Public Disclosure Copy

Form 990

PLEASE SIGN THIS COPY AND RETAIN FOR YOUR RECORDS

Public Inspection Requirement

An exempt organization must make available for public inspection, upon request and without charge, a copy of its original and amended annual information returns. Each information return must be made available from the date it is required to be filed (determined without regard to any extensions), or is actually filed, whichever is later. An original return does not have to be made available if more than 3 years have passed from the date the return was required to be filed (including any extensions) or was filed, whichever is later. An amended return does not have to be made available if more than 3 years have passed from the date it was filed.

An annual information return includes an exact copy of the return (Form 990 or 990–EZ and amended return, if any) and all schedules, attachments, and supporting documents filed with the IRS. In the case of a tax-exempt organization other than a private foundation, the names and addresses of contributors to the organization need not be disclosed, and Schedule B has been redacted accordingly.

For returns filed by Section 501(c)(3) organizations after August 17, 2006, Form 990-T must also be made available for public inspection. However, only those schedules, statements, and attachments to Form 990-T that relate to the imposition of the unrelated business income tax must be made available for public inspection.

This copy of the return is provided only for Public Disclosure purposes. Any confidential information regarding donors, and schedules or attachments to Form 990-T that do not relate to the calculation of unrelated business income tax, have been removed.

Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2023 calendar year, or tax year beginning JUL 1 2023 and ending JUN 30 2024 C Name of organization D Employer identification number В Check if applicable Address change NORTHERN ILLINOIS UNIVERSITY FOUNDATION Name 36-6086819 Doing business as change Initial return E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite Final return/ termin-ated 815-753-0282 ALTGELD HALL 134 19,215,396. City or town, state or province, country, and ZIP or foreign postal code Gross receipts \$ Amended DEKALB, IL 60115 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: CATHERINE B SQUIRES, CFRE Yes X No for subordinates? SAME AS C ABOVE H(b) Are all subordinates included? Yes No Tax-exempt status: X 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions WWW.NIUFOUNDATION.ORG J Website: H(c) Group exemption number K Form of organization: X Corporation Trust Association Other Year of formation: 1949 M State of legal domicile: IL Part I Summary TO SECURE AND MANAGE PRIVATE Briefly describe the organization's mission or most significant activities: 1 Activities & Governance SUPPORT TO BENEFIT NORTHERN ILLINOIS UNIVERSITY. 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 25 3 Number of voting members of the governing body (Part VI, line 1a) 3 Number of independent voting members of the governing body (Part VI, line 1b) 25 4 4 0 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 5 Total number of volunteers (estimate if necessary) 1450 6 6 347,179. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 263,171. 7h Prior Year **Current Year** 15,598,366, 11,165,020. Contributions and grants (Part VIII, line 1h) 8 Revenue 1,802,856 1,297,374. 9 Program service revenue (Part VIII, line 2g) 6,690,368 6,601,130. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 176,807 151,872. 11 24,268,397 19,215,396. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 7,075,348 9,854,456. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) Ο. Ο. 14 Benefits paid to or for members (Part IX, column (A), line 4) Ο. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Ο. 15 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. Ο. 1,978,799. b Total fundraising expenses (Part IX, column (D), line 25) 6,060,683. 6,019,151. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 13,136,031. 15,873,607. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 11,132,366. 3,341,789. Revenue less expenses. Subtract line 18 from line 12 19 **Beginning of Current Year** End of Year P 184,924,291 183,520,460. Total assets (Part X, line 16) 20 15,338,575. 17,098,102. 21 Total liabilities (Part X, line 26) let 169,585,716. 166,422,358. 22 Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block

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

					11/13/2	4	
Sign	Signature of officer				Date		
Here	CATHERINE BSQUIRES, CFRE, PRESIDENT	AND CEO					
	Type or print name and title						
	Print/Type preparer's name	Preparer's signature		Date	Check	PTIN	
Paid	DORI J. EGGETT	DORI J. EGGETT		10/31/24	self-employed	P00645252	
Preparer	Firm's name PLANTE & MORAN, PLLC				Firm's EIN 38-	1357951	
Use Only	Firm's address 8181 E TUFTS AVE, SUITE 6	00					
	DENVER, CO 80237				Phone no. 303-74	40-9400	
May the IF	RS discuss this return with the preparer shown abo	ove? See instructions				X Yes	No
I HA For	Paperwork Reduction Act Notice, see the separate	rate instructions.	332001 12-21-23			Form 990	(2023)

LHA For Paperwork Reduction Act Notice, see the separate instructions.

OMB No. 1545-0047

Open to Public

Inspection

Form	1990 (2023) NORTHERN ILLINOIS UNIVERSITY FOUNDATION	36-6086819	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	X
1	Briefly describe the organization's mission:		
	THE NIU FOUNDATION'S MISSION IS TO ENERGIZE AND CONNECT THE PRIVATE		
	SECTOR WITH THE NIU COMMUNITY TO SECURE AND STEWARD RESOURCES THAT		
	SUPPORT THE FUTURE AND GROWTH OF NIU.		
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 X 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 X 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 me	easured by exp	enses
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,		
	if any far and around any in any in any in		
4a	(Code:) (Expenses \$11,219,273. including grants of \$9,854,456.) (Revenue \$	¢	1 281 719.)
та	SEE SCHEDULE O	Φ	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue :	\$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue :	\$)
4d	Other program services (Describe on Schedule O.)		
14	(Expenses \$ including grants of \$) (Revenue \$	١	
4e	Total program service expenses 11,219,273.)	
			Form 990 (2023)
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Form	990	(2023)

NORTHERN ILLINOIS UNIVERSITY FOUNDATION

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Par	t IV Checklist of Required Schedules			<u> </u>
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	х	
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8	х	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes."			
	complete Schedule G, Part III	19		x
20a		20a		x
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	х	
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Form 990 (2023)	NORTHERN		
Part IV	Checklist of	of Required Se	chedules	(continued)

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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	• •		
	any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05.0		x
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	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</i>			
		25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			1
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		<u> </u>
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	X	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30	X	<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22		x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34	x	1
35 a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	204		
~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			[
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		X
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 135			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
	(gambling) winnings to prize winners?	1c	X 990	(2023)
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Form	990 (2023) NORTHERN ILLINOIS UNIVERSITY FOUNDATION		36-608681	9	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)					
					Yes	No
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	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	าร?		2b		
				3a	Х	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b	Х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other a					
	financial account in a foreign country (such as a bank account, securities account, or other financial a			4a		x
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	counts (FF	BAR).			
5a		•		5a		x
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac			5b		x
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
Uu				6a		x
h	any contributions that were not tax deductible as charitable contributions?			Ua		<u> </u>
D.				6b		
7	Organizations that may receive deductible contributions under section 170(c).			00		
7		vices provid	nd to the never?	70	х	
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser			<u>7a</u> 7b	x	<u> </u>
				10	21	<u> </u>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			7-		x
	to file Form 8282?			7c		
	If "Yes," indicate the number of Forms 8282 filed during the year	7d		7.		x
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co			7e		X
t	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		
-	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		<u> </u>
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza		orm 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the		-		
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		<u> </u>
b				9b		
10	Section 501(c)(7) organizations. Enter:	I I				
	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:	I I				
	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				
	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.					
а	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				
С	Enter the amount of reserves on hand	13c				
14a				14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul	e O		14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					1
	excess parachute payment(s) during the year?			15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?		16		x
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities				1
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					
332005	12-21-23			Form	990	(2023)

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Form	990 (2023) NORTHERN ILLINOIS UNIVERSITY FOUNDATION		36-60868		Р	age 6
Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 th	rough	7b below, and for	a "No" i	respon	ise
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.					
	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion 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	2	5		
iu	If there are material differences in voting rights among members of the governing body, or if the governing	14		-		
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.					
h	Enter the number of voting members included on line 1a, above, who are independent	1b	2	5		
0	•			-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship				x	
-	officer, director, trustee, or key employee?			2	~	
3	Did the organization delegate control over management duties customarily performed by or under the	aireci	supervision			
			<i>a</i>			X
4	Did the organization make any significant changes to its governing documents since the prior Form 99					X
5	Did the organization become aware during the year of a significant diversion of the organization's asso	ets?				X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap					
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, ste	ockho	lders, or			
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	by the	e following:			
а	The governing body?			8a	х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	enue	Code)			
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		x
	If "Yes," did the organization have written policies and procedures governing the activities of such cha					
		•	,,	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body			11a	х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	20101	ege .e	114		
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>			12a	х	
h	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	x	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? $ f = \gamma$			120		
U		,		12c	x	
40	on Schedule O how this was done Did the organization have a written whistleblower policy?				x	
13				13	x	
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 inc	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			<u>15a</u>		X
b	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	ient w	ith a			
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	e its p	articipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi	zation	's			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filedIL, NY, NM, OR, UT, CO, W	A,MA,	ОН			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	d 990	T (section 501(c)(3	s) only)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website Another's website X Upon request Other (explain	on Sc	hedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con		,	nd finan	cial	
	statements available to the public during the tax year.		, ,,,,			
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	d records			
	KYM KOWALSKI - 815-753-1663					
	ALTGELD HALL 134, DEKALB, IL 60115					
332004	12-21-23			Form	990	(2023)
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2023.05000 NORTHERN ILLINOIS UNIVERS 133621-1

Form 990 (2023)	NORTHERN ILLINOIS UNIVERSITY FOUNDATION	36-6086819	Page 7
Part VII Compe	ensation of Officers, Directors, Trustees, Key Employees, Highe	st Compensated	
Employ	ees, and Independent Contractors		
Check if S	Schedule O contains a response or note to any line in this Part VII		X
Section A. Officers	, Directors, Trustees, Key Employees, and Highest Compensated Employees		
 List all of the org 	le for all persons required to be listed. Report compensation for the calendar year e ganization's current officers, directors, trustees (whether individuals or organizatior D), (E), and (F) if no compensation was paid.	5	,

• List all of the organization's current key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

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

(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do		Pos		l than d	ane	Reportable	Reportable	Estimated
	hours per	box	, unle	ss per	rson i	s both	n an	compensation	compensation	amount of
	week		cer ar I	id a d	Irecto	r/trus I	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	e or di	ee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/	from the
	related organizations	rustee	trus		ee	npen		1099-NEC)	1099-NEC)	organization and related
	below	dual t	ltiona		nploy	st cor	1	1000 (120)		organizations
	line)	Individual trustee or director	In stit utio nal tru stee	Officer	Key employee	Highest compensated employee	Former			
(1) CATHERINE SQUIRES	40.00	_	_	-	<u> </u>		_			
PRESIDENT AND CEO, SECRETARY	0.00			x				٥.	307,728.	42,802.
(2) LUKE SEBBY	40.00									
KEY EMPLOYEE	0.00				х			0.	192,470.	41,517.
(3) MICHAEL J DAIGLER	40.00									
KEY EMPLOYEE	0.00				х			0.	182,576.	49,049.
(4) RAYMOND LOWELL JACKSON	40.00									
KEY EMPLOYEE	0.00				х			0.	184,862.	41,479.
(5) REYNALDO BUSTINZA	40.00									
KEY EMPLOYEE	0.00				х			0.	184,862.	32,243.
(6) JEAN GODLEWSKI	40.00									
DIRECTOR OF FINANCE	0.00			Х				0.	145,644.	37,678.
(7) ERIN EILEEN SULLIVAN SMITH	40.00									
HIGHEST COMPENSATED EMPLOYEE	0.00					Х		0.	128,125.	48,374.
(8) SCOTT GLUCK	40.00									
HIGHEST COMPENSATED EMPLOYEE	0.00					Х		0.	131,969.	42,583.
(9) KYM KOWALSKI	40.00									
CONTROLLER	0.00			Х				0.	131,343.	41,787.
(10) MICHAEL C. ADZOVIC	40.00									
HIGHEST COMPENSATED EMPLOYEE	0.00					X		٥.	128,316.	44,561.
(11) KATE QUINN	40.00									
SECRETARY	0.00			Х				0.	120,589.	33,453.
(12) STEVEN SLOCUM	40.00									
HIGHEST COMPENSATED EMPLOYEE	0.00					X		0.	128,125.	24,509.
(13) LAURA KNIGHT	40.00									
HIGHEST COMPENSATED EMPLOYEE	0.00					X		0.	131,969.	16,599.
(14) JOHN TIERNEY	2.00									
BOARD CHAIR	0.00	Х		X				0.	0.	0.
(15) CYNTHIA CROCKER	2.00									
VICE CHAIR	0.00	х		X	<u> </u>			0.	0.	0.
(16) DAVID HEIDE	2.00	-								
TREASURER	0.00	х		X	<u> </u>			0.	0.	0.
(17) STACEY BARSEMA	1.00									
DIRECTOR	0.00	Х						0.	0.	0.

332007 12-21-23

Form 990 (2023)

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Form 990 (2023) NORTHERN ILLI	NOIS UNIVE	RSI	ΤY	FOUI	NDA	TIO	N		36-60	8681	9	Р	age 8
Part VII Section A. Officers, Directors, Trust	ees, Key Emp	ploy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
(A) Name and title	(B) Average hours per week	box	not c , unle:	(C Posi heck r ss per id a di	ition more rson i	than o s both	an	(D) Reportable compensation from	(E) Reportable compensatio from related		an	(F) timate nount other	of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization: (W-2/1099-MIS 1099-NEC)	I	fr org and	pensa om th anizat d relat anizati	ie tion ted
(18) WILLIAM BOSTON	1.00				-								
DIRECTOR	0.00	Х						0.		0.			0.
(19) BRENT BRODESKI	1.00												0
DIRECTOR (20) WHEELER COLEMAN	0.00	X						0.		0.			0.
DIRECTOR	0.00	x						0.		ο.			0.
(21) CAROL CRENSHAW	1.00	^						0.		••			<u> </u>
DIRECTOR	0.00	x						0.		٥.			0.
(22) JOHN THOMAS FUTRELL	1.00												
DIRECTOR	0.00	x						0.		٥.			Ο.
(23) ANTHONY KAMBICH	1.00												
DIRECTOR	0.00	х						0.		٥.			٥.
(24) JEFFREY LIESENDAHL	1.00												
DIRECTOR	0.00	х						0.		٥.			0.
(25) JAMES PICK	1.00												
DIRECTOR	0.00	Х						0.		0.			0.
(26) MANNY SANCHEZ	1.00												_
DIRECTOR	0.00	Х						0.		0.		100	0.
1b Subtotal								0.	2,098,5	0.		496,	634. 0.
c Total from continuation sheets to Part VII								0.	2,098,5			196	634.
 d Total (add lines 1b and 1c) 2 Total number of individuals (including but not address the second secon								-				150,	
compensation from the organization		030	11310	u ab	000	<i>,</i> , , , , , , , , , , , , , , , , , ,	010			•			0
												Yes	No
3 Did the organization list any former officer,	director, trust	ee, k	key e	emple	oye	e, or	hig	hest compensated empl	oyee on				
line 1a? If "Yes," complete Schedule J for su	uch individual										3		X
4 For any individual listed on line 1a, is the su	-								-				
and related organizations greater than \$150			•								4	X	
5 Did any person listed on line 1a receive or a											-		x
rendered to the organization? <i>If "Yes." com</i> Section B. Independent Contractors	plete Schedule	<u>ə J f</u>	or sı	ich p	bers	on .					5		
1 Complete this table for your five highest cor	nnensated inc	lene	nder	nt co	ontra	actor	's th	nat received more than \$	100 000 of comr	ensat	ion fro	m	
the organization. Report compensation for t										, on load			
(A)				0				(B)			(C)	
Name and business	address							Description of s	ervices	С	omper	nsatio	'n
NATIONAL PUBLIC RADIO													
PO BOX 79540, BALTIMORE, MD 79540							_	TOWER/RADIO STATIO	N			297,	126.
EVER TRUE INC													
330 CONGRESS ST FL 2, BOSTON, MA 0221	10						_	CONSULTANT/SOFTWAR	E			141,	946.
FUND EVALUATION GROUP LLC PO BOX 639176, CINCINNATI, OH 45263									ENIO			1 / 1	247
MUCH SHELIST							-	INVESTMENT MANAGEM				141,	247.
191 N WACKER DR STE 1800, CHICAGO, II	60606							LEGAL SERVICES				122	384.
COLLABORATIVE COMMUNICATIONS GROUP IN							f					,	
1029 VERMONT AVE NW, WASHINGTON, DC 2								BUSINESS MANAGEMEN	T CONSULTING			100,	525.
2 Total number of independent contractors (ir	ncluding but no	ot lin	nited	d to t	thos	se lis	ted	above) who received mo	ore than				
\$100,000 of compensation from the organiz	0					5							
SEE PART VII, SECTION A CONTINU		TS									Form	990 ((2023)
332008 12-21-23													

Part VII Section A. Officers, Directors, Tru	istees, Key Er	nplo	yee	s, ai	nd H	ligh	est (compensated Employe	es (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average hours per	(cl			ition that I		ly)	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(27) RICH ESCALANTE	1.00									
DIRECTOR	0.00	Х						0.	0.	(
(28) PETE GARRITY	1.00									
DIRECTOR	0.00	Х						٥.	0.	(
(29) JOSEPH SENER	1.00									
DIRECTOR	0.00	Х						0.	0.	(
(30) RAY BANKS	1.00									
DIRECTOR	0.00	Х						٥.	0.	(
(31) CHERILYN MURER	1.00									
DIRECTOR	0.00	Х						0.	0.	
(32) BECCA KATZ	1.00									
STUDENT DIRECTOR	0.00	Х						٥.	0.	
(33) YOUSUF KHAN	1.00									
STUDENT DIRECTOR	0.00	Х						0.	0.	(
(34) LEANNE MURPHY	1.00									
DIRECTOR	0.00	Х						0.	0.	(
(35) MIKE PAULL	1.00									
DIRECTOR	0.00	Х						0.	0.	
(36) HARLAN TELLER	1.00									
DIRECTOR	0.00	Х						0.	0.	(
(37) KATHLEEN DRAKE	1.00									
DIRECTOR	0.00	Х						0.	0.	
(38) PAT GREGOLUNAS	1.00									
DIRECTOR	0.00	Х						0.	0.	
]								

332201 04-01-23

6 a Gross rents 6 a (i) Real (ii) Personal b Less: rental expenses 6 a 1,700. 6 b 0. c Rental income or (loss) 5 (0.5) 1,700. 0. 0. 7 a Gross amount from sales of assets other than inventory assets other than inventory to the basis and sales expenses 7 (i) Securities (ii) Other assets other than inventory and all of the basis and sales expenses 7 (i) C 0. 0. 6 G ain or (loss) 7 (loss) 0. 0. 0. 0. c G ain or (loss) 7 (loss) 0. 0. 0. 0. d Net gain or (loss) 7 (loss) 0. 0. 0. 0. d Net gain or (loss) 0. 0. 0. 0. 0. g a Gross income from fundraising events 0. 0. 0. 0. 0. g a Gross income from gaming activities. 0. 0. 0. 0. 0. g a Gross income from gaming activities. 0. 0. 0. <t< th=""><th>_</th><th></th><th></th><th></th><th></th><th>or note to any line</th><th>(A) Total revenue</th><th>(B) Related or exempt function revenue</th><th>(C) Unrelated business revenue</th><th>(D) Revenue exclu from tax und sections 512 -</th></t<>	_					or note to any line	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclu from tax und sections 512 -
Busines Code Busines Code<	<u>ທ</u> 1 a	Federated campaigns		<u>1a</u>						
Busines Code Busines Code<	ino b									
Busines Code Busines Code<	o Am									
Busines Code Busines Code<	ar q									
Busines Code Busines Code<	e e									
Busines Code Busines Code<	ິ f									
Busines Code Busines Code<	Ĩ									
Busines Code Busines Code<	e g		lines 1	a-1f 1g \$		268,989.	11 165 000			
2 a SERVICE CONTRACT 900099 743,600. 743,600. TRAVEL REVENUE 900099 265,505. 249,850. 15,655. C EVENT REVENUE 900099 268,956. 249,850. 15,655. QUID FRO QUO ON GIFTS 900099 79,373. 79,373. 79,373. f All other program service revenue 1,297,374. 1 1 g Total.Add lines 2a:21 1,297,374. 1 1 a dire remain amounts 4,916,125. 331,524. 4,58 4 income from investment of tax exempt bond proceeds 68,823. 6 6 5 Royaties 69 0. 6 1,700. 1,700. 6 a Gross rents 68 0. 1,700. 1,700. 1,700. 7 a Gross anount from sites of motions or (loss) 7 1,685,005. 1,685 1,685 9 a Gross income or (loss) 7 1,685,005. 1,685 1,685 8 a Gross income from fundrating events (not including sevents (not con	ā h	Total. Add lines 1a-1f					11,165,020.			
b TRAVEL REVENT REVENUE 900099 265,505. 249,850. 15,655. C STRATE FRO QUO ON GIPTS 900099 208,856. <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>742 600</td> <td>742 600</td> <td></td> <td></td>							742 600	742 600		
g Total. Add lines 2a-2f 1,297,374. 3 Investment income (including dividends, interest, and other similar amounts) 4,916,125. 331,524. 4,58 4 income from investment of tax-exempt bond proceeds 68,823. 6 5 Royatties 68,823. 6 6 a Gross rents 6a 1,700. 6 6 a Gross rents 6a 1,700. 6 7 a Gross amount from assets of assets other than inventory assets other than inventory b 1,685,005. 1,700. 7 a Gross income from fundraising events (not including \$ or of contributions reported on line 1c). See Part IV, line 18 0. 1,685,005. 1,685,005. 8 a Gross income from fundraising events 9 9 9 9 9 9 a Gross income form gaming activities. See Part IV, line 19 9 9 9 1 0 9 a Gross income form gaming activities. See Code 9 0 0 0 10 a Gross income form gaming activities. See Code 9 0 0 0 9 a Gross asles of inventory. less returns and allowances 0	2 a				,	,	15 655			
g Total. Add lines 2a-2f 1,297,374. 3 Investment income (including dividends, interest, and other similar amounts) 4,916,125. 331,524. 4,58 4 income from investment of tax-exempt bond proceeds 68,823. 6 5 Royatties 68,823. 6 6 a Gross rents 6a 1,700. 6 6 a Gross rents 6a 1,700. 6 7 a Gross amount from assets of assets other than inventory assets other than inventory b 1,685,005. 1,700. 7 a Gross income from fundraising events (not including \$ or of contributions reported on line 1c). See Part IV, line 18 0. 1,685,005. 1,685,005. 8 a Gross income from fundraising events 9 9 9 9 9 9 a Gross income form gaming activities. See Part IV, line 19 9 9 9 1 0 9 a Gross income form gaming activities. See Code 9 0 0 0 10 a Gross income form gaming activities. See Code 9 0 0 0 9 a Gross asles of inventory. less returns and allowances 0	e b						,	,	15,655.	
g Total. Add lines 2a-2f 1,297,374. 3 Investment income (including dividends, interest, and other similar amounts) 4,916,125. 331,524. 4,58 4 income from investment of tax-exempt bond proceeds 68,823. 6 5 Royatties 68,823. 6 6 a Gross rents 6a 1,700. 6 6 a Gross rents 6a 1,700. 6 7 a Gross amount from assets of assets other than inventory assets other than inventory b 1,685,005. 1,700. 7 a Gross income from fundraising events (not including \$ or of contributions reported on line 1c). See Part IV, line 18 0. 1,685,005. 1,685,005. 8 a Gross income from fundraising events 9 9 9 9 9 9 a Gross income form gaming activities. See Part IV, line 19 9 9 9 1 0 9 a Gross income form gaming activities. See Code 9 0 0 0 10 a Gross income form gaming activities. See Code 9 0 0 0 9 a Gross asles of inventory. less returns and allowances 0	c (en		m a				,	,		
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6 a Gross rents 6 a 1,700. b Less: rental expenses 6 b 0. c Rental income or (loss) 0. 7 a Gross amount from sales of assets other than inventory 1,700. b Less: cost or other basis and sales expenses 0. a Net gain or (loss) 7 a (loss) c Gain or (loss) 7 a (loss) d Net gain or (loss) 1, 685, 005. d Net gain or (loss) 1, 685, 005. g Oross income from fundraising events (not including \$	5	noyanies								
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Description Description <thdescription< th=""> <thdescription< th=""></thdescription<></thdescription<>				-,.						
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assets other than inventory Ta 1, 685, 005. b Less: cost or other basis and sales expenses To 0. c Gain or (loss) To 0. 1, 685, 005. 1, 685, 005. d Net gain or (loss) To 0. 1, 685, 005. 1, 685, 005. 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a 1, 685, 005. 1, 685 9 Gross income from gaming activities. See Part IV, line 19 9a 9b 9b 9b 9 Less: cirect expenses 9b 9b 9b 9b 9c 10 Gross sales of inventory, less returns and allowances 10a 9b 9b 9b 9c 11 COMMISSION REVENUE 90099 81, 349. 8a 90099 81, 349. 8a			/	(i) Securiti	es	(ii) Other	, -			,
b Less: cost or other basis and sales expenses 7b 0. c Gain or (loss) 7c 1,685,005. 1,685,005. d Net gain or (loss) 0. 0. 1,685,005. 1,685,005. d Net gain or (loss) 0. 0. 0. 1,685,005. 1,685,005. e Part IV, line 18 Ba 90 90 90 90 90 g Gross income or (loss) from fundraising events 90 90 90 90 90 b Less: direct expenses 90 <td< td=""><td></td><td></td><td>7a</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>			7a							
and sales expenses Tb 0. c Gain or (loss) Tc 1,685,005. 1,685,005. d Net gain or (loss)		•		, ,						
Solution Tc 1,685,005. 1,685,005. d Net gain or (loss) 1,685,005. 1,685,005. d Regain or (loss)			7b		Ο.					
8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a b Less: direct expenses 8b c Net income or (loss) from fundraising events 9a 9 a Gross income from gaming activities. See Part IV, line 19 9a b Less: direct expenses 9b c Net income or (loss) from gaming activities 9a 10 a Gross sales of inventory, less returns and allowances 10a b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory 900099 11 a COMMISSION REVENUE 900099 b Less: cost of goods sold 900099 c All other revenue 6 d All other revenue 81, 349.	c			1,685,0	05.					
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contributions reported on line 1c). See 8a 8a 8a b Less: direct expenses 8b 60 c Net income or (loss) from fundraising events 60 60 9 Gross income from gaming activities. See 9a 60 60 b Less: direct expenses 9b 60 60 60 b Less: direct expenses 9b 60 60 60 60 b Less: direct expenses 9b 60 </td <td></td>										
contributions reported on line 1c). See 8a Part IV, line 18 8a b Less: direct expenses 8b c Net income or (loss) from fundraising events 9a 9 a Gross income from gaming activities. See 9a Part IV, line 19 9a b Less: direct expenses 9b c Net income or (loss) from gaming activities 9a c Net income or (loss) from gaming activities 9b c Net income or (loss) from gaming activities 9a 10 a Gross sales of inventory, less returns and allowances 10a b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory 900099 c Net income or (loss) from sales of inventory 900099 c Net income or (loss) from sales of inventory 900099 c MMISSION REVENUE 900099 b										
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b Less: direct expenses 8b All All </td <td></td> <td>Part IV, line 18</td> <td></td> <td></td> <td>8a</td> <td></td> <td></td> <td></td> <td></td> <td></td>		Part IV, line 18			8a					
9 a Gross income from gaming activities. See Part IV, line 19 9a 9a 9a b Less: direct expenses 9b 9b 9c 9c c Net income or (loss) from gaming activities and allowances 10a 10a 10a 10a b Less: cost of goods sold 10b 10b 10b 10c 10c a Gross from come or (loss) from sales of inventory. 10a 10b 10c 10c a Less: cost of goods sold 10b 10b 10c 10c 10c a CoMMISSION REVENUE 900099 81,349. 8 10c c All other revenue 10c 10c 10c 10c c 11 a COMMISSION REVENUE 81,349. 10c 10c 10c					8b					
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b Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances 10a b Less: cost of goods sold c Net income or (loss) from sales of inventory c Net income or (loss) from sales of inventory and allowances 10b b Less: cost of goods sold c Net income or (loss) from sales of inventory b COMMISSION REVENUE b 900099 b 900099 c Image: Communication of the sale of t										
b Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances 10a b Less: cost of goods sold c Net income or (loss) from sales of inventory c Net income or (loss) from sales of inventory and allowances 10b b Less: cost of goods sold c Net income or (loss) from sales of inventory b COMMISSION REVENUE b 900099 b 900099 c Image: Communication of the sale of t		Part IV, line 19			9a					
10 a Gross sales of inventory, less returns and allowances 10a 10a b Less: cost of goods sold 10b 0b c Net income or (loss) from sales of inventory 0 0 11 a COMMISSION REVENUE 900099 81,349. 8 b					9b					
and allowances 10a b Less: cost of goods sold c Net income or (loss) from sales of inventory 11 a COMMISSION REVENUE b Business Code 900099 81,349. c Image: Communication of the second of the se	с	Net income or (loss) from	gami	ng activities	<u></u>					
b Less: cost of goods sold 10b										
c Net income or (loss) from sales of inventory Business Code Image: Code		and allowances			10a					
Business Code Musiness Code Musines Code Musiness Code Musiness	b	Less: cost of goods sold			10b					
11 a COMMISSION REVENUE 900099 81,349. 8 b	с	Net income or (loss) from	sales	of inventor	y					
e Total. Add lines 11a-11d										
e Total. Add lines 11a-11d	<mark>ຫຼ</mark> 11 a	COMMISSION REVENUE			_	900099	81,349.			81,3
e Total. Add lines 11a-11d	d n					ļļ				
e Total. Add lines 11a-11d	c év					ļļ				
e Total. Add lines 11a-11d	b T									
	е	Total. Add lines 11a-11d								6,421,4

NORTHERN ILLINOIS UNIVERSITY FOUNDATION

Form 990 (2023)

Page 9

36-6086819

Part IX Statement of Functional Expenses

NORTHERN ILLINOIS UNIVERSITY FOUNDATION

	Check if Schedule O contains a respons	((0)	(D)
	not include amounts reported on lines 6b, 3b, 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 domestic organizations				
	and domestic governments. See Part IV, line 21	6,092,120.	6,092,120.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	3,762,336.	3,762,336.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
a	Management				
b		190,042.		185,407.	4,635
		44,517.		44,517.	
	Accounting				
	Lobbying				
	Professional fundraising services. See Part IV, line 17	615,166.		615,166.	
t	Investment management fees	015,100.		015,100.	
g	Other. (If line 11g amount exceeds 10% of line 25,	619 011	161 250	102 665	222 206
	column (A), amount, list line 11g expenses on Sch 0.)	618,211.	161,250.	123,665.	333,296 11,636
12	Advertising and promotion	52,919.	33,676.	7,607.	
13	Office expenses	560,443.	99,719.	195,171.	265,553
14	Information technology				
15	Royalties				
16	Occupancy		65.504	45.650	
17	Travel	196,564.	67,581.	15,670.	113,313
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	448,568.	327,753.	58,149.	62,666
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	237,459.	237,459.		
23	Insurance	84,537.		84,537.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	FDN SUPPORT FOR SERVICE	2,737,361.	247,968.	1,314,740.	1,174,653
	TAXES	106,289.	107,518.	-1,229.	<u> </u>
b	EQUIPMENT & MAINTENANCE	70,010.	34,989.	28,964.	6,057
ن لہ	OTHER EXPENSES	52,430.	46,853.	604.	4,973
d		4,635.	40,853.	2,567.	,
e	All other expenses		-	,	2,017
25	Total functional expenses. Add lines 1 through 24e	15,873,607.	11,219,273.	2,675,535.	1,978,799
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				000

332010 12-21-23

11 2023.05000 NORTHERN ILLINOIS UNIVERS 133621-1

Form 990 (2023)

10441108 147228 133621-0

		Check if Schedule O contains a response or not			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			5,391,765.	1	2,776,434.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			4,644,441.	3	4,172,114
	4	Accounts receivable, net			0.	4	150,418
	5	Loans and other receivables from any current or					,
	Ū	trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disqualif		ſ			
	U	under section 4958(f)(1)), and persons described				6	
	7			r i i i i i i i i i i i i i i i i i i i		7	
ets	7	Notes and loans receivable, net				8	
Assets	8	Inventories for sale or use			356,444.	9	258,237
	9	Prepaid expenses and deferred charges	 I I	•••••••••••••••••••••••••••••••••••••••	550,411.	9	230,237
	10a	Land, buildings, and equipment: cost or other	10	5,228,748.			
		basis. Complete Part VI of Schedule D		150,226.	21,395,993.	10	5,078,522
	b	Less: accumulated depreciation		/			, ,
	11	Investments - publicly traded securities			130,838,876.	11	140,864,930
	12	Investments - other securities. See Part IV, line 1		r	22,271,201.	12	30,198,284
	13	Investments - program-related. See Part IV, line 1		ſ		13	
	14	Intangible assets			05 581	14	01 501
	15	Other assets. See Part IV, line 11			25,571.	15	21,521
_	16	Total assets. Add lines 1 through 15 (must equa			184,924,291.	16	183,520,460
	17	Accounts payable and accrued expenses			524,138.	17	561,012
	18	Grants payable			0	18	10 650
	19	Deferred revenue			0.	19	18,750
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F		I I		21	
es	22	Loans and other payables to any current or form					
		trustee, key employee, creator or founder, subst	antial co	ntributor, or 35%			
		controlled entity or family member of any of thes				22	
┛╽	23	Secured mortgages and notes payable to unrela	ted third	parties		23	
	24	Unsecured notes and loans payable to unrelated	l third pa	rties		24	
	25	Other liabilities (including federal income tax, pay	yables to	related third			
		parties, and other liabilities not included on lines	17-24).	Complete Part X			
		of Schedule D			14,814,437.	25	16,518,340
	26	Total liabilities. Add lines 17 through 25			15,338,575.	26	17,098,102
		Organizations that follow FASB ASC 958, che	ck here	X			
es		and complete lines 27, 28, 32, and 33.					
au	27	Net assets without donor restrictions	38,660,998.	27	26,025,861		
Da	28	Net assets with donor restrictions	130,924,718.	28	140,396,497		
		Organizations that do not follow FASB ASC 9	58, chec	k here			
-		and complete lines 29 through 33.					
5	29	Capital stock or trust principal, or current funds		29			
	30	Paid-in or capital surplus, or land, building, or eq				30	
Ă	31	Retained earnings, endowment, accumulated inc		ſ		31	
Net Assets or Fund Balances	32	Total net assets or fund balances		F	169,585,716.	32	166,422,358
<u> </u>	33	Total liabilities and net assets/fund balances			184,924,291.	33	183,520,460

NORTHERN ILLINOIS UNIVERSITY FOUNDATION

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

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Form 990 (2023) Part X Balance Sheet

Form	1990 (2023) NORTHERN ILLINOIS UNIVERSITY FOUNDATION	36-60868	19	Pa	_{ge} 12
	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	19	215,	396.
2	Total expenses (must equal Part IX, column (A), line 25)	2	15	873,	607.
3	Revenue less expenses. Subtract line 2 from line 1	3	3	341,	789.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	169	585,	716.
5	Net unrealized gains (losses) on investments	5	10	023,	496.
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 on Schedule O)	9	-16	528,	643.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	166	422,	358.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	

Form **990** (2023)

Department of the Treasury Internal Revenue Service

(Form 990)

Total

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

section ation. Employer identification numbe 36-6086819

OMB No. 1545-0047

Nam	e of t	he organization						Employer	identification number		
				VERSITY FOUNDATION					36-6086819		
Par	tl	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	s.			
The c	rgan	ization is not a private found	ation because it is: (F	or lines 1 through 12, c	heck only	one box.)					
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).									
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)									
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,		
		city, and state:									
5	X	An organization operated for section 170(b)(1)(A)(iv). (0		lege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in		
6		A federal, state, or local gov		nental unit described in	section 17	70(b)(1)(A)	(v).				
7		An organization that norma	-					ne general r	oublic described in		
		section 170(b)(1)(A)(vi). (C			onn a gort			ie general p			
8		A community trust describe		1)(A)(vi). (Complete Par	EIL)						
9		An agricultural research org				ed in coniu	inction with a	land-grant	college		
		or university or a non-land-g				-		-	-		
		university:	,			·, ,	,				
10		An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from		
		activities related to its exem									
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acquii	red by the org	anization a	fter June 30, 1975.		
		See section 509(a)(2). (Con		. ,			, .				
11		An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50)9(a)(4).				
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he functior	ns of, or to ca	rry out the	purposes of one or		
		more publicly supported or	ganizations describe	d in section 509(a)(1) d	r section	509(a)(2).	See section &	509(a)(3). (Check the box on		
		lines 12a through 12d that	describes the type of	f supporting organizatior	n and com	plete lines	12e, 12f, and	12g.			
а] Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	ported orga	anization(s), ty	pically by	giving		
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	pporting		
		organization. You must o	complete Part IV, Se	ections A and B.							
b] Type II. A supporting org	anization supervised	or controlled in connect	ion with it	s supporte	d organizatio	n(s), by hav	ing		
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	ge the supp	orted		
		organization(s). You mus	t complete Part IV,	Sections A and C.							
С		Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functional	ly integrate	d with,		
		its supported organization	n(s) (see instructions)). You must complete I	Part IV, Se	ctions A,	D, and E.				
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection w	ith its suppor	ted organiz	ation(s)		
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	uirement and	an attentiv	reness		
		requirement (see instructi									
е	e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III										
	functionally integrated, or Type III non-functionally integrated supporting organization.										
		er the number of supported o	•								
<u> </u>		vide the following information i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of	fmonetarv	(vi) Amount of other		
		organization	.,	(described on lines 1-10	in your governi Yes	ng document? No	support (see ir	-	support (see instructions)		
				above (see instructions))	165						

NORTHERN ILLINOIS UNIVERSITY FOUNDATION

36-6086819

Page **2**

 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	6,467,096.	14,763,497.	19,050,901.	15,604,806.	11,165,020.	67,051,320.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	6,467,096.	14,763,497.	19,050,901.	15,604,806.	11,165,020.	67,051,320.
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)						1,478,366.
	Public support. Subtract line 5 from line 4.						65,572,954.
Sec	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	6,467,096.	14,763,497.	19,050,901.	15,604,806.	11,165,020.	67,051,320.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	2,637,932.	2,185,661.	3,063,825.	3,713,501.	4,655,124.	16,256,043.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on	685,372.				263,171.	948,543.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	324,948.	190,613.	234,824.	137,126.	81,349.	968,860.
11	Total support. Add lines 7 through 10						85,224,766.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	6,461,964.
13	First 5 years. If the Form 990 is for the	e organization's fir	rst, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3)	
_	organization, check this box and stor				<u></u>		
	ction C. Computation of Publi		-				
	Public support percentage for 2023 (I					14	76.94 %
	Public support percentage from 2022					15	77.36 %
16a	33 1/3% support test - 2023. If the o				4 is 33 1/3% or m	ore, check this bo>	
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2022. If the c				line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual		•••				
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact			-	-	VI how the organiz	ation
	meets the facts-and-circumstances te	-			-		
b	10% -facts-and-circumstances test	-					10% or
	more, and if the organization meets th						
	organization meets the facts-and-circu						
18	Private foundation. If the organizatio	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a		
						Schedule A	(Form 990) 2023

332022 12-21-23

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	3 (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 per- formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
Ū	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 disgualified 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						
С	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	3 (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						
с	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ie organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) orga	nization,
	check this box and stop here						<u></u>
	tion C. Computation of Publi						
	Public support percentage for 2023 (I					15	<u>%</u>
	Public support percentage from 2022 ction D. Computation of Invest					16	%
	Investment income percentage for 20			no 13 column (f))		17	%
	Investment income percentage from a					18	%
	33 1/3% support tests - 2023. If the					<u> </u>	
	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2022. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
33202	3 12-21-23					Schee	dule A (Form 990) 2023
			16				

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1

2

Yes No

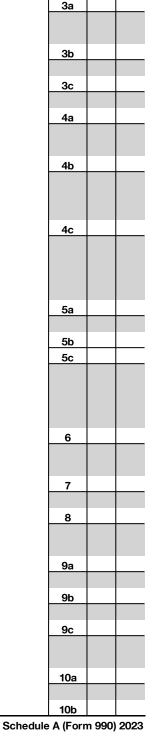
Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
_	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
ect	on C. Type II Supporting Organizations		1	_
			Yes	1
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
ect	the supported organization(s). ion D. All Type III Supporting Organizations	1		
			Yes	
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		L
	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
ect	supported organizations played in this regard. Ion E. Type III Functionally Integrated Supporting Organizations			
ect	supported organizations played in this regard. Ion E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructio			
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a b c	Supported organizations played in this regard. If the organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	ons).	· ·	
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ect a b c a	Supported organizations played in this regard. ion E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction) The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see Activities Test. Answer lines 2a and 2b below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. Did the activities constituted substantially all of its activities. Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	ns).	· ·	
a b c a	Supported organizations played in this regard. Ion E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction) The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see Activities Test. Answer lines 2a and 2b below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in	ns).	· ·	
a b c a	Supported organizations played in this regard.	ns). e instruction	· ·	
a b c a	Supported organizations played in this regard.	ns).	· ·	
a b c a b	Supported organizations played in this regard.	ns). e instruction	· ·	
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a b c a b	Supported organizations played in this regard. ion E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction in the organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see Activities Test. Answer lines 2a and 2b below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive? If "Yes," then in Part VI identify those supported organization was responsive? If "Yes," then organization determined that these activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's position that its supported organization(s) would have engaged in these activities but for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	ns). e instruction	· ·	
a b c a b a b	Supported organizations played in this regard. Supported organizations played in this regard. Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction in the organization satisfied the Activities Test. Complete line 2 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see Activities Test. Answer lines 2a and 2b below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities does on the organization's notivement, cone or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	e instruction	· ·	

b A family member of a person described on line 11a above?

11c below, the governing body of a supported organization?

11 Has the organization accepted a gift or contribution from any of the following persons?

c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide <u>detail in Part VI.</u>

a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and

Section B. Type I Supporting Organizations

Part IV Supporting Organizations (continued)

Schedule A (Form 990) 2023

Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or 1 more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the

NORTHERN ILLINOIS UNIVERSITY FOUNDATION

36-6086819

Page 5

Yes No

11b 11c Yes No

11a

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Sche	dule A (Form 990) 2023 NORTHERN ILLINOIS UNIVERSITY FOUNDAT	TION		36 - 6086819	Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	nizations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying t	rust or	n Nov. 20, 1970 (<i>explain ir</i>	Part VI). See instr	uctions.
	All other Type III non-functionally integrated supporting organizations must co				
Sect	ion A - Adjusted Net Income	(A) Prior Year	(B) Current (optiona		
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current (optiona	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
a	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
C	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
_7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Y	ear
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2		_	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		_	
_4	Enter greater of line 2 or line 3.	4		_	
5	Income tax imposed in prior year	5		_	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
-			· · · · · · · · · · · · · · · · · · ·	/	

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

Schedule A (Form 990) 2023

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Schedule A (Form 990)) 2023
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Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continu	ied)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer		1		
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	5	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount		-	10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	IS	(iii) Distributable Amount for 2023
_1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
a	From 2018				
b	From 2019				
C	From 2020				
d	From 2021				
e	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
	Breakdown of line 7:				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
е	Excess from 2023				

Schedule A (Form 990) 2023

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Schedule A	Form 990) 2023 NORTHERN IL	LINOIS UNIVERSITY FOUND	ATION	36-6086819	Page 8
Part VI	Supplemental Information. Provid Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4d line 1; Part IV, Section D, lines 2 and 3; Pa Section D, lines 5, 6, and 8; and Part V, Se (See instructions.)	, 5a, 6, 9a, 9b, 9c, 11a, 11b, an t IV, Section E, lines 1c, 2a, 2b,	d 11c; Part IV, Section B, lines 1 3a, and 3b; Part V, line 1; Part V	and 2; Part IV, Section /, Section B, line 1e; Pa	C,
	(
332028 12-21-2	1	21		Schedule A (Form 9	90) 2023

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

OMB No. 1545-0047

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information.



Employer identification number

	NORTHERN ILLINOIS UNIVERSITY FOUNDATION	36-6086819					
Organization type (che	eck one):						
Filers of:	Section:						
Form 990 or 990-EZ	X 501(c)(³) (enter number) organization	X 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 foundation						
Check if your organizat	tion 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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is the set of the parts unless totaling the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless total set o

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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 doesn't meet the filing requirements of Schedule B (Form 990).

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

NORTHERN	ILLINOIS UNIVERSITY FOUNDATION		36-6086819
Part I	Contributors (see instructions). Use duplicate copies of Part I in	f additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$361,308.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$315,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$271,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$255,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

Page 2

Employer identification number

323452 12-26-23

24 2023.05000 NORTHERN ILLINOIS UNIVERS 133621-1

Schedule B (Form 990) (2023) Name of organization

ame of or	ganization	Emp	oloyer identification numb
ORTHERN	ILLINOIS UNIVERSITY FOUNDATION		36-6086819
Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art 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
		\$	 Schedule B (Form 990) (

25

10441108 147228 133621-0

Schedule B (Form 990) (2023)

2023.05000 NORTHERN ILLINOIS UNIVERS 133621-1

Page 4

ame of or	ganization		Employer identification number		
ORTHERN	ILLINOIS UNIVERSITY FOUNDATION		36-6086819		
Part III	Exclusively religious, charitable, etc., contribut) through (e) and the following line entry charitable, etc., contributions of \$1,000 or less	ion 501(c)(7), (8), or (10) that total more than \$1,000 for the ye		
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, a 	and ZIP + 4	Relationship of transferor to transferee		
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
Part I					
		(e) Transfer of gift			
F	Transferee's name, address, a		Relationship of transferor to transferee		
) No. rom 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, a	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				
F	Transferee's name, address, a		Relationship of transferor to transferee		
454 12-26-	-23	26	Schedule B (Form 990) (2		

10441108 147228 133621-0

2023.05000 NORTHERN ILLINOIS UNIVERS 133621-1

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 F	Part I-B.
 Section 527 organizations: Complete Part I-A only. 	
If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying A	ctivities), then:
 Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. D 	o not complete Part II-B.
 Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part I 	I-B. Do not complete Part II-A.
If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or For	m 990-EZ, Part V, line 35c (Proxy
Tax) (see separate instructions), then:	
 Section 501(c)(4), (5), or (6) organizations: Complete Part III. 	
Name of organization	Employer identification number
NORTHERN ILLINOIS UNIVERSITY FOUNDATION	36-6086819
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 campaign activity expenditures	\$
3 Volunteer hours for political campaign activities	
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?	
b If "Yes," describe in Part IV.	
Part I-C Complete if the organization is exempt under section 501(c), except section	n 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?	

SCHEDULE C

(Form 990)

Department of the Treasury

Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

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

and D not complete

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

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

Schedule C (Form 990) 2023

LHA 332041 11-06-23

OMB No. 1545-0047

23 **Open to Public** Inspection

No

Schedule C (Form 990) 2023 NORTI	IERN ILLINOI	S UNIVERSITY FOU	NDATION	36-6	5086819 Page 2
Part II-A Complete if the organiz	ation is exer	npt under sectio	n 501(c)(3) and file	d Form 5768 (el	ection under
section 501(h)).					
A Check if the filing organization b	elongs to an aff	iliated group (and list i	n Part IV each affiliated	group member's nam	ie, address, EIN,
expenses, and share of e	cess lobbying	expenditures).			
B Check if the filing organization c	necked box A a	nd "limited control" pr	ovisions apply.		
Limits on (The term "expenditure:	Lobbying Expe s" means amou		.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence	public opinion (grassroots lobbying)			
b Total lobbying expenditures to influence					
c Total lobbying expenditures (add lines 1a					
e Total exempt purpose expenditures (add	lines 1c and 1c	i)			
f Lobbying nontaxable amount. Enter the	amount from th	e following table in bo	th columns.		
If the amount on line 1e, column (a) or (b) is	: The lot	bying nontaxable an	nount is:		
not over \$500,000,	20% of	the amount on line 1e).		
over \$500,000 but not over \$1,000,000,	\$100,0	00 plus 15% of the exe	cess over \$500,000.		
over \$1,000,000 but not over \$1,500,000), \$175,0	00 plus 10% of the exc	cess over \$1,000,000.		
over \$1,500,000 but not over \$17,000,00	0, \$225,0	00 plus 5% of the exce	ess over \$1,500,000.		
over \$17,000,000,	\$1,000	,000.			
g Grassroots nontaxable amount (enter 25	, ,				
h Subtract line 1g from line 1a. If zero or le					
i Subtract line 1f from line 1c. If zero or les	,				
j If there is an amount other than zero on	either line 1h or	line 1i, did the organiz	zation file Form 4720		
reporting section 4911 tax for this year?					Yes No
(Some organizations that ma		eraging Period Unde	.,	f the five columns h	elow
		ate instructions for li			elow.
	· ·	nditures During 4-Ye			
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(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) 2023

332042 11-06-23

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)).

of the lobbying activity: 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: X 2 No X 4 Volunteers? X 5 Media advertisements? X 6 Mainings to members, legislators, or the public? X 7 Cartation of the organizations for lobbying purposes? X 9 Direct contact with legislators, their staffs, government officials, or a legislative body? X 4,510. 1 Other activities in line 1 cause the organization to not be described in section 501(c)(3)? X 4,510. 2 Did the activities in line 1 cause the organization to not be described in section 501(c)(4), section 501(c)(5), or section 501(c)(5), or section 501(c)(6). Yes No 1 Types, enter the amount of any tax incurred under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes No 1 Yes No 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	For e	or each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: x a Volunteers? x b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? x c Media advertisements? x d Malings to members, legislators, or the public? x e Publications, or published or broadcast statements? x g Torst to other organizations for lobbying purposes? x g Direct contact with legislators, their staffs, government officials, or a legislative body? X h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? X i Other activities in line 1 cause the organization to not be described in section 501(c)(3)? X j If Yes," enter the amount of any tax incurred by organization managers under section 4912 4,510. j If Yes," enter the amount of any tax incurred by organization managers under section 501(c)(4), section 501(c)(5), or section 501(c)(6), or section 501(c)(6), or section 501(c)(6), or section 501(c)(6), or more) dues received nondeductible by members? 1 2 1 2 2 2 1 2 2 2 1 2 2 2 2 1 2 2 2			Yes	No	Amo	ount	
b Paid staff or management (include compensation in expenses reported on lines to through 1i)? X c Media advertisements? X d Mailings to members, legislators, or the public? X e Publications, or published or broadcast statements? X f Grants to other organizations for lobbying purposes? X g Direct contact with legislators, theri staffs, government officials, or a legislative body? X h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? X i Other activities? X j Total. Add lines to through 1i 4,510. 2a Did the activities in the cause the organization to not be described in section 501(c)(3)? X b if "Yes," enter the amount of any tax incurred under section 4912 4 d If the filling organization incurred a section 4912 ax, did fillie Form 472 for this year? 1 Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6), or section 501(c)(6), ar section 501(c)(6), or section 501(c)(6), ar section 501(c)(6), ar section 501(c)(6), ar section 501(c)(6), for section 501(c)(6), ar sectio	-	local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
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Mailings to members, legislators, or the public? X Mailings to members, legislators, or the public? X Publications, or published or broadcast statements? X G frants to other organizations for lobbying purposes? X g Direct contact with legislators, their staffs, government officials, or a legislative body? X h Ralles, demonstrations, seminars, conventions, speeches, lectures, or any similar means? X i Other activities? X j Total. Add lines 1 chrough 1i 4,510. 2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)? X b If "Yes," enter the amount of any tax incurred by organization managers under section 4912 4 d If the filing organization incurred a section 4912 tax, did if file Form 4720 for this year? Yes Part III-A Complete if the organization signal activity expenditures from the prior year? 1 Were substantially all (90% or more) dues received nondeductible by members? 1 2 Did the organization agree to carry over lobbying and political argangian activity 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 D							
e Publications, or published or broadcast statements? x f Grants to other organizations for lobbying purposes? x x g Direct contact with legislators, their staffs, government officials, or a legislative body? x 4,510. h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? x 4,510. i Other activities? x - - j Total. Add lines 1 through 1i 2 4,510. - - 2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)? X -	с	Media advertisements?					
c Text and the organization for lobbying purposes? x 4,510. g Direct contact with legislators, their staffs, government officials, or a legislative body? x 4,510. h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? x 4,510. i Other activities? x 4,510. j Total. Add lines 1c through 1i 4,510. x 4,510. 2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)? x x 4,510. 2a Did the activities in line 1 cause the organization managers under section 4912 x x 4,510. at if Yes," enter the amount of any tax incurred up organization managers under section 501(c)(3)? X x x 4,510. 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 (80% or more) dues received nondeductible by members? 1 1 2 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? 3 1 2 Did the organization agree to carry over lobbying and polititical expenditures sectio	d	Mailings to members, legislators, or the public?					
a bind of output staffs, government officials, or a legislative body? X 4,510. b control of the activities? X 4,510. i Other activities? X X j Total. Add lines 1c through 1i X 4,510. 2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)? X 4,510. b If "Yes," enter the amount of any tax incurred by organization managers under section 4912 Image: Control of the organization incurred a section 4912 Image: Control of the organization incurred a section 4912 Image: Control of the organization is exempt under section 501(c)(3)? X Image: Control of the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes No Image: Control of 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? Image: Control of 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 Image: Control of the section 527(f) tax was paid). Image: Control of the section 527(f) tax was paid). Image: Control of the section 527(f) tax was paid). Image: Control of the organizati							
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1 Outcome 4,510. 2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)? X b If "Yes," enter the amount of any tax incurred under section 4912 X b If "Yes," enter the amount of any tax incurred under section 4912 X d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Yes Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). 1 Vere 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 campaign activity 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 expenditures (do not include amounts of political expenditures (do not include amounts of political expenditures los and the amount on line 2c exceeds the amount on line 3, what por	h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)? X b If "Yes," enter the amount of any tax incurred under section 4912				X			
b If "Yes," enter the amount of any tax incurred under section 4912						4,510.	
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 Image: Complete if the organization incurred a section 4912 tax, did it file Form 4720 for this year? Image: Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). 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 1 2 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 2 2 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? 3 2 2 9 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 1 Dues, assessments and similar amounts from members 1 2 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expender year) 2 a Current year 2 2 2 b Carryover from last year 2 2 2 2				X			
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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 1 2 1 2 1 3 1 4 1 4 1 5 1 1 1 2 1 2 1 3 1 4 organization make only in-house lobbying expenditures of \$2,000 or less? 3 1 2 1 3 1 4 organization agree to carry over lobbying and political campaign activity expenditures from the prior year? 3 1 5 1 1 0 1 0 2 1 1 0 2 1 1 1 2 1 2 1 3 1 3 1 4 1 2 2 3 </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>							
501(c)(6). Yes No 1 Were substantially all (90% or more) dues received nondeductible by members? 1 2 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 2 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? 3 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). 1 a Current year 2a 2a b Carryover from last year 2a 2a c Total 2c 3 3 J J 2a 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 expenditures. See instructions 3		If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
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5 Taxable amount of lobbying and political expenditures. See instructions 5							
	-	expenditures next year?					
Cappendital monitation			<u></u>	5	1		
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see			list): Dort !! !		and 2 (222		

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C (Form 990) 2023

332043 11-06-23

			Al Financial Statements nization answered "Yes" on Form 990,			<u>. 1545-0047</u>
(Forr	n 990)	Part IV, line 6, 7, 8, 9, 10,	11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		20	JZJ
	ment of the Treasury I Revenue Service		ttach to Form 990.) for instructions and the latest information.		Open Inspe	to Public ction
Nam	e of the organizat				oloyer identificat	tion number
		NORTHERN ILLINOIS UNIVERSIT			36-60868	
Pa		-	d Funds or Other Similar Funds or A	Accoun	Its. Complete if	f the
	organizatio	n answered "Yes" on Form 990, Part IV, line				
			(a) Donor advised funds	(b) Fun	ds and other acc	ounts
1		nd of year				
2		of contributions to (during year)				
3		of grants from (during year)				
4		t end of year				
5	-		vriting that the assets held in donor advised fu			
~			exclusive legal control?		Yes	└── No
6	0	0 , ,	dvisors in writing that grant funds can be used			
			donor advisor, or for any other purpose confe	•		
Pa	impermissible priv		anization answered "Yes" on Form 990, Part l			No No
1		servation easements held by the organization		v, iii ie 7.		
•		n of land for public use (for example, recreat		storically	important land a	roa
		of natural habitat	Preservation of a ce	-	-	ica
		n of open space				
2			ed conservation contribution in the form of a	conservat	tion easement on	the last
-	day of the tax yea				Held at the End of	
а				2a		
b						
с	-		icture included on line 2a			
d		vation easements included on line 2c acqui				
		-	· · · · · ·	2d		
3			eased, extinguished, or terminated by the orga		during the tax	
	year					
4	Number of states	where property subject to conservation eas	ement is located			
5	Does the organiza	tion have a written policy regarding the peri	odic monitoring, inspection, handling of			
	violations, and en	forcement of the conservation easements it	holds?		Yes	No
6	Staff and voluntee	er hours devoted to monitoring, inspecting, I	handling of violations, and enforcing conserva	tion ease	ments during the	e year
7	Amount of expense	ses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation e	easement	ts during the year	ſ
8			satisfy the requirements of section 170(h)(4)(B			<u> </u>
-	and section 170(h					└── No
9		•	on easements in its revenue and expense state			
			ote to the organization's financial statements	hat desc	ribes the	
Pa		ounting for conservation easements.	Art, Historical Treasures, or Other	Simila	r Assets	
I U		f the organization answered "Yes" on Form		Omma	A33013.	
10						
ia	•	· ·	B, not to report in its revenue statement and b			
		· ·	lic exhibition, education, or research in further	ance of p	JUDIIC	
h	· •	Part XIII the text of the footnote to its finan	cial statements that describes these items. B, to report in its revenue statement and balan	ca choot	works of	
U	-	-	exhibition, education, or research in furtheran			
	-	ing amounts relating to these items.	eximition, equeation, or research in furtherall	ce or put		
		с с			\$	166,030.
					Ф \$	146,802.
2	.,		asures, or other similar assets for financial gair			,
-		unts required to be reported under FASB A		., թ. շոս		

b	Assets included in Form 990, Part X
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.
332051	09-28-23
	LHA

a Revenue included on Form 990, Part VIII, line 1

30 3 05000 NODE

2023.05000 NORTHERN ILLINOIS UNIVERS 133621-1

\$

\$

Schedule D (Form 990) 2023

Part IV Escrow and Custodial Arrangements Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X Ves No b If 'Yes,' explain the arrangement in Part XIII and complete the following table: Arrouurt 1d 1d 2d Additions during the year 1e 2d Additions during the year 1e 1e	Sche		LLINOIS UNIVERSI				36-608		Page	; 2
collection terms (check all that apply). d Loan or exchange program b Scholarly research e Other	Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Ot	her Simila	ar Assets	(contin	ued)	
a Public exhibition d Lan or exchange program b Scholary research e Other	3	Using the organization's acquisition, accessi	on, and other records	s, check any of the t	following that mal	ke significant	use of its			
b Scholary research e Other c Prevention for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 Uning the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XIII. The organization and collection? Yes X No Part W Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part X, Ine 21. Is in the organization and purpose in Part XIII. The intermediation answered "Yes" on Form 990, Part X, Ine 21. Is in the organization and purpose in Part XIII. Amount 14 Intermediation and purpose in Part XIII. Amount Intermediation and purpose in Part XIII. Amount 15 Distributions during the year Intermediation include an amount on Form 990, Part X, Ine 21, for escrow or custodial account liability? Yes No 16 Other organization include an amount on Form 990, Part X, Ine 21, for escrow or custodial account liability? Yes No 16 Control part Part XIII. Check here if the explanation has been provided in Part XIII. Yes (application include an amount on Form 990, Part X, Ine 21. Yes (application for the researable (d) form years black (d) For years black (d) For years black (e) Form years black (e) Form years black (e) Form years black		collection items (check all that apply).								
b Scholary research e Other c Prevention for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 Uning the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XIII. The organization and collection? Yes X No Part W Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part X, Ine 21. Is in the organization and purpose in Part XIII. The intermediation answered "Yes" on Form 990, Part X, Ine 21. Is in the organization and purpose in Part XIII. Amount 14 Intermediation and purpose in Part XIII. Amount Intermediation and purpose in Part XIII. Amount 15 Distributions during the year Intermediation include an amount on Form 990, Part X, Ine 21, for escrow or custodial account liability? Yes No 16 Other organization include an amount on Form 990, Part X, Ine 21, for escrow or custodial account liability? Yes No 16 Control part Part XIII. Check here if the explanation has been provided in Part XIII. Yes (application include an amount on Form 990, Part X, Ine 21. Yes (application for the researable (d) form years black (d) For years black (d) For years black (e) Form years black (e) Form years black (e) Form years black	а	X Public exhibition	d	Loan or exc	hange program					
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they turber 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 function that the two bemaintaned as part of the organization answered 'Yes' on Form 990, Part X, Ves 7 reported an amount on Form 990, Part X, line 21. 7 Is the organization answered 'Yes' on Form 990, Part X, Ves 7 reported an amount on Form 990, Part X, line 21. 7 Is the organization answered 'Yes' on Form 990, Part X, Ves 7 No 7 reported an amount on Form 990, Part X, line 21. 7 Is the organization answered 'Yes' on Form 990, Part X, Ves 7 No 7 If 'Yes,' explain the arrangement in Part XIII and complete the following table: 7 Period the arganization and the treated custodial, or other intermediary for contributions or other assets not included 7 If 'Yes,' explain the arrangement in Part XIII and complete the following table: 7 Period the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liabity? 7 Period the arganization and the response the Part XIII. 7 Part V Endowment Funds Complete if the organization answered 'Yes' on Form 990, Part IV, line 10 7 Period the arganement IP Part XIII. 7 Part V Endowment Funds Complete if the organization answered 'Yes' on Form 990, Part IV, line 10 7 Period the arganement IP Part XIII. 7 Period Par	b		е	Other	0.0					
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of at, historical treasures, or other similar assets to be add to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 900, Part X, line 9, or resported an amount on Form 900, Part X, line 21. Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 900, Part X? Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 900, Part X? Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 900, Part X? Is disting balance Contributions during the year Is disting balance Amount Is disting balance Is dis disting balance Is disting balance Is disting balance	с									
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Part IV Escrow and Custodial Arrangements Complete it the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IX, line 21. 1a Is the organization an agent, trustee, custodiai, or other intermediary for contributions or other assets not included on Form 990, Part IX Ves No b If "Yes," explain the arrangement in Part XIII and complete the following table:								Yes	X	ło
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c Leasehold improvements d Equipment e Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))						16	,186.		219,64	7.
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		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-o	f-year market value
1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) LIMITED PARTNERSHIPS	30,198,284.	END-OF-YEAR MARKET VALUE	
(B)			
(C)			
(D)			
(E)			
(F)			
(F) (G)			
(H)			
••	30,198,284.		
Fotal. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) Part VIII Investments - Program Related.	30,190,201.		
Complete if the organization answered "Yes"	on Form 000 Part IV line :	11c Soc Form 990 Part V line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-or	fvoar market value
	(b) BOOK Value	(c) Method of Valuation. Cost of end-o	ryear market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(a) (1)	Description		(b) Book value
	Description		(b) Book value
(1)	Description		(b) Book value
(1) (2)	Description		(b) Book value
(1) (2) (3) (4)	Description		(b) Book value
(1) (2) (3) (4) (5)	Description		(b) Book value
(1) (2) (3) (4) (5) (6)	Description		(b) Book value
(1) (2) (3) (4) (5) (6) (7)	Description		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8)	Description		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, co Part X Other Liabilities	ы. (В))		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, co Part X Other Liabilities Complete if the organization answered "Yes"	ы. (В))		
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, co Part X Other Liabilities Complete if the organization answered "Yes" 1. (a) Description of liability	ы. (В))		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, co Part X Other Liabilities Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes	ы. (В))		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, cc Part X Other Liabilities Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) DUE TO NIU	ы. (В))		(b) Book value 2,719,435.
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, cc Part X Other Liabilities Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) DUE TO NIU (3) TRAVEL DEPOSITS	ы. (В))		(b) Book value 2,719,435. 72,900.
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, co Part X Other Liabilities Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) DUE TO NIU (3) TRAVEL DEPOSITS (4) NIU ENDOWMENT AND GIFT ACCOUNTS	ы. (В))		(b) Book value 2,719,435. 72,900. 12,547,748.
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, co Part X Other Liabilities Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) DUE TO NIU (3) TRAVEL DEPOSITS (4) NIU ENDOWMENT AND GIFT ACCOUNTS (5) ANNUITY LIABILITY	ы. (В))		(b) Book value 2,719,435. 72,900. 12,547,748.
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, co Part X Other Liabilities Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) DUE TO NIU (3) TRAVEL DEPOSITS (4) NIU ENDOWMENT AND GIFT ACCOUNTS (5) ANNUITY LIABILITY (6)	ы. (В))		(b) Book value 2,719,435. 72,900. 12,547,748.
(1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, line 15, cc Part X Other Liabilities Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) DUE TO NIU (3) TRAVEL DEPOSITS (4) NIU ENDOWMENT AND GIFT ACCOUNTS (5) ANNUITY LIABILITY (6) (7)	ы. (В))		(b) Book value 2,719,435. 72,900. 12,547,748.
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, cc Part X Other Liabilities Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) DUE TO NIU (3) TRAVEL DEPOSITS (4) NIU ENDOWMENT AND GIFT ACCOUNTS (5) ANNUITY LIABILITY (6) (7) (8)	ы. (В))		
(1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, line 15, cc Part X Other Liabilities Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) DUE TO NIU (3) TRAVEL DEPOSITS (4) NIU ENDOWMENT AND GIFT ACCOUNTS (5) ANNUITY LIABILITY (6) (7)	ы. (В))		(b) Book value 2,719,435. 72,900. 12,547,748.

NORTHERN ILLINOIS UNIVERSITY FOUNDATION

Page 3

36-6086819

Schedule D (Form 990) 2023

Part VII Investments - Other Securities

Par	t XI Reconciliation of Revenue per Audited Financial Statemer Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		Revenue per Re	turn	
1				1	33,436,016.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				, - · · , ·
a	Net unrealized gains (losses) on investments	2a	10,023,496.		
b	Donated services and use of facilities		4,811,520.		
c	Recoveries of prior year grants		, ,		
	Other (Describe in Part XIII.)		770.		
e	Add lines 2a through 2d			2e	14,835,786.
3	Subtract line 2e from line 1			3	18,600,230.
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	615,166.		
	Other (Describe in Part XIII.)		·		
	Add lines 4a and 4b			4c	615,166.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	19,215,396.
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	ents With	Expenses per F	Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	20,163,225.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	4,811,520.		
b	Prior year adjustments				
с	Other losses				
	Other (Describe in Part XIII.)		93,264.		
е	Add lines 2a through 2d			2e	4,904,784.
3	Subtract line 2e from line 1			3	15,258,441.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	615,166.		
	Other (Describe in Part XIII.)				
	Add lines 4a and 4b			4c	615,166.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)			5	15,873,607.
Pa	t XIII Supplemental Information				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addi			; Part X, I	line 2; Part XI,
PART	III, LINE 4:				
COLI	ECTIONS INCLUDE A ONE ROOM SCHOOL MUSEUM TO PROVIDE CULTURE A	T THE			
UNIV	ERSITY.				
PART	V, LINE 4:				
THE	INTENDED USE OF THE ENDOWMENT FUNDS IS TO SUPPORT NORTHERN ILL	LINOIS			
UNIV	ERSITY AND ITS MISSION TO ADVANCE EXCELLENCE AND TRANSFORM LIV	VES.			
PART	XI, LINE 2D - OTHER ADJUSTMENTS:				
NIU	REAL ESTATE FOUNDATION INCOME	770,			

NORTHERN ILLINOIS UNIVERSITY FOUNDATION

PART	XII,	LINE	2D	-	OTHER	ADJUSTMENTS:
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332054 09-28-23

36-6086819

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Schedule D (Form 990) 2023

Part XIII Supplemental Information (continued)	
	22.021
NIU REAL ESTATE FOUNDATION EXPENSES	93,264.
	Schedule D (Form 990) 20

332055 09-28-23

Par	t I General Info	rmation on A	ctivities Out	side the United States. Compl	ete if the organization answered "	Yes" on
	Form 990, Part IV				-	
1	For grantmakers. Does	s the organizatior	n maintain recor	ds to substantiate the amount of its gra	ants and other assistance,	
	the grantees' eligibility fe	or the grants or a	assistance, and	the selection criteria used to award the	grants or assistance?	Yes 🗌 No
2	For grantmakers. Desc	cribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and other assistance outs	ide the
	United States.					
3				an be duplicated if additional space is r		
	(a) Region	(b) Number of	(c) Number of			(f) Total expenditures
		offices in the region	employees, agents, and independent	(by type) (such as, fundraising, pro- gram services, investments, grants to	is a program service, describe specific type	for and
		lin the region	contractors	recipients located in the region)	of service(s) in the region	investments in the region
			in the region			
CENT						
	RAL AMERICA AND CARIBBEAN			PASSIVE INVESTMENTS	N/A	11 321 176
Inc	CARIBBEAN			FASSIVE INVESTMENTS	N/A	11,321,176
	Quilet and a	0	0			11 201 176
	Subtotal	0				11,321,176
b	Total from continuation	0	0			0
-	sheets to Part I					
C	Totals (add lines 3a and 3b)	0	0			11,321,176

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

NORTHERN ILLINOIS UNIVERSITY FOUNDATION

Department of the Treasury Internal Revenue Service

SCHEDULE F (Form 990)

Schedule F (Form 990) 2023

LHA 332071 11-29-23

10441108 147228 133621-0

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

Statement of	Activities	Outside the	United States

Employer identification number

36-6086819

Inspection

OMB No. 1545-0047 **Open to Public**

Schedule F (Form 990) 2023

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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

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2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax

exempt 501(c)(3) organization 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

Schedule F (Form 990) 2023

NORTHERN ILLINOIS UNIVERSITY FOUNDATION 36-6086819 Schedule F (Form 990) 2023 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. **(h)** Method of valuation (book, FMV, appraisal, other) (c) Number of (d) Amount of (e) Manner of cash disbursement (f) Amount of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant noncash noncash assistance assistance

Schedule F (Form 990) 2023

Page 3

Schedule F (Form 990) 2023 NORTHERN ILLINOIS UNIVERSITY FOUNDATION
Part IV Foreign Forms

I	Page	4

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)	X Yes	No
2	Did the organization have an interest in a foreign trust during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)</i>	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)</i>	Yes	X 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? <i>If</i> "Yes," <i>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 the Instructions for Form 8621)</i>	X Yes	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2023

332074 11-29-23

Schedule F (Form 990) 2023	NORTHERN	ILLINOIS	UNIVERSITY	FOUNDATION
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Pa	٦D	5

Part V Supplemental Information

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

332075 11-29-23	39	Schedule F (Form 990) 2023

SCHEDULE I (Form 990)	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.								
Department of the Treasury Internal Revenue Service			O a ta umumi ina	Attach to Form				Open to Public Inspection	
Name of the organizati	on		Go to www.irs	.gov/Form990 for	the latest morm	auon.		Employer identification number	
Name of the organizati	NORTHERN ILLI	NOIS UNIVERSII	Y FOUNDATION					36-6086819	
Part I General In	nformation on Grants a	nd Assistance							
criteria used to a	zation maintain records t ward the grants or assis IV the organization's pro	stance?	-			-		on X Yes No	
	d Other Assistance to hat received more than \$	-				anization answered "Y	es" on Form 990, Part	IV, line 21, for any	
1 (a) Name and ad	Idress of organization vernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
NORTHERN ILLINOIS 1515 W LINCOLN HI DEKALB, IL 60015		36-6008480	PUBLIC UNIVERSITY	4,862,827.	1,229,293.	воок	EQUIPMENT	TO PROVIDE GRANTS TO NORTHERN ILLINOIS UNIVERSITY	
	per of section 501(c)(3) a per of other organizations		5	l e line 1 table					

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

Schedule I (Form 990) 2023

Schedule I (Form 990) 2023

Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS, FELLOWSHIPS & AWARDS	1808	3,762,336.	0.	FMV	

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

PART I, LINE 2:

RECORDS ARE MAINTAINED THROUGH ACCOUNTING SYSTEM SHARED WITH THE RECIPIENT,

NORTHERN ILLINOIS UNIVERSITY.

SCH	IEDULE J	Compe	nsation Information	OMB	No. 1545-00	47
(For	rm 990)	-	ctors, Trustees, Key Employees, and Highest	2	ດວາ)
			mpensated Employees n answered "Yes" on Form 990, Part IV, line 23.		023	
Depart	ment of the Treasury		Attach to Form 990.		n to Pub	
	I Revenue Service		90 for instructions and the latest information.		spection	
Nam	e of the organizatior	ו		Employer identific	ation nu	mber
		NORTHERN ILLINOIS UNIVER	SITY FOUNDATION	36-6086819		
Pa	rt I Question	s Regarding Compensation				
				_	Yes	No
1a	Check the appropri	ate box(es) if the organization provided a	ny of the following to or for a person listed on Form	990,		
	Part VII, Section A,	line 1a. Complete Part III to provide any r	elevant information regarding these items.			
	First-class or c	harter travel	Housing allowance or residence for perso	nal use		
	Travel for com	•	Payments for business use of personal res	sidence		
		ation and gross-up payments	Health or social club dues or initiation fees			
	Discretionary s	spending account	Personal services (such as maid, chauffeu	r, chef)		
	,	, U	on follow a written policy regarding payment or			
		I			b	
	•		ng or allowing expenses incurred by all directors,			
	trustees, and office	rs, including the CEO/Executive Director,	regarding the items checked on line 1a?		2	
			to establish the compensation of the organization's			
			any boxes for methods used by a related organization	on to		
	establish compensa	ation of the CEO/Executive Director, but e	explain in Part III.			
	Compensation	committee	Written employment contract			
	Independent c	ompensation consultant	Compensation survey or study			
	Form 990 of o	ther organizations	Approval by the board or compensation c	ommittee		
4	During the year, did	I any person listed on Form 990, Part VII,	Section A, line 1a, with respect to the filing			
	organization or a re	•				
		e payment or change-of-control payment			a	X
	•	eive payment from a supplemental nonqu			b	X
	-	eive payment from an equity-based comp			c	X
	If "Yes" to any of lir	nes 4a-c, list the persons and provide the	applicable amounts for each item in Part III.			
)(3), 501(c)(4), and 501(c)(29) organizati				
			did the organization pay or accrue any compensatio	n		
	contingent on the re					v
					a	X
	Any related organiz				b	X
		or 5b, describe in Part III.				
	-		did the organization pay or accrue any compensatio	n		
	contingent on the n	0				v
					a	X
	Any related organiz				b	X
		or 6b, describe in Part III.				
			did the organization provide any nonfixed payments			
					7	X
	-		ccrued pursuant to a contract that was subject to th			
					3	X
			ble presumption procedure described in			
	Regulations section				•	
For F	Paperwork Reducti	on Act Notice, see the Instructions for	Form 990.	Schedule J (F	orm 990) 2023

LHA 332111 11-06-23

Schedule J (Form 990) 2023

36-6086819

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't 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.

		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) CATHERINE SQUIRES	(i)	0.	0.	0.	0.	0.	0.	٥.
PRESIDENT AND CEO, SECRETARY	(ii)	307,728.	0.	0.	23,686.	19,116.	350,530.	0.
(2) LUKE SEBBY	(i)	0.	0.	0.	0.	0.	0.	0.
KEY EMPLOYEE	(ii)	192,470.	0.	0.	15,527.	25,990.	233,987.	0.
(3) MICHAEL J DAIGLER	(i)	0.	0.	0.	0.	0.	0.	٥.
KEY EMPLOYEE	(ii)	182,576.	0.	0.	23,153.	25,896.	231,625.	٥.
(4) RAYMOND LOWELL JACKSON	(i)	0.	0.	0.	0.	0.	0.	٥.
KEY EMPLOYEE	(ii)	184,862.	0.	0.	14,137.	27,342.	226,341.	0.
(5) REYNALDO BUSTINZA	(i)	0.	0.	0.	0.	0.	0.	٥.
KEY EMPLOYEE	(ii)	184,862.	0.	0.	14,062.	18,181.	217,105.	٥.
(6) JEAN GODLEWSKI	(i)	0.	0.	0.	0.	0.	0.	٥.
DIRECTOR OF FINANCE	(ii)	145,644.	0.	0.	18,562.	19,116.	183,322.	٥.
(7) ERIN EILEEN SULLIVAN SMITH	(i)	0.	0.	0.	0.	0.	0.	٥.
HIGHEST COMPENSATED EMPLOYEE	(ii)	128,125.	0.	0.	16,253.	32,121.	176,499.	٥.
(8) SCOTT GLUCK	(i)	0.	0.	0.	0.	0.	0.	٥.
HIGHEST COMPENSATED EMPLOYEE	(ii)	131,969.	0.	0.	10,048.	32,535.	174,552.	0.
(9) KYM KOWALSKI	(i)	0.	0.	0.	0.	0.	0.	0.
CONTROLLER	(ii)	131,343.	0.	0.	15,592.	26,195.	173,130.	٥.
(10) MICHAEL C. ADZOVIC	(i)	0.	0.	0.	0.	0.	0.	٥.
HIGHEST COMPENSATED EMPLOYEE	(ii)	128,316.	0.	0.	9,759.	34,802.	172,877.	٥.
(11) KATE QUINN	(i)	0.	0.	0.	0.	0.	0.	٥.
SECRETARY	(ii)	120,589.	0.	0.	15,284.	18,169.	154,042.	٥.
(12) STEVEN SLOCUM	(i)	0.	0.	0.	0.	0.	0.	٥.
HIGHEST COMPENSATED EMPLOYEE	(ii)	128,125.	0.	0.	9,744.	14,765.	152,634.	٥.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2023

Part III Supplemental Information

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

PART I, LINE 3:

THE NIU FOUNDATION'S BOARD OF DIRECTORS ARE NOT COMPENSATED. NIU FOUNDATION

ASSIGNED EMPLOYEES ARE NOT PAID DIRECTLY BY THE NIU FOUNDATION. THE NIU

FOUNDATION ASSIGNED EMPLOYEES ARE PAID BY THE UNIVERSITY AND THE NIU

FOUNDATION REIMBURSES THE UNIVERSITY. IN ACCORDANCE WITH UNIVERSITY

POLICIES AND PRACTICE, THE NIU PRESIDENT PERFORMS AN ANNUAL PERFORMANCE AND

COMPENSATION REVIEW FOR THE NIU FOUNDATION PRESIDENT AND CEO.

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2023 Open to Public Inspection

Employer identification number 36-6086819

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

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

NORTHERN II	LINOTS	UNIVERSITY	FOUNDATION

Par	tl∣ Ty	pes of Property						
			(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	•	ıts
1	Art - Work	s of art	x	3	166,030.	FMV		
2								
3		rical treasures						
4		d publications						
5		ind household goods						
6		other vehicles						
7		l planes						
8		al property						
9		- Publicly traded						
10		- Closely held stock						
11		- Partnership, LLC, or						
••	trust inter	• • •						
12		- Miscellaneous						
13		conservation contribution -						
	Historic st	ructures						
14	Qualified	conservation contribution - Other						
15	Real estat	e - Residential						
16	Real estat	e - Commercial						
17		e - Other						
18		es						
19		ntory						
20		l medical supplies						
21	Taxidermy	/						
22	Historical	artifacts						
23	Scientific	specimens						
24	Archeolog	ical artifacts						
25	Other	(<u>REPAIRS</u>)	X	6	52,802.			
26	Other	(<u>EQUIPMENT</u>)	X	7	47,164.			
27	Other	(FURNITURE & OTH)	X	3	2,993.	FMV		
28	Other							
29		f Forms 8283 received by the organi	-					
	for which	the organization completed Form 82	283, Part V, L	onee Acknowledg	ement 29		<u> </u>	T
00-	During of the				autodia Daut I. Kasa 4 dausus	h 00 that it	Yes	No
30a		e year, did the organization receive b for at least 3 years from the date of						
		•	•	,	·		20.0	x
h		urposes for the entire holding period	۲				30a	
р 31	-	lescribe the arrangement in Part II. organization have a gift acceptance	nolicy that re	ouires the review (of any nonstandard contribut	ions?	31 X	
		organization hire or use third parties					31	+
JZa	contributi			-			32a	x
h		ons? lescribe in Part II.					52u	
33		nization didn't report an amount in o	column (c) fo	r a type of property	, for which column (a) is cher	ked.		
	describe i	•						
								-

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

Schedule M (Form 990) 2023

LHA 332141 09-11-23

<u>Schedule M</u>	1 (Form 990) 2023 NORTHERN ILLINOIS UNIVERSITY FOUNDATION	36-6086819	Page 2
Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b is reporting in Part I, column (b), the number of contributions, the number of items received, c this part for any additional information.	, and 33, and whether the organiz r a combination of both. Also com	ation nplete
332142 09-11-2	23	Schedule M (Form	n 990) 202
02172 00-11-2			2007 202
	46		

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



Employer identification number 36-6086819

PART III LINE 4A NARRATIVE CONTINUATION

THE NIU FOUNDATION: WHO WE ARE

THE NIU FOUNDATION IS A NOT-FOR-PROFIT ENTITY THAT ENGAGES FRIENDS AND

NORTHERN ILLINOIS UNIVERSITY FOUNDATION

ALUMNI AND SECURES AND MANAGES GIFTS IN SUPPORT OF NORTHERN ILLINOIS

UNIVERSITY.

CREATING LIFE-CHANGING OPPORTUNITIES FOR OUR HARDWORKING, DEDICATED

STUDENTS AND FACULTY IS THE NIU FOUNDATION'S HIGHEST PRIORITY. EACH

YEAR, THOUSANDS OF ALUMNI AND DONORS JOIN US IN THIS ENDEAVOR.

FUNDING THE FUTURE

THE FOUNDATION MEASURES THE PRODUCTIVITY OF ITS FUNDRAISING EFFORTS

ACROSS ALL AREAS OF THE UNIVERSITY THROUGH "NEW GIFTS AND COMMITMENTS,"

WHICH INCLUDE GIFTS OF CASH, GIFTS-IN-KIND, PLEDGES, UNREALIZED

BEQUESTS, AND OTHER PLANNED GIFT COMMITMENTS.

IN FY24, DONORS PROVIDED \$30.4M IN NEW GIFTS AND COMMITMENTS. THIS

MARKS THE FIRST TIME IN NIU HISTORY THAT PHILANTHROPIC ACHIEVEMENTS

HAVE SURPASSED THE \$30M MARK. EXCEPTIONAL RESULTS LIKE THESE ARE

ACCOMPLISHED THROUGH UNIVERSITY WIDE PARTNERSHIPS AND THE EXTRAORDINARY

GENEROSITY OF DONORS.

THE UNIVERSITY WE SERVE

STUDENT BODY NIU'S FOCUS ON REMOVING BARRIERS TO A HIGH-QUALITY

EDUCATION CONTINUES TO ATTRACT TALENTED STUDENTS FROM ALL BACKGROUNDS

WHO CLEARLY SEE NIU AS A PLACE WHERE THEY WILL SUCCEED.

NIU'S OVERALL ENROLLMENT HELD STEADY FOR ACADEMIC YEAR 2024, BUOYED BY

A SURGE IN TRANSFERS, AN ACADEMICALLY TALENTED FRESHMAN CLASS, AN

UPTICK IN THE NUMBER OF NEW GRADUATE AND LAW STUDENTS AND CONTINUED

REENROLLMENT SUCCESSES,

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. LHA 332211 11-14-23 47 Schedule O (Form 990) 2023

Schedule O (Form 990) 2023 Name of the organization	Page : Employer identification number
Northern Illinois University Foundation	36-6086819
THE ANNUAL 10-DAY COUNT SHOWS ENROLLMENT OF NEW TRANSFER STUDENTS	
INCREASED OVER LAST FALL BY MORE THAN 10%FOR A TOTAL OF 1,462 NEW	
STUDENTS COMING TO NIU FROM OTHER COLLEGES.	
THE AVERAGE HIGH SCHOOL GPA OF THE ALMOST 2,000 NEW FRESHMAN HUSKIES IS	
3.39, THE THIRD HIGHEST ON RECORD; NEARLY 20% OF THOSE STUDENTS HAD 4.0	
HIGH SCHOOL GPAS, WITH EACH EARNING A MERIT SCHOLARSHIP OF \$7,000.	
SIMILARLY, NEW FRESHMEN WITH STELLAR HIGH SCHOOL GPAS OF 3.7 OR HIGHER	
REPRESENTED 36% OF THE 2024 CLASS.	
THE UNIVERSITY HAS BUILT UPON RECRUITMENT INITIATIVES AND PARTNERSHIPS	
TO ENSURE THAT THE INCOMING CLASS REFLECTS THE DEMOGRAPHIC DIVERSITY OF	
OUR REGION AND CHANGING FACE OF AMERICA. IN ADDITION, ONE OF EVERY TWO	
NEW FRESHMEN IS A FIRST-GENERATION COLLEGE STUDENT; 66% OF NEW FRESHMEN	
AND 47% OF NEW TRANSFERS ARE STUDENTS OF COLOR. NIU ALSO REMAINS ON A	
TRAJECTORY TO BECOME A FULLY DESIGNATED HISPANIC-SERVING INSTITUTION	
(HSI), WITH LATINX STUDENTS REPRESENTING MORE THAN ONE-QUARTER OF THE	
TOTAL UNDERGRADUATE POPULATION FOR THE SECOND CONSECUTIVE YEAR.	
GUIDED BY STRATEGIC ENROLLMENT MANAGEMENT PLANNING AND THE BELIEF THAT	
EVERY STUDENT WHO ATTENDS NIU DESERVES THE SUPPORT NECESSARY TO ACHIEVE	
SUCCESS, THE UNIVERSITY WORKS TO PROVIDE RESOURCES THAT HELP HUSKIES	
SUCCESSFULLY NAVIGATE THEIR PATHS TOWARD GRADUATION AND FULFILLING	
CAREERS. THE REENROLLMENT RATE OF CONTINUING UNDERGRADUATES IS AT A	
SEVEN-YEAR HIGH.	
A LEADER IN SOCIAL MOBILITY	
NIU RATES AMONG THE NATION'S LEADING INSTITUTIONS OF HIGHER EDUCATION	
FOR SOCIAL MOBILITY, ACCORDING TO THE 2025 WALL STREET JOURNAL/COLLEGE	
PULSE RANKINGS.	
THE RANKINGS OF 500 INSTITUTIONS PLACE NIU AT NO. 38THE SECOND HIGHEST	
RANKING OF ANY ILLINOIS PUBLIC SCHOOL AND AMONG THE TOP FIVE	
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Schedule O (Form 990) 2023 Name of the organization	Page 2 Employer identification number
NORTHERN ILLINOIS UNIVERSITY FOUNDATION	36-6086819
UNIVERSITIES IN THE MIDWEST.	
COLLEGES AT THE TOP OF THE SOCIAL-MOBILITY RANKINGS TAKE IN HIGH	
PROPORTIONS OF LOW-INCOME STUDENTS AND EXCEL AT IMPROVING THOSE	
STUDENTS' GRADUATION RATES AND THEIR SALARIES LATER IN LIFE, ACCORDING	
TO THE WALL STREET JOURNAL.	
THE UNIVERSITY HAS IN RECENT YEARS SIGNIFICANTLY INCREASED DIVERSITY	
AMONG ITS SCHOLARSHIP RECIPIENTS. TEST-FREE ADMISSIONS AND MERIT	
SCHOLARSHIP POLICIES HELP TO ATTRACT AND FOSTER THE SUCCESS OF HUSKIES	
FROM ALL BACKGROUNDS. NIU HAS WORKED TO CLOSE GAPS IN ACADEMIC	
ACHIEVEMENT AND DEGREE ATTAINMENT FOR LOW-INCOME AND FIRST-GENERATION	
STUDENTS, AND TO ENSURE THAT STUDENTS ARE COMPETITIVE FOR STRONG FIRST	
JOBS OR GRADUATE EDUCATION OPPORTUNITIES. IN FY24, THE NIU FOUNDATION	
PROVIDED MORE THAN \$3.8 M TO STUDENTS FOR SCHOLARSHIPS AND AID. THESE	
SCHOLARSHIPS PLAY AN IMPORTANT ROLE IN MAKING A COLLEGE EDUCATION A	
REALITY FOR ALL NIU STUDENTS. THIS SUPPORT HAS ALSO PROVEN KEY TO	
PERSISTENCE, HELPING STUDENTS BECOME PROUD HUSKIE ALUMNI. IN FACT, NINE	
OUT OF 10 STUDENTS WHO RECEIVE NIU FOUNDATION SCHOLARSHIPS GRADUATE.	
COMMITTED TO A SUSTAINABLE FUTURE	
AS ONE OF THE LARGEST STATE UNIVERSITIES IN ILLINOIS, NIU HAS COMMITTED	
TO A HEALTHY, SUSTAINABLE FUTURE FOR OUR STUDENTS AND COMMUNITIES. THE	
UNIVERSITY STRIVES TO INTEGRATE SUSTAINABILITY INTO EDUCATIONAL	
OPPORTUNITIES, RESEARCH, AND CAMPUS OPERATIONS, AS WELL AS TO SERVE AS	
A MODEL TO THE BROADER NORTHERN ILLINOIS COMMUNITY.	
NIU APPROACHES CAMPUS SUSTAINABILITY IN AN INCLUSIVE WAY, AS FINDING	
SOLUTIONS TO COMPLEX CHALLENGES LIKE CLIMATE CHANGE REQUIRES STRATEGIES	
THAT ARE ENVIRONMENTALLY SOUND, SOCIALLY JUST AND ECONOMICALLY VIABLE.	
WHEN PRESIDENT LISA FREEMAN SIGNED THE SECOND NATURE CARBON COMMITMENT	
IN 2022, IT CEMENTED NIU'S DEDICATION TO CLIMATE ACTION AND SET IN	
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Name of the organization	Employer identification number
NORTHERN ILLINOIS UNIVERSITY FOUNDATION	36-6086819
MOTION A PLANNING PROCESS TO INCORPORATE SUSTAINABILITY INTO ALL OF	
CAMPUS LIFE AND DECISIONS.	
NIU'S SUSTAINABILITY AND CLIMATE ACTION PLAN IS AN EXCITING,	
COMPREHENSIVE, ACTIONABLE PLAN THAT WILL SERVE AS A ROADMAP FOR ITS	
SUSTAINABILITY EFFORTS IN THE FUTURE.	
FACULTY WHO TEACH AND DO	
NIU'S NATIONALLY AND INTERNATIONALLY RECOGNIZED FACULTY ARE DEDICATED	
TO ADVANCING THEIR ACADEMIC DISCIPLINES, WORKING BEYOND TRADITIONAL	
BOUNDARIES, AND CREATING SUSTAINABLE SOLUTIONS TO COMPLEX SOCIETAL	
PROBLEMS.	
ADVANCING TRANSDISCIPLINARY SCHOLARSHIP IS ESSENTIAL TO PREPARING	
STUDENTS FOR A CENTURY OF CHANGE. THE UNIVERSITY'S PLAN FOR THE	
NORTHERN ILLINOIS CENTER FOR COMMUNITY SUSTAINABILITY, COMMONLY	
REFERRED TO AS NICCS, IS AN EXCELLENT EXAMPLE.	
NICCS ADDRESSES THE CHALLENGES OF ENVIRONMENTAL CHANGE, SHIFTING	
DEMOGRAPHICS AND SOCIOPOLITICAL INEQUITY IMPACTING OUR REGION AND THE	
WORLD, AND CONNECTS RESEARCH AND INNOVATION TO ADVANCE SUSTAINABILITY	
IN FOOD SYSTEMS, WATER RESOURCES AND ENVIRONMENTAL ADAPTATION WHILE	
ALSO PROMOTING SCIENCE-BASED POLICIES AND PRACTICES FOR COMMUNITIES.	
NICCS IS A HUB IN THE ILLINOIS INNOVATION NETWORK. THE NETWORK CONNECTS	
ILLINOIS PUBLIC UNIVERSITIES AND SUPPORTS COLLABORATION TO DRIVE	
INCLUSIVE INNOVATION, EQUITABLE WORKFORCE DEVELOPMENT, AND SUSTAINABLE	
ECONOMIC GROWTH THROUGHOUT OUR STATE.	
NIU FACULTY ARE ALSO CONDUCTING CUTTING-EDGE, TRANSDISCIPLINARY	
RESEARCH IN RELATIVELY NEW FIELDS SUCH AS URBAN-REGIONAL MODELING,	
, DISASTER ATTRIBUTION, CONTROLLED ENVIRONMENT AGRICULTURE, PRAIRIE	
RESTORATION AND FOREVER CHEMICALS.	
MOREOVER, WE ARE FORGING TIES BETWEEN THE UNIVERSITY, COMMUNITY,	
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Name of the organization NORTHERN ILLINOIS UNIVERS	ITY FOUNDATION	Employer identification number 36-6086819
GOVERNMENT AND BUSINESSES, WITH PROJECTS UNDER	WAY BETWEEN NIU AND THE	
U.S. GEOLOGICAL SURVEY, ARGONNE NATIONAL LABOR	ATORY, THE DEKALB COUNTY	
COMMUNITY GARDENS, THE UNIVERSITY OF ILLINOIS,	AND SOUTHERN ILLINOIS	
UNIVERSITY.		
THESE AND MYRIAD OTHER PROJECTS PROVIDE THE OF	PFORTUNITY FOR STUDENTS TO	
PARTICIPATE IN CUTTING-EDGE RESEARCH ALONGSIDE	E FACULTY WHO ARE LEADERS	
IN THEIR FIELDS. THESE OPPORTUNITIES ARE A HAI	JLMARK OF THE	
UNDERGRADUATE EXPERIENCE AT NIU.		
PRIVATE DONATIONS HELP MAKE THESE EXPERIENCES	POSSIBLE BY SUPPORTING	
INITIATIVES LIKE RESEARCH ROOKIES, A PROGRAM T	HAT LINKS FIRST-YEAR AND	
SOPHOMORE STUDENTS WITH FACULTY MENTORS IN THE	IR AREAS OF INTEREST TO	
CONDUCT SMALL SCALE RESEARCH PROJECTS. EVIDENC	E STRONGLY INDICATES THAT	
STUDENT RESEARCH PARTICIPATION INCREASES RETEN	TION AND BOLSTERS JOB AND	
GRADUATE SCHOOL OPPORTUNITIES.		
IN FY24, THE NIU FOUNDATION SUPPLIED NEARLY \$8	.6M TO SUPPORT CAMPUS	
DEPARTMENTS, PROGRAMS AND PROFESSORSHIPS.		
THE NIU FOUNDATION: GATHERING SUPPORT		
CONNECTING OUR ALUMNI		
NIU HAS A FIERCELY PROUD ALUMNI BASE OF MORE T	HAN 260,000 HUSKIES. THEY	
BOAST ACCOMPLISHED CAREERS IN A DIVERSE ARRAY	OF PROFESSIONS AND	
PRIMARILY RESIDE IN THE NORTHERN ILLINOIS REGI	ON. THESE GRADUATES	
CREATE DYNAMIC PROFESSIONAL NETWORKS FOR STUDE	ENTS AND FACULTY AND	
PROVIDE ECONOMIC VITALITY TO THE REGION AND ST	ATE. ALUMNI ALSO	
REPRESENT A VAST PIPELINE OF SUPPORT FOR THE U	NIVERSITY.	
IN FY24, THE NIU FOUNDATION HOSTED MORE THAN 1	16 ENGAGEMENT EVENTS	
CONNECTING ALUMNI AND DONORS WITH NIU, EACH OT	HER, AND THE STUDENTS WHO	
BENEFIT FROM THEIR SUPPORT. THESE EVENTS ALSO	PROVIDE VALUABLE	
OPPORTUNITIES FOR ALUMNI AND DONORS TO MEET WI	TH NIU PRESIDENT LISA C.	0-h-h-h-h-0/F000\0000
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NORTHERN ILLINOIS UNIVERSITY FOUNDATION	36-6086819
FREEMAN AND OTHER KEY UNIVERSITY LEADERS TO LEARN MORE ABOUT THE	
UNIVERSITY'S VISION AND STRATEGIC DIRECTION. IN FY24, 3,297 PEOPLE	
ATTENDED THESE EVENTS, 516 OF WHOM WERE FIRST-TIME EVENT ATTENDEES.	
FORM 990, PART VI, SECTION A, LINE 2:	
CYNTHIA CROCKER AND JEFFREY LIESENDAHL PERSONALLY USE THE SERVICES OF	
SAVANT CAPITAL, FOR WHICH BOARD MEMBER BRENT BRODESKI SERVES AS THE CEO.	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE BOARD HAS ADOPTED THE PRACTICE THAT THE AUDIT COMMITTEE, THE	
PRESIDENT/CEO, DIRECTOR OF FINANCE AND STRATEGIC PRIORITIES AND CONTROLLER	
REVIEW THE FORM 990. THE BOARD MEMBERS ARE THEN PROVIDED A COPY OF THE FORM	
990 BEFORE IT IS FILED. IT IS REVIEWED AT THE BOARD MEETING PRIOR TO	
FILING. IN ADDITION, THE AUDIT COMMITTEE OFFERS AN AUDIT AND 990 WORKSHOP	
TO ALL BOARD MEMBERS TO GET A DEEPER UNDERSTANDING OF THE AUDIT AND TAX	
FILINGS.	
FORM 990, PART V, LINE 2A	
THE FOUNDATION DID NOT COMPENSATE THE INDIVIDUALS LISTED IN PART VII.	
NIU, AN ORGANIZATION THAT DOES NOT MEET THE RELATED ORGANIZATION	
REQUIREMENTS OF THE FORM 990 INSTRUCTIONS, PAYS THE INDIVIDUALS AND	
ISSUES THEIR W-2S.	
FORM 990, PART VI, SECTION B, LINE 12C:	
ALL DIRECTORS, BOARD MEMBERS AND KEY EMPLOYEES ARE GIVEN A COPY THE	
CONFLICT OF INTEREST POLICY. THEY ARE ALSO REQUIRED TO COMPLETE AND SIGN A	
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Schedule O (Form 990) 2023

Name of the organization

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Employer identification number

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NORTHERN ILLINOIS UNIVERSITY FOUNDATION	36-6086819
CONFLICT OF INTEREST DISCLOSURE REPORT. THE AUDIT COMMITTEE REVIEWS THE	
CONFLICT OF INTEREST REPORTS ANNUALLY. AT THE BEGINNING OF EACH BOARD	
MEETING, THE BOARD CHAIR CALLS FOR ANY CONFLICT OF INTEREST ON AGENDA ITEMS	
TO BE DISCLOSED BY THE BOARD MEMBER. POTENTIAL CONFLICTS ARE DISCLOSED AND	
BOARD MEMBER RECUSES THEMSELVES FROM DISCUSSIONS AND VOTES ON RELATED	
MATTERS.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE NIU FOUNDATION'S BOARD OF DIRECTORS ARE NOT COMPENSATED. NIU FOUNDATION	
ASSIGNED EMPLOYEES ARE NOT PAID DIRECTLY BY THE NIU FOUNDATION. THE NIU	
FOUNDATION ASSIGNED EMPLOYEES ARE PAID BY THE UNIVERSITY AND THE NIU	
FOUNDATION REIMBURSES THE UNIVERSITY. NIU MAINTAINS A REGULAR COMPENSATION	
PROCESS FOR THE FOUNDATION PRESIDENT, WHICH INCLUDES THE USE OF COMPARABLE	
DATA. IN CONSULTATION WITH THE UNIVERSITY PRESIDENT AND IN ACCORDANCE WITH	
UNIVERSITY POLICIES AND PRACTICE, THE COMPENSATION COMMITTEE RECOMMENDS	
APPROPRIATE COMPENSATION LEVELS FOR THE NIU FOUNDATION PRESIDENT AND CEO TO	
THE BOARD FOR APPROVAL.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE FOUNDATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND	
FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.	
FORM 990, PART VII, LINE 1A	
THE FOUNDATION AND UNIVERSITY DO NOT MEET THE DEFINITION OF RELATED	
ORGANIZATIONS AS DEFINED IN THE INSTRUCTIONS TO THE FORM 990. THE	
UNIVERSITY PAYS THE INDIVIDUALS LISTED IN PART VII. DUE TO THE	
SIGNIFICANCE OF THE RELATIONSHIP, THE FOUNDATION CHOOSES TO REPORT THE	
RELATIONSHIP.	

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Schedule O (Form 990) 2023

FORM 990, PART IX, LINES 5 AND 7	
THE FOUNDATION DID NOT COMPENSATE INDIVIDUALS. NIU, AN ORGANIZATION	
THAT DOES NOT MEET THE RELATED ORGANIZATION REQUIREMENTS OF THE FORM	
990 INSTRUCTIONS, PAYS THE INDIVIDUALS. BECAUSE OF THIS, THE SALARIES	
OF THE INDIVIDUALS ARE SHOWN AS OTHER FEES FOR SERVICES.	
PART IX; STATEMENT OF FUNCTIONAL EXPENSE	
NORTHERN ILLINOIS UNIVERSITY PROVIDES IN-KIND SERVICE CONTRIBUTIONS	
WHICH ARE REFLECTED IN THE AUDITED FINANCIAL STATEMENTS BUT ARE NOT	
RECOGNIZED FOR TAX REPORTING PURPOSES. THE AMOUNT OF IN-KIND SERVICE	
CONTRIBUTIONS FOR FISCAL YEAR 2024 IS \$4,811,520. THIS IS INCLUDED AS A	
RECONCILING ITEM ON SCHEDULE D.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
TRANSFER OF ASSETS TO NIU -16,532,143.	
CHANGE IN FOUNDATION EQUITY 3,500.	
TOTAL TO FORM 990, PART XI, LINE 9 -16,528,643.	
FORM 990, PART IV, LINE 34	
NORTHERN ILLINOIS UNIVERSITY (NIU) IS NOT CLASSIFIED AS RELATED	
ORGANIZATIONS ACCORDING TO THE FORM 990 GLOSSARY AND IN LINE 34	
INSTRUCTIONS. IN TRANSPARENCY, THE FOUNDATION REPORTS THE FOLLOWING:	
STACEY BARSEMA, NIU FOUNDATION BOARD MEMBER, IS SPOUSE OF DENNIS	
BARSEMA, MEMBER OF NIU BOARD OF TRUSTEES AND FORMER CHAIR OF NIU BOARD	
OF TRUSTEES. WHEELER COLEMAN AND CHERILYN MURER, BOTH CURRENT NIU	
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NORTHERN ILLINOIS UNIVERSITY FOUNDATION

Schedule O (Form 990) 2023

Name of the organization

36-6086819

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Name of the organization	Employer identification numbe
NORTHERN ILLINOIS UNIVERSITY FOUNDATION	36-6086819
FOUNDATION BOARD MEMBERS ARE FORMER CHAIRS OF THE NIU BOARD OF	
TRUSTEES.	
PART III LINE 4A NARRATIVE CONTINUATION	
ENDOWMENT: INVESTING FOR THE FUTURE	
THE NIU FOUNDATION ENDOWMENT PROVIDES A STRATEGIC BASE OF FUNDING TO	
SUSTAIN EXCELLENCE AT NIU. AS OF JUNE 30, 2024, THE NIU FOUNDATION HELD	
NET ASSETS OF \$166.5M, \$113.6M OF WHICH WERE ENDOWMENT.	
THE NIU FOUNDATION ENDOWMENT FUND IS OVERSEEN BY MEMBERS OF THE NIU	
FOUNDATION BOARD OF DIRECTORS, ALL OF WHOM ARE GENEROUS DONORS	
THEMSELVES.	
THE BOARD'S INVESTMENT COMMITTEE SETS AND EXECUTES AN INVESTMENT POLICY	
AIMED TO ATTAIN THE HIGHEST POSSIBLE TOTAL RATE OF RETURN, COMMENSURATE	
WITH AN APPROPRIATE DEGREE OF RISK; PROVIDE GROWTH OF THE MARKET VALUE	
OF THE ENDOWMENT'S PRINCIPAL TO PROTECT AGAINST INFLATION; AND GENERATE	
CASH FLOW TO FUND SCHOLARSHIPS AND OTHER PRIORITIES.	
ANOTHER IMPORTANT INVESTMENT MADE BY THE NIU FOUNDATION IS IN THE	
CREATION OF OPPORTUNITIES FOR STUDENTS TO BE INVOLVED IN THE LIFE OF	
DUR WORK.	
THE NIU FOUNDATION BOARD OF DIRECTORS HAS TWO ACTIVE, VOTING MEMBERS	
FROM THE STUDENT BODY WHOSE INPUT IS HIGHLY SOUGHT AND VALUED, AND	
DOZENS OF STUDENTS GAIN VALUABLE EXPERIENCE WORKING IN THE FOUNDATION'S	
VARIOUS DEPARTMENTS FROM ALUMNI RELATIONS, ACCOUNTING, COMMUNICATIONS,	
AND DONOR RELATIONS.	
IN ADDITION, THE FOUNDATION SPONSORS TWO STUDENT-MANAGED PORTFOLIO	
PROGRAMS IN PARTNERSHIP WITH OUR NATIONALLY RANKED COLLEGE OF BUSINESS	
THAT PROVIDE STUDENT ANALYSTS WITH REAL-WORLD EXPERIENCE IN INVESTMENT	

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Schedule O (Form 990) 2023	Page 2
Name of the organization NORTHERN ILLINOIS UNIVERSITY FOUNDATION	Employer identification number 36-6086819
AND PORTFOLIO MANAGEMENT.	
CAPITAL PROJECTS	
OVER THE PAST 20 YEARS, NIU DONORS HAVE LITERALLY CHANGED THE LANDSCAPE	
OF THE UNIVERSITY BY PROVIDING STATE-OF-THE-ART FACILITIES THAT SIMPLY	
WOULD NOT EXIST WITHOUT PRIVATE SUPPORT.	
CAMPUS LANDMARKS SUCH AS BARSEMA HALL, THE BARSEMA ALUMNI AND VISITORS	
CENTER, THE YORDON CENTER, AND THE KENNETH AND ELLEN CHESSICK PRACTICE	
FACILITY WERE MADE POSSIBLE THROUGH THE GENEROSITY OF DONORS.	
FUNDRAISING CONTINUES FOR EXCITING NEW BUILDING ON CAMPUS SUCH AS THE	
BAUSTERT BAHWELL HEALTH TECHNOLOGY CENTER, THE CENTER FOR GREEK LIFE,	
AND THE NORTHERN ILLINOIS CENTER FOR COMMUNITY SUSTAINABILITY, COMMONLY	
REFERRED TO AS NICCS.	
IN FY24 MORE THAN \$1.2M WAS SPENT ON BUILDING PROJECTS AND EQUIPMENT	
TO ENHANCE THE LEARNING AND LIVING ENVIRONMENT AT NIU.	
LOOKING AHEAD: THE FUTURE LOOKS BRIGHT A UNIVERSITY WITH THE ENERGY AND	
MOMENTUM OF NIU REQUIRES AN EVER-INCREASING LEVEL OF SUPPORT.	
IN ANTICIPATION OF THESE NEEDS, THE NIU FOUNDATION IS CONDUCTING A	
COMPREHENSIVE CAMPAIGN TO ENSURE THAT POSITIVE ENERGY AND LIFE-CHANGING	
MOMENTUM CONTINUE FOR GENERATIONS OF HARDWORKING, DEDICATED HUSKIES.	
THE ENGAGEMENT AND SUPPORT OF NIU DONORS AND ALUMNI ARE ALWAYS	
INVALUABLE, BUT EVEN MORE SO AS THE NIU FOUNDATION NEARS LAUNCHING THE	
MOST ASPIRATIONAL MULTIYEAR COMPREHENSIVE FUNDRAISING CAMPAIGN IN NIU	
HISTORY.	
THROUGH A UNITED EFFORT AND A VISIONARY PLAN FOR THE FUTURE, OUR	
ABILITY TO MEET THE NEEDS OF OUR STUDENTS AND SOCIETY'S CHALLENGES WILL	
BE ENHANCED AND ENERGIZED DUE TO THE MANY CONTRIBUTIONS OF OUR CAMPUS	
COMMUNITY AND THE CONTINUED GENEROSITY OF OUR ALUMNI AND DONORS.	

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Schedule O (Form 990) 2023

(Form 990)

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.

OMB No. 1545-0047

2023 Open to Public Inspection

Employer identification number

36-6086819

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

NORTHERN ILLINOIS UNIVERSITY FOUNDATION

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
ALUMNI ASSOCIATION TRAVEL PROGRAM LLC -					
85-3230744, 595 COLLEGE AVENUE, ALTGELD HALL]				NORTHERN ILLINOIS
135, DEKALB, IL 60115	ALUMNI TRAVEL PROGRAM	ILLINOIS	266,677.	219,443.	UNIVERSITY FOUNDATION
	-				
	-				

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	(f) Direct controlling entity		g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
NORTHERN ILLINOIS UNIVERSITY - 36-6008480							
1515 W LINCOLN HIGHWAY							
DEKALB, IL 60115	PUBLIC UNI.	ILLINOIS	GOVT				х
NIU REAL ESTATE FOUNDATION - 84-2917334					NORTHERN ILLINOIS		
595 COLLEGE AVENUE, ALTGELD HALL 135					UNIVERSITY		
DEKALB, IL 60115	REAL ESTATE HOLDING	ILLINOIS	501(C)(3)	LINE 12A, I	FOUNDATION	x	
	_						
	-						
	1						

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

Schedule R (Form 990) 2023

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.

	······································	· j									
(a)	(b)	(c)	(d)	(e)	(f)	(g)	()	h)	(i)	(j)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	alloca	ortionate tions?	Code V-UBI amount in box 20 of Schedule	Genera manag partne	or Percentage ^{ng} ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	lo
]										
	1										
	1										
											+
	1										
	1										
	1										
	1		l	l							

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	(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	Sec 512(t contr ent	(i) ction b)(13) rolled tity?
		country)				400010		Yes	No
]								

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

Not	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X
	Gift, grant, or capital contribution to related organization(s)	1b		Х
	Gift, grant, or capital contribution from related organization(s)	1c		Х
	Loans or loan guarantees to or for related organization(s)	1d		Х
	Loans or loan guarantees by related organization(s)	1e		Х
f	Dividends from related organization(s)	1f		х
g	Sale of assets to related organization(s)	1g		Х
h	Purchase of assets from related organization(s)	1h		Х
i	Exchange of assets with related organization(s)	1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)	1j	X	
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		х
I	Performance of services or membership or fundraising solicitations for related organization(s)	11	Х	
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Х	
	Sharing of paid employees with related organization(s)	10	X	
р	Reimbursement paid to related organization(s) for expenses	1p		х
q	Reimbursement paid by related organization(s) for expenses	1q		х
r	Other transfer of cash or property to related organization(s)	1r	x	
	Other transfer of cash or property from related organization(s)	1s		X
2				·

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
<u>(2)</u>			
(3)			
<u>(4)</u>			
<u>(5)</u>			
_(6)			

Schedule R (Form 990) 2023 NORTHERN ILLINOIS UNIVERSITY FOUNDATION

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)	(b)	(c)	(d)	(e)	(f)	(g)	(۲	1)	(i)	(j)		(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are Are partne 501(org	e all rs sec.	Share of	Share of	Dispr tior	opor-	Code V-UBI	Genera		ercentage
of entity		(state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	501(org	c)(3) Is.?	total	end-of-year	tion allocat	iate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	manag partne	er? OV	wnership
		country)	sections 512-514)	Yes		income	assets	Yes	No	(Form 1065)	Yes	10	
											\square		

Schedule R (Form 990) 2023

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

SCHEDULE R, PART II

THE UNIVERSITY DOES NOT MEET THE DEFINITION OF RELATED ORGANIZATION AS

DEFINED IN THE INSTRUCTIONS TO THE FORM 990. THE UNIVERSITY PAYS THE

INDIVIDUALS LISTED IN FORM 990 PART VII AND THEREFORE THE FOUNDATION

HAS LISTED THE UNIVERSITY AS A RELATED ORGANIZATION FOR PURPOSES OF

REPORTING THIS COMPENSATION.

SCHEDULE R, PART II, COLUMN B

EDUCATIONAL, RELATIONSHIP BUILDING, AND CHARITABLE ASSOCIATION

10441108 147228 133621-0

Form	990-T	E	Exempt Organization Business Ir		rn	OMB No. 1545-0047
			(and proxy tax under section			າດວວ
		For ca	endar year 2023 or other tax year beginning JUL 1, 2023		·	2023
Departr Internal	nent of the Treasury Revenue Service		Go to www.irs.gov/Form990T for instructions and Do not enter SSN numbers on this form as it may be made public		;).	Open to Public Inspection for 501(c)(3) Organizations Only
Α	Check box if address changed.		Name of organization (Check box if name changed and see	instructions.)	D Em	oloyer identification number
B Exe	empt under section	Print	NORTHERN ILLINOIS UNIVERSITY FOUNDATION			36-6086819
X	501(c)(3)	or	Number, street, and room or suite no. If a P.O. box, see instruction	15.		up exemption number instructions)
	408(e) 220(e)	Type	ALTGELD HALL 134		_	
	408A 530(a) 529(a) 529A		City or town, state or province, country, and ZIP or foreign postal DEKALB, IL 60115	code	F	Check box if
		С Во	ok value of all assets at end of year	183,502,460.		an amended return.
G C	heck organization	type	X 501(c) corporation 501(c) trust 401(a) t	rust Other trust	State	college/university
			6417(d)(1)(A) Applicable entity			
	heck if filing only to				ment amo	unt from Form 3800
			ation filing a consolidated return with a 501(c)(2) titleholding			
			ed Schedules A (Form 990-T)			2
			e corporation a subsidiary in an affiliated group or a parent-s	ubsidiary controlled group?		Yes X No
	he books are in car		d identifying number of the parent corporation KYM KOWALSKI	Telephone number	815-75	3-1663
Par			d Business Taxable Income	relephone number	010 /0	5 1000
1	Total of unrelated	busin	ess taxable income computed from all unrelated trades or bi	usinesses (see instructions)	1	293,412.
2				(, , , , , , , , , , , , , , , , , , ,		, ,
3	Add lines 1 and 2					293,412.
4	Charitable contril	outions	(see instructions for limitation rules) STMT 1	STMT 2	4	29,241.
5	Total unrelated b	usiness	taxable income before net operating losses. Subtract line 4	from line 3	5	264,171.
6			ing loss. See instructions		. 6	
7	Total of unrelated	d busine	ess taxable income before specific deduction and section 19	99A deduction.		
-	Subtract line 6 fro					264,171.
8			erally \$1,000, but see instructions for exceptions)			1,000.
9 10			eduction. See instructions			1,000.
11			lines 8 and 9 able income. Subtract line 10 from line 7. If line 10 is great		. 11	263,171.
Par					••	
1	Organizations ta	axable	as corporations. Multiply Part I, line 11 by 21% (0.21)		1	55,266.
2			rates. See instructions for tax computation. Income tax on			
	Part I, line 11, fro	m:	Tax rate schedule or Schedule D (Form 1041)		2	
3	Proxy tax. See in					
4	Other tax amoun	ts. See	instructions			
5	Alternative minim					
6 7			acility income. See instructions		. 6	55,266.
	t III Tax and	Pavn	gh 6 to line 1 or 2, whichever applies			55,200.
1a		-	orations attach Form 1118; trusts attach Form 1116)	1a		
b	Other credits (see	• •				
c			Attach Form 3800 (see instructions)			
d			mum tax (attach Form 8801 or 8827)			
е	Total credits. Ac	d lines	1a through 1d		. 1e	
2	Subtract line 1e f	rom Pa	rt II, line 7		. 2	55,266.
3a	Amount due from					
b	Amount due from					
C.	Amount due from					
d	Amount due from		· · · · ·		_	
e f	Other amounts d	•	,		3f	0.
4	Total tax. Add lir	10. 700 165 2 21	lines 3a through 3e nd 3f (see instructions). Check if includes tax previous	lv deferred under		<u>_</u>
			x amount here		4	55,266.
5			lity paid from Form 965-A, Part II, column (k)		. 5	0.
LHA			on Act Notice, see instructions. 323701 11-20-23			Form 990-T (2023)
			70			

2023.05000 NORTHERN ILLINOIS UNIVERS 133621-1

Form 9	90-T (2023)					F	⁻ age 2
Part	III Tax and Payments (continued)						
6 a	Payments: Preceding year's overpayment credited to the current year	6a		45,302.			
b	Current year's estimated tax payments. Check if section 643(g) election						
	applies	6b		18,000.			
с	Tax deposited with Form 8868	. 6c					
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d					
е	Backup withholding (see instructions)	. 6e					
f	Credit for small employer health insurance premiums (attach Form 8941)						
g	Elective payment election amount from Form 3800	. 6g					
h	Payment from Form 2439	. 6h					
i	Credit from Form 4136						
j	Other (see instructions)						
7	Total payments. Add lines 6a through 6j				7	63,	,302.
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached				8		
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed				9		
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount over	paid			10	8,	036.
_11	Enter the amount of line 10 you want: Credited to 2024 estimated tax		,036.	Refunded	11		0.
Part	IV Statements Regarding Certain Activities and Other Information	tion (s	ee instru	uctions)			
1	At any time during the 2023 calendar year, did the organization have an interest in o	r a signa	ture or o	other authority		Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the	e organiz	ation ma	ay have to file			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the	ne name	of the fo	oreign country			
	here					_	X
2	During the tax year, did the organization receive a distribution from, or was it the gra	antor of,	or transf	eror to, a			
	foreign trust?						X
	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			\$			
4	Enter available pre-2018 NOL carryovers here \$ Do not	include	any pos	t-2017 NOL car	ryover		
	shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by	any ded	uction re	eported on Part	I, line 6.		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-201	7 NOL c	arryover	s. Don't reduce			
	the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for	or the tax	year. S	ee instructions.			
	Business Activity Code	A	ailable p	oost-2017 NOL	carryover		
	900000	\$			53,767.		
		\$					
		\$					
		\$					
6 a	Reserved for future use						
b	Reserved for future use						
Part	V Supplemental Information						

Provide any additional information. See instructions.

	Under penalties of perjury, I declare that I have ex correct, and complete. Declaration of preparer (of			er has any know		May the IRS discuss this return with the preparer shown below (see				
	Signature of officer	Date	Title			instru	ctions)? X	Yes	No	
Paid	Print/Type preparer's name	Preparer's signature		ate	Check if PTIN self-employed					
Preparer	DORI J. EGGETT	DORI J. EGGETT	DORI J. EGGETT 1			P00645252				
Use Only	Firm's name PLANTE & MORA	N, PLLC			Firm's EIN		38-13	57951		
occ only		TS AVE, SUITE 600								
	Firm's address DENVER, CO	80237			Phone no.	303	-740-940	0		

323711 11-20-23

FORM 990-T	CONTRIBUTIONS	STATEMENT 1
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
CHARITABLE CONTRIBUTIONS - NORTHERN ILLINOIS UNIVERSITY	N/A	6,090,428.
CHARITABLE CONTRIBUTIONS - AMBERBROOK VII LP	N/A	2.
CHARITABLE CONTRIBUTIONS - AMBERBROOK VIII LP	N/A	11.
CHARITABLE CONTRIBUTIONS - ACCOLADE PARTNERS VII, L.P.	N/A	8.
TOTAL TO FORM 990-T, PART I, I	LINE 4	6,090,449.

FORM 990-T CON	TRIBUTIONS SUMMARY		STATEMENT	2
QUALIFIED CONTRIBUTIONS SUBJE QUALIFIED CONTRIBUTIONS SUBJE				
CARRYOVER OF PRIOR YEARS UNUS FOR TAX YEAR 2018 FOR TAX YEAR 2019 FOR TAX YEAR 2020 FOR TAX YEAR 2021 FOR TAX YEAR 2022	ED CONTRIBUTIONS 3,153,505 4,240,845			
TOTAL CARRYOVER TOTAL CURRENT YEAR 10% CONTRI	BUTIONS	7,394,350 6,090,449		
TOTAL CONTRIBUTIONS AVAILABLE TAXABLE INCOME LIMITATION AS		13,484,799 29,241	-	
EXCESS CONTRIBUTIONS EXCESS 100% CONTRIBUTIONS TOTAL EXCESS CONTRIBUTIONS	-	13,455,558 0 13,455,558	_	
ALLOWABLE CONTRIBUTIONS DEDUC	TION		29,	241
TOTAL CONTRIBUTION DEDUCTION			29,	241

SCHEDULE A (Form 990-T)

Department of the Treasury

Internal Revenue Service

Unrelated Business Taxable Income From an Unrelated Trade or Business

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0047

2023

Open to Public Inspection for 501(c)(3) Organizations Only

Α	Name of the organization NORTHERN ILLINOIS UNIVERSITY FOUNDATION	B Employer identification nu 36-6086819			number		
с	Unrelated business activity code (see instructions) 900000	D	Sequence:	1	of	2	

E Describe the unrelated trade or business PARTNERSHIP INVESTMENTS

Pa	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales				
b	Less returns and allowances c Balance	1c			
2	Cost of goods sold (Part III, line 8)	2			
3	Gross profit. Subtract line 2 from line 1c	3			
4a	Capital gain net income (attach Schedule D (Form 1041 or Form				
	1120)). See instructions	4a	245,787.		245,787.
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b	-188.		-188.
с	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 3	5	84,926.		84,926.
6	Rent income (Part IV)	6			
7	Unrelated debt-financed income (Part V)	7			
8	Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8			
9	Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9			
10	Exploited exempt activity income (Part VIII)	10			
11	Advertising income (Part IX)	11			
12	Other income (see instructions; attach statement) STMT 4	12	999.		999.
13	Total. Combine lines 3 through 12	13	331,524.		331,524.

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

17 18	Deduction for net operating loss. See instructions Unrelated business taxable income. Subtract line 17 from line 16					53,767. 277,757.
16	Unrelated business income before net operating loss deduction. Subtract line 15 from column (C)		·			331,524.
15	Total deductions. Add lines 1 through 14	. 15	0.			
14	Other deductions (attach statement)				. 14	
13	Excess readership costs (Part IX)					
12	Excess exempt expenses (Part VIII)	. 12				
11	Employee benefit programs					
10	Contributions to deferred compensation plans					
9	Depletion	. 9				
8	Less depreciation claimed in Part III and elsewhere on return 8a					
7	Depreciation (attach Form 4562). See instructions					
6	Taxes and licenses					
5	Interest (attach statement). See instructions					
4	Bad debts					
3	Repairs and maintenance				. 3	
2	Salaries and wages					
1	Compensation of officers, directors, and trustees (Part X)	. 1				

LHA 323741 01-19-24

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	ule A (Form 990-T) 2023				Page 2
Part	III Cost of Goods Sold Enter meth	nod of inventory valuat	ion		
1	Inventory at beginning of year			1	
2	Purchases				
3	Cost of labor				
4	Additional section 263A costs (attach statement)				
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year				
8 9	Cost of goods sold. Subtract line 7 from line 6. Enter h				Yes No
Part	Do the rules of section 263A (with respect to property p IV Rent Income (From Real Property and				
1	Description of property (property street address, city, s	•	-		
•	A				
	в 🗌				
	c 🗌				
	D				
		Α	В	С	D
2	Rent received or accrued				
а	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)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
•	Tatal wants wassinged an assumed Add line Os askurses A		and an David Line C. a	al	0.
3	Total rents received or accrued. Add line 2c, columns A Deductions directly connected with the income	A through D. Enter here	and on Part I, line 6, 0	olumn (A)	·.
4	in lines 2a and 2b (attach statement)				
-					
5	Total deductions. Add line 4, columns A through D. Er	nter here and on Part I	line 6. column (B)		0.
Part		ee instructions)	,,,,,,,		
1	Description of debt-financed property (street address, o	city, state, ZIP code). C	heck if a dual-use. See	instructions.	
	A 🗌				
	В				
	c				
	D []				r
		Α	В	С	D
2	Gross income from or allocable to debt-financed				
•	property				
3	Deductions directly connected with or allocable				
-	to debt-financed property				
a h	Straight line depreciation (attach statement) Other deductions (attach statement)				
b C	Total deductions (add lines 3a and 3b,				
C	columns A through D)				
4	Amount of average acquisition debt on or allocable				
	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
•	financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A through D).	. Enter here and on Pa	rt I, line 7, column (A)		0.
	· · ·				
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A thr				
11	Total dividends-received deductions included in line	10			0.
323721 ()1-19-24	75		Schedule	A (Form 990-T) 2023

75 2023.05000 NORTHERN ILLINOIS UNIVERS 133621-1

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Sched	ule A (Form 990-T) 2023	uities. Ro	ovalties, and Re	ents Fro	m Contro	lled O	rganization	S (s	ee instruct	ions)		Page 3
1 011							Exempt Contro	(,		
	1. Name of controlled organization		2. Employer identification number	3. Net unrelated 4. Total of		al of specified nents made	5. Part of column 4 that is included in th controlling organiza tion's gross income		nn 4 in the Iniza-	the connected with		
(1)									o grood mo	onne		
(2)												
(3)												
(4)												
			No	nexempt C	Controlled O	rganizati	ons					
7	. Taxable Income	in	Net unrelated come (loss) e instructions)		otal of specif yments mad		10. Part of that is incontrolling gross	luded	in the zation's	11. Deductions directly connected with income in column 10		nected with
(1)												
(2)												
(3)												
(4)												
	Add columns 5 and 10. Enter here and on Part I, line 8, column (A).					Add columns 6 and 11. Enter here and on Part I, line 8, column (B).						
Totals Part	VII Invootmont I	noomo	of a Section 50	1(0)(7) ((17)	Oraar			0.			0.
Fait		cription of		1(0)(7), (2. Amou				tructions)		6	5. Total deductions
	1. Desc		income		2. Amou incon		3. Deduction directly connection (attach stater	ected	4. Set- (attach st		ent)	and set-asides (add cols 3 and 4)
(1)												
(2)												
(3)												
(4)					Add amou	unto in						Add amounts in
Tatala					column 2 here and of line 9, colu	. Enter n Part I,						column 5. Enter here and on Part I, line 9, column (B).
Totals Part		xemnt A	ctivity Income,	Othor 7	∣ Than ∆dva				otruction-			0.
1	Description of exploite							see in	STUCTORS)			
2	Gross unrelated busin			noss Ento	r here and o	n Dart I	line 10 colum	n (A)		2		
3	Expenses directly con							• •		~		
Ū	line 10, column (B)									3		
4	Net income (loss) from											
-	lines 5 through 7									4		
5	Gross income from ac									5		
6	Expenses attributable									6		
7	Excess exempt expension											
	4. Enter here and on P	art II, line	12							7		

Schedule A (Form 990-T) 2023

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	lule A (Form 990-T) 2023				Page 4
Part	IX Advertising Income				
1	Name(s) of periodical(s). Check box if report	ting two or more periodicals on a	consolidated basi	S.	
	A []				
	в 🛄				
	c 🔄				
	D				
Enter a	amounts for each periodical listed above in th	e corresponding column.	I		
		Α	В	С	D
2	Gross advertising income				
	Add columns A through D. Enter here and c	on Part I, line 11, column (A)			0.
а					
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here and c	on Part I, line 11, column (B)			0.
4	Advertising gain (loss). Subtract line 3 from	line			
	2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column	in			
	line 4 showing a loss or zero, do not comple	ete			
	lines 5 through 7, and enter -0- on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less tha				
	line 5, subtract line 6 from line 5. If line 5 is	less			
	than line 6, enter -0-				
8	Excess readership costs allowed as a				
	deduction. For each column showing a gair	n on			
	line 4, enter the lesser of line 4 or line 7 \dots				
а	Add line 8, columns A through D. Enter the	greater of the line 8a columns tot	al or -0- here and o	on	
	Part II, line 13				0.
Part	X Compensation of Officers, D	pirectors, and Trustees (s	ee instructions)		
				3. Percentage	4. Compensation
	1. Name	2. Title		of time devoted	attributable to
				to business	unrelated business
(1)				%	
(2)				%	
(3)				%	
(4)				%	
	Enter here and on Part II, line 1				0.
Part	XI Supplemental Information	see instructions)			

1

FORM 990-T (A) INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 3
	NET INCOME
DESCRIPTION	OR (LOSS)
ISOUTH EQUITY PARTNERS IV, LP - OTHER INCOME (LOSS)	-18
ROCKLAND POWER PARTNERS III, LP - ORDINARY BUSINESS INCOME	
(LOSS)	26,755
NORTHGATE IV, LP - ORDINARY BUSINESS INCOME (LOSS)	951
IORTHGATE IV, LP - INTEREST INCOME	11
IORTHGATE IV, LP - DIVIDEND INCOME	38
ORTHGATE IV, LP - OTHER INCOME (LOSS)	-118
ORTHGATE PRIVATE EQUITY PARTNERS II, LP - ORDINARY	
USINESS INCOME (LOSS)	91
ORTHGATE PRIVATE EQUITY PARTNERS II, LP - NET RENTAL REAL	
STATE INCOME	-56
ORTHGATE PRIVATE EQUITY PARTNERS II, LP - INTEREST INCOME	10
ORTHGATE PRIVATE EQUITY PARTNERS II, LP - OTHER INCOME	
LOSS)	-1,284
MBERBROOK VI, LLC - ORDINARY BUSINESS INCOME (LOSS)	225
MBERBROOK VI, LLC - NET RENTAL REAL ESTATE INCOME	-
MBERBROOK VI, LLC - INTEREST INCOME	
MBERBROOK VI, LLC - DIVIDEND INCOME	
MBERBROOK VI, LLC - ROYALTIES	1
MBERBROOK VI, LLC - OTHER PORTFOLIO INCOME (LOSS)	:
MBERBROOK VI, LLC - OTHER INCOME (LOSS)	-7:
MBERBROOK VII LP - ORDINARY BUSINESS INCOME (LOSS)	3,74:
MBERBROOK VII LP - NET RENTAL REAL ESTATE INCOME	- 61
MBERBROOK VII LP – OTHER NET RENTAL INCOME (LOSS) MBERBROOK VII LP – INTEREST INCOME	428
MBERBROOK VII LP - INTEREST INCOME MBERBROOK VII LP - DIVIDEND INCOME	420
MBERBROOK VII LP - DIVIDEND INCOME MBERBROOK VII LP - OTHER PORTFOLIO INCOME (LOSS)	
MBERBROOK VII LP - OTHER FORTFOLIO INCOME (LOSS) MBERBROOK VII LP - OTHER INCOME (LOSS)	-1,673
MBERBROOK VII LF - OTHER INCOME (LOSS) MBERBROOK VIII LF - ORDINARY BUSINESS INCOME (LOSS)	7,47
MBERBROOK VIII LP - NET RENTAL REAL ESTATE INCOME	6
MBERBROOK VIII LF - NEI RENIAL REAL ESIAIE INCOME MBERBROOK VIII LF - INTEREST INCOME	6,350
MBERBROOK VIII LP - DIVIDEND INCOME	15,359
MBERBROOK VIII LP - ROYALTIES	719
MBERBROOK VIII LP - OTHER PORTFOLIO INCOME (LOSS)	8,03
MBERBROOK VIII LP - OTHER INCOME (LOSS)	-29,62
HE ENERGY & MINERALS GROUP FUND II, LP - ORDINARY	
USINESS INCOME (LOSS)	100,52
HE ENERGY & MINERALS GROUP FUND II, LP - DIVIDEND INCOME	, 70
HE ENERGY & MINERALS GROUP FUND II, LP - OTHER INCOME	
LOSS)	-32,362
CCOLADE PARTNERS VII, L.P ORDINARY BUSINESS INCOME	
LOSS)	-5,492
CCOLADE PARTNERS VII, L.P INTEREST INCOME	50
CCOLADE PARTNERS VII, L.P OTHER INCOME (LOSS)	-982
IVERCREST CAPITAL PARTNERS LP - ROYALTIES	9,38
IVERCREST CAPITAL PARTNERS LP - OTHER INCOME (LOSS)	-8,94
RE OPPORTUNITY FUND III - NET RENTAL REAL ESTATE INCOME	-5,199
CP NEWCOLD LP - ORDINARY BUSINESS INCOME (LOSS)	-5,409
RE OPPORTUNITY FUND IV, L.P ORDINARY BUSINESS INCOME	
LOSS)	-4,223
RE OPPORTUNITY FUND IV, L.P NET RENTAL REAL ESTATE	
NCOME	-2,523

NORTHERN ILLINOIS UNIVERSITY FOUNDATION	36-6086819
SRE OPPORTUNITY FUND IV, L.P INTEREST INCOME	2,628.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5	84,926.

FORM 990-T (A)	OTHER INCOME	STATEMENT 4
DESCRIPTION		AMOUNT
CANCELLATION OF DEBT - 2	AMBERBROOK VIII LP	999.
TOTAL TO SCHEDULE A, PA	RT I, LINE 12	999.

FORM 990-T (A)	POST 2017 NOL SCHEDULE	STATEMENT 5
PRIOR YEAR POST 2017 NOL	NOL DEDUCTION	CARRYFORWARD OF POST 2017 NOL
53,767.	53,767.	0.

990-T SCH A	A POST-201	7 NET OPERATING	LOSS DEDUCTION	STATEMENT 6
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/21	71,417.	17,650.	53,767.	53,767.
NOL CARRYOV	VER AVAILABLE THIS	YEAR	53,767.	53,767.

SCH A (990-T)	SCHEDULE A NOL DETAIL	STATEMENT 7
TAXABLE INCOME FRO	M ALL ENTITIES	347,179.
THIS ENTITIES PORT	ION OF TAXABLE INCOME	331,524.
	ENTAGE OF PRE-2018 NET OPERATING LOSS WED PRE-2018 NET OPERATING LOSS	95 .4 9% 0.
TAXABLE INCOME AFT 80% INCOME LIMITAT	ER PRE-2018 NET OPERATING LOSS ION	331,524. 265,219.
POST-2017 AVAILABL LESSER OF POST-201	E 7 NET OPERATING LOSS OR 80% LIMITATION	53,767. 53,767.

Name

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. Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

Employer identification number

36-6086819

		NORTHERN	ILLINOIS	UNIVERSITY	FOUNDATION	
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Did the corporation dispose of any investmen	.,	, , ,			Yes X No
If "Yes," attach Form 8949 and see its instruc					
Part I Short-Term Capital Gai	ns and Losses - Ass	ets 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	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to ga or loss from Form(s) 89 Part I, line 2, column (49,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the
round off cents to whole dollars.	((,		.5/	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					4,543.
4 Short-term capital gain from installment sales	from Form 6252, line 26 or 37	7		4	
5 Short-term capital gain or (loss) from like-kind	d exchanges from Form 8824			5	
6 Unused capital loss carryover (attach computa	ation)			6	()
7 Net short-term capital gain or (loss). Combine	e lines 1a through 6 in column	h		7	4,543.
Part II Long-Term Capital Gai	ns and Losses - Asse	ets Held More Tha	n 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 ga or loss from Form(s) 89 Part II, line 2, column	49,	(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					241,244.
				11	
12 Long-term capital gain from installment sales				12	
13 Long-term capital gain or (loss) from like-kind	d exchanges from Form 8824			13	
				14	
15 Net long-term capital gain or (loss). Combine Part III Summary of Parts I and		וה		15	241,244.
				10	4,543.
16 Enter excess of net short-term capital gain (lir				16	241,244.
17 Net capital gain. Enter excess of net long-term				17	241,244. 245,787.
18 Add lines 16 and 17. Enter here and on Form	i izo, page i, inte 8, or the app	Silicable lifte on other return	s	18	<u> </u>

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 1120. Schedule D (Form 1120) 2023

321051 12-26-23

Form 8949						
Department of the Treasury Internal Revenue Service						

Sales and Other Dispositions of Capital Assets

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. Go to www.irs.gov/Form8949 for instructions and the latest information.

Name(s) shown on return

2023	
Attachment Sequence No. 12A	

OMB No. 1545-0074

Social security number or taxpayer identification no.

3	6 –	6	٥	8	6	81	
J	u –	υ	υ	υ	υ	υT	

NORTHERN ILLINOIS UNI	IVERSITY FOUN	DATION				36-6	086819
Before you check Box A, B, or C bell statement will have the same information	ow, see whether ation as Form 109	you received any 99-B. Either will s	/ Form(s) 1099-B o show whether you	or substitute staten r basis (usually you	nent(s) fron r cost) was	n your broker. A su reported to the IF	bstitute S by your
broker and may even tell you which I Part I Short-Term. Transact		al accate you hold	1 year or less are go	porally short torm (so	instruction	c) For long torm	
transactions, see page 2.							
Note: You may aggregate al codes are required. Enter the You must check Box A, B, or C below.	e totals directly on S	Schedule D, line 1a	i; you áren't required	I to report these trans	actions on F	orm 8949 (see instru	ctions).
If you have more short-term transactions than will							each applicable box.
(A) Short-term transactions re	ported on Form(s) 1099-B showin	g basis was repor	ted to the IRS (see	Note ab	ove)	
(B) Short-term transactions rep			-	eported to the IRS			
1 (a)	(b)	(c)	(d)	(e)		nt, if any, to gain or	(h)
Description of property	Date acquired	Date sold or	Proceeds	Cost or other	loss. If y	(g), enter an amount	Gain or (loss).
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of	(sales price)	basis. See the). See instructions.	Subtract column (e)
		(Mo., day, yr.)		Note below and see Column (e) in	(f)	(g)	from column (d) & combine the result
				the instructions	Code(s)	Amount of adjustment	with column (g)
AMBERBROOK VI, LLC						udjuotiniont	-2.
AMBERBROOK VII LP							-116.
AMBERBROOK VIII LP							4,661.
2 Totals. Add the amounts in colur	mns (d), (e), (g), a	nd (h) (subtract					
negative amounts). Enter each to	tal here and inclu	ude on your					
Schedule D, line 1b (if Box A abo	ove is checked),	line 2 (if Box B					
above is checked), or line 3 (if B	ox C above is ch	ecked)					4,543.
Note: If you checked Box A above b							
adjustment in column (g) to correct	the basis. See C	o <i>lumn (g</i>) in the :	separate instructio	ons for how to figur	e the amo	unt of the adjustm	ent.

Form 8949 (2023)				Attachn	nent Sequer	nce No. 12A	Page 2
Name(s) shown on return. Name and	SSN or taxpaye	er identification n	o. not required if			Social secu	rity number or entification no.
NORTHERN ILLINOIS UNI	VERSITY FOUN	DATION				36-6	086819
Before you check Box D, E, or F belo statement will have the same informa	w, see whether yation as Form 10	you received any 99-B. Either will s	Form(s) 1099-B o	or substitute statem ır basis (usually you	ent(s) from y r cost) was i	your broker. A su reported to the IF	bstitute RS by your
Part II Long-Term. Transaction see page 1.	ox to check. Sons involving capita	al assets you held n	nore than 1 year are	e generally long-term (s	ee instructior	ns). For short-term t	ransactions,
Note: You may aggregate all							
codes are required. Enter the ou must check Box D, E, or F below. C							
you have more long-term transactions than will					=		
(D) Long-term transactions rep	,	,		,	Note abov	ve)	
(E) Long-term transactions rep				eported to the IRS			
X (F) Long-term transactions not					A	16 anu da asin au	
1 (a)	(b)	(c)	(d) Proceeds	(e) Cost or other		, if any, to gain or u enter an amount	(h) Gain or (loss).
Description of property (Example: 100 sh. XYZ Co.)	Date acquired	Date sold or disposed of	(sales price)	basis. See the	in column (g), enter a code in	Subtract column (e)
(Example: 100 Sri. XTZ CO.)	(Mo., day, yr.)	(Mo., day, yr.)		Note below and	()	See instructions.	from column (d) &
		(1010., day, yr.)		see Column (e) in the instructions	(f) Code(s)	(g) Amount of	combine the result with column (g)
MBERBROOK VI, LLC						adjustment	80.
, MBERBROOK VII LP							-2,977.
MBERBROOK VIII LP							243,892.
COMMONFUND CAPITAL PARTNERS							, , , , , , , , , , , , , , , , , , , ,
2000, LP							249.
2 Totals. Add the amounts in colum	nns (d), (e), (g), a	nd (h) (subtract					
negative amounts). Enter each to	tal here and inclu	ude on your					
Schedule D, line 8b (if Box D abo	ove is checked),	line 9 (if Box E					
above is checked), or line 10 (if E	Sox F above is ch	necked)					241,244.
Note: If you checked Box D above b	ut the basis repo	orted to the IRS v	vas incorrect, en	ter in column (e) the	basis as re	ported to the IRS	S, and enter an
adjustment in column (g) to correct t	he basis. See C	<i>olumn (g</i>) in the s	separate instructi	ons for how to figur	e the amou	nt of the adjustm	
							- 0010 (2222)

323012 01-05-24

Form 4797
Department of the Traceury

Department of the Treasury Internal Revenue Service Name(s) shown on return

Sales of Business Property (Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2)) Attach to your tax return. Go to www.irs.gov/Form4797 for instructions and the latest information.

٥N	1B N	lo. 1	1545	5-0184	
	_	_	_	-	

Attachment Sequence No. 27

NORTHERN ILLINOIS UNIVERSITY FOUNDATION		36-6086819
1a Enter the gross proceeds from sales or exchanges reported to you for 2023 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20	1a	
b Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of		
MACRS assets	1b	
c Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS	10	

 Part I
 Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft-Most Property Held More Than 1 Year (see instructions)

2 SE	(a) Description of property E STATEMENT 9	(b) Date acquired (mo., day, yr.)	(C) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or o basis, plu improvements expense of	is s and	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)	
3	Gain, if any, from Form 4684, line 39			I			3		
4	Section 1231 gain from installment sa						4		
5	Section 1231 gain or (loss) from like-k						5		
6	Gain, if any, from line 32, from other t		6						
7	7 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows							-188.	
Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.									
	Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.								
8	8 Nonrecaptured net section 1231 losses from prior years. See instructions								
9									
	capital gain on the Schedule D filed w	vith your return. S	See instructions				9		
Pa	Part II Ordinary Gains and Losses (see instructions)								

10	Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):			
11	Loss, if any, from line 7	11	(188.)
12	Gain, if any, from line 7 or amount from line 8, if applicable	12		
13	Gain, if any, from line 31	13		
14	Net gain or (loss) from Form 4684, lines 31 and 38a	14		
15	Ordinary gain from installment sales from Form 6252, line 25 or 36	15		
16	Ordinary gain or (loss) from like-kind exchanges from Form 8824	16		
17	Combine lines 10 through 16	17		-188.
18	For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines			
	a and b below. For individual returns, complete lines a and b below.			
a	If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the			
	loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used			
	as an employee.) Identify as from "Form 4797, line 18a." See instructions	18a		
ł	Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1			
_	(Form 1040), Part I, line 4	18b		
Lŀ	A For Paperwork Reduction Act Notice, see separate instructions.			Form 4797 (2023)
3180	11 12-27-23			. ,

36 - 6086819

Page 2

19	(a) Description of section 1245, 1250, 1252, 1254, o		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)			
Α							
В							
_C							
D							
	These columns relate to the properties on lines 19A through 19D.		Property A	Property	/ R	Property C	Property D
20	Gross sales price (Note: See line 1a before completing.)	20	TopoldyA				Troporty D
21	Cost or other basis plus expense of sale	21					
22	Depreciation (or depletion) allowed or allowable	22					
23	Adjusted basis. Subtract line 22 from line 21	23					
24	Total gain. Subtract line 23 from line 20	24					
<u>2</u> 5	If section 1245 property:	27					
	Depreciation allowed or allowable from line 22	25a					
		25a					
	If section 1250 property: If straight line depreciation	250					
20	was used, enter -0- on line 26g, except for a corporation subject to section 291.						
а	Additional depreciation after 1975. See instructions \dots	26a					
b	Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b					
c	Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c					
c	Additional depreciation after 1969 and before 1976	26d					
e	Enter the smaller of line 26c or 26d	26e					
	Section 291 amount (corporations only)	26f 26g					
27	If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.						
	Soil, water, and land clearing expenses	27a					
b	Line 27a multiplied by applicable percentage	27b					
-	Enter the smaller of line 24 or 27b	27c					
a	If section 1254 property: Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a					
29	Enter the smaller of line 24 or 28a If section 1255 property: Applicable percentage of payments excluded from income under section 126. See instructions	28b 29a					
b	Enter the smaller of line 24 or 29a. See instructions	29b					
	mmary of Part III Gains. Complete property of		A through D through	line 29b before	going	to line 30.	
30	Total gains for all properties. Add property columns	A throu	gh D, line 24)
31 32	Add property columns A through D, lines 25b, 26g, Subtract line 31 from line 30. Enter the portion from					oortion 31	1
_	from other than casualty or theft on Form 4797. line	6	•			32	2
Pa	ITT IV Recapture Amounts Under Section (see instructions)	ons 179) and 280F(b)(2)	When Busir	ness l	Jse Drops to 50	% or Less
	((a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allo	wable ir	prior years		33		
34					34		
35	Recapture amount. Subtract line 34 from line 33. Se	ee the in	structions for where	to report	35		
3180	12 12-27-23						Form 4797 (2023

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)

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SCHEDULE A (Form 990-T)

Department of the Treasury

Internal Revenue Service

С

Unrelated Business Taxable Income From an Unrelated Trade or Business

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0047

Open to Public Inspection for 501(c)(3) Organizations Only

A N	Name of the organization
	3

B Employer identification number NORTHERN ILLINOIS UNIVERSITY FOUNDATION 36 - 6086819560000 2 2 D Sequence: of Unrelated business activity code (see instructions)

ALUMNI TRAVEL TOURS AND AFFINITY PROGRAM Describe the unrelated trade or business Е

Pa	t I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net	
1a b	Gross receipts or sales c Balance	1c			
2	Cost of goods sold (Part III, line 8)	2			
3	Gross profit. Subtract line 2 from line 1c	3			
4 a	Capital gain net income (attach Schedule D (Form 1041 or Form				
	1120)). See instructions	4a			
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b			
с	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach				
	statement)	5			
6	Rent income (Part IV)	6			
7	Unrelated debt-financed income (Part V)	7			
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Part VI)	8			
9	Investment income of section 501(c)(7), (9), or (17)				
	organizations (Part VII)	9			
10	Exploited exempt activity income (Part VIII)	10			
11	Advertising income (Part IX)	11			
12	Other income (see instructions; attach statement) STMT 8	12	15,655.		15,655.
13	Total. Combine lines 3 through 12	13	15,655.		15,655.

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

1	Compensation of officers, directors, and trustees (Part X)	1			
2	Salaries and wages			2	
3	Repairs and maintenance	3			
4	Bad debts	4			
5	Interest (attach statement). See instructions	5			
6	Taxes and licenses			6	
7	Depreciation (attach Form 4562). See instructions	7			
8	Less depreciation claimed in Part III and elsewhere on return	8a		8b	
9	Depletion			9	
10	Contributions to deferred compensation plans			10	
11	Employee benefit programs			11	
12	Excess exempt expenses (Part VIII)	12			
13	Excess readership costs (Part IX)			13	
14	Other deductions (attach statement)	14			
15	Total deductions. Add lines 1 through 14	15	0.		
16	Unrelated business income before net operating loss deduction. Subtract line 15 from	n Part	I, line 13,		
	column (C)			16	15,655.
17	Deduction for net operating loss. See instructions			17	0.
18	Unrelated business taxable income. Subtract line 17 from line 16			18	15,655.
For I	Paperwork Reduction Act Notice, see instructions.	Schedu	le A (Form 990-T) 2023		

LHA 323741 01-19-24

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Schedule A (Form 990-T) 2023 Part III Cost of Goods Sold Enter method of inventory valuation 1 Inventory at beginning of year 1 2 Purchases 2 3 Cost of labor 3 4 Additional section 263A costs (attach statement) 4 5 Other costs (attach statement) 5 6 Total. Add lines 1 through 5 6 7 Inventory at end of year 7 8 Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2 8 9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? Part IV Rent Income (From Real Property and Personal Property Leased With Real Property) 1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions. A	Yes No
2 Purchases 2 3 Cost of labor 3 4 Additional section 263A costs (attach statement) 4 5 Other costs (attach statement) 4 6 Total. Add lines 1 through 5 6 7 Inventory at end of year 7 8 Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2 8 9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? Part IV Rent Income (From Real Property and Personal Property Leased With Real Property) 1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions. A B C C	
3 Cost of labor 3 4 Additional section 263A costs (attach statement) 4 5 Other costs (attach statement) 5 6 Total. Add lines 1 through 5 6 7 Inventory at end of year 7 8 Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2 8 9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? Part IV Rent Income (From Real Property and Personal Property Leased With Real Property) 1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions. A	
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B	D
C	D
D A B C 2 Rent received or accrued A B C a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) B C b From real and personal property (if the C C	D
A B C 2 Rent received or accrued Image: Comparison of the percentage of rent for personal property (if the percentage of but not more than 50%) Image: Comparison of the percentage of the percentag	D
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rent for personal property is more than 10% but not more than 50%) b From real and personal property (if the	
but not more than 50%)	
b From real and personal property (if the	
	T
Dercentage of rent for personal property exceeds	
FOO(so if the event is been allow one fit as is seen a)	
50% or if the rent is based on profit or income)	
Add lines 2a and 2b, columns A through D	
5 Total deductions. Add line 4, columns A through D. Enter here and on Part I, line 6, column (B) Part V Unrelated Debt-Financed Income (see instructions) 1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions. A	
D A B C	D
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 statement)	
b Other deductions (attach statement)	
c Total deductions (add lines 3a and 3b,	
columns A through D)	
4 Amount of average acquisition debt on or allocable	
to debt-financed property (attach statement)	
5 Average adjusted basis of or allocable to debt-	
financed property (attach statement)	
6 Divide line 4 by line 5 % % %	% %
7 Gross income reportable. Multiply line 2 by line 6	0.
8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)	0.
9 Allocable deductions. Multiply line 3c by line 6	T
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)	0.
11 Total dividends-received deductions included in line 10	0.
	e A (Form 990-T) 2023

87 2023.05000 NORTHERN ILLINOIS UNIVERS 133621-1

I. Name of controlled organization 2. Employer identification number 3. Net unrelated income (loss) (see instructions) 4. Total of specified payments made 5. Part of column 4 total is included in the controlling organization 6. Deductions directly connected with income in column 5 (1) (2) (2) (2) (2) (3) (4) (4) (4) (4) (4) (5) (5) (7) (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 connected with income in column 10 (1) (2) (1) (2) (2) (2) (2) (2) (3) (4) (4) (5) (5) (5) (5) (5) (5) (5) (5) (5) (5) (5) (5) (5) (5) (5) (5) (6) (6) (6) (6) (7)	Sched	ule A (Form 990-T) 2023 VI Interest, Annu	uities. Re	ovalties, and Re	ents Fro	m Contro	lled O	rganization	S (s	ee instruct	ions)		Page 3
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7 Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line													
											_		
										<u></u>	7		

Schedule A (Form 990-T) 2023

10441108 147228 133621-0

Sched	ule A (Form 990-T) 2023				Page 4
Part	IX Advertising Income				
1	Name(s) of periodical(s). Check box if reporti	ng two or more periodicals on a	consolidated basis		
	A 🗌				
	в 🗌				
	c 🗌				
	D				
Fotor					
Enter	amounts for each periodical listed above in the				
-	A A A A A	A	В	C	D
2	Gross advertising income				
	Add columns A through D. Enter here and or	n Part I, line 11, column (A)			0.
а			1	1	
3					
а	Add columns A through D. Enter here and or	n Part I, line 11, column (B)			0.
4	Advertising gain (loss). Subtract line 3 from li	ne			
	2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column i	n l			
	line 4 showing a loss or zero, do not complet				
	lines 5 through 7, and enter -0- on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than				
	line 5, subtract line 6 from line 5. If line 5 is le				
-	than line 6, enter -0-				
8	Excess readership costs allowed as a				
	deduction. For each column showing a gain				
	line 4, enter the lesser of line 4 or line 7 \dots				
а	Add line 8, columns A through D. Enter the g				
_	Part II, line 13				0.
Part	X Compensation of Officers, Di	rectors, and Trustees (s	ee instructions)	Г Г	
				3. Percentage	4. Compensation
	1. Name	2. Title		of time devoted	attributable to
				to business	unrelated business
(1)				%	
(2)				%	
(3)				%	
(4)				%	
<u></u>					
Tota	Enter here and on Part II, line 1				0.
Part		oo instructions)			

36-6086819

FORM 990-T (A)	OTHER INCOME	STATEMENT 8
DESCRIPTION		AMOUNT
ALUMNI TRAVEL TOURS		15,655.
TOTAL TO SCHEDULE A, PAR	RT I, LINE 12	15,655.

FORM 4797	PRO	'ATEMENT 9				
DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR.	COST OR BASIS	GAIN OR LOSS
NORTHGATE IV, LP NORTHGATE PRIVATE EQUITY PARTNERS						-3.
II, LP AMBERBROOK VI,						-122.
LLC AMBERBROOK VII LP AMBERBROOK VIII						47. -73.
LP THE ENERGY &						1,622.
MINERALS GROUP FUND II, LP ACCOLADE PARTNERS						-973.
VII, L.P. SRE OPPORTUNITY						72.
FUND IV, L.P.		_				-758.
TOTAL TO 4797, PA	RT I, LINE	2				-188.

Name

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. Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

)

Employer identification number

NORTHERN	ILLINOIS	UNIVERSITY	FOUNDATION	

NORTHERN ILLINOIS UNIVERSIT	Y FOUNDATION			36-	6086819
Did the corporation dispose of any investme	nt(s) in a qualified opportur	nity fund during the tax y	ear?		Yes X No
If "Yes," attach Form 8949 and see its instru	ctions for additional require	ements for reporting you			
Part I Short-Term Capital Ga	ins and Losses - Ass	ets 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 ga or loss from Form(s) 89 Part I, line 2, column	949,	(h) Gain or (loss) Subtract column (e) from column (d) and combine th 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					4 542
Form(s) 8949 with Box C checked		7			4,543
4 Short-term capital gain from installment sales				4	
5 Short-term capital gain or (loss) from like-kin				5	
6 Unused capital loss carryover (attach comput				6	(
7 Net short-term capital gain or (loss). Combin Part II Long-Term Capital Gai	e lines 1a through 6 in column	ih ete Held Mere The		7	4,543
• ·					(1) Online (1, 1, 1)
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 ga or loss from Form(s) 89 Part II, line 2, column	949,	(h) Gain or (loss) Subtract column (e) from column (d) and combine th 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					241,244

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

12 Long-term capital gain from installment sales from Form 6252, line 26 or 37

13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824

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

15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h

16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)

17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)

18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns

Schedule D (Form 1120) 2023

241,244.

4,543.

241,244. 245,787.

321051 12-26-23

10441108 147228 133621-0

11 Enter gain from Form 4797, line 7 or 9

Part III Summary of Parts I and II

14 Capital gain distributions

11

12

13

14

15

16

17

Form 8949	
Department of the Treasury Internal Revenue Service	

Name(s) shown on return

Sales and Other Dispositions of Capital Assets

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. Go to www.irs.gov/Form8949 for instructions and the latest information.



12A

Sequence No Social security number or taxpayer identification no.

NORTHERN ILLINOIS UNI	VERSITY FOUN	DATION				36-60	086819
Before you check Box A, B, or C belo statement will have the same informa broker and may even tell you which b	ow, see whether ation as Form 109	you received any 99-B. Either will s	r Form(s) 1099-B o show whether you	or substitute statem r basis (usually you	ent(s) from r cost) was	your broker. A su reported to the IR	bstitute S by your
Part I Short-Term. Transacti	ions involving capit	al assets you held	1 vear or less are de	nerally short-term (see	instructions	s) For long-term	
transactions, see page 2.							
Note: You may aggregate all codes are required. Enter the							
You must check Box A, B, or C below.	Check only one bo	x. If more than one b	ox applies for your shor	t-term transactions, comp	lete a separate	Form 8949, page 1, for	,
If you have more short-term transactions than will							
(A) Short-term transactions rep	ported on Form(s	s) 1099-B showin	g basis was repor	ted to the IRS (see	Note abo	ove)	
(B) Short-term transactions rep	ported on Form(s) 1099-B showin	g basis wasn't re	eported to the IRS			
X (C) Short-term transactions no	t reported to you	u on Form 1099-E	3				
1 (a)	(b)	(c)	(d)	(e)		t, if any, to gain or	(h)
Description of property	Date acquired	Date sold or	Proceeds	Cost or other		u enter an amount (g), enter a code in	Gain or (loss).
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of	(sales price)	basis. See the	column (f).	. See instructions.	Subtract column (e)
		(Mo., day, yr.)		Note below and	(f)	(g)	from column (d) &
				see Column (e) in the instructions	Code(s)	Amount of	combine the result with column (g)
					(-)	adjustment	(0)
AMBERBROOK VI, LLC							<2.>
AMBERBROOK VII LP							<116.>
AMBERBROOK VIII LP							4,661.
2 Totals. Add the amounts in colur	nns (d), (e), (g), a	nd (h) (subtract					
negative amounts). Enter each to							
Schedule D, line 1b (if Box A abo		•					
above is checked), or line 3 (if B							4,543.
					hoois	ported to the IDO	,
Note: If you checked Box A above b adjustment in column (g) to correct t						-	

92

2023.05000 NORTHERN ILLINOIS UNIVERS 133621-1

Form 8949 (2023)				Attachn	nent Sequer	nce No. 12A	Page 2
Name(s) shown on return. Name and	I SSN or taxpaye	er identification n	o. not required if			Social secur	ity number or ntification no.
NORTHERN ILLINOIS UNI	VERSITY FOUN	IDATION				36-6	086819
Before you check Box D, E, or F belo statement will have the same information	w, see whether ation as Form 10	you received any 99-B. Either will s	r Form(s) 1099-B o show whether you	or substitute statem Ir basis (usually you	ent(s) from r cost) was	your broker. A su reported to the IF	bstitute IS by your
Part II Long-Term. Transaction see page 1.		al assets you held r	nore than 1 year are	e generally long-term (s	ee instruction	ns). For short-term t	ransactions,
Note: You may aggregate all codes are required. Enter the	long-term transact	tions reported on F	orm(s) 1099-B show	ring basis was reported	d to the IRS a	and for which no adj	ustments or
You must check Box D, E, or F below. C	Check only one bo	x. If more than one b	ox applies for your long	-term transactions, compl	ete a separate F	Form 8949, page 2, for	
If you have more long-term transactions than will (D) Long-term transactions rep					-		
(E) Long-term transactions rep			•		Note abo	ve)	
X (F) Long-term transactions not			-				
1 (a)	(b)	(c)	(d)	(e)		, if any, to gain or	(h)
Description of property	Date acquired	Date sold or	Proceeds	Cost or other		u enter an amount g), enter a code in	Gain or (loss).
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of	(sales price)	basis. See the Note below and	column (f).	See instructions.	Subtract column (e) from column (d) &
		(Mo., day, yr.)		see Column (e) in	(f)	(g) Amount of	combine the result
				the instructions	Code(s)	adjustment	with column (g)
AMBERBROOK VI, LLC							80.
AMBERBROOK VII LP							<2,977.>
AMBERBROOK VIII LP							243,892.
COMMONFUND CAPITAL PARTNERS							
2000, LP							249.
				-			
				-			
2 Totals. Add the amounts in colum	nns(d)(e)(d)a	nd (h) (subtract					
negative amounts). Enter each tot							
Schedule D, line 8b (if Box D abo		2					
above is checked), or line 10 (if E							241,244.
Note: If you checked Box D above b			was incorrect, ent	ter in column (e) the	basis as re	ported to the IRS	, and enter an
adjustment in column (g) to correct t	he basis. See C	<i>olumn (g</i>) in the s	separate instruction	ons for how to figur	e the amou	nt of the adjustm	ent.

Form 4797
Department of the Treasury

Department of the Treasury Internal Revenue Service Name(s) shown on return

Sales of Business Property (Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2)) Attach to your tax return. Go to www.irs.gov/Form4797 for instructions and the latest information.

٥N	1B N	lo. 1	1545	5-0184	
	_	_	_	-	

Attachment Sequence No. 27

NORTHERN ILLINOIS UNIVERSITY FOUNDATION		36-6086819
1a Enter the gross proceeds from sales or exchanges reported to you for 2023 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20	1a	
b Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets	1b	
c Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS	10	

 Part I
 Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft-Most Property Held More Than 1 Year (see instructions)

2 SE	(a) Description of property(b) Date acquired (mo., day, yr.)(c) Date sold (mo., day, yr.)(d) Gross sales 						is s and	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)	
_									
	Opin if any from Form 4004 line 00						2		
3 4	Gain, if any, from Form 4684, line 39 Section 1231 gain from installment sa						3		
- 5	Section 1231 gain or (loss) from like-k						5		
6	Gain, if any, from line 32, from other t						6		
7	Combine lines 2 through 6. Enter the	,					7	-188.	
Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.									
	Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.								
8	Nonrecaptured net section 1231 loss	es from prior yea	rs. See instructi	ons			8		
9									
	capital gain on the Schedule D filed w	/ith your return. S	See instructions				9		
Pa	art II Ordinary Gains and I	_OSSES (see in:	structions)						

10	Ordinary gains and losses not includ	led on lines 11 th	hrough 16 (incl	ude property l	neld 1 year or	less):				
11	Loss, if any, from line 7							11	(188.)
12	Gain, if any, from line 7 or amount fro							12		
13	Gain, if any, from line 31							13		
14								14		
15										
16	Ordinary gain or (loss) from like-kind e							16		
17								17		-188.
18	For all except individual returns, ente									
	a and b below. For individual returns,	complete lines a	a and b below.							
а	If the loss on line 11 includes a loss f	rom Form 4684,	line 35, colum	n (b)(ii), enter t	hat part of the	e loss here. E	inter the			
	loss from income-producing property	on Schedule A	(Form 1040), lii	ne 16. (Do not	include any lo	oss on prope	rty used			
	loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions							18a		
b	Redetermine the gain or (loss) on line									
	(Form 1040), Part I, line 4	•						18b		
LH	A For Paperwork Reduction Act N								Form 4	797 (2023)
	11 12-27-23	, - -								()

36 - 6086819

Page 2

A B C D								(mo., day, yr.)
C D								
D								
				1				
	These columns relate to the properties on lines 19A through 19D.		Property A	Property	' B	Property C	;	Property D
20	Gross sales price (Note: See line 1a before completing.)	20						
21	Cost or other basis plus expense of sale	21						
22	Depreciation (or depletion) allowed or allowable \dots	22						
23	Adjusted basis. Subtract line 22 from line 21	23						
24	Total gain. Subtract line 23 from line 20	24						
25	If section 1245 property:							
а	Depreciation allowed or allowable from line 22	25a						
b	Enter the smaller of line 24 or 25a	25b						
	If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.							
а	Additional depreciation after 1975. See instructions	26a						
	Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b						
	Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c						
d	Additional depreciation after 1969 and before 1976	26d						
	Enter the smaller of line 26c or 26d	26e						
f	Section 291 amount (corporations only)	26f						
g	Add lines 26b, 26e, and 26f	26g						
	If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership. Soil, water, and land clearing expenses	27a						
	Line 27a multiplied by applicable percentage	27a 27b						
	Enter the smaller of line 24 or 27b	27c						
а	If section 1254 property: Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a						
29	Enter the smaller of line 24 or 28a	28b						
а	Applicable percentage of payments excluded from income under section 126. See instructions	29a						
	Enter the smaller of line 24 or 29a. See instructions	29b						
	mary of Part III Gains. Complete property c		A through D through	line 29b before	going	to line 30.	I	
30	Total gains for all properties. Add property columns	A throug	gh D, line 24				30	
					_			
	Add property columns A through D, lines 25b, 26g,					F	31	
	Subtract line 31 from line 30. Enter the portion from		y or theft on Form 46	684, line 33. Ent	er the p	portion		
_	from other than casualty or theft on Form 4797, line t IV Recapture Amounts Under Sectio	6 ns 179	and 280F(b)(2)	When Busir	iess l	Jse Drops to	32 50% (or Less
	(see instructions)							
						(a) Section 179		(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allo	wable in	prior years		33			
					34			
34	Recapture amount. Subtract line 34 from line 33. Se				35			

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)

10441108 147228 133621-0

2023.05000 NORTHERN ILLINOIS UNIVERS 133621-1

FORM 4797	PRO	PERTY HEL	D MORE THAN	N ONE YEAR	ST.	ATEMENT 10
DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR.	COST OR BASIS	GAIN OR LOSS
NORTHGATE IV, LP NORTHGATE PRIVATE EQUITY PARTNERS						-3.
II, LP AMBERBROOK VI,						-122.
LLC						47.
AMBERBROOK VII LP AMBERBROOK VIII						-73.
LP THE ENERGY & MINERALS GROUP						1,622.
FUND II, LP ACCOLADE PARTNERS						-973.
VII, L.P. SRE OPPORTUNITY						72.
FUND IV, L.P.		_				-758.
TOTAL TO 4797, PA	RT I, LINE	2				-188.