10 ✓ | |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. | | |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> | 11a ✓ | |
| b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> | 11b ✓ | |
| c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> | 11c | ✓ |
| d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> | 11d | ✓ |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> | 11e ✓ | |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> | 11f ✓ | |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> | 12a | ✓ |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> | 12b ✓ | |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | 13 ✓ | |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | 14a | ✓ |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> | 14b ✓ | |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> | 15 | ✓ |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> | 16 | ✓ |
| 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? <i>If "Yes," complete Schedule G, Part I (see instructions)</i> | 17 | ✓ |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> | 18 | ✓ |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> | 19 | ✓ |
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | 20a | ✓ |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | |

Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|--|------------|----|
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | 21 | ✓ |
| 22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> | 22 | ✓ |
| 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> | 23 | ✓ |
| 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> | 24a | ✓ |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | ✓ |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | ✓ |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | ✓ |
| 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? <i>If "Yes," complete Schedule L, Part I</i> | 25a | ✓ |
| b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> | 25b | ✓ |
| 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II | 26 | ✓ |
| 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> | 27 | ✓ |
| 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | |
| a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | 28a | ✓ |
| b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | 28b | ✓ |
| c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> | 28c | ✓ |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | 29 | ✓ |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | 30 | ✓ |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | 31 | ✓ |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | 32 | ✓ |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | 33 | ✓ |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> | 34 | ✓ |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | ✓ |
| b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 35b | ✓ |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 36 | ✓ |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | 37 | ✓ |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O | 38 | ✓ |

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

| | | Yes | No |
|--|-----------------|-----|----|
| 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 1a 2,830 | | |
| b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b 0 | | |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c ✓ | | |
| 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | 2a 1,105 | | |
| b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b ✓ | | |
| Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | |
| 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a ✓ | | |
| b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | 3b ✓ | | |
| 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 | | ✓ |
| b If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | | | |
| 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | ✓ |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | ✓ |
| c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | ✓ |
| b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | | |
| 7 Organizations that may receive deductible contributions under section 170(c). | | | |
| a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | ✓ |
| b If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | | ✓ |
| d If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | |
| e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | ✓ |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | ✓ |
| g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | 8 | | |
| 9 Sponsoring organizations maintaining donor advised funds. | | | |
| a Did the organization make any taxable distributions under section 4966? | 9a | | |
| b Did the organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 Section 501(c)(7) organizations. Enter: | | | |
| a Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | |
| 11 Section 501(c)(12) organizations. Enter: | | | |
| a Gross income from members or shareholders | 11a | | |
| b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | 11b | | |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| b If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| a Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| Note. See the instructions for additional information the organization must report on Schedule O. | | | |
| b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | 13b | | |
| c Enter the amount of reserves on hand | 13c | | |
| 14a Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | ✓ |
| b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14b | | |

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI ☒

Section A. Governing Body and Management

| | Yes | No |
|--|-----|----|
| 1a Enter the number of voting members of the governing body at the end of the tax year 1a 21 | | |
| If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | | |
| b Enter the number of voting members included in line 1a, above, who are independent 1b 18 | | |
| 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 | | ✓ |
| 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 | | ✓ |
| 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 | | ✓ |
| 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 | | ✓ |
| 6 Did the organization have members or stockholders? 6 | | ✓ |
| 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a | | ✓ |
| b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b | | ✓ |
| 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| a The governing body? 8a | ✓ | |
| b Each committee with authority to act on behalf of the governing body? 8b | ✓ | |
| 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 | | ✓ |

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

| | Yes | No |
|--|-----|----|
| 10a Did the organization have local chapters, branches, or affiliates? 10a | | ✓ |
| b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b | | |
| 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a | ✓ | |
| b Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | |
| 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a | ✓ | |
| b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b | ✓ | |
| c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c | ✓ | |
| 13 Did the organization have a written whistleblower policy? 13 | ✓ | |
| 14 Did the organization have a written document retention and destruction policy? 14 | ✓ | |
| 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | |
| a The organization's CEO, Executive Director, or top management official 15a | | ✓ |
| b Other officers or key employees of the organization 15b | | ✓ |
| If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | |
| 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a | | ✓ |
| b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b | | |

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► MD

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

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

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► ROBERTA LANE, 3333 GREEN BAY ROAD, NORTH CHICAGO, IL 60064-3095, (847)578-3000, FAX: (847)578-3434

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☒**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) GAIL WARDEN ACTING CHAIR | 1 0 | ✓ | | ✓ | | | | 0 | 0 | 0 |
| (2) FRANK H. MYNARD TREASURER | 1 0 | ✓ | | ✓ | | | | 0 | 0 | 0 |
| (3) WILFRED J. LUCAS SECRETARY | 1 1 | ✓ | | ✓ | | | | 0 | 0 | 0 |
| (4) K. MICHAEL WELCH PRESIDENT & CEO | 40 0 | ✓ | | ✓ | | | | 837,048 | 0 | 1,100,974 |
| (5) RUTH ROTHSTEIN CHAIR TRUSTEE (PARTIAL YEAR) | 1 0 | ✓ | | ✓ | | | | 0 | 0 | 0 |
| (6) MATTHEW HARRIS TRUSTEE (PARTIAL YEAR) | 1 0 | ✓ | | | | | | 0 | 0 | 0 |
| (7) BURTON GARFINKEL TRUSTEE (PARTIAL YEAR) | 1 0 | ✓ | | | | | | 0 | 0 | 0 |
| (8) THOMAS G. MOORE TRUSTEE | 1 0 | ✓ | | | | | | 0 | 0 | 0 |
| (9) KATHLEEN STONE TRUSTEE | 1 1 | ✓ | | | | | | 0 | 0 | 0 |
| (10) LISA ZENNI TRUSTEE | 1 0 | ✓ | | | | | | 0 | 0 | 0 |
| (11) ALAN WEINSTEIN TRUSTEE | 1 0 | ✓ | | | | | | 0 | 0 | 0 |
| (12) MICHAEL A. DRACHLER TRUSTEE | 1 0 | ✓ | | | | | | 0 | 0 | 0 |
| (13) LAWYER L. BURKS III TRUSTEE | 1 0 | ✓ | | | | | | 0 | 0 | 0 |
| (14) DEBORAH B. TAYLOR TRUSTEE | 1 0 | ✓ | | | | | | 0 | 0 | 0 |

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (15) DAVID LEACH TRUSTEE | 1 0 | ✓ | | | | | | 0 | 0 | 0 |
| (16) PAULA BANKS-JONES TRUSTEE | 1 0 | ✓ | | | | | | 0 | 0 | 0 |
| (17) CHERYL KRAFF-COOPER TRUSTEE | 1 0 | ✓ | | | | | | 0 | 0 | 0 |
| (18) PAMELA SCHOLL TRUSTEE | 1 0 | ✓ | | | | | | 0 | 0 | 0 |
| (19) MICHAEL C. FOLTZ TRUSTEE | 1 0 | ✓ | | | | | | 0 | 0 | 0 |
| (20) MICHAEL HRILJAC TRUSTEE | 1 1 | ✓ | | | | | | 0 | 0 | 0 |
| (21) ROSALIND FRANKLIN JEKOWSKY TRUSTEE | 1 0 | ✓ | | | | | | 0 | 0 | 0 |
| (22) ELIZABETH COULSON TRUSTEE | 1 0 | ✓ | | | | | | 0 | 0 | 0 |
| (23) MARC ABEL VICE DEAN | 40 0 | ✓ | | | | | | 145,968 | 0 | 34,459 |
| (24) MONICA OBLINGER DIRECTOR/PROFESSOR | 40 0 | ✓ | | | | | | 130,271 | 0 | 41,849 |
| (25) MARGOT A. SURRIDGE EXEC. VP & COO | 30 10 | | | ✓ | | | | 325,899 | 0 | 36,174 |
| 1b Sub-total | | | | | | | | 1,439,186 | 0 | 1,213,456 |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 3,697,293 | 0 | 588,499 |
| d Total (add lines 1b and 1c) | | | | | | | | 5,136,479 | 0 | 1,801,955 |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 118**

| | 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> | | ✓ |
| 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? <i>If "Yes," complete Schedule J for such individual</i> | ✓ | |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> | | ✓ |

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|--------------------------------|---------------------|
| G3 CONSTRUCTION GROUP, 7575 PLAZA COURT, WILLOWBROOK, IL 60527 | CONSTRUCTION | 11,056,408 |
| HARVARD MAINTENANCE, 570 SEVENTH AVE., NEW YORK, NY 10018 | JANITORIAL SERVICES | 1,024,484 |
| BALANCED ENVIRONMENTS, 17950 WEST ROUTE 173, OLD MILL CREEK, IL 60083 | LANDSCAPING SERVICES | 586,923 |
| RIDGEVIEW ELECTRIC, 1400 RIDGEVIEW DRIVE, MCHENRY, IL 06005 | ELECTRICAL SERVICES | 536,911 |
| ELLUCIAN INC., 62814 COLLECTIONS CENTER DR., CHICAGO, IL 06069 | ERP SERVICES | 358,203 |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **▶ 10**

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
|---|--|---|----------------------|----------------------|--|---|--|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a | Federated campaigns | 1a | 0 | | | |
| | b | Membership dues | 1b | 0 | | | |
| | c | Fundraising events | 1c | 0 | | | |
| | d | Related organizations | 1d | 0 | | | |
| | e | Government grants (contributions) | 1e | 12,351,704 | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 1f | 5,797,207 | | | |
| | g | Noncash contributions included in lines 1a-1f: \$ | | 0 | | | |
| | h | Total. Add lines 1a-1f | | 18,148,911 | | | |
| Program Service Revenue | | | | Business Code | | | |
| | 2a | TUITION & FEES | 611310 | 77,126,622 | 77,126,622 | | |
| | b | PATIENT CARE | 621400 | 4,673,072 | 4,673,072 | | |
| | c | STUDENT HOUSING REVENUE | 611310 | 2,548,394 | 2,548,394 | | |
| | d | CONTINUING EDUCATION | 611310 | 4,130 | 4,130 | | |
| | e | | | 0 | | | |
| | f | All other program service revenue . | | 0 | 0 | 0 | 0 |
| | g | Total. Add lines 2a-2f | | 84,352,218 | | | |
| Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts) | | 2,315,051 | 196,924 | | 2,118,127 |
| | 4 | Income from investment of tax-exempt bond proceeds | | 0 | | | |
| | 5 | Royalties | | 0 | | | |
| | | | (i) Real | (ii) Personal | | | |
| | 6a | Gross rents | | | | | |
| | b | Less: rental expenses | | | | | |
| | c | Rental income or (loss) | 0 | 0 | | | |
| | d | Net rental income or (loss) | | 0 | | | |
| | 7a | Gross amount from sales of assets other than inventory | (i) Securities | (ii) Other | | | |
| | | | 24,496,995 | | | | |
| | b | Less: cost or other basis and sales expenses | 23,432,300 | 1,441 | | | |
| | c | Gain or (loss) | 1,064,695 | -1,441 | | | |
| | d | Net gain or (loss) | | 1,063,254 | | 1,063,254 | |
| | 8a | Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 | a | | | | |
| | b | Less: direct expenses | b | | | | |
| | c | Net income or (loss) from fundraising events | | 0 | | | |
| | 9a | Gross income from gaming activities. See Part IV, line 19 | a | | | | |
| | b | Less: direct expenses | b | | | | |
| | c | Net income or (loss) from gaming activities | | 0 | | | |
| | 10a | Gross sales of inventory, less returns and allowances | a | | | | |
| b | Less: cost of goods sold | b | | | | | |
| c | Net income or (loss) from sales of inventory | | 0 | | | | |
| Miscellaneous Revenue | | | Business Code | | | | |
| 11a | COMPOUND TESTING - LAB | 621500 | 1,515,259 | 1,515,259 | | | |
| b | TRANSCRIPT AND REGISTRATION FEES | 900099 | 60,987 | 60,987 | | | |
| c | | | 0 | | | | |
| d | All other revenue | 900099 | 1,043,046 | 1,043,046 | 0 | 0 | |
| e | Total. Add lines 11a-11d | | 2,619,292 | | | | |
| 12 | Total revenue. See instructions. | | 108,498,726 | 87,168,434 | 0 | 3,181,381 | |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

| | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 | 0 | | | |
| 2 Grants and other assistance to individuals in the United States. See Part IV, line 22 | 5,786,914 | 5,786,914 | | |
| 3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 | 0 | | | |
| 4 Benefits paid to or for members | 0 | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 5,452,942 | 2,631,135 | 2,608,416 | 213,391 |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 172,140 | 106,806 | 65,334 | 0 |
| 7 Other salaries and wages | 41,656,226 | 35,567,860 | 5,930,054 | 158,312 |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 3,429,909 | 2,994,200 | 428,147 | 7,562 |
| 9 Other employee benefits | 5,920,448 | 5,127,512 | 731,527 | 61,409 |
| 10 Payroll taxes | 3,281,367 | 2,760,627 | 497,094 | 23,646 |
| 11 Fees for services (non-employees): | | | | |
| a Management | 0 | 0 | 0 | 0 |
| b Legal | 721,604 | 0 | 721,604 | 0 |
| c Accounting | 248,476 | 0 | 248,476 | 0 |
| d Lobbying | 18,000 | 0 | 18,000 | 0 |
| e Professional fundraising services. See Part IV, line 17 | 0 | | | 0 |
| f Investment management fees | 93,303 | 0 | 93,303 | 0 |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) | 7,219,739 | 6,585,927 | 604,257 | 29,555 |
| 12 Advertising and promotion | 233,529 | 42,940 | 190,589 | |
| 13 Office expenses | 8,305,940 | 7,862,616 | 361,569 | 81,755 |
| 14 Information technology | 1,811,928 | 0 | 1,811,928 | 0 |
| 15 Royalties | 0 | 0 | 0 | 0 |
| 16 Occupancy | 3,295,070 | 3,112,568 | 72,552 | 109,950 |
| 17 Travel | 1,158,166 | 1,002,099 | 134,160 | 21,907 |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | 0 | 0 | 0 | 0 |
| 19 Conferences, conventions, and meetings | 263,687 | 237,579 | 23,623 | 2,485 |
| 20 Interest | 1,849,735 | 1,505,707 | 344,028 | 0 |
| 21 Payments to affiliates | 0 | 0 | 0 | 0 |
| 22 Depreciation, depletion, and amortization | 6,437,137 | 5,235,991 | 1,201,146 | 0 |
| 23 Insurance | 783,182 | 55,694 | 727,488 | |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a EQUIPMENT AND MAINTENANCE | 3,147,865 | 1,481,782 | 1,623,211 | 42,872 |
| b BOND FEES | 556,045 | 452,289 | 103,756 | 0 |
| c MEMBERSHIP DUES | 387,852 | 349,605 | 33,342 | 4,905 |
| d | 0 | | | |
| e All other expenses | 75,562 | 46,214 | 24,097 | 5,251 |
| 25 Total functional expenses. Add lines 1 through 24e | 102,306,766 | 82,946,065 | 18,597,701 | 763,000 |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) | 0 | | | |

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

| | | (A) Beginning of year | | (B) End of year |
|--|--|--------------------------|-------------|--------------------|
| Assets | 1 Cash—non-interest-bearing | 19,672,268 | 1 | 18,666,609 |
| | 2 Savings and temporary cash investments | 1,197,282 | 2 | 2,800,138 |
| | 3 Pledges and grants receivable, net | 450,054 | 3 | 437,231 |
| | 4 Accounts receivable, net | 3,029,813 | 4 | 2,808,563 |
| | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | 0 | 5 | 0 |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L | 0 | 6 | 0 |
| | 7 Notes and loans receivable, net | 10,802,863 | 7 | 10,261,714 |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | 1,519,434 | 9 | 1,767,488 |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 200,632,617 | | |
| | b Less: accumulated depreciation | 10b 83,722,720 | 10c | 116,909,897 |
| | 11 Investments—publicly traded securities | 51,415,489 | 11 | 47,414,501 |
| | 12 Investments—other securities. See Part IV, line 11 | 15,501,604 | 12 | 27,373,941 |
| | 13 Investments—program-related. See Part IV, line 11 | 0 | 13 | 0 |
| | 14 Intangible assets | 1,155,402 | 14 | 1,095,368 |
| | 15 Other assets. See Part IV, line 11 | 20,776,463 | 15 | 11,169,585 |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 230,542,250 | 16 | 240,705,035 | |
| Liabilities | 17 Accounts payable and accrued expenses | 12,664,804 | 17 | 13,314,150 |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | 4,554,332 | 19 | 5,462,430 |
| | 20 Tax-exempt bond liabilities | 65,345,000 | 20 | 64,345,000 |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | 0 | 22 | 0 |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | 0 | 24 | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | 41,768,741 | 25 | 47,803,012 |
| | 26 Total liabilities. Add lines 17 through 25 | 124,332,877 | 26 | 130,924,592 |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 Unrestricted net assets | 93,068,595 | 27 | 97,302,748 |
| | 28 Temporarily restricted net assets | 7,479,172 | 28 | 6,815,349 |
| | 29 Permanently restricted net assets | 5,661,607 | 29 | 5,662,346 |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | |
| | 30 Capital stock or trust principal, or current funds | | 30 | |
| | 31 Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| | 33 Total net assets or fund balances | 106,209,374 | 33 | 109,780,443 |
| | 34 Total liabilities and net assets/fund balances | 230,542,250 | 34 | 240,705,035 |

Form **990** (2013)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

| | | | |
|-----------|--|-----------|-------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 108,498,726 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 102,306,766 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 6,191,960 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 106,209,374 |
| 5 | Net unrealized gains (losses) on investments | 5 | 3,284,120 |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | -5,905,011 |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 109,780,443 |

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

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

Form **990** (2013)

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (Check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|--|-----------------------|---------|--------------|------------------------------|--------|--|---|--|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (26) ROBERTA LANE ----- CFO | 40 ----- 0 | | | ✓ | | | | 262,873 | 0 | 45,448 |
| (27) GLORIA MEREDITH ----- DEAN | 40 ----- 0 | | | | ✓ | | | 235,094 | 0 | 45,887 |
| (28) JOSEPH X DIMARIO ----- DEAN | 40 ----- 0 | | | | ✓ | | | 197,596 | 0 | 45,472 |
| (29) TINA ERICKSON ----- VP FOR INSTITUTIONAL ADVANCEMENT | 40 ----- 0 | | | | ✓ | | | 192,752 | 0 | 20,639 |
| (30) WENDY RHEAULT ----- VP & DEAN | 40 ----- 0 | | | | ✓ | | | 299,283 | 0 | 34,660 |
| (31) NANCY PARSLEY ----- DEAN | 40 ----- 0 | | | | ✓ | | | 223,511 | 0 | 28,527 |
| (32) RUSSELL G. ROBERTSON ----- DEAN - PARTIAL YEAR | 40 ----- 0 | | | | ✓ | | | 529,419 | 0 | 39,782 |
| (33) TIMOTHY HANSEN ----- VP FACULTY AFFAIRS | 40 ----- 0 | | | | ✓ | | | 219,947 | 0 | 41,656 |
| (34) RONALD KAPLAN ----- VP RESEARCH | 40 ----- 0 | | | | ✓ | | | 284,414 | 0 | 53,340 |
| (35) MARINA WOLF ----- PROFESSOR & CHAIR | 40 ----- 0 | | | | | ✓ | | 259,825 | 0 | 50,646 |
| (36) BALA CHANDRAN ----- DEPARTMENT CHAIR | 40 ----- 0 | | | | | ✓ | | 283,151 | 0 | 43,254 |
| (37) ROBERT BRIDGES ----- DEPARTMENT CHAIR | 40 ----- 0 | | | | | ✓ | | 242,878 | 0 | 44,868 |
| (38) DOUGLAS REIFLER ----- ASSOCIATE DEAN | 40 ----- 0 | | | | | ✓ | | 221,526 | 0 | 47,340 |
| (39) DANIEL A. PETERSON ----- DEPARTMENT CHAIR | 40 ----- 0 | | | | | ✓ | | 245,024 | 0 | 46,980 |

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization

ROSALIND FRANKLIN UNIVERSITY OF MEDICINE AND SCIENCE

Employer identification number

36-2181973

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

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☒ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III—Functionally integrated d ☐ Type III—Non-functionally integrated
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

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

h Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1–9 above or IRC section (see instructions)) | (iv) Is the organization in col. (i) listed in your governing document? | | (v) Did you notify the organization in col. (i) of your support? | | (vi) Is the organization in col. (i) organized in the U.S.? | | (vii) Amount of monetary support |
|------------------------------------|----------|---|---|----|--|----|---|----|----------------------------------|
| | | | Yes | No | Yes | No | Yes | No | |
| (A) | | | | | | | | | |
| (B) | | | | | | | | | |
| (C) | | | | | | | | | |
| (D) | | | | | | | | | |
| (E) | | | | | | | | | |
| Total | | | | | | | | | 0 |

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Cat. No. 11285F

Schedule A (Form 990 or 990-EZ) 2013

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|--|------------|------------|------------|------------|------------|------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 13,852,495 | 18,870,689 | 16,790,493 | 17,573,161 | 18,148,911 | 85,235,749 |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | 0 |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | 0 |
| 4 Total. Add lines 1 through 3 | 13,852,495 | 18,870,689 | 16,790,493 | 17,573,161 | 18,148,911 | 85,235,749 |
| 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) | | | | | | 2,639,446 |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 82,596,303 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|--|------------|------------|------------|------------|------------|--------------------------|
| 7 Amounts from line 4 | 13,852,495 | 18,870,689 | 16,790,493 | 17,573,161 | 18,148,911 | 85,235,749 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 592,897 | 485,547 | 817,376 | 154,577 | 2,118,127 | 4,168,524 |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | 0 |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | 0 | 0 | 0 | 0 | 0 | 0 |
| 11 Total support. Add lines 7 through 10 | | | | | | 89,404,273 |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 386,896,757 |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|--|-------------------------------------|---------|
| 14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) | 14 | 92.38 % |
| 15 Public support percentage from 2012 Schedule A, Part II, line 14 | 15 | % |
| 16a 33¹/₃% support test—2013. If the organization did not check the box on line 13, and line 14 is 33 ¹ / ₃ % or more, check this box and stop here. The organization qualifies as a publicly supported organization | <input checked="" type="checkbox"/> | |
| b 33¹/₃% support test—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 ¹ / ₃ % or more, check this box and stop here. The organization qualifies as a publicly supported organization | <input type="checkbox"/> | |
| 17a 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | <input type="checkbox"/> | |
| b 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | <input type="checkbox"/> | |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | <input type="checkbox"/> | |

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|---|
| 15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2012 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|---|-----------|---|
| 17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2012 Schedule A, Part III, line 17 | 18 | % |
| 19a 33 1/3% support tests—2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/> | | |
| b 33 1/3% support tests—2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/> | | |
| 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/> | | |

Schedule B(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

OMB No. 1545-0047

2013

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

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.**Name of the organization**

ROSALIND FRANKLIN UNIVERSITY OF MEDICINE AND SCIENCE

Employer identification number

36-2181973

Organization type (check one):**Filers of:****Section:**

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

- ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

- ☒ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 $\frac{1}{3}$ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Cat. No. 30613X Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization

ROSALIND FRANKLIN UNIVERSITY OF MEDICINE AND SCIENCE

Employer identification number

36-2181973

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|--|
| 1 | | \$ 8,677,800 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | | \$ 867,208 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | | \$ 1,812,714 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

Name of organization

ROSALIND FRANKLIN UNIVERSITY OF MEDICINE AND SCIENCE

Employer identification number

36-2181973

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
|---------------------------|--|--|----------------------|
| ----- | ----- ----- ----- ----- | \$ ----- | ----- |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| ----- | ----- ----- ----- ----- | \$ ----- | ----- |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| ----- | ----- ----- ----- ----- | \$ ----- | ----- |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| ----- | ----- ----- ----- ----- | \$ ----- | ----- |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| ----- | ----- ----- ----- ----- | \$ ----- | ----- |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| ----- | ----- ----- ----- ----- | \$ ----- | ----- |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| ----- | ----- ----- ----- ----- | \$ ----- | ----- |

| | |
|---|---|
| Name of organization ROSALIND FRANKLIN UNIVERSITY OF MEDICINE AND SCIENCE | Employer identification number 36-2181973 |
|---|---|

Part III **Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$ _____

Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------------|---|-------------------------|--|
| ----- | ----- ----- ----- | ----- ----- ----- | ----- ----- ----- |
| | (e) Transfer of gift | | |
| | Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee |
| | ----- ----- ----- | ----- ----- ----- | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| ----- | ----- ----- ----- | ----- ----- ----- | ----- ----- ----- |
| | (e) Transfer of gift | | |
| | Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee |
| | ----- ----- ----- | ----- ----- ----- | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| ----- | ----- ----- ----- | ----- ----- ----- | ----- ----- ----- |
| | (e) Transfer of gift | | |
| | Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee |
| | ----- ----- ----- | ----- ----- ----- | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| ----- | ----- ----- ----- | ----- ----- ----- | ----- ----- ----- |
| | (e) Transfer of gift | | |
| | Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee |
| | ----- ----- ----- | ----- ----- ----- | |

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

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

| | |
|--|--------------------------------|
| Name of organization | Employer identification number |
| ROSALIND FRANKLIN UNIVERSITY OF MEDICINE AND SCIENCE | 36-2181973 |

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$
- 3 Volunteer hours ▶

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV.

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$
- 4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0-. | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-. |
|----------|-------------|---------|---|--|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Cat. No. 50084S

Schedule C (Form 990 or 990-EZ) 2013

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

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

| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | | (a) Filing organization's totals | (b) Affiliated group totals | | | | | | | | | | | | |
|--|---|---|--|--------------------|-------------------------------|---|--|---|--|--|---|-------------------|--------------|--|--|
| 1a | Total lobbying expenditures to influence public opinion (grass roots lobbying) | | | | | | | | | | | | | | |
| b | Total lobbying expenditures to influence a legislative body (direct lobbying) | | | | | | | | | | | | | | |
| c | Total lobbying expenditures (add lines 1a and 1b) | | | | | | | | | | | | | | |
| d | Other exempt purpose expenditures | | | | | | | | | | | | | | |
| e | Total exempt purpose expenditures (add lines 1c and 1d) | | | | | | | | | | | | | | |
| f | Lobbying nontaxable amount. Enter the amount from the following table in both columns. | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table> | | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e. | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | Over \$17,000,000 | \$1,000,000. | | |
| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | | | | | | | | | | | | | | |
| Not over \$500,000 | 20% of the amount on line 1e. | | | | | | | | | | | | | | |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | | | | | | | | | | | | | | |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | | | | | | | | | | | | | | |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | | | | | | | | | | | | | | |
| Over \$17,000,000 | \$1,000,000. | | | | | | | | | | | | | | |
| g | Grassroots nontaxable amount (enter 25% of line 1f) | | | | | | | | | | | | | | |
| h | Subtract line 1g from line 1a. If zero or less, enter -0- | | | | | | | | | | | | | | |
| i | Subtract line 1f from line 1c. If zero or less, enter -0- | | | | | | | | | | | | | | |
| j | If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | |

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

| Lobbying Expenditures During 4-Year Averaging Period | | | | | |
|---|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) Total |
| 2a Lobbying nontaxable amount | | | | | |
| b Lobbying ceiling amount (150% of line 2a, column (e)) | | | | | |
| c Total lobbying expenditures | | | | | |
| d Grassroots nontaxable amount | | | | | |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | |
| f Grassroots lobbying expenditures | | | | | |

Schedule C (Form 990 or 990-EZ) 2013

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

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

| | | (a) | | (b) |
|-----------|---|-----|----|--------|
| | | Yes | No | Amount |
| 1 | During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: | | | |
| a | Volunteers? | | ✓ | |
| b | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | ✓ | |
| c | Media advertisements? | | ✓ | |
| d | Mailings to members, legislators, or the public? | | ✓ | |
| e | Publications, or published or broadcast statements? | | ✓ | |
| f | Grants to other organizations for lobbying purposes? | | ✓ | |
| g | Direct contact with legislators, their staffs, government officials, or a legislative body? | ✓ | | 18,000 |
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | ✓ | |
| i | Other activities? | | ✓ | |
| j | Total. Add lines 1c through 1i | | | 18,000 |
| 2a | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | ✓ | |
| b | If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| c | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| d | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |

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

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

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

| | | | |
|----------|--|-----------|--|
| 1 | Dues, assessments and similar amounts from members | 1 | |
| 2 | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). | | |
| a | Current year | 2a | |
| b | Carryover from last year | 2b | |
| c | Total | 2c | |
| 3 | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | 3 | |
| 4 | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | 4 | |
| 5 | Taxable amount of lobbying and political expenditures (see instructions) | 5 | |

Part IV Supplemental Information

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

SEE NEXT PAGE

Part IV

Supplemental Information Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

| Return Reference | Identifier | Explanation |
|----------------------------------|--|--|
| SCHEDULE C, PART II-B, LINE 1 | DESCRIPTION OF THE ACTIVITIES REPORTED ON LINES 1A THROUGH 1I | THE UNIVERSITY'S LOBBYING EXPENSES REPRESENT FEES PAID TO A GOVERNMENT RELATIONS CONSULTANT WHO WORKS WITH THE ORGANIZATION ON ITS RELATIONS WITH STATE ELECTED OFFICIALS IN SPRINGFIELD. THE CONSULTANT HAS FACILITATED MEETINGS WITH STATE LEGISLATORS, KEPT THE ORGANIZATION APPRISED OF LEGISLATION THAT IMPACTS HIGHER EDUCATION, AND APPRISED THE ORGANIZATION OF POTENTIAL STATE FUNDING OPPORTUNITIES. |

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

ROSALIND FRANKLIN UNIVERSITY OF MEDICINE AND SCIENCE

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.

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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Employer identification number

36-2181973

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

| | (a) Donor advised funds | (b) Funds and other accounts |
|---|-------------------------|--|
| 1 Total number at end of year | | |
| 2 Aggregate contributions to (during year) | | |
| 3 Aggregate grants from (during year) | | |
| 4 Aggregate value at end of year | | |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Part II Conservation Easements.

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

| | |
|---|--|
| 1 Purpose(s) of conservation easements held by the organization (check all that apply). <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) <input type="checkbox"/> Preservation of an historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space | |
| 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. | Held at the End of the Tax Year |
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register | 2d |
| 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ | |
| 4 Number of states where property subject to conservation easement is located ▶ | |
| 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ | |
| 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ | |
| 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. | |

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

| | |
|--|--|
| 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. | |
| b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ (ii) Assets included in Form 990, Part X ▶ \$ | |
| 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1 ▶ \$ b Assets included in Form 990, Part X ▶ \$ | |

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

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

- a** ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations

- d** ☐ Loan or exchange programs
e ☐ Other

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

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

Part IV Escrow and Custodial Arrangements.

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

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

b If "Yes," explain the arrangement in Part XIII and complete the following table:

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

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

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

Part V Endowment Funds.

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

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 64,190,162 | 61,765,154 | 58,267,600 | 50,856,294 | 52,005,055 |
| b Contributions | 2,809,742 | 2,526,181 | 6,728,666 | 6,733,262 | 796,371 |
| c Net investment earnings, gains, and losses | 6,466,942 | 2,357,435 | 1,555,354 | 3,492,589 | 1,579,437 |
| d Grants or scholarships | 478,772 | 451,688 | 495,399 | 417,461 | 143,790 |
| e Other expenditures for facilities and programs | 2,898,374 | 2,006,920 | 4,291,067 | 2,397,084 | 3,380,779 |
| f Administrative expenses | | | 0 | 0 | 0 |
| g End of year balance | 70,089,700 | 64,190,162 | 61,765,154 | 58,267,600 | 50,856,294 |

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

- a** Board designated or quasi-endowment ▶ 91.27 %
b Permanent endowment ▶ 8.08 %
c Temporarily restricted endowment ▶ 0.65 %

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

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

- (i)** unrelated organizations
(ii) related organizations

| | Yes | No |
|---------------|-----|----|
| 3a(i) | | ✓ |
| 3a(ii) | | ✓ |
| 3b | | |

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | 16,286,288 | | 16,286,288 |
| b Buildings | | 141,266,289 | 54,564,991 | 86,701,298 |
| c Leasehold improvements | | | | 0 |
| d Equipment | | 40,480,040 | 28,507,729 | 11,972,311 |
| e Other | | 2,600,000 | 650,000 | 1,950,000 |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) | | | | 116,909,897 |

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|--|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (3) Other | | |
| (A) REAL ASSETS | 2,417,807 | END OF YEAR MARKET VALUE |
| (B) PRIVATE EQUITY | 1,973,324 | END OF YEAR MARKET VALUE |
| (C) HEDGE FUNDS | 22,982,810 | END OF YEAR MARKET VALUE |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ► | 27,373,941 | |

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability | (b) Book value | |
|---|----------------|--|
| (1) Federal income taxes | | |
| (2) FEDERAL EQUITY IN STUDENT LOAN PROGRAM | 12,902,748 | |
| (3) POSTRETIREMENT HEALTHCARE BENEFITS | 27,161,630 | |
| (4) DERIVATIVE INSTRUMENT | 7,738,634 | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ► | 47,803,012 | |

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

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

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

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information.

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

[SEE NEXT PAGE](#)

Part XIII

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

| Return Reference | Identifier | Explanation |
|-------------------------------|-------------------------------------|--|
| SCHEDULE D, PART V, LINE 4 | INTENDED USES OF ENDOWMENT FUNDS | <p>THE UNIVERSITY'S ENDOWMENT IS COMPRISED OF BOTH DONOR-RESTRICTED AND BOARD-DESIGNATED FUNDS. THE INVESTMENT COMMITTEE OF THE BOARD OF TRUSTEES PROVIDES OVERSIGHT OVER THE INVESTMENT OF THOSE ENDOWMENT FUNDS BY ESTABLISHING POLICIES AND PROCEDURES CONCERNING THE MANAGEMENT OF ENDOWMENT FUNDS. INVESTMENT IS CONSISTENT WITH THE UNIFORM PRUDENT MANAGEMENT OF INSTITUTIONAL FUND ACT (UPMIFA). RFUMS HAS ADOPTED A TOTAL RETURN SPENDING POLICY, WHICH ALLOCATES AN AMOUNT ANNUALLY TO BE UTILIZED ACCORDING TO DONOR RESTRICTIONS OR FOR ADVANCING THE UNIVERSITY'S MISSION IN UNFUNDED AREAS. THE MAJORITY OF DONOR-RESTRICTED FUNDS PROVIDE SCHOLARSHIPS AND STUDENT AID. FUNDS GENERATED BY BOARD-DESIGNATED FUNDS ARE USED TO SUPPORT STRATEGIC INITIATIVES AND TO PROVIDE GENERAL OPERATING SUPPORT.</p> |
| SCHEDULE D, PART X, LINE 2 | FIN 48 (ASC 740) FOOTNOTE | <p>THE UNIVERSITY HAS RECEIVED A FAVORABLE LETTER OF DETERMINATION FROM THE INTERNAL REVENUE SERVICE CONCERNING ITS TAX-EXEMPT STATUS UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE.</p> <p>THE UNIVERSITY FILES A FORM 990 ANNUALLY. WHEN THESE RETURNS ARE FILED , IT IS HIGHLY CERTAIN THAT SOME POSITIONS TAKEN WOULD BE SUSTAINED UPON EXAMINATION BY THE TAXING AUTHORITIES, WHILE OTHERS ARE SUBJECT TO UNCERTAINTY ABOUT THE MERITS OF THE TAX POSITION TAKEN OR THE AMOUNT OF THE POSITION THAT WOULD ULTIMATELY BE SUSTAINED. EXAMPLES OF TAX POSITIONS COMMON TO UNIVERSITIES INCLUDE SUCH MATTERS AS THE FOLLOWING: THE TAX EXEMPT STATUS OF EACH ENTITY AND VARIOUS POSITIONS RELATIVE TO POTENTIAL SOURCES OF UNRELATED BUSINESS INCOME TAX (UBIT). UBIT IS REPORTED ON FORM 990-T, AS APPROPRIATE. THE BENEFIT OF A TAX POSITION IS RECOGNIZED IN THE FINANCIAL STATEMENTS IN THE PERIOD DURING WHICH, BASED ON ALL AVAILABLE EVIDENCE, MANAGEMENT BELIEVES THAT IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL BE SUSTAINED UPON EXAMINATION, INCLUDING THE RESOLUTION OF APPEALS OR LITIGATION PROCESSES, IF ANY.</p> <p>TAX POSITIONS ARE NOT OFFSET OR AGGREGATED WITH OTHER POSITIONS. TAX POSITIONS THAT MEET THE "MORE LIKELY THAN NOT" RECOGNITION THRESHOLD ARE MEASURED AS THE LARGEST AMOUNT OF TAX BENEFIT THAT IS MORE THAN 50% LIKELY TO BE REALIZED ON SETTLEMENT WITH THE APPLICABLE TAXING AUTHORITY. THE PORTION OF THE BENEFITS ASSOCIATED WITH TAX POSITIONS TAKEN THAT EXCEEDS THE AMOUNT MEASURED AS DESCRIBED ABOVE WOULD BE REFLECTED AS A LIABILITY FOR UNCERTAIN TAX BENEFITS IN THE ACCOMPANYING STATEMENTS OF FINANCIAL POSITION ALONG WITH ANY ASSOCIATED INTEREST AND PENALTIES THAT WOULD BE PAYABLE TO THE TAXING AUTHORITIES UPON EXAMINATION. AS OF JUNE 30, 2014 AND 2013, THERE WERE NO UNCERTAIN TAX POSITIONS IDENTIFIED. THE UNIVERSITY DOES NOT EXPECT THE TOTAL AMOUNT OF UNRECOGNIZED TAX BENEFITS TO SIGNIFICANTLY CHANGE IN THE NEXT 12 MONTHS.</p> <p>FORMS 990 AND 990-T FILED BY THE UNIVERSITY ARE SUBJECT TO THE EXAMINATION BY THE IRS UP TO THREE YEARS FROM THE EXTENDED DUE DATE OF EACH RETURN. MANAGEMENT BELIEVES THE FORMS 990 AND 990-T HAVE BEEN FILED APPROPRIATELY. FORMS 990 AND 990-T FILED BY THE UNIVERSITY ARE NO LONGER SUBJECT TO EXAMINATION FOR THE FISCAL YEARS ENDED JUNE 30, 2010 OR PRIOR.</p> <p>THE UNIVERSITY WOULD RECOGNIZE INTEREST AND PENALTIES RELATED TO UNRECOGNIZED TAX POSITIONS IN INTEREST AND INCOME TAX EXPENSE, RESPECTIVELY. THE UNIVERSITY HAS NO AMOUNTS ACCRUED FOR INTEREST OR PENALTIES AS OF JUNE 30, 2014 AND 2013.</p> |

SCHEDULE E
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Schools

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

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

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization

ROSALIND FRANKLIN UNIVERSITY OF MEDICINE AND SCIENCE

Employer identification number

36-2181973

Part I

| | YES | NO |
|--|-------------------------------------|-------------------------------------|
| 1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 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? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II <u>ANNOUNCEMENTS INDICATE THAT THE UNIVERSITY IS OPEN TO EVERYONE REGARDLESS OF RACE, GENDER, COLOR, OR CREED.</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4 Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5 Does the organization discriminate by race in any way with respect to: a Students' rights or privileges? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b Admissions policies? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| c Employment of faculty or administrative staff? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| d Scholarships or other financial assistance? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| e Educational policies? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| f Use of facilities? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| g Athletic programs? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6a Does the organization receive any financial aid or assistance from a governmental agency? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either line 6a or line 6b, explain on Part II. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

ROSALIND FRANKLIN UNIVERSITY OF MEDICINE AND SCIENCE

Employer identification number

36-2181973

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

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

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

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

| (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in region | (d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for and investments in region |
|---|-------------------------------------|--|---|--|--|
| (1) CENTRAL AMERICA AND THE CARIBBEAN | 0 | 0 | INVESTMENTS | | 11,030,568 |
| (2) EAST ASIA AND THE PACIFIC | 0 | 0 | PROGRAM SERVICES | SYMPOSIUMS AND MEETINGS | 12,395 |
| (3) EUROPE (INCLUDING ICELAND AND GREENLAND) | 0 | 0 | PROGRAM SERVICES | CONFERENCES AND MEETINGS | 42,281 |
| (4) MIDDLE EAST AND NORTH AFRICA | 0 | 0 | PROGRAM SERVICES | GLOBAL HEALTH INITIATIVE | 17,258 |
| (5) NORTH AMERICA (CANADA & MEXICO ONLY) | 0 | 0 | PROGRAM SERVICES | CONFERENCES AND MEETINGS | 32,629 |
| (6) SOUTH AMERICA | 0 | 0 | PROGRAM SERVICES | CONFERENCE | 1,776 |
| (7) SOUTH ASIA | 0 | 0 | PROGRAM SERVICES | CONFERENCE | 514 |
| (8) | | | | | |
| (9) | | | | | |
| (10) | | | | | |
| (11) | | | | | |
| (12) | | | | | |
| (13) | | | | | |
| (14) | | | | | |
| (15) | | | | | |
| (16) | | | | | |
| (17) | | | | | |
| 3a Sub-total | 0 | 0 | | | 11,137,421 |
| b Total from continuation sheets to Part I | 0 | 0 | | | 0 |
| c Totals (add lines 3a and 3b) | 0 | 0 | | | 11,137,421 |

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

Cat. No. 50082W

Schedule F (Form 990) 2013

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

| 1 | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|------|--------------------------|--|------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| (1) | | | | | | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| (5) | | | | | | | | | |
| (6) | | | | | | | | | |
| (7) | | | | | | | | | |
| (8) | | | | | | | | | |
| (9) | | | | | | | | | |
| (10) | | | | | | | | | |
| (11) | | | | | | | | | |
| (12) | | | | | | | | | |
| (13) | | | | | | | | | |
| (14) | | | | | | | | | |
| (15) | | | | | | | | | |
| (16) | | | | | | | | | |

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

3 Enter total number of other organizations or entities **▲**

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

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

Schedule F (Form 990) 2013

Part IV Foreign Forms

- 1** Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☒ Yes ☐ No
- 2** Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* ☐ Yes ☒ No
- 3** Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)* ☒ Yes ☐ No
- 4** Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* ☐ Yes ☒ No
- 5** Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)* ☒ Yes ☐ No
- 6** Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)* ☐ Yes ☒ No

Schedule F (Form 990) 2013

Part V

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

| Return Reference | Identifier | Explanation |
|-------------------------------|---|---|
| SCHEDULE F, PART I, LINE 3 | METHOD TO ACCOUNT FOR EXPENDITURES ON ORG.'S FINANCIAL STATEMENTS | CENTRAL AMERICA AND THE CARIBBEAN: ACCRUAL |
| | | EAST ASIA AND THE PACIFIC: ACCRUAL |
| | | EUROPE (INCLUDING ICELAND AND GREENLAND): ACCRUAL |
| | | MIDDLE EAST AND NORTH AFRICA: ACCRUAL |
| | | NORTH AMERICA (CANADA & MEXICO ONLY): ACCRUAL |
| | | SOUTH ASIA: ACCRUAL |

SCHEDULE I
(Form 990)

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

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

Department of the Treasury
Internal Revenue Service
Name of the organization

ROSALIND FRANKLIN UNIVERSITY OF MEDICINE AND SCIENCE

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|---------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1) | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |
| (8) | | | | | | | |
| (9) | | | | | | | |
| (10) | | | | | | | |
| (11) | | | | | | | |
| (12) | | | | | | | |

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

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

Cat. No. 50055P

Schedule I (Form 990) (2013)

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.
Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|--|--------------------------|--------------------------|-----------------------------------|---|--|
| 1 TUITION WAIVERS | 635 | 3,965,599 | 0 | N/A | N/A |
| 2 PRIVATE SCHOLARSHIPS | 186 | 1,374,181 | 0 | N/A | N/A |
| 3 DEPT. OF DEFENSE SCHOLARSHIPS | 5 | 258,722 | 0 | N/A | N/A |
| 4 DEPENDENT TUITION WAIVERS | 5 | 143,499 | 0 | N/A | N/A |
| 5 NRSA SCHOLARSHIP | 4 | 44,913 | 0 | N/A | N/A |
| 6 | | | | | |
| 7 | | | | | |

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

SEE NEXT PAGE

Part IV

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

| Return Reference | Identifier | Explanation |
|-------------------------------|--|---|
| SCHEDULE I, PART I, LINE 2 | PROCEDURES FOR MONITORING USE OF GRANT FUNDS | GRANTS AND SCHOLARSHIPS ARE AWARDED TO STUDENTS VIA A DIRECT REDUCTION IN THEIR BILLED TUITION FOR THE TERM UNDER WHICH THE GRANT OR SCHOLARSHIP APPLIES. THE USE OF THESE GRANTS AND SCHOLARSHIPS IS LIMITED IN THAT MONIES CAN ONLY BE APPLIED TO TUITION COSTS RELATED TO THE SPECIFIC RFUMS PROGRAM A RECIPIENT IS ENROLLED IN. |

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

ROSALIND FRANKLIN UNIVERSITY OF MEDICINE AND SCIENCE

Compensation Information

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

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Employer identification number

36-2181973

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

| | Yes | No |
|----|-----|----|
| 1b | ✓ | |

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

| | | |
|---|---|--|
| 2 | ✓ | |
|---|---|--|

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- | | | | |
|--|-----------|---|---|
| a Receive a severance payment or change-of-control payment? | 4a | | ✓ |
| b Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | ✓ | |
| c Participate in, or receive payment from, an equity-based compensation arrangement? | 4c | | ✓ |

If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5–9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- | | | | |
|--|-----------|--|---|
| a The organization? | 5a | | ✓ |
| b Any related organization? | 5b | | ✓ |

If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- | | | | |
|--|-----------|--|---|
| a The organization? | 6a | | ✓ |
| b Any related organization? | 6b | | ✓ |

If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

| | | |
|---|--|---|
| 7 | | ✓ |
|---|--|---|

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

| | | |
|---|--|---|
| 8 | | ✓ |
|---|--|---|

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

| | | |
|---|--|--|
| 9 | | |
|---|--|--|

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported as deferred in prior Form 990 |
|--------------------|---|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| 1 | K. MICHAEL WELCH, PRESIDENT & CEO | 798,048 | 0 | 39,000 | 1,081,002 | 19,972 | 1,938,022 | 0 |
| | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2 | MARC ABEL , VICE DEAN | 145,968 | 0 | 0 | 15,241 | 19,218 | 180,427 | 0 |
| | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3 | MONICA OBLINGER, DIRECTOR/PROFESSOR | 130,271 | 0 | 0 | 14,009 | 27,840 | 172,120 | 0 |
| | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4 | MARGOT A. SURRIDGE, EXEC. VP & COO | 325,899 | 0 | 0 | 25,500 | 10,674 | 362,073 | 0 |
| | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5 | ROBERTA LANE, CFO | 262,873 | 0 | 0 | 25,500 | 19,948 | 308,321 | 0 |
| | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6 | GLORIA MEREDITH, DEAN | 235,094 | 0 | 0 | 24,231 | 21,656 | 280,981 | 0 |
| | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7 | JOSEPH X DIMARIO, DEAN | 197,596 | 0 | 0 | 20,231 | 25,241 | 243,068 | 0 |
| | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 8 | TINA ERICKSON, VP FOR INSTITUTIONAL ADVANCEMENT | 192,752 | 0 | 0 | 19,339 | 1,300 | 213,391 | 0 |
| | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9 | WENDY RHEAULT, VP & DEAN | 299,283 | 0 | 0 | 25,500 | 9,160 | 333,943 | 0 |
| | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10 | NANCY PARSLEY, DEAN | 223,511 | 0 | 0 | 22,462 | 6,065 | 252,038 | 0 |
| | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 11 | RUSSELL G. ROBERTSON, DEAN - PARTIAL YEAR | 529,419 | 0 | 0 | 25,500 | 14,282 | 569,201 | 0 |
| | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 12 | TIMOTHY HANSEN, VP FACULTY AFFAIRS | 219,947 | 0 | 0 | 22,500 | 19,156 | 261,603 | 0 |
| | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 13 | RONALD KAPLAN, VP RESEARCH | 284,414 | 0 | 0 | 25,500 | 27,840 | 337,754 | 0 |
| | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 14 | MARINA WOLF, PROFESSOR & CHAIR | 259,825 | 0 | 0 | 25,500 | 25,146 | 310,471 | 0 |
| | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 15 | BALA CHANDRAN, DEPARTMENT CHAIR | 283,151 | 0 | 0 | 25,500 | 17,754 | 326,405 | 0 |
| | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 16 | ROBERT BRIDGES, DEPARTMENT CHAIR | 242,878 | 0 | 0 | 24,710 | 20,158 | 287,746 | 0 |
| | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Schedule J (Form 990) 2013

Part II **Officers, Directors, Trustees, Key Employees and Highest Compensated Employees** (continued)

| (a) Name and Title | (b) Breakdown of W-2 and/or 1099-MISC compensation | | | (c) Retirement and other deferred compensation | (d) Nontaxable benefits | (e) Total of columns (b)(i)-(d) | (f) Compensation reported in prior Form 990 or Form 990-EZ |
|--|---|-------------------------------------|-------------------------------------|---|----------------------------|------------------------------------|---|
| | (i) Base Compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| (17) DOUGLAS REIFLER , ASSOCIATE DEAN | (i) 221,526 | 0 | 0 | 22,000 | 25,340 | 268,866 | 0 |
| | (ii) 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| (18) DANIEL A. PETERSON, DEPARTMENT CHAIR | (i) 245,024 | 0 | 0 | 25,324 | 21,656 | 292,004 | 0 |
| | (ii) 0 | 0 | 0 | 0 | 0 | 0 | 0 |

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.

| Return Reference | Identifier | Explanation |
|--------------------------------|--|--|
| SCHEDULE J, PART I, LINE 1A | HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE | RFUMS PROVIDES HOUSING FOR ITS PRESIDENT, DR. K. MICHAEL WELCH. THE COST ASSOCIATED WITH THIS BENEFIT WAS \$39,000 AND WAS TREATED AS TAXABLE COMPENSATION. ACCORDINGLY, THIS COMPENSATION HAS BEEN INCLUDED IN W-2 WAGES. |
| SCHEDULE J, PART I, LINE 4B | SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN | THE UNIVERSITY HAS AN AGREEMENT WITH DR. K. MICHAEL WELCH WHICH PROVIDES FOR A SUPPLEMENTAL RETIREMENT BENEFIT UPON HIS RETIREMENT. THE UNIVERSITY ACCRUED \$1,055,000 IN EXPENSE AS A RESULT OF THIS AGREEMENT FOR THE YEAR ENDED JUNE 30, 2014. THE PLAN DOES NOT BECOME VESTED UNTIL DECEMBER 31, 2017. |

SCHEDULE K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

ROSALIND FRANKLIN UNIVERSITY OF MEDICINE AND SCIENCE

Supplemental Information on Tax-Exempt Bonds

- Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
► Attach to Form 990. ► See separate instructions.
► Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public
Inspection

Employer identification number
36-2181973

Part I Bond Issues

| | (a) Issuer name | (b) Issuer EIN | (c) CUSIP # | (d) Date issued | (e) Issue price | (f) Description of purpose | (g) Defeased | | (h) On behalf of issuer | | (i) Pooled financing | |
|---|----------------------------|----------------|-------------|-----------------|-----------------|--|--------------|----|-------------------------|----|----------------------|----|
| | | | | | | | Yes | No | Yes | No | Yes | No |
| A | ILLINOIS FINANCE AUTHORITY | 36-2780046 | 45200PVN4 | 2/3/2003 | 57,500,000 | EDUCATIONAL FACILITIES AND RENOVATIONS | | ✓ | | ✓ | | ✓ |
| B | ILLINOIS FINANCE AUTHORITY | 36-2780046 | | 10/1/2012 | 15,500,000 | CONSTRUCT EDUCATIONAL FACILITIES | | ✓ | | ✓ | | ✓ |
| C | | | | | | | | | | | | |
| D | | | | | | | | | | | | |

Part II Proceeds

| | A | | B | | C | | D | |
|----|-----|------------|-----|------------|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 | | 0 | | 0 | | | | |
| 2 | | 0 | | 0 | | | | |
| 3 | | 57,600,299 | | 15,500,000 | | | | |
| 4 | | 0 | | 0 | | | | |
| 5 | | 0 | | 0 | | | | |
| 6 | | 0 | | 0 | | | | |
| 7 | | 735,748 | | 245,042 | | | | |
| 8 | | 1,624,929 | | 0 | | | | |
| 9 | | 0 | | 0 | | | | |
| 10 | | 25,211,184 | | 15,254,958 | | | | |
| 11 | | 30,028,438 | | 0 | | | | |
| 12 | | 0 | | 0 | | | | |
| 13 | | 2006 | | 2014 | | | | |

| | | | | | | | | | | | | |
|----|--|---|---|---|--|--|--|--|--|--|--|--|
| 14 | Were the bonds issued as part of a current refunding issue? | ✓ | | | | | | | | | | |
| 15 | Were the bonds issued as part of an advance refunding issue? | | ✓ | | | | | | | | | |
| 16 | Has the final allocation of proceeds been made? | ✓ | | ✓ | | | | | | | | |
| 17 | Does the organization maintain adequate books and records to support the final allocation of proceeds? | ✓ | | ✓ | | | | | | | | |

Part III Private Business Use

| | A | | B | | C | | D | |
|---|-----|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 | | | | | | | | |
| 2 | | ✓ | | ✓ | | | | |
| | | ✓ | | ✓ | | | | |

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

2/5/2015 11:09:24 AM

43

Cat. No. 50193E

2013 Return

ROSALIND FRANKLIN UNIVERSITY OF MEDICINE AND SCIENCE

Schedule K (Form 990) 2013

362181973

Part III Private Business Use (Continued)

| | A | | B | | C | | D | |
|---|-----|-----|-----|-----|-----|-----|-----|-----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 3a Are there any management or service contracts that may result in private business use of bond-financed property? | | ✓ | | ✓ | | | | |
| b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? | | | | | | | | |
| c Are there any research agreements that may result in private business use of bond-financed property? | | ✓ | | ✓ | | | | |
| d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? | | | | | | | | |
| 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 % | | 0 % |
| 5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government | | 0 % | | 0 % | | 0 % | | 0 % |
| 6 Total of lines 4 and 5 | | 0 % | | 0 % | | 0 % | | 0 % |
| 7 Does the bond issue meet the private security or payment test? | | ✓ | | ✓ | | | | |
| 8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? | | ✓ | | ✓ | | | | |
| b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of | | | | | | 0 % | | 0 % |
| c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? | | | | | | | | |
| 9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? | ✓ | | ✓ | | | | | |

Part IV Arbitrage

| | A | | B | | C | | D | |
|--|-----|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? | | ✓ | | ✓ | | | | |
| 2 If "No" to line 1, did the following apply? | | | | | | | | |
| a Rebate not due yet? | ✓ | | ✓ | | | | | |
| b Exception to rebate? | | ✓ | | ✓ | | | | |
| c No rebate due? | | ✓ | | ✓ | | | | |
| If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed | | | | | | | | |
| 3 Is the bond issue a variable rate issue? | ✓ | | ✓ | | | | | |
| 4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? | | ✓ | | ✓ | | | | |
| b Name of provider | | | | | | | | |
| c Term of hedge | 0 | | 0 | | | | | |
| d Was the hedge superintegrated? | | | | | | | | |
| e Was the hedge terminated? | | | | | | | | |

SCHEDULE L
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Transactions With Interested Persons**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.
► Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013**Open To Public Inspection**

Name of the organization

ROSALIND FRANKLIN UNIVERSITY OF MEDICINE AND SCIENCE

Employer identification number

36-2181973

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

| 1 | (a) Name of disqualified person | (b) Relationship between disqualified person and organization | (c) Description of transaction | (d) Corrected? | |
|-----|---------------------------------|---|--------------------------------|----------------|----|
| | | | | Yes | No |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. ► \$

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

| (a) Name of interested person | (b) Relationship with organization | (c) Purpose of loan | (d) Loan to or from the organization? | | (e) Original principal amount | (f) Balance due | (g) In default? | | (h) Approved by board or committee? | | (i) Written agreement? | |
|-------------------------------|------------------------------------|---------------------|---------------------------------------|------|-------------------------------|-----------------|-----------------|----|-------------------------------------|----|------------------------|----|
| | | | To | From | | | Yes | No | Yes | No | Yes | No |
| (1) | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | |
| (5) | | | | | | | | | | | | |
| (6) | | | | | | | | | | | | |
| (7) | | | | | | | | | | | | |
| (8) | | | | | | | | | | | | |
| (9) | | | | | | | | | | | | |
| (10) | | | | | | | | | | | | |
| Total ► | | | | | | \$ 0 | | | | | | |

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of assistance | (d) Type of assistance | (e) Purpose of assistance |
|-------------------------------|---|--------------------------|------------------------|---------------------------|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| (10) | | | | |

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Cat. No. 50056A

Schedule L (Form 990 or 990-EZ) 2013

Part IV Business Transactions Involving Interested Persons.

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

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
|-------------------------------|---|---------------------------|--------------------------------|---|----|
| | | | | Yes | No |
| (1) SEE STATEMENT | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| (10) | | | | | |

Part V Supplemental Information

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

This image shows a blank sheet of white paper with horizontal dashed lines. The lines are evenly spaced and run across the width of the page, providing a guide for handwriting or typing. There are no margins, text, or other markings on the page.

Part IV**Business Transactions Involving Interested Persons** (continued)

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
|-------------------------------|---|---------------------------|--------------------------------|---|----|
| | | | | Yes | No |
| (1) JUNE MAYOR | WIFE OF KEY EMPLOYEE | 74,083 | EMPLOYEE OF THE UNIVERSITY | | ✓ |
| (2) SCOTT SURRIDGE | SON OF EVP AND COO | 65,334 | EMPLOYEE OF THE UNIVERSITY | | ✓ |
| (3) MARK GRUMET | SON OF TRUSTEE | 32,723 | EMPLOYEE OF THE UNIVERSITY | | ✓ |

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the Organization
ROSALIND FRANKLIN UNIVERSITY OF MEDICINE AND SCIENCE

Employer Identification Number
36-2181973

| Return Reference | Identifier | Explanation |
|------------------------------------|---|--|
| FORM 990, PART I, LINE 1 | BRIEF MISSION | (CONTINUED FROM FORM 990, PART I, LINE 1) TO IMPROVING THE HEALTH OF ITS PEOPLE. |
| FORM 990, PART III, LINE 1 | ORGANIZATION'S MISSION | (CONTINUED FROM FORM 990, PART III, LINE 1) PROFESSIONS AND THE COLLEGE OF PHARMACY. THE MISSION OF RFUMS IS TO SERVE THE NATION THROUGH THE EDUCATION OF HEALTH AND BIOMEDICAL PROFESSIONALS AND THE DISCOVERY OF KNOWLEDGE DEDICATED TO IMPROVING THE HEALTH OF ITS PEOPLE. THE UNIVERSITY'S MISSION IS UNIQUELY ACCOMPLISHED WITH A FOCUS ON INTERPROFESSIONAL EDUCATION, COMMUNITY SERVICE AND RESEARCH. |
| FORM 990, PART III, LINE 4C | PROGRAM SERVICE DESCRIPTION | (CONTINUED FROM FORM 990, PART III, LINE 4C) PSYCHIATRY AT THE RFUHS BEHAVIORAL HEALTH CENTER, A FULLY FUNCTIONING OUTPATIENT BEHAVIORAL HEALTH CLINIC PROVIDING PSYCHIATRIC AND PSYCHOLOGICAL SERVICES. THE STUDENTS OBSERVE AND PARTICIPATE IN DIRECT PATIENT CARE AND DEVELOP PROFICIENCY IN THE ASSESSMENT, DIAGNOSIS AND TREATMENT OF BEHAVIORAL HEALTH DISORDERS. ALL STUDENTS ARE SUPERVISED BY LICENSED PSYCHIATRISTS FROM THE CHICAGO MEDICAL SCHOOL. |
| FORM 990, PART III, LINE 4D | DESCRIPTION OF OTHER PROGRAM SERVICES | (EXPENSES \$ 3,870,111 INCLUDING GRANTS OF \$(REVENUE \$ 5,368,740) OTHER PROGRAM SERVICE REVENUES AND EXPENSES INCLUDE INTEREST ON STUDENT LOANS AND PENALTIES, STUDENT HOUSING REVENUE AND OTHER PROGRAM SERVICES. |
| FORM 990, PART VI, SEC B, LINE 11B | REVIEW OF FORM 990 BY GOVERNING BODY | THE ORGANIZATION'S CHIEF FINANCIAL OFFICER CONDUCTS A DETAILED REVIEW OF THE FORM 990 IN CONJUNCTION WITH RFUMS' OUTSIDE INDEPENDENT TAX PREPARER. A FORMAL REVIEW OF THE FULL FORM 990 IS THEN CONDUCTED BY THE ORGANIZATION'S OFFICERS, MEMBERS OF MANAGEMENT AND THE INDEPENDENT EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE. SUBSEQUENT TO THIS REVIEW, A COPY OF THE FULL FORM 990 IS DISTRIBUTED TO EACH VOTING MEMBER OF THE BOARD OF TRUSTEES PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE. |
| FORM 990, PART VI, SEC B, LINE 12C | CONFLICT OF INTEREST POLICY | RFUMS HAS WRITTEN CONFLICT OF INTEREST POLICIES FOR MEMBERS OF THE BOARD OF TRUSTEES AND OFFICERS OF THE CORPORATION. IN ADDITION, CONFLICT OF INTEREST POLICIES AND DISCLOSURE REQUIREMENTS COVER SENIOR ADMINISTRATION AND FACULTY, AND ALL INVESTIGATORS ENGAGED IN UNIVERSITY-SPONSORED OR EXTERNALLY FUNDED RESEARCH. ON AN ANNUAL BASIS, MEMBERS OF THE GROUPS NOTED ARE REQUIRED TO DISCLOSE ANY INTERESTS THAT COULD GIVE RISE TO ANY CONFLICTS AND PROVIDE A LIST OF ANY POTENTIAL AND ACTUAL CONFLICTS. BOARD OF TRUSTEES AND OFFICER DISCLOSURE DOCUMENTS ARE MONITORED BY THE EXECUTIVE COMMITTEE OF THE BOARD. ALL OTHERS ARE MONITORED BY THE UNIVERSITY CHIEF COMPLIANCE OFFICER. IN THE EVENT OF A CONFLICT OF INTEREST, THE INDIVIDUAL IS REQUIRED TO DISCLOSE THE CONFLICT AND IS PROHIBITED FROM PARTICIPATING AS A MEMBER OF A COMMITTEE OR BOARD IN THE MATTER IN WHICH THERE IS A CONFLICT. |
| FORM 990, PART VI, LINE 15A | PROCESS TO ESTABLISH COMPENSATION FOR TOP MANAGEMENT OFFICIAL | THE TOTAL COMPENSATION PACKAGE OF THE ORGANIZATION'S TOP MANAGEMENT OFFICIAL IS ESTABLISHED, APPROVED AND REVIEWED EACH YEAR BY THE ORGANIZATION'S INDEPENDENT COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES AND REPORTED TO THE FULL BOARD OF TRUSTEES. THE ORGANIZATIONAL COMPENSATION PHILOSOPHY IS TO COMPENSATE TOP MANAGEMENT AT THE 75TH PERCENTILE OR BELOW OF THE MARKET. TO ENSURE THAT COMPENSATION IS BOTH REASONABLE AND COMPETITIVE, BIENNIALY THE BOARD RETAINS THE SERVICES OF AN OUTSIDE INDEPENDENT CONSULTING FIRM WITH EXPERTISE IN ACADEMIC HEALTHCARE. THE INDEPENDENT CONSULTANT CONDUCTS A MARKET SURVEY THAT PROVIDES THE BOARD WITH COMPARABILITY DATA FOR COMPENSATION FOR SIMILARLY QUALIFIED PERSONS AT SIMILAR ORGANIZATIONS. THE DECISIONS AND DELIBERATIONS REGARDING THE REVIEW AND APPROVAL OF THE TOP MANAGEMENT OFFICIAL'S COMPENSATION ARE DOCUMENTED IN THE BOARD MINUTES. THIS PROCESS WAS LAST UNDERTAKEN FOR THE ORGANIZATION'S TOP MANAGEMENT OFFICIAL IN JANUARY, 2013. |
| FORM 990, PART VI, LINE 15B | PROCESS TO ESTABLISH COMPENSATION FOR OTHER OFFICERS | THE TOTAL COMPENSATION PACKAGE OF THE ORGANIZATION'S OTHER OFFICERS AND KEY EMPLOYEES IS ESTABLISHED, APPROVED AND REVIEWED EACH YEAR BY THE ORGANIZATION'S INDEPENDENT COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES AND REPORTED TO THE FULL BOARD OF TRUSTEES. THE ORGANIZATIONAL COMPENSATION PHILOSOPHY IS TO COMPENSATE THE ORGANIZATION'S OTHER OFFICERS AND KEY |

| Return Reference | Identifier | Explanation | | | | | | | | |
|-----------------------------------|--|---|-----------------|------------|-------------------------|---------|-------------------------|-------------|----------------------------------|-------------|
| | | <p>EMPLOYEES AT THE 75TH PERCENTILE OR BELOW OF THE MARKET. TO ENSURE THAT COMPENSATION IS BOTH REASONABLE AND COMPETITIVE, BIENNIALLY THE BOARD RETAINS THE SERVICES OF AN OUTSIDE INDEPENDENT CONSULTING FIRM WITH EXPERTISE IN ACADEMIC HEALTHCARE.</p> <p>THE INDEPENDENT CONSULTANT CONDUCTS A MARKET SURVEY THAT PROVIDES THE BOARD WITH COMPARABILITY DATA FOR COMPENSATION FOR SIMILARLY QUALIFIED PERSONS AT SIMILAR ORGANIZATIONS. THE DECISIONS AND DELIBERATIONS REGARDING THE REVIEW AND APPROVAL OF THE OTHER OFFICERS AND KEY EMPLOYEES' COMPENSATION ARE DOCUMENTED IN THE BOARD MINUTES.</p> <p>THIS PROCESS WAS LAST UNDERTAKEN FOR THE ORGANIZATION'S OTHER OFFICERS AND KEY EMPLOYEES IN JANUARY, 2013.</p> | | | | | | | | |
| FORM 990, PART VI, SEC C, LINE 19 | REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC | THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. | | | | | | | | |
| FORM 990, PART VII, SECTION A | COMPENSATION OF BOARD MEMBERS | MONICA OBLINGER AND MARC ABEL ARE NOT COMPENSATED BY RFUMS IN THEIR CAPACITY AS BOARD MEMBERS, BUT THEY DO RECEIVE COMPENSATION IN THE CAPACITY AS FACULTY MEMBERS OF THE UNIVERSITY. | | | | | | | | |
| FORM 990 , PART XI, LINE 9 | OTHER CHANGES IN NET ASSETS OR FUND BALANCES | <table><tr><th>(a) Description</th><th>(b) Amount</th></tr><tr><td>UNREALIZED GAIN ON SWAP</td><td>152,282</td></tr><tr><td>POST RETIREMENT EXPENSE</td><td>- 1,728,392</td></tr><tr><td>POST RETIREMENT ACTUARIAL CHANGE</td><td>- 4,328,901</td></tr></table> | (a) Description | (b) Amount | UNREALIZED GAIN ON SWAP | 152,282 | POST RETIREMENT EXPENSE | - 1,728,392 | POST RETIREMENT ACTUARIAL CHANGE | - 4,328,901 |
| (a) Description | (b) Amount | | | | | | | | | |
| UNREALIZED GAIN ON SWAP | 152,282 | | | | | | | | | |
| POST RETIREMENT EXPENSE | - 1,728,392 | | | | | | | | | |
| POST RETIREMENT ACTUARIAL CHANGE | - 4,328,901 | | | | | | | | | |

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service
Name of the organization

ROSALIND FRANKLIN UNIVERSITY OF MEDICINE AND SCIENCE

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047

2013

Open to Public
Inspection

Employer identification number

36-2181973

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

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
|---|-------------------------|--|----------------------------|---|----------------------------------|--|----|
| | | | | | | Yes | No |
| (1) ROSALIND FRANKLIN UNIVERSITY HEALTH SYSTEM (77-0691998) 3333 GREEN BAY ROAD, NORTH CHICAGO, IL 60064 | HEALTH CARE | IL | 501(C)(3) | 11 - TYPE I | RFUMS | | ✓ |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |

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

Cat. No. 50135Y

Schedule R (Form 990) 2013

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of- year assets | (h) Disproportionate allocations? | | (i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|--|-------------------------|--|-------------------------------------|---|---------------------------------|--|---|----|---|---|----|--------------------------------|
| | | | | | | | Yes | No | | Yes | No | |
| (1)..... | | | | | | | | | | | | |
| (2)..... | | | | | | | | | | | | |
| (3)..... | | | | | | | | | | | | |
| (4)..... | | | | | | | | | | | | |
| (5)..... | | | | | | | | | | | | |
| (6)..... | | | | | | | | | | | | |
| (7)..... | | | | | | | | | | | | |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? | |
|---|-------------------------|---|-------------------------------------|---|---------------------------------|---------------------------------------|--------------------------------|--|----|
| | | | | | | | | Yes | No |
| (1)..... | | | | | | | | | |
| (2)..... | | | | | | | | | |
| (3)..... | | | | | | | | | |
| (4)..... | | | | | | | | | |
| (5)..... | | | | | | | | | |
| (6)..... | | | | | | | | | |
| (7)..... | | | | | | | | | |

Schedule R (Form 990) 2013

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?

| | Yes | No |
|---|-----------|-------------------------------------|
| a Receipt of (i) interest (iii) royalties or (iv) rent from a controlled entity | 1a | <input checked="" type="checkbox"/> |
| b Gift, grant, or capital contribution to related organization(s) | 1b | <input checked="" type="checkbox"/> |
| c Gift, grant, or capital contribution from related organization(s) | 1c | <input checked="" type="checkbox"/> |
| d Loans or loan guarantees to or for related organization(s) | 1d | <input checked="" type="checkbox"/> |
| e Loans or loan guarantees by related organization(s) | 1e | <input checked="" type="checkbox"/> |
| f Dividends from related organization(s) | 1f | <input checked="" type="checkbox"/> |
| g Sale of assets to related organization(s) | 1g | <input checked="" type="checkbox"/> |
| h Purchase of assets from related organization(s) | 1h | <input checked="" type="checkbox"/> |
| i Exchange of assets with related organization(s) | 1i | <input checked="" type="checkbox"/> |
| j Lease of facilities, equipment, or other assets to related organization(s) | 1j | <input checked="" type="checkbox"/> |
| k Lease of facilities, equipment, or other assets from related organization(s) | 1k | <input checked="" type="checkbox"/> |
| l Performance of services or membership or fundraising solicitations for related organization(s) | 1l | <input checked="" type="checkbox"/> |
| m Performance of services or membership or fundraising solicitations by related organization(s) | 1m | <input checked="" type="checkbox"/> |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | 1n | <input checked="" type="checkbox"/> |
| o Sharing of paid employees with related organization(s) | 1o | <input checked="" type="checkbox"/> |
| p Reimbursement paid to related organization(s) for expenses | 1p | <input checked="" type="checkbox"/> |
| q Reimbursement paid by related organization(s) for expenses | 1q | <input checked="" type="checkbox"/> |
| r Other transfer of cash or property to related organization(s) | 1r | <input checked="" type="checkbox"/> |
| s Other transfer of cash or property from related organization(s) | 1s | <input checked="" type="checkbox"/> |

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

| | (a) Name of related organization | (b) Transaction type (a–s) | (c) Amount involved | (d) Method of determining amount involved |
|------------|--|-------------------------------|------------------------|--|
| (1) | ROSALIND FRANKLIN UNIVERSITY HEALTH SYSTEM | D | 11,169,585 | ACTUAL COST |
| (2) | ROSALIND FRANKLIN UNIVERSITY HEALTH SYSTEM | P | 937,808 | ACTUAL COST |
| (3) | ROSALIND FRANKLIN UNIVERSITY HEALTH SYSTEM | R | 800,000 | ACTUAL CASH |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |

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

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

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (e) Are all partners section 501(c)(3) organizations? | | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|---|-------------------------|--|--|---|----|---------------------------------|--|---|----|---|---|----|--------------------------------|
| | | | | Yes | No | | | Yes | No | | Yes | No | |
| (1)..... | | | | | | | | | | | | | |
| (2)..... | | | | | | | | | | | | | |
| (3)..... | | | | | | | | | | | | | |
| (4)..... | | | | | | | | | | | | | |
| (5)..... | | | | | | | | | | | | | |
| (6)..... | | | | | | | | | | | | | |
| (7)..... | | | | | | | | | | | | | |
| (8)..... | | | | | | | | | | | | | |
| (9)..... | | | | | | | | | | | | | |
| (10)..... | | | | | | | | | | | | | |
| (11)..... | | | | | | | | | | | | | |
| (12)..... | | | | | | | | | | | | | |
| (13)..... | | | | | | | | | | | | | |
| (14)..... | | | | | | | | | | | | | |
| (15)..... | | | | | | | | | | | | | |
| (16)..... | | | | | | | | | | | | | |

Schedule R (Form 990) 2013

Form **990-T****Exempt Organization Business Income Tax Return**
(and proxy tax under section 6033(e))

OMB No. 1545-0687

For calendar year 2013 or other tax year beginning JULY 01, 2013, and ending JUNE 30, 20 14.
▶ See separate instructions.**2013**Department of the Treasury
Internal Revenue Service▶ Information about Form 990-T and its instructions is available at www.irs.gov/form990t.
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).Open to Public Inspection for
501(c)(3) Organizations OnlyA ☐ Check box if
address changed

B Exempt under section

- ☒
- 501(C)(3)
-
- ☐
- 408(e)
- ☐
- 220(e)
-
- ☐
- 408A
- ☐
- 530(a)
-
- ☐
- 529(a)

Print
or
TypeName of organization (☐ Check box if name changed and see instructions.)

ROSALIND FRANKLIN UNIVERSITY OF MEDICINE AND SCIENCE

Number, street, and room or suite no. If a P.O. box, see instructions.

3333 GREEN BAY ROAD

City or town, state or province, country, and ZIP or foreign postal code

NORTH CHICAGO, IL 60064-3095

D Employer identification number
(Employees' trust, see instructions.)

36-2181973

E Unrelated business activity codes
(See instructions.)

525990

C Book value of all assets
at end of year

240,705,035

F Group exemption number (See instructions.) ▶

G Check organization type ▶ ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust

H Describe the organization's primary unrelated business activity. ▶ INCOME FROM PARTNERSHIP INVESTMENTS

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . . ▶ ☐ Yes ☒ No
If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ ROBERTA LANE

Telephone number ▶ (847)578-3000

Part I Unrelated Trade or Business Income

(A) Income

(B) Expenses

(C) Net

| | | | | | | | | | |
|----|--|---------|--|--|---|--|--|---------|--|
| 1a | Gross receipts or sales | 0 | | | | | | | |
| b | Less returns and allowances | 0 | | | | | | | |
| | c Balance ▶ | | | | | | | | |
| 1c | | 0 | | | | | | | |
| 2 | Cost of goods sold (Schedule A, line 7) | 0 | | | | | | | |
| 3 | Gross profit. Subtract line 2 from line 1c | 0 | | | | | | 0 | |
| 4a | Capital gain net income (attach Form 8949 and Schedule D) | 6,589 | | | | | | 6,589 | |
| b | Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) | 0 | | | | | | 0 | |
| c | Capital loss deduction for trusts | 0 | | | | | | 0 | |
| 5 | Income (loss) from partnerships and S corporations (attach statement) | -10,822 | | | | | | -10,822 | |
| 6 | Rent income (Schedule C) | 0 | | | 0 | | | 0 | |
| 7 | Unrelated debt-financed income (Schedule E) | 0 | | | 0 | | | 0 | |
| 8 | Interest, annuities, royalties, and rents from controlled organizations (Schedule F) | 0 | | | 0 | | | 0 | |
| 9 | Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) | 0 | | | 0 | | | 0 | |
| 10 | Exploited exempt activity income (Schedule I) | 0 | | | 0 | | | 0 | |
| 11 | Advertising income (Schedule J) | 0 | | | 0 | | | 0 | |
| 12 | Other income (See instructions; attach schedule.) | 0 | | | | | | 0 | |
| 13 | Total. Combine lines 3 through 12 | -4,233 | | | 0 | | | -4,233 | |

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

| | | | | | | | | | |
|----|---|-----|--|---|--|--|--|-----|--------|
| 14 | Compensation of officers, directors, and trustees (Schedule K) | | | | | | | 14 | 0 |
| 15 | Salaries and wages | | | | | | | 15 | 0 |
| 16 | Repairs and maintenance | | | | | | | 16 | 0 |
| 17 | Bad debts | | | | | | | 17 | 0 |
| 18 | Interest (attach schedule) | | | | | | | 18 | 0 |
| 19 | Taxes and licenses | | | | | | | 19 | 0 |
| 20 | Charitable contributions (See instructions for limitation rules.) | | | | | | | 20 | |
| 21 | Depreciation (attach Form 4562) | 21 | | 0 | | | | | |
| 22 | Less depreciation claimed on Schedule A and elsewhere on return | 22a | | 0 | | | | 22b | 0 |
| 23 | Depletion | | | | | | | 23 | 0 |
| 24 | Contributions to deferred compensation plans | | | | | | | 24 | 0 |
| 25 | Employee benefit programs | | | | | | | 25 | 0 |
| 26 | Excess exempt expenses (Schedule I) | | | | | | | 26 | 0 |
| 27 | Excess readership costs (Schedule J) | | | | | | | 27 | 0 |
| 28 | Other deductions (attach schedule) | | | | | | | 28 | 1,500 |
| 29 | Total deductions. Add lines 14 through 28 | | | | | | | 29 | 1,500 |
| 30 | Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 | | | | | | | 30 | -5,733 |
| 31 | Net operating loss deduction (limited to the amount on line 30) | | | | | | | 31 | 0 |
| 32 | Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 | | | | | | | 32 | -5,733 |
| 33 | Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions.) | | | | | | | 33 | |
| 34 | Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32 | | | | | | | 34 | -5,733 |

Part III Tax Computation

| | | |
|--|------------|---|
| 35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and: | | |
| a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ <input type="text"/> (2) \$ <input type="text"/> (3) \$ <input type="text"/> | | |
| b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ <input type="text"/> (2) Additional 3% tax (not more than \$100,000) \$ <input type="text"/> | | |
| c Income tax on the amount on line 34 | 35c | 0 |
| 36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) | 36 | |
| 37 Proxy tax. See instructions | 37 | |
| 38 Alternative minimum tax | 38 | |
| 39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies | 39 | 0 |

Part IV Tax and Payments

| | | | |
|--|------------|---|---|
| 40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) | 40a | | |
| b Other credits (see instructions) | 40b | | |
| c General business credit. Attach Form 3800 (see instructions) | 40c | | |
| d Credit for prior year minimum tax (attach Form 8801 or 8827) | 40d | | |
| e Total credits. Add lines 40a through 40d | 40e | | 0 |
| 41 Subtract line 40e from line 39 | 41 | | 0 |
| 42 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule) | 42 | | 0 |
| 43 Total tax. Add lines 41 and 42 | 43 | | 0 |
| 44a Payments: A 2012 overpayment credited to 2013 | 44a | 0 | |
| b 2013 estimated tax payments | 44b | 0 | |
| c Tax deposited with Form 8868 | 44c | | |
| d Foreign organizations: Tax paid or withheld at source (see instructions) | 44d | | |
| e Backup withholding (see instructions) | 44e | | |
| f Credit for small employer health insurance premiums (Attach Form 8941) | 44f | | |
| g Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other <input type="text"/> 0 Total | 44g | 0 | |
| 45 Total payments. Add lines 44a through 44g | 45 | | 0 |
| 46 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/> | 46 | | |
| 47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed | 47 | | 0 |
| 48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid | 48 | | 0 |
| 49 Enter the amount of line 48 you want: Credited to 2014 estimated tax <input type="text"/> 0 Refunded <input type="text"/> | 49 | | 0 |

Part V Statements Regarding Certain Activities and Other Information (see instructions)

| | | |
|---|-----|----|
| 1 At any time during the 2013 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here | Yes | No |
| 2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file. | | ✓ |
| 3 Enter the amount of tax-exempt interest received or accrued during the tax year \$ <input type="text"/> 0 | | |

Schedule A—Cost of Goods Sold. Enter method of inventory valuation

| | | | | | |
|---|-----------|---|---|----------|----|
| 1 Inventory at beginning of year | 1 | 0 | 6 Inventory at end of year | 6 | 0 |
| 2 Purchases | 2 | 0 | 7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2 | 7 | 0 |
| 3 Cost of labor | 3 | 0 | 8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? | Yes | No |
| 4a Additional section 263A costs (attach schedule) | 4a | 0 | | | ✓ |
| b Other costs (attach schedule) | 4b | 0 | | | |
| 5 Total. Add lines 1 through 4b | 5 | 0 | | | |

Sign Here

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 taxpayer) is based on all information of which preparer has any knowledge.

| | | |
|----------------------|------|-------|
| Signature of officer | Date | Title |
| <i>John Woodhull</i> | | CFO |

| |
|---|
| May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|---|

Paid Preparer Use Only

| | | | | |
|---|--|-------------------------|---|------|
| Print/Type preparer's name JOHN WOODHULL | Preparer's signature <i>John Woodhull, Esq.</i> | Date 2/5/2015 | Check <input type="checkbox"/> if self-employed | PTIN |
| Firm's name CROWE HORWATH LLP | Firm's EIN | | | |
| Firm's address 225 WEST WACKER DRIVE, SUITE 2600, CHICAGO, IL 60606-1224 | Phone no. (312)899-7000 | | | |

**Application for Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-1709

► **File a separate application for each return.**► **Information about Form 8868 and its instructions is at www.irs.gov/form8868.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☐
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only ☒

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

| | | Enter filer's identifying number, see instructions |
|--|---|--|
| Type or print File by the due date for filing your return. See instructions. | Name of exempt organization or other filer, see instructions. ROSALIND FRANKLIN UNIVERSITY OF MEDICINE AND SCIENCE | Employer identification number (EIN) or 36-2181973 |
| | Number, street, and room or suite no. If a P.O. box, see instructions. 3333 GREEN BAY ROAD | Social security number (SSN) |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. NORTH CHICAGO, IL 60064-3095 | |

Enter the Return code for the return that this application is for (file a separate application for each return)

| Application Is For | Return Code | Application Is For | Return Code |
|--|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ | 01 | Form 990-T (corporation) | 07 |
| Form 990-BL | 02 | Form 1041-A | 08 |
| Form 4720 (individual) | 03 | Form 4720 (other than individual) | 09 |
| Form 990-PF | 04 | Form 5227 | 10 |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | 11 |
| Form 990-T (trust other than above) | 06 | Form 8870 | 12 |

- The books are in the care of ► **ROBERTA LANE**

Telephone No. ► **(847)578-3000**Fax No. ► **(847)578-3434**

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **May 15**, 20 **15**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☐ calendar year 20 or

► ☒ tax year beginning **July 01**, 20 **13**, and ending **June 30**, 20 **14**.

- 2** If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

| | | | |
|---|-----------|----|----------|
| 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 3a | \$ | 0 |
| b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | 3b | \$ | 0 |
| c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 3c | \$ | 0 |

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Schedule C—Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

| |
|-----|
| (1) |
| (2) |
| (3) |
| (4) |

2. Rent received or accrued

| (a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) | (b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) | 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) |
|---|---|---|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| Total | Total | |

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ▶**(b) Total deductions.** Enter here and on page 1, Part I, line 6, column (B) ▶

0

Schedule E—Unrelated Debt-Financed Income (see instructions)

| 1. Description of debt-financed property | | 2. Gross income from or allocable to debt-financed property | 3. Deductions directly connected with or allocable to debt-financed property | |
|---|---|---|--|---|
| | | | (a) Straight line depreciation (attach schedule) | (b) Other deductions (attach schedule) |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | 5. Average adjusted basis of or allocable to debt-financed property (attach schedule) | 6. Column 4 divided by column 5 | 7. Gross income reportable (column 2 × column 6) | 8. Allocable deductions (column 6 × total of columns 3(a) and 3(b)) |
| (1) | | % | | |
| (2) | | % | | |
| (3) | | % | | |
| (4) | | % | | |
| Totals ▶ | | | Enter here and on page 1, Part I, line 7, column (A). 0 | Enter here and on page 1, Part I, line 7, column (B). 0 |
| Total dividends-received deductions included in column 8 ▶ | | | | 0 |

Schedule F—Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

| 1. Name of controlled organization | 2. Employer identification number | Exempt Controlled Organizations | | | |
|------------------------------------|---|---|--|---|--|
| | | 3. Net unrelated income (loss) (see instructions) | 4. Total of specified payments made | 5. Part of column 4 that is included in the controlling organization's gross income | 6. Deductions directly connected with income in column 5 |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| Nonexempt Controlled Organizations | | | | | |
| 7. Taxable Income | 8. Net unrelated income (loss) (see instructions) | 9. Total of specified payments made | 10. Part of column 9 that is included in the controlling organization's gross income | 11. Deductions directly connected with income in column 10 | |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| Totals ▶ | | | Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). 0 | Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B). 0 | |

Schedule G—Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

| 1. Description of income | 2. Amount of income | 3. Deductions directly connected (attach schedule) | 4. Set-asides (attach schedule) | 5. Total deductions and set-asides (col. 3 plus col. 4) |
|--------------------------|---|--|---------------------------------|---|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| | Enter here and on page 1, Part I, line 9, column (A). | | | Enter here and on page 1, Part I, line 9, column (B). |
| Totals | 0 | | | 0 |

Schedule I—Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

| 1. Description of exploited activity | 2. Gross unrelated business income from trade or business | 3. Expenses directly connected with production of unrelated business income | 4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7. | 5. Gross income from activity that is not unrelated business income | 6. Expenses attributable to column 5 | 7. Excess exempt expenses (column 6 minus column 5, but not more than column 4). |
|--------------------------------------|---|---|--|---|--------------------------------------|--|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| | Enter here and on page 1, Part I, line 10, col. (A). | Enter here and on page 1, Part I, line 10, col. (B). | | | | Enter here and on page 1, Part II, line 26. |
| Totals | 0 | 0 | | | | 0 |

Schedule J—Advertising Income (see instructions)**Part I Income From Periodicals Reported on a Consolidated Basis**

| 1. Name of periodical | 2. Gross advertising income | 3. Direct advertising costs | 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. | 5. Circulation income | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4). |
|--|-----------------------------|-----------------------------|--|-----------------------|---------------------|---|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| Totals (carry to Part II, line (5)) | | | | | | |

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

| 1. Name of periodical | 2. Gross advertising income | 3. Direct advertising costs | 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. | 5. Circulation income | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4). |
|------------------------------------|--|--|--|-----------------------|---------------------|---|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| Totals from Part I | | | | | | |
| | Enter here and on page 1, Part I, line 11, col. (A). | Enter here and on page 1, Part I, line 11, col. (B). | | | | Enter here and on page 1, Part II, line 27. |
| Totals, Part II (lines 1-5) | 0 | 0 | | | | 0 |

Schedule K—Compensation of Officers, Directors, and Trustees (see instructions)

| 1. Name | 2. Title | 3. Percent of time devoted to business | 4. Compensation attributable to unrelated business |
|--|----------|--|--|
| (1) | | % | |
| (2) | | % | |
| (3) | | % | |
| (4) | | % | |
| Total. Enter here and on page 1, Part II, line 14 | | | 0 |

Form 990-T Part I, Line 5, Income (loss) from partnerships and S corporations

| Name of Partnership | EIN | Amount |
|---------------------------------------|------------|----------------|
| AIM Activity | | |
| (1) Davidson Kempner | 13-3597020 | -225 |
| (2) Special Situation Partners II, LP | 20-4497486 | -10,597 |
| Total for Part I, Line 5 | | -10,822 |

Form 990-T Part II, Line 28, Other Deductions

| Description | Amount |
|-----------------------------------|--------------|
| Activity 1 | |
| (1) TAX PREPARATION FEES | 1,500 |
| Total for Part II, Line 28 | 1,500 |

Form 990-T Part II, Line 31, Net Operating Loss Deduction Carryforward Schedule

| Year Generated | Amount Generated | Amount Used in Prior Years | Amount Used in Current Year | Amount Remaining | NOL Expires |
|----------------|------------------|----------------------------|-----------------------------|------------------|-------------|
| 2003 | 228,279 | 228,279 | 0 | 0 | 2023 |
| 2004 | 43,260 | 43,260 | 0 | 0 | 2025 |
| 2005 | 309,736 | 253,064 | 0 | 56,672 | 2024 |
| 2006 | 326,071 | 0 | 0 | 326,071 | 2032 |
| 2007 | 543,793 | 0 | 0 | 543,793 | 2026 |
| 2012 | 8,762 | 0 | 0 | 8,762 | 2027 |
| 2013 | 5,733 | 0 | 0 | 5,733 | 2028 |
| Totals | 1,465,634 | 524,603 | 0 | 941,031 | |

ELECTION TO FORGO THE TWO-YEAR NET OPERATING LOSS CARRYBACK PERIOD

The taxpayer incurred a net operating loss in the current tax year and is entitled to a two-year carryback of the loss under IRC Sec. 172(b)(1)(A)(i). Pursuant to IRC Sec. 172(b)(3), the taxpayer hereby elects to relinquish the entire carryback period with respect to any regular tax and AMT net operating losses.

**SCHEDULE D
(Form 1120)**Department of the Treasury
Internal Revenue Service**Capital Gains and Losses**▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC,
1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.▶ Information about Schedule D (Form 1120) and its separate instructions is at www.irs.gov/form1120.

OMB No. 1545-0123

2013

| | |
|---|---|
| Name ROSALIND FRANKLIN UNIVERSITY OF MEDICINE AND SCIENCE | Employer identification number 36-2181973 |
|---|---|

Part I Short-Term Capital Gains and Losses—Assets Held One Year or Less

| | | | | |
|--|----------------------------------|---------------------------------|---|--|
| See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars. | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g) | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
| 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b | | | | |
| 1b Totals for all transactions reported on Form(s) 8949 with Box A checked | | | | |
| 2 Totals for all transactions reported on Form(s) 8949 with Box B checked | | | | |
| 3 Totals for all transactions reported on Form(s) 8949 with Box C checked | | | | |
| 4 Short-term capital gain from installment sales from Form 6252, line 26 or 37 | | | 4 | |
| 5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 | | | 5 | |
| 6 Unused capital loss carryover (attach computation) | | | 6 () | |
| 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h. | | | 7 | |

Part II Long-Term Capital Gains and Losses—Assets Held More Than One Year

| | | | | |
|---|----------------------------------|---------------------------------|--|--|
| See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars. | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g) | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
| 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b | | | | |
| 8b Totals for all transactions reported on Form(s) 8949 with Box D checked | | | | |
| 9 Totals for all transactions reported on Form(s) 8949 with Box E checked | | | | |
| 10 Totals for all transactions reported on Form(s) 8949 with Box F checked | 6,589 | | | 6,589 |
| 11 Enter gain from Form 4797, line 7 or 9 | | | 11 | |
| 12 Long-term capital gain from installment sales from Form 6252, line 26 or 37 | | | 12 | |
| 13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 | | | 13 | |
| 14 Capital gain distributions (see instructions) | | | 14 | |
| 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h | | | 15 | 6,589 |

Part III Summary of Parts I and II

| | | |
|--|-----------|-------|
| 16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) | 16 | |
| 17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) | 17 | 6,589 |
| 18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns | 18 | 6,589 |

Note. If losses exceed gains, see **Capital losses** in the instructions.

Name(s) shown on return. (Name and SSN or taxpayer identification no. not required if shown on other side.)

Social security number or taxpayer identification number

ROSALIND FRANKLIN UNIVERSITY OF MEDICINE AND SCIENCE

36-2181973

Most brokers issue their own substitute statement instead of using Form 1099-B. They also may provide basis information (usually your cost) to you on the statement even if it is not reported to the IRS. Before you check Box D, E, or F below, determine whether you received any statement(s) and, if so, the transactions for which basis was reported to the IRS. Brokers are required to report basis to the IRS for most stock you bought in 2011 or later.

Part II Long-Term. Transactions involving capital assets you held more than one year are long term. For short-term transactions, see page 1.

Note. You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the total directly on Schedule D, line 8a; you are not required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

☐ **(D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)

☐ **(E)** Long-term transactions reported on Form(s) 1099-B showing basis was **not** reported to the IRS

☒ **(F)** Long-term transactions not reported to you on Form 1099-B

| 1 | (a) Description of property (Example: 100 sh. XYZ Co.) | (b) Date acquired (Mo., day, yr.) | (c) Date sold or disposed (Mo., day, yr.) | (d) Proceeds (sales price) (see instructions) | (e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions | Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions. | | (h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g) |
|---|--|---|--|--|--|---|--------------------------------|--|
| | | | | | | (f) Code(s) from instructions | (g) Amount of adjustment | |
| | FROM SCHEDULE K-1 (FORM 1065) | VARIOUS | VARIOUS | 6,589 | | | | 6,589 |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) ► | | | | 6,589 | | | | 6,589 |

Note. If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.