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OMB No 1545-0047

2008

Form **990** 匆

Department of the Treasury Internal Revenue Service

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

Return of Organization Exempt From Income Tax

► The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public

A FC		.000	t		^		
			r, or tax year beginning 07-01-2008 C Name of organization	and ending 06-30-2009	9	D Employer ide	ntification number
_	eck if ap dress cha	· I ICGSC	CONCORDIA UNIVERSITY			36-219124	ว
_		label or	Doing Business As			E Telephone nu	
Na —	me chan	nge print or type. See				(708) 771	2200
Init	tıal returi	n Specific Instruc-	Number and street (or P O box if mail is no	t delivered to street addre	ss) Room/suite	(708) 771-	
Ter	mınatıor		7400 Augusta Street			d dioss receip	3 \$ 37,200,92 4
– _{Am}	nended re	eturn	City or town, state or country, and ZIP + 4				
- An	nlıcatıon	pending	River Forest, IL 603051499				
7 17 1	piloution				I		
			me and address of Principal Officer rdia University			s a group return	
			Augusta Street		affilia	tes	ΓYes Γ No
		•	Forest, IL 603051499		H(b) Are all	l affiliates include	ed?
r Ta	ıx-exem _l	pt status 🔽 501(d	(1) (3) ◀ (insert no)	527	(If"N	o," attach a lıst	See instructions)
ı w	eb site	:: ► www.cuchicag	o edu		H(c) Grou	p Exemption Nu	mber 🟲
К Тур	e of orga	anızatıon 🔽 Corpora	tion		L Year of Fo	rmation 1915 M	State of legal domicile IL
Dа	rt I	Summary					
	1	Summary Briefly describe t	he organization's mission or most signi	ficant activities			
ပ္ည		dditional Data Ta		icani activities			
Governance			ole Tif the organization discontinued its op	arations or disposed a	of more than 3	5% of its accet	c
Ę.		,					
Ę	3		members of the governing body (Part \				16
	4	•	ndent voting members of the governing		b)		0
ió D	5		mployees (Part V, line 2a)			5	1,493
Activities &	6	Total number of v	olunteers (estimate if necessary) .			6	0
5	7a	Total gross unrel	ated business revenue from Part VIII,	line 12, column (C)		7a	0
4	b	Net unrelated bus	siness taxable income from Form 990-	, line 34		7b	0
					Prio	or Year	Current Year
	8	Contributions an	d grants (Part VIII, line 1h)			2,602,508	5,117,072
울	9	Program service	revenue (Part VIII, line 2g)			46,956,895	51,586,738
enueve	10	Investment inco	me (Part VIII, column (A), lines 3, 4, a	nd 7d)		39,723	41,400
<u>iii</u>	11	Other revenue (F	art VIII, column (A), lines 5, 6d, 8c, 9	c, 10c, and 11e)		82,364	-9,108
	12		dd lines 8 through 11 (must equal Part		e		· · · · · · · · · · · · · · · · · · ·
		12)				49,681,490	56,736,102
	13	Grants and simil	ar amounts paıd (Part IX, column (A), l	nes 1-3)		8,522,522	9,342,348
	14	Benefits paid to	or for members (Part IX, column (A), lır	e 4)		0	0
.e.	15	Salaries, other c	ompensation, employee benefits (Part 1	X, column (A), lines 5	5 –		
Expenses		10)				23,583,174	26,416,628
₹	16a	Professional fund	draising fees (Part IX, column (A), line	l1e)		120,684	230,638
ਡੋ	b	(Total fundraising ex	penses, Part IX, column (D), line 25 $\frac{1,529,976}{1}$)			
_	17	Other expenses	(Part IX, column (A), lines 11a–11d, 1	1f-24f)		18,454,597	19,757,912
	18	Total expenses-	-add lines 13–17 (must equal Part IX,	line 25, column (A))		50,680,977	55,747,526
			penses Subtract line 18 from line 12			-999,487	988,576
	19	Revenue less ex	,				
<u>%</u> &	19	Revenue less ex			Beginni	ng of Year	End of Year
9 6 64					Beginni	-	
Assets of Balances	20	Total assets (Pa	rt X, line 16)		Beginni	57,186,784	58,529,754
et Assets or ind Balances	20 21	Total assets (Pa	rt X, line 16) Part X, line 26)		Beginni	57,186,784 48,321,731	58,529,754 49,923,904
	20 21 22	Total assets (Pa Total liabilities (Net assets or fu	rt X, line 16) Part X, line 26) nd balances Subtract line 21 from line	20	Beginni	57,186,784	58,529,754
	20 21	Total assets (Pa Total liabilities (Net assets or fui Signature Bl	rt X, line 16) Part X, line 26) nd balances Subtract line 21 from line OCK			57,186,784 48,321,731 8,865,053	58,529,754 49,923,904 8,605,850
	20 21 22	Total assets (Pa Total liabilities (Net assets or fui Signature Bl Under penalties of p	rt X, line 16) Part X, line 26) nd balances Subtract line 21 from line OCk erjury, I declare that I have examined this retur	n, including accompanying	schedules and s	57,186,784 48,321,731 8,865,053 tatements, and to t	58,529,754 49,923,904 8,605,850 he best of my knowledge
Pa	20 21 22 rt III	Total assets (Pa Total liabilities (Net assets or fui Signature Bl Under penalties of p	rt X, line 16) Part X, line 26) nd balances Subtract line 21 from line OCK	n, including accompanying	schedules and s	57,186,784 48,321,731 8,865,053 tatements, and to tool of which prepare	58,529,754 49,923,904 8,605,850 he best of my knowledge
Pai Plea	20 21 22 rt III	Total assets (Pa Total liabilities (Net assets or fur Signature Bl Under penalties of p and belief, it is true,	rt X, line 16) Part X, line 26) Ind balances Subtract line 21 from line OCK erjury, I declare that I have examined this retur correct, and complete Declaration of preparer	n, including accompanying	schedules and s d on all informat	57,186,784 48,321,731 8,865,053 tatements, and to t	58,529,754 49,923,904 8,605,850 he best of my knowledge
Pa Plea Sigr	20 21 22 rt III	Total assets (Pa Total liabilities (Net assets or fur Signature Bl Under penalties of p and belief, it is true, Signature of office	rt X, line 16) Part X, line 26) Ind balances Subtract line 21 from line OCK Ergury, I declare that I have examined this reture correct, and complete Declaration of preparer of the correct.	n, including accompanying	schedules and s	57,186,784 48,321,731 8,865,053 tatements, and to tool of which prepare	58,529,754 49,923,904 8,605,850 he best of my knowledge
Plea Sigr	20 21 22 rt III	Total assets (Pa Total liabilities (Net assets or ful Signature Bl Under penalties of p and belief, it is true, Signature of office Tom Hallett CFO	rt X, line 16) Part X, line 26) Ind balances Subtract line 21 from line OCK Ergury, I declare that I have examined this return correct, and complete Declaration of preparer of the correct of the co	n, including accompanying	schedules and s d on all informat	57,186,784 48,321,731 8,865,053 tatements, and to tool of which prepare	58,529,754 49,923,904 8,605,850 he best of my knowledge
Plea Sigr	20 21 22 rt III	Total assets (Pa Total liabilities (Net assets or fur Signature Bl Under penalties of p and belief, it is true, Signature of office	rt X, line 16) Part X, line 26) Ind balances Subtract line 21 from line OCK Ergury, I declare that I have examined this return correct, and complete Declaration of preparer of the correct of the co	n, including accompanying other than officer) is base	schedules and s d on all informat 2010- Date	57,186,784 48,321,731 8,865,053 tatements, and to tool of which prepared to 100 of which prepared 100 of 10	58,529,754 49,923,904 8,605,850 he best of my knowledge er has any knowledge
Plea Sigr Her	20 21 22 rt III	Total assets (Pa Total liabilities (Net assets or fur Signature Bl Under penalties of p and belief, it is true, Signature of office Tom Hallett CFO Type or print nar	rt X, line 16) Part X, line 26) Ind balances Subtract line 21 from line OCK Ergury, I declare that I have examined this return correct, and complete Declaration of preparer of the correct of the co	n, including accompanying other than officer) is base	schedules and s d on all informat	57,186,784 48,321,731 8,865,053 tatements, and to tool of which prepare	58,529,754 49,923,904 8,605,850 he best of my knowledge er has any knowledge
Pal Plea Sign Hero	20 21 22 rt III	Total assets (Pa Total liabilities (Net assets or fur Signature Bl Under penalties of p and belief, it is true, Signature of office Tom Hallett CFO Type or print nar	rt X, line 16) Part X, line 26) Ind balances Subtract line 21 from line OCK Ergury, I declare that I have examined this return correct, and complete Declaration of preparer of the correct of the co	n, including accompanying other than officer) is base	schedules and s d on all informat 2010- Date Check if	57,186,784 48,321,731 8,865,053 tatements, and to tool of which prepared to 100 of which prepared 100 of 10	58,529,754 49,923,904 8,605,850 he best of my knowledge er has any knowledge
Plea Sign Hero Paid	20 21 22 rt III	Total assets (Pa Total liabilities (Net assets or fur Signature Bl Under penalties of p and belief, it is true, Signature of office Tom Hallett CFO Type or print nar Preparer's signature Firm's name (or your	rt X, line 16) Part X, line 26) Ind balances Subtract line 21 from line OCK Ergury, I declare that I have examined this return correct, and complete Declaration of preparer of the correct of the co	n, including accompanying other than officer) is base	schedules and s d on all informat 2010- Date Check if	57,186,784 48,321,731 8,865,053 tatements, and to too of which prepare-05-12 Preparer's PTIN	58,529,754 49,923,904 8,605,850 he best of my knowledge er has any knowledge
Plea Sigr Hero Paid Prepa	20 21 22 rt III	Total assets (Pa Total liabilities (Net assets or ful Signature Bl Under penalties of p and belief, it is true, Signature of office Tom Hallett CFO Type or print nar Preparer's signature	rt X, line 16) Part X, line 26) Ind balances Subtract line 21 from line OCK Ergury, I declare that I have examined this return correct, and complete Declaration of preparer of the correct of the co	n, including accompanying other than officer) is base	schedules and s d on all informat 2010- Date Check if	57,186,784 48,321,731 8,865,053 tatements, and to tool of which prepared to 100 of which prepared 100 of 10	58,529,754 49,923,904 8,605,850 he best of my knowledge er has any knowledge
Plea Sign Hero	20 21 22 rt III	Total assets (Pa Total liabilities (Net assets or fur Signature Bl Under penalties of p and belief, it is true, Signature of office Tom Hallett CFO Type or print nar Preparer's signature Firm's name (or your if self-employed),	rt X, line 16) Part X, line 26) Ind balances Subtract line 21 from line OCK Ergury, I declare that I have examined this return correct, and complete Declaration of preparer of the correct of the co	n, including accompanying other than officer) is base	schedules and s d on all informat 2010- Date Check if	57,186,784 48,321,731 8,865,053 tatements, and to too of which prepare-05-12 Preparer's PTIN	58,529,754 49,923,904 8,605,850 he best of my knowledge er has any knowledge

Form 990 (2008) Part III Statement of Program Service Accomplishments (See the instructions.)

1 See Ad	Briefly describe the organiza dditional Data Table	tion's mission				
2	Did the organization under the prior Form 990 or 99 If "Yes," describe these r	0-EZ?		rvices during the year wh		┌ Yes ┌ No
3	Did the organization ceas services?	se conducting or ma	ke sıgnıfıcant	changes in how it condu		▽ Yes ┌ No
4) organizations and	4947(a)(1) t	rusts are required to repo	gest program services by ort the amount of grants ar	•
4a					9,342,348) (Revenue \$ oport programs devoted to religic raduate students 2749 Full Time	
4b				including grants of \$ most other colleges/universiti nately 630 student living in car		4,352,119) ts students During this reporting
4c	missions The events include students' educational experie year is the Concordia Univers	educational conferences ince, but they also help of sity Early Childhood Tead	s, workshops, stu educate individua chers' Conference	dent lead theatre producations als from the overall community	0) (Revenue \$ al events which contribute the Ur s, and athletic events. Not only o y. The largest single event that t Summer, invites current Early C tc	does these events enhance our the University has each fiscal
	(Code Early Childhood Education, G component, as well as a Chri				0) (Revenue \$ Irams for children, all of which in	1,642,057) ncludes a strong educational
	(Code Swimming Pool, Wellness and other similar activities to both				0) (Revenue \$ ss", the Univeristy provides swin	162,119) nming lessons, CPR Training, and
4d	Other program services	•	dule O) iding grants of	f\$	O) (Revenue \$	1,804,176)
40	Total program service o	vnansas ¢	50 152 263	Must equal Part IV Ju	ne 25. column (B)	

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Νo
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		Νo
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17	Yes	
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		N o
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L,	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
		28a		Νo
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		No
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	Yes	
36	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		No
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No

Pai	t V Statements Regarding Other IRS Filings and Tax Complianc	e				
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal					
	of U.S. Information Returns. Enter -0- if not applicable					
		1a	154			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments t	o vend	dors and reportable	4.	V	
3 -	gaming (gambling) winnings to prize winners?	 i		1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return	2a	1,493			
b	If at least one is reported in 2a, did the organization file all required federal employing Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this	nent ta	ax returns?	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more durin return?		ľ	3a		N o
h	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Sch	• • edule i		3b		100
4a	At any time during the calendar year, did the organization have an interest in, or a s		ľ	30		
Ta	over, a financial account in a foreign country (such as a bank account, securities ac account)?			4a		No
b	If "Yes," enter the name of the foreign country					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , <i>Re Financial Accounts</i> .	eport o	f Foreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time duri	ng the	tax year?	5a		Νο
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited	tax sh	nelter transaction?	5b		No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exemp	t Entit	y Regarding Prohibited			
	Tax Shelter Transaction?			5с		
6a	Did the organization solicit any contributions that were not tax deductible?		İ	6a		No
b	If "Yes," did the organization include with every solicitation an express statement the were not tax deductible?	nat sud	ch contributions or gifts	6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization provide goods or services in exchange for any quid pro quo con more $^{\circ}$	trıbutı	on of \$75 or	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services \boldsymbol{p}	rovide	d?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal prope	rty for	which it was required to	7c		N a
الم	file Form 8282?	7d		/ς		No
u	The rest, indicate the number of Forms 6262 med during the year	/u				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay benefit contract?			7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a pers	onal b	enefit contract?	7f		Νο
g	For all contributions of qualified intellectual property, did the organization file Form 8	8899	as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization f	ile a F	orm 1098-C as			
_	required?			7h		
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds a supporting organizations. Did the supporting organization, or a fund maintained by a sexcess business holdings at any time during the			8		
	year?		L I			<u> </u>
9	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds.					
	Did the organization make any taxable distributions under section 4966?		ľ	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person	· .		9b		
10	Section 501(c)(7) organizations. Enter	ـــا	ı			
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
D	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations Enter					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in	ı lıeu d	of Form 1041?	12a		<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

Section A. Governing Body and Management

No

Yes

11

Νo

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances,
processes, or changes in Schedule O. See instructions.

Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O

	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.							
1a	Enter the number of voting members of the governing body 1a 1	6						
b	Enter the number of voting members that are independent 1b	0						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	. 3		No				
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?							
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νο				
6	Does the organization have members or stockholders?	6		Νο				
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes					
b	b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following							
а	the governing body?	8a	Yes					
b	each committee with authority to act on behalf of the governing body?	8b	Yes					
9a	Does the organization have local chapters, branches, or affiliates?	9a		Νο				
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b						
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10		No				

Section B. Policies

		Yes	No
Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	12a	Yes	
Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
Does the organization have a written whistleblower policy?	13	Yes	
Does the organization have a written document retention and destruction policy?	14	Yes	
Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
The organization's CEO, Executive Director, or top management official?	15a	Yes	
Other officers or key employees of the organization?	15b	Yes	
Describe the process in Schedule O			
Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο
If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Does the organization have a written conflict of interest policy? If "No", go to line 13 . Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply ✓ own website ✓ another's website ✓ upon request
- Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization

Tom Hallett 7400 Augusta Street River Forest, IL 603051499 (708) 209-3350

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

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

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

The check this box in the organization and i		(C) Position (check all that apply)							(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Chrector	Institutional Trustee	Officei	(E) Reportable compensation from the organizations (W- 2/1099MISC) (E) Reportable compensation from related organizations (W- 2/1099-MISC)	Reportable compensation from the organization (W-	Reportable compensation from related organizations (W- 2/1099-	Estimated amount of other compensation from the organization and related organizations		
							_			

Part VII Continued

		(C) Position (check all that apply)							(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
							<u> </u>			
					\vdash					
					\vdash					
1b Total							 -	868,030	0	60,000
2 Total number of individuals (including	those in 1	a) who	racal	v o d	mor	o thai	n ¢ 1	00 000 in reportabl		

Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►8

			Yes	No		
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	Yes			
4	organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such					
	ındıvıdual	4	Yes			
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		Νο		

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation		
Holabird and Root LLC PO Box 1263 Bedford Park, IL 60499	Construction Services	156,501		
The Lawlor Group 6400 Flying Cloud Dr Ste 170 Eden Prarie, MN 55344	Marketing and consulting	154,776		
Ketchum Inc 12770 Ment Dr Ste 900 Dallas, TX 75251	Fundraising\Consulting Services	137,894		
2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization				

Statement of Revenue

			(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC
	1a	Federated campaigns 1a 0		Revenue		512, 513, or 514
its its	ь	Membership dues 0				
亞美		1b				
Contributions, gifts, grants and other similar amounts	С	Fundraising events				
<u>#</u> ,_ _	d	Related organizations1d 982,878				
% <u>`</u> ≣	е	Government grants (contributions) 1e 388,813				
er s	f	All other contributions, gifts, grants, and similar amounts not included above	ĺ			
€€		1f				
Ęž	g	Noncash contributions included in				
ಕರ	h	Ines 1a-1f \$ 4,634 Total (Add lines 1a-1f)	5,117,072			
		<u> </u>				
es es	_	Business Code	_		_	
nua	2a	Tuition and Fees	45,133,971	45,133,971	0	0
æ	ь	Room and Board	4,352,119	4,352,119		
9.3	С	Early Childhood Center	1,642,057	1,642,057		
ervi	d	Conferences and other campus events	296,472	296,472		
ع 3	e	Swimming Pool	162,119	162,119		
Program Service Revenue	f	All other program service revenue	0	0	0	0
Š	g	Total. Add lines 2a-2f				
		▶ \$ 51,586,738				
	3	Investment income (including dividends, interest	41,400	0	0	41,400
		other sımılar amounts)				·
	4	Income from investment of tax-exempt bond proceeds	0	0	0	
	5	Royalties	0	0	0	0
		(ı) Real (ıı) Personal				
	6a	Gross Rents 365,276 32,173	3			
	ь	Less rental 427,067 expenses				
	С	Rental income -61,791 32,173 or (loss)	3			
	d	Net rental income or (loss)	-29,618	0	0	-29,618
		(ı) Securities (ii) O ther				
	7a	Gross amount 0 (
		from sales of assets other				
	ь	than inventory Less cost or 0 0				
		other basis and sales expenses				
	С	Gain or (loss) 0				
	d	Net gain or (loss)	. 0	0	0	0
	8a	Gross income from fundraising events (not including \$ 9,200				
Other Revenue	ь	of contributions reported on line 1c) See Part IV, line 18 Attach Schedule G if total exceeds \$15,000	- I			
Ť	с	Net income or (loss) from fundraising events	-28,555	0	0	-28,555
3	9a	Gross income from gaming activities See part IV, line 19 Complete Schedule G if total exceeds \$15,000				
	b c	Less direct expensesb 0 Net income or (loss) from gaming activities	0	0	0	o
	10a	Gross sales of inventory, less returns and allowances .				
	b c	Less cost of goods sold b 0 Net income or (loss) from sales of inventory]	0	0	o
		Miscellaneous Revenue Business Code				
	11a	Student Phone/Campus Cards	32,923	0	0	,
	ь	Student run University Newspaper Adverting	608	0	0	608
	С	Other Miscellaneous	15,534	0	0	15,534
			0	0	0	0
	d e	All other revenue Total. Add lines 11a-11d				
		\$ 49,065				
	12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e	56,736,102	51,586,738	0	,
						Form 990 (2008)

Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).							
Do ı	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses			
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	0	0					
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	9,342,348	9,342,348					
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16	0	0					
4	Benefits paid to or for members	0	0					
5	Compensation of current officers, directors, trustees, and key employees	271,967	0	271,967	0			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0	0	0	0			
7	Other salaries and wages	20,655,945	18,942,188	0	823,111			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,146,805	993,664	95,514	57,627			
9	Other employee benefits	3,067,339	2,727,520	226,989	112,830			
10	Payroll taxes	1,274,572	1,160,678	62,764	51,130			
11	Fees for services (non-employees)							
а	Management	0	0	0	0			
b	Legal	239,267	0	239,267	0			
c	Accounting	83,000	0	83,000	0			
d	Lobbying	0	0	0	0			
е	Professional fundraising See Part IV, line 17	230,638			230,638			
f	Investment management fees	0	0	0	0			
g	Other	7,857,522	7,857,522	0	0			
12	Advertising and promotion	221,891	221,891	0	0			
13	Office expenses	1,010,156	842,562	60,198	107,396			
14	Information technology	609,468	565,740	26,698	17,030			
15	Royalties	0	0	0	0			
16	Occupancy	2,260,914	2,098,700	99,040	63,174			
17	Travel	613,935	567,882	18,093	27,960			
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0	0	0	0			
19	Conferences, conventions and meetings	0	0	0	0			
20	Interest	1,477,051	0	1,477,051	0			
21	Payments to affiliates	0	0	0	0			
22	Depreciation, depletion, and amortization	2,632,919	2,632,919	0	0			
23 24	Insurance	500,394	0	500,394	0			
а		1,240,230	1,207,736	9,498	22,996			
b	Program Activites	488,697	468,549	4,064	16,084			
c	Collections and Bad Debt	285,595	285,595	0	0			
d	Institutional Membership	129,383	129,383	0	0			
e	Student Medical Fees	107,490	107,490	0	0			
f	All other expenses							
25	Total functional expenses. Add lines 1 through 24f	55,747,526	50,152,367	4,065,183	1,529,976			
26	Joint Costs. Check If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation							

Part X	Balance	Sheet
	Balance	SHEET

					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			1,049,858		1,491,755
	2	Savings and temporary cash investments			0		0
	3	Pledges and grants receivable, net		1,122,767		2.834.729	
	4	Accounts receivable, net			2,246,039	<u> </u>	2,416,773
	5	Receivables from current and former officers, directors, trustees,		nployees or		•	2,,
		other related parties $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$			0	5	0
	6	Receivables from other disqualified persons (as defined under sepersons described in section 4958(c)(3)(B) Complete Part II of S			0	6	0
	7	Notes and loans receivable, net			754,358	7	765,399
	8	Inventories for sale or use			0	8	0
2	9	Prepaid expenses and deferred charges			2,037,619	9	2,198,077
Assets	10a	Land, buildings, and equipment cost basis	اما	02.050.700			
⋖			10a	92,050,700			
	b	Less accumulated depreciation <i>Complete Part VI of</i> Schedule D	10Ь	44,604,809	48,521,584	10c	47,445,891
	11	Investments—publicly traded securities			40,585	11	34,335
	12	Investments—other securities See Part IV, line 11 Complete Par Schedule D			0	12	0
	13	Investments—program-related See Part IV, line 11 Complete Pair	799,830		724,161		
		of Schedule D .	0	13 14			
	14 15	Intangible assets Other assets See Part IV , line 11 Complete Part IX of Schedule		614,144	14	618,634	
	15	D	014,144	15	010,034		
	16	Total assets. Add lines 1 through 15 (must equal line 34)			57,186,784	16	58,529,754
	17	Accounts payable and accrued expenses .			4,279,487	17	4,116,874
	18	Grants payable		0	18	0	
	19	Deferred revenue			2,121,174	19	2,417,522
10	20	Tax-exempt bond liabilities		24,955,000	20	24,920,000	
<u>, a</u>	21	Escrow account liability $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$			0	21	0
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
ä		persons Complete Part II of Schedule L	0	22	0		
	23	Secured mortgages and notes payable to unrelated third parties			11,104,911	23	12,055,651
	24	Unsecured notes and loans payable		4,985,627	24	5,281,028	
	25	Other liabilities Complete Part X of Schedule D		875,532	25	1,132,829	
	26	Total liabilities. Add lines 17 through 25			48,321,731	26	49,923,904
s e		Organizations that follow SFAS 117, check here ► $\sqrt{}$ and complet through 29, and lines 33 and 34.	ete line	es 27			
ä	27	Unrestricted net assets			-8,994,155	27	-10,247,555
Balance	28	Temporarily restricted net assets		16,491,598	28	17,638,764	
Ē	29	Permanently restricted net assets	1,367,610	29	1,214,641		
r Fund		Organizations that do not follow SFAS 117, check here ► □ and lines 30 through 34.	ete				
s or	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund .		31			
As	32	Retained earnings, endowment, accumulated income, or other fun		32			
Net	33	Total net assets or fund balances		8,865,053	33	8,605,850	
Z	34	Total liabilities and net assets/fund balances			57,186,784	34	58,529,754
	VT-	Financial Ctatements and Bounding					
Рa	rt XI	Financial Statements and Reporting					

Dowl VI	Financial	Ctatamanta	and Reporting
7.11.5	l Financiai	Statements	and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
С	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits?	3b	Yes	

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As Filed Data -

DLN: 93493132025050

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

CONC	ORDIA	UNIVERSITY							• •			
								36	-219124	2		
Pa	rt I	Reason	for Public C	harity Status (to be co	mpleted	by all or	ganızatıo	ns) (See	Instruct	ions)		
The	organı	zatıon ıs not	a private found	ation because it is (Please	check on	ly one org	anızatıon))				
1	Г	A church, convention of churches, or association of churches described in Section 170(b)(1)(A)(i).										
2	<u>~</u>	A school described in Section 170(b)(1)(A)(ii). (Attach Schedule E)										
3	Γ	A hospital or a cooperative hospital service organization described in Section 170(b)(1)(A)(iii). (Attach Schedule H)										
4	Γ	A medical i	research organı	zatıon operated ın conjunctı	on with a	hospital d	escribed i	n Section	170(b)(1)	(A)(iii). E	nter the	
		hospital's r	name, city, and	state								
5	Γ	An organiza	atıon operated f	or the benefit of a college or	universit	y owned o	r operated	by a gove	ernmental	unıt desc	rıbed ın	
		Section 170)(b)(1)(A)(iv).	(Complete Part II)								
6	Γ	A federal, s	tate, or local g	overnment or governmental	unıt desci	rıbed ın Se	ction 170	(b)(1)(A)	(v).			
7	\sqcap	An organiza	ation that norm	ally receives a substantial p	art of its	support fro	om a gove	rnmental u	ınıt or fron	n the gene	eral public	
		described i	n Section 170(l	o)(1)(A)(vi) (Complete Par	tII)							
8	Γ	A communi	ty trust describ	oed in Section 170(b)(1)(A)	(vi) (Com	nplete Par	tII)					
9	Γ	An organiza	ation that norm	ally receives (1) more than	3 3 1/3% 0	of its supp	ort from c	ontributior	ns, membe	ership fees	s, and gross	
		receipts fro	m activities re	lated to its exempt functions	s—subject	to certair	n exceptio	ns, and (2) no more	than 331/	/3% of	
		ıts support	from gross inve	estment income and unrelate	ed busines	ss taxable	ıncome (l	less sectio	on 511 ta:	x) from bu	sınesses	
		acquired by	the organization	on after June 30, 1975 See	Section 5	509(a)(2).	(Complet	e Part III)			
10	Г	An organiza	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See Se	ection 509((a)(4). (S	ee instruc	tions)	
11	Γ	-	-	and operated exclusively fo					•	•		
				orted organizations describe						Section 5	09(a)(3). Check	
		_		type of supporting organiza		ompiete ii Functioi -			n d	□ Type	III - Other	
e	Г	•		rtify that the organization is						' ''		
•	'	•		agers and other than one or			•			•	•	
		section 50	9(a)(2)									
f		_		d a written determination fro	om the IRS	5 that it is	a Type I,	Type II o	r Type III	supportir	ng organization,	
а		check this		as the organization accepted	d any dift	or contrib	ution from	any of the			ı	
g		following pe		as the organization accepted	a any gni	or contrib	ation nom	any or the	-			
				r indirectly controls, either a	alone or to	ogether wi	th persons	describe	d ın (ıı)		Yes No	
		and (III) bel	ow, the governi	ng body of the the supported	d organiza	ition?				11g	(i)	
		(ii) a family	/ member of a p	erson described in (i) above	,?					11g((ii)	
		(iii) a 35%	controlled enti	ty of a person described in ((ı) or (ıı) a	bove?				11g(iii)	
h		Provide the	following inform	mation about the organizatio	ns the org	ganızatıon	supports					
		ame of	(ii) EIN	(iii) Type of organization		Is the		ou notify		is the	(vii) A mount of	
		ported		(described on lines 1 - 9 above or IRC section	_	ation in		inization i) of your		ation in organized	support?	
	Organization			(See Instructions)		listed in overning		ort?				
				(000 1,)		ment?		3011	rt? In the US?			
					Yes	No	Yes	No	Yes	No	1	
						1	1	1		1		

Total

Part II	Support Schedule for Organizations Described in IRC 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.)

Pι	ıblic Support		, ,	,				
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not							
	include any "unusual grants ")							
2	Tax revenues levied for the organization's							
	benefit and either paid to or expended on							
_	its behalf The value of services or facilities					 		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					1		
5	The portion of total contribution by each							
5	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	· (f)							
6	Public Support subtract line 5 from line							
	4							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts from line 4							
8	Gross income from interest, dividends,							
	payments received on securities loans,							
	rents, royalties and income from similar							
_	sources							
9	Net income from unrelated business							
	activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss							
10	from the sale of capital assets (Explain in							
	Part IV)							
11	Total Support (Add lines 7 through 10)							
12	Gross receipts from related activities, etc	(See instructio	ns)		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and stop here		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	▶ □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 School	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.		this box	
	and stop here. The organization qualifies a				,			▶ □
b	33 1/3% Test - 2007. If the organization d				15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				▶ □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							► □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		•					_
4.0	the organization meets the "facts and circu							n ▶
18	Private Foundation. If the organization did	not check the b	oux on line 13, 1	oa, 160, 1/a or	1/D, check this	oox an	u see	▶ □
	ınstructions							F-1

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services performed,						
	or facilities furnished in any activity that						
	is related to the organization's tax-						
	exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under						
	section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total Add lines 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
С	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 1975		+				
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income Do not include gain or loss						
	from the sale of capital assets						
	(Explain in Part IV)						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶ □
	monutation of Dublic Compant Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (ne 13 column /f	<u> </u>	17	
	-			-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

▶□

Part IV	Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)					
	Facts and Circumstances Test					

Schedule A (Form 990 or 990-EZ) 2008

Software ID: Software Version:

EIN: 36-2191242

Name: CONCORDIA UNIVERSITY

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Ada		_	(0							
		Position (check all that apply)								(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei		Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
Dr Thomas M Buck , Chair of the Board	01	Х		Х				0	0	0
Mr Jeffrey Blackman , Board Member	01	Х						0	0	0
Mr Richard Blatt , Board Member	01	Х						0	0	0
Dr Elizabeth Duda , Board Member	01	Х						0	0	0
Mrs Joanne Dull , Board Member	01	Х						0	0	0
Mr Kırk Farney , Board Member	01	Х						0	0	0
Rev Dan Gilbert , Board Member	01	Х						0	0	0
Mr James Grebe , Board Member	01	Х						0	0	0
Ms Kathleen Mills , Board Member	01	Х						0	0	0
Mr Chrıs Nelson , Board Member	01	Х						0	0	0
Mr Terry E Pfortmiller , Secretary Board	01	Х		Х				0	0	0
Mr Robert Rauscher , Vice-Chair-Board	01	Х		Χ				0	0	0
Mr Leopold A Schmidt , Board Member	01	Х						0	0	0
Rev Mark Schultz , Board Member	01	Х						0	0	0
Rev Kent A Tibben , Board Member	01	Х						0	0	0
Mr Robert Wartan , Board Member	01	Х						0	0	0
Mr Fred A Wittlinger , Board Member	01	Х					Х	0	0	0
Dr John F Johnson , President/CEO/COO	60 00			Х				151,527	0	60,000
Mr Tom W Hallett , Vice President/CFO	50 00			Х				120,440	0	0
Dr Manfred B Boos , Vice President	50 00					Х		107,313	0	0
Ms Cindy Simpson , Sr Vice President	50 00					Х		138,291	0	0
Dr Alan Meyer , Sr Vice President	50 00					Х		119,028	0	0
Ms Evelyn Burdick , Vice President	50 00					Х		125,171	0	0
Mr Jeffrey Hynes , Vice President	50 00					Х		106,260	0	0

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

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
a Tuition and Fees		45,133,971	45,133,971	0	0
b Room and Board		4,352,119	4,352,119		
c Early Childhood Center		1,642,057	1,642,057		
d Conferences and other campus events		296,472	296,472		
e Swimming Pool		162,119	162,119		

Form 990, Part I, Line 1 - Briefly describe the Organization's mission or most significant activities:

Founded in 1864, Concordia University Chicago is a liberal arts-based Christian university located in River Forest, Illinois. More than 5,000 full-time students are enrolled in more than 100 undergraduate, master and doctoral programs. Concordia ensures that 100 percent of undergraduate students receive some form of financial aid, and actively develops additional need-based scholarship support for local students. It also develops outreach to historically underrepresented college populations, particularly working with elementary and middle school students and families to ensure they are prepared to enter college in the future. As a distinctive, comprehensive university The Lutheran Church - Missouri Synod, centered in the Gospel of Jesus Christ, and based in the liberal arts, Concordia University equips men and women to serve and lead with integrity, creativity, competence, and compassion in a diverse, interconnected, and increasingly urbanized church and world.

Form 990, Part III, Line 1 - Briefly describe the organization's mission:

As a distinctive, comprehensive university of The Lutheran Church Missiouri Synond, centered in the Gospel of Jesus Christ, and based in the liberal arts, Concordia University Chicago equips men and women to serve and lead with integrity, creativity, competence, and compassion in a diverse, interconnected, and increasingly urbanized church and world. Concordia strives to accomplish this by providing a broad, liberal arts based undergraduate education, as well as graduate and professional programs in areas of demonstrated competence, which serves a particular need of society of society and advances the mission of the Church. At Concordia University, the values of Christian Faith, the Individual, Excellence, Integrity, and Service, are embraced.

OMB No 1545-0047

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Supplemental Financial Statements

	me of the organization NCORDIA UNIVERSITY			Employer identifi	ication numbe	er
COI	NCORDIA UNIVERSITI			36-2191242		
Pa	organizations Maintaining Donor organization answered "Yes" to Form		ner Similar Fui		ts. Comple	te if the
	0. gamzation anono. ca 1.00 to 101111	(a) Donor advise	ed funds	(b) Funds and	d other accou	nts
1	Total number at end of year					
2	Aggregate Contributions to (during year)					
3	Aggregate Grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor actions are the organization's property, subject to the	_		advised	☐ Yes	┌ No
6	Did the organization inform all grantees, donors, as used only for charitable purposes and not for the b impermissible private benefit?		-	nay be	☐ Yes	┌ No
Pa	rt III Conservation Easements. Complet	e if the organization ans	swered "Yes" to	Form 990, Part	IV, line 7.	
1	Purpose(s) of conservation easements held by the Preservation of land for public use (e g , recre Protection of natural habitat Preservation of open space	ation or pleasure)	reservation of an h reservation of cert	• •	•	a
2	Complete lines 2a-2d if the organization held a quon the last day of the tax year	alıfıed conservatıon contrıb	ution in the form o	fa conservation e	asement	
				Held a	at the End of	the Year
а	Total number of conservation easements			2a		
b	Total acreage restricted by conservation easeme	nts		2b		
c	Number of conservation easements on a certified	historic structure included	ın (a)	2c		
d	Number of conservation easements included in (c	a) acquired after 8/17/06		2d		
3	Number of conservation easements modified, trans	sferred, released, extinguis	hed, or terminated	by the organization	n during	
	the taxable year ►					
4	Number of states where property subject to conse	rvation easement is located	1 ▶			
5	Does the organization have a written policy regard enforcement of the conservation easements it hold	ing the periodic monitoring,		ons, and	☐ Yes	┌ No
6	Staff or volunteer hours devoted to monitoring, ins	pecting and enforcing ease	ments during the y	ear ►		
7	A mount of expenses incurred in monitoring, inspec	ting, and enforcing easeme	nts during the yea	r ► \$		
8	Does each conservation easement reported on line $170(h)(4)(B)(I)$ and $170(h)(4)(B)(II)$?	e 2(d) above satisfy the req	uırements of sectı	on	☐ Yes	☐ No
9	In Part XIV, describe how the organization reports balance sheet, and include, if applicable, the text of the organization's accounting for conservation eas	of the footnote to the organi		•	•	

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
- If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
 - (i) Revenues included in Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

Revenues included in Form 990, Part VIII, line 1

0

Assets included in Form 990, Part X

Cat No 52283D

Par	Till Organizations Maintaining Collections of Art, His	storic	<u>cal Treasi</u>	ires, or Othe	<u>r Similar Ass</u>	ets (co	ontinued)
3	Using the organization's accession and other records, check any of the items (check all that apply)	he foll	owing that ar	e a sıgnıfıcant u	se of its collectio	n	
а	Public exhibition d	Γ	Loan or exc	hange programs			
ь	Scholarly research e	\vdash	Other				
С	✓ Preservation for future generations						
4	Provide a description of the organization's collections and explain hor Part XIV	w they	further the	organization's ex	empt purpose in		
5	During the year, did the organization solicit or receive donations of ar assets to be sold to raise funds rather than to be maintained as part					Yes	√ No
Pai	t IV Trust, Escrow and Custodial Arrangements. Com			nızatıon answ	ered "Yes" to F	orm 9	90,
_	Part IV, line 9, or reported an amount on Form 990, P.						
1a	Is the organization an agent, trustee, custodian or other intermediary included on Form 990, Part X?	y for co	ontributions	or other assets I	not	Yes	Г No
b	If "Yes," explain why in Part XIV and complete the following table				<u> </u>		
_					A mo	unt	
C -I	Beginning balance			1c			
d	Additions during the year			1d			
e	Distributions during the year			1e			
f	Ending balance			1f			
2a	Did the organization include an amount on Form 990, Part X, line 21?	?				Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV						
Pa	rt V Endowment Funds. Complete if the organization and (a)Current Year (b)	Swere)Prior Y				-\Eour V	ears Back
1a	Beginning of year balance) FIIOI I	eai (c)iw	To reals back (u)	Tillee Tears back (=) 1 Out 10	ears back
ь	Contributions						
c	Investment earnings or losses						
d	Grants or scholarships						
e	Other expenditures for facilities and programs						
f	Administrative expenses						
g	End of year balance						
2	Provide the estimated percentage of the year end balance held as						
- а	Board designated or quasi-endowment						
_	Permanent endowment						
Ь							
c 3a	Term endowment Are there endowment funds not in the possession of the organization	that a	ra hald and s	dministered for	tha.		
за	organization by	tilat a	re neid and a	idilililistered for	tile	Yes	No
	(i) unrelated organizations				3a(i)		
	(ii) related organizations				3a(ii)		
b	If "Yes" to 3a(II), are the related organizations listed as required on S				3b		<u> </u>
4	Describe in Part XIV the intended uses of the organization's endowm						
Par	t VI Investments—Land, Buildings, and Equipment. S	See Fo	orm 990, P	art X, line 10.			
	Description of investment		Cost or other (investment)	(b)Cost or other basis (other)	(c) Depreciation	(d) Bo	ok value
1a	Land		0	1,919,643	_		1,919,643
b	Buildings		0	62,503,703	23,361,797	3	9,141,906
c	Leasehold improvements		0	4,592,837	2,750,568		1,842,269
d	Equipment		0	21,137,205	18,021,210		3,115,995
е	Other		0	1,897,312	471,234		1,426,078

47,445,891

Part VIII Investments—Other Securities. S	<u>ee Form 990, Part X, line 1</u>	2.	
(a) Description of security or cateory	(b)Book value		d of valuation
(including name of security)		Cost or end-of	year market value
Financial derivatives and other financial products	0		
Closely-held equity interests	0		
Other			
	b		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	• 0		
Part VIII Investments—Program Related.	See Form 990, Part X, line	13.	
(a) Description of investment type	(b) Book value	(c) Metho	d of valuation
		Cost or end-of	-year market value
Funds Held by Third Party Trustee	724,161		F
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	•		
Part IX Other Assets. See Form 990, Part X	, lille 15. cription		(b) Book value
Cash surrender value of life insurance	emption		356,708
Unamortized debt issuance costs and expense			261,926
Onamornized deprisorance costs and expense			201,320
Total. (Column (b) should equal Form 990, Part X, col.(B) III	ne 15.)		618,634
Part X Other Liabilities. See Form 990, Pa			·
(a) Description of Liability	(b) A mount		
Federal Income Taxes	0		
Interest rate swap agreement	386,825		
Refundable government student loans	746,004		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	▶ 1,132,829		

Part	XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	56,736,102
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	55,747,526
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	988,576
4	Net unrealized gains (losses) on investments	4	0
5	Donated services and use of facilities	5	0
6	Investment expenses	6	0
7	Prior period adjustments	7	0
8	Other (Describe in Part XIV)	8	-1,247,779
9	Total adjustments (net) Add lines 4 - 8	9	-1,247,779
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-259,203
Part	Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	47,027,686
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities 2b 0		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	464,822
3	Subtract line 2e from line 1	3	46,562,864
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 0		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	10,173,238
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	56,736,102
	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses		
1	Total expenses and losses per audited financial statements	1	46,870,000
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	464,822
3	Subtract line 2e from line 1	3	46,405,178
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 0		
b	Other (Describe in Part XIV)		
с _	Add lines 4a and 4b	4c	9,342,348
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	55,747,526

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Ident if ier Return Reference | Explanation

OMB No 1545-0047

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. To be completed by organizations that answer "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

Schools

Employer identification number

Name of the organization CONCORDIA UNIVERSITY 36-2191242 YES NO 1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? 1 Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 2 Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain 3 Yes Concordia University publishes its policy of racial non-discrimination in the "Lutheran Withness", "Reporter", local newspapers, and Admission office Literature. The Admissions Office literature is made available to all prospective students Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c Yes d Copies of all material used by the organization or on its behalf to solicit contributions? 4d Yes If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement) Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Νo **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? 5c Νo d Scholarships or other financial assistance? 5d Νo e Educational policies? N o_ 5e f Use of facilities? 5f Νo g Athletic programs? 5g Νo h Other extracurricular activities? 5h Νo If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement) 6a Does the organization receive any financial aid or assistance from a governmental agency? 6a Yes **b** Has the organization's right to such aid ever been revoked or suspended? 6b Νo If you answered "Yes" to either 6a or b, please explain using an attached statement 🧈 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05

of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation

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DLN: 93493132025050

OMB No 1545-0047

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

SCHEDULE G

📂 Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Supplemental Information Regarding

Fundraising or Gaming Activities

Open to Public Inspection

N	ame	of the	organızatıon
C.	ONC	ORDI	A UNIVERSIT

Employer identification number

36-2191242

Part I	Fundraising Activities.	Complete if the	organization answered	"Yes" to	Form 990,	Part IV	line 17.
--------	-------------------------	-----------------	-----------------------	----------	-----------	---------	----------

- Indicate whether the organization raised funds through any of the following activities Check all that apply
- Mail solicitations
- Email solicitations
- Phone solicitations
- In-person solicitations

- e 🗸 Solicitation of non-government grants
- f 🔽 Solicitation of government grants
- g 🔽 Special fundraising events
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities?

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

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes No		fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
Rıchard L Engdahl	Consultant for Build Grow Inspire Capital Campaign		Νο	2,392,295	95,643	2,296,652		
Henning Communications Inc	Marketing consultant for Build Grow Inspire Capital Campaign		Νο	0	13,864	-13,864		
Ketchum Incorporated	Former campaign consultant		Νο	0	66,658	-66,658		
	Developed Christmas appeal direct mailing		Νο	141,905	7,403	134,502		
	Donor stewardship and development		No	0	21,600	-21,600		
	Directed phonathon solicitations		No	8,231	15,429	-7,198		
	Directed phonathon solicitations		Νο	20,738	9,817	10,921		
Total		<u> </u>	<u></u>					

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other Events (d) Total Events (Add col (a) through **Community Awards** Cougar Open - Golf 0 col (c)) **Banquet** Outing (total number) (event type) (event type) Revenue 27,698 26,225 53,923 Gross receipts Less Charitable 24,525 20,198 44,723 contributions 1,700 Gross revenue (line 1 7,500 9,200 3 minus line 2) 0 0 0 4 Cash Prizes 0 4,754 4,754 Expenses Non-cash Prizes 5 13,060 9,523 22,583 6 Rent/Facility costs 8,331 2,087 10,418 7 Other direct expenses Deg D 37,755 Direct expense summary Add lines 4 through 7 in column (d). Net income summary Combine lines 3 and 8 in column (d). -28,555 Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (d) Total gaming (Add Revenue (a) Bingo (b) Pull tabs/Instant (c) Other gaming col (a) through col (c)) bingo/progressive bingo **1** Gross revenue Cash prizes Direct Expenses Non-cash prizes Rent/facility costs Other direct expenses % % ⊤ Yes Yes ⊤ Yes Volunteer labor Νo Νo Νo Direct expense summary Add lines 2 through 5 in column (d). No Yes Enter the state(s) in which the organization operates gaming activities Is the organization licensed to operate gaming activities in each of these states? 9a If "No," Explain Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a If "Yes," Explain Does the organization operate gaming activities with nonmembers? 11 11 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

			
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records		
	Name •		
	Address •		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	
Ь	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue retained by the third party > \$		
c	If "Yes," enter name and address		
	Name •		
	Address 🟲		
16	Gaming manager information		
	Name 🟲		
	Gaming manager compensation 🕨 \$		
	Description of services provided 🟲		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year 📂 💲		

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

DLN: 93493132025050

OMB No 1545-0047

2008

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

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

Grants and Other Assistance to Organizations,

Governments and Individuals in the U.S.

Open to Public Inspect ion

Schedule I (Form 990) 2008

Name of the organization						Employer identi	fication number
CONCORDIA UNIVERSITY						36-2191242	
Part I General Inform	nation on Gra	nts and Assistance	2			•	
Does the organization ma the selection criteria used Describe in Part IV the organization	d to award the gra rganızatıon's proc	nts or assistance? edures for monitoring th	e use of grant funds in t	he United States			
Form 990, Part I Part IV and Scho	V, line 21 for a edule I-1 if addi	ny recipient that rece tional space is	eived more than \$5,0	00. Check this box	tes. Complete if the oil if no one recipient rece	eived more than \$5,	
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
2 Enter total number of seconganizations					•		
3 Enter total number of other							<u> </u>

Cat No 50055P

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

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d) A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
Student scholarships and fellowships	1118	9,342,348	0		

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

See Additional Data Table

Ident if ier	Return Reference	Explanation
SchI_P01_S00_L02	Schedule I, Part I, Line 2	Students eligible to receive financial assistance from Concordia University are determined by pollicy approved by the Board of Regents. On a basis of careful analysis of the financial statements, the Director of Financial Aid determines the amount of aid available from various sources. Next, the amount that the student and his or her family can reasonably be expected to provide is calculated. The difference between the funds available and the cost of education for one year is the amount financial aid that a student is eligible to receive from sources outside of the family. This difference is called "demonstrated need." Financial assistance is awarded based on the student's demostrated need for that year. The University porvides scholarships. All recipients are unrelated except for tuition benefits provided under the university's tuition grant program to eligible employees, their spouses amd dependents in accordance to IRC section 117(d). The University also provides student assistance through work-study.

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As Filed Data -

DLN: 93493132025050

OMB No 1545-0047

Schedule J (Form 990)

Compensation Information

2008

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

Attach to Form 990. To be completed by organizations

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

CONCORDIA UNIVERSITY

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

Employer identification number

36-2191242

Pa	art I Questions Regarding Compensati	on			
				Yes	Νo
1a		provided any of the following to or for a person listed in Form III to provide any relevant information regarding these items			
	First class or charter travel	Housing allowance or residence for personal use			
	Travel for companions	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a provision of all the expenses described above? If	written policy regarding payment or reimbursement or "No," complete Part III to explain	1b	Yes	
2		o reimbursing or allowing expenses incurred by all ive Director, regarding the items checked in line 1a?	2	Yes	
3	Indicate which, if any, of the following the organization's CEO/Executive Director Check all	·			
	▼ Compensation committee	✓ Written employment contract			
	Independent compensation consultant	Compensation survey or study			
	Form 990 of other organizations	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990	D, Part VII, Section A, line 1a			
а	Receive a severance payment or change of contro	l payment?	4a		Νo
ь	Participate in, or receive payment from, a supplen	nental nonqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity	-based compensation arrangement?	4c		Νο
	If "Yes" to any of lines 4a-c, list the persons and	provide the applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must	complete lines 5-8.			
5	For persons listed in form 990, Part VII, Section compensation contingent on the revenues of	A , line 1a, did the organization pay or accrue any			
а	The organization?		5a		Νo
b	Any related organization?		5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III				
6	For persons listed in form 990, Part VII, Section a compensation contingent on the net earnings of	A , line 1a, did the organization pay or accrue any			
а	The organization?		6a		Νo
ь	Any related organization?		6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III				
7	For persons listed in form 990, Part VII, Section payments not described in lines 5 and 6? If "Yes,	A , line 1a, did the organization provide any non-fixed " describe in Part III	7		No
8	Were any amounts reported in Form 990, Part VII subject to the initial contract exception described in Part III	(, paid or accured pursuant to a contract that was I in Regs section 53 4958-4(a)(3)? If "Yes," describe			No

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

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

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

	7=>-	<u> </u>		(2) 2 ()	(5) H	(=> =	(E) Companyation
(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
	1) 151,527 1) 0	0	0	0	60,000 0	211,527 0	0
	0 0		0	0	0	0	0
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Part III Supplemental Information

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

Ident if ier	Ret urn Ref erence	Explanation
SchJ_P01_S00_L01a	Schedule J, Part I, Line 1a	As defined in the CEO/COO's annual employment contract, the University has agreed to provide housing for the University's President. The housing lease value is estimated at \$38,000, including utilities, etc. The University's President does conduct University business at this location, but any possible reduction in the \$38,000 lease value associated with this business use was not considered.
SchJ_P01_S00_L03	Schedule J, Part I, Line 3	Concordia University Foundation(CUF) does not directly compensate any Officers Compensation for the President of Concordia University, who is the CEO of CUF, is determined by the University's Board of Regents Annually, they determine the base compensation based on comparability data provided by the Director of Human Resources Any bonuses and other indirect compensation is based on meeting stated goals, which are approved by the Executive Committee of the Board of Regents and included as part of the President's contract

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DLN: 93493132025050

Supplemental Information to Form 990

OMB No 1545-0047

Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

CONCORDIA UNIVERSITY

(Form 990)

SCHEDULE 0

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Employer identification number

36-2191242

		30-2191242
ldentifier	Return Reference	Explanation
F990_P03_S00_L00a	Form 990, Part III (Cont 1)	Founded in 1864 as Addison Lutheran Teachers Semnary, Concordia University Chicago is a liberal arts-based Christian university located in River Forest, Illinois More than 5,000 full-time undergraduate and graduate students are enrolled in more than 100 undergraduate, master's and doctoral programs through the colleges of Arts and Sciences, Business, Education, and Graduate and Innovative Programs. The University also offers programs such as a "60+ College Program" for those age 60 or older to audit courses for personal enrolment, and an accelerated degree completion program enabling highly notivated working adults to complete their college degrees in a Christian learning environment. Concordia's academic affiliations include the Council of Graduate Schools, the American Association of Colleges for Teacher Education, the Associated Colleges of the Chicago Area, the Association for Gerontology in Higher Education, the Associated Colleges of the Chicago Area, the Association for Gerontology in Higher Education of Voing Children and the Chicago Consortium of Colleges and Universities in February, the National Council for the Accreditation of Teacher Education (NCATE) conferred its "National Recognition" to Concordia's graduate programs in educational leadership, for meeting the national accrediting body's highest and most rigorius standards for the preparation of educational leaders. University enoliment has increased for five consecutive years, with record enrollments for the last two in fall 2009, Concordia University Chicago enrolled its largest freshman class ever Total undergraduate enrollment increased 10 1 percent and graduate enrollment, 24 7 percent, over fall 2008. Concordia ensures that 100 percent of undergraduate students receive some form of financial adi, and actively develope additional need-based scholarship support for local students through programs such as the Community Awards for Excellence in Leadership program it also develops outreach to historically underrepresented college populations, pa

	ldentifier	Return Reference	Explanation
F990	1 1203 800 103 1	Form 990, Part III, Line 3	Concordia University Chicago, in an effort to better serve its Mission of equiping men and women to serve and lead with with integrity, creativity, competence, and compassion, demonstrates prudent innovation During fiscal year ending June 30, 2009, the Board of Regents of Concordia University Chicago approved the continued development of the College of Graduate and Innovated Programs, also known as GIP. The primary responsibility of GIP is the development of Graduate and non traditional programs. During this reporting period, GIP continued to develop and implement plans for significant increases in online educational delivery. Under the guidence of The College of Graduate and Innovative Program, its Policy Committee, and the University Board of Regents, Concordia now educates approximately 145 graduate online students.

information about Concordia University Chicago is available at www CUChicago edu

Explanation

While Management did not present the 990 to the University's Board of Regents prior to its filing, the University does view this as a best practice, and will incorporate this into next year's filing process During the reporting fiscal year, Management developed material for members of the Board of Regents

Finance Committee which educated these members on the IRS Form 990, relevant schedules, and the

more robust review starting next fiscal year. For this year's filing, the timing of Board meeting made it

difficult to arrange a complete Board review prior to filing On June 3, the 990 will be reviewed and a

fiduciary responsibility of Board Members related to this form. This training will continue and will lead to a

read the conflict on interest policy in its entirety, 2) have a clear understanding of the policy, and 3)

Explanation

In addition to providing all of these documents upon request, the University also posts its Financial

Missouri Synod Consequently, the University is exempt from registration in most states due to its status

as a religious organization. The University is taking steps to register or file for an exemption in those

the auspices of the Synod, carries out the activities and policies of the Synod and the BUEas it applies to the Synod higher education institutes The Concordia Administrative Information Systems ("CAIS"), a CUS department, is house on the campus of the University and oversees the management of the software accounting system utilized by most of the Synod higher education institutions. Thirty-five Synodical districts, all seperate entities operating under the auspices of the Synod, represent the Synod to various LCMS congregations across the United States and around the world. The district in which Concordia University Chicago is located, the Northern Illinois District, elects five members of the University's Board of

ldentifier	Return	Explanation
F990_P06_S0A_L07a	Form 990, Part VI, Section A, Line 7a	According to the university's bylaws, membership on the Board of Regents shall be elected in the following manner. Three(3) Regents shall be elected by the North Illinois District of the Lutheran Church - Missouri Synod in years divisible by three(3) with a remainder of two(2). Five(5) Regents shall be elected at the conventions of Synod in years evenly divisible by three(3). Four(4) Regents shall be elected by the Board of Regents for years divisible by three(2) with a remainder of one (1).

Return

Reference

Reference

Form 990,

Section A, Line 10

Line 12c

Return

Reference Form 990, Part

Schedule G,

Part I, Line 3

Regents

Part VI,

Identifier

F990_P06_S0A_L10

Identifier

SchG_P01_S00_L03

resolution for approval will be presented if the Committee so recommends, a corrected 990 will be prepared and filed. The Committee's actions will be presented to the Board of Regents on June 3, 20 following the Finance/Audit Committee's meeting.				
ldentifier	Return Reference	Explanation		
F990_P06_S0B_L12c	Form 990, Part VI, Section B,	Annually, the University requires all Board Members, Officers, and employees with any budgetary control to review and sign a conflict of interest policy statement. This policy clearly defines what constitutes a conflict of interest. By signing this policy statement, individuals are stating that they 1)		

agree to abide by it and work towards its overall objective

	ldentifier	Return	Explanation
F9	990_P06_S0B_L15	Form 990, Part VI, Section B, Line 15	In addition to approving the University's President annual contract, there are several other individuals who have their salaries reviewed and approved by the Finance Committee of the Board of Regents These individual include the President's Cabinet and all other individuals who have the ability to affect employee compensation. This includes all members of the Human Resource and Payroll Departments, as well as the University's Controller, Assistant Controller and Director of Budget Services. Annually, the Director of Human Resources and the Assistant Controller provide the Board these individuals' compensation, as well as comparative data from similar university's. Once this data is reviewed by this Committee, annual compensation for these individuals is either approve or reject any proposed compensation increase.
		Reference	

F990_P06_S0C_L19	Line 19	w ebsite (http://www.cuchicago.edu/about_concordia/financial/)		
ldentifier	Return Reference	Explanation		
	Schodulo G	The University is registered to solicit funds in the state of Illinois. The University is an organization that was established and is controlled and/or managed by a religious denomination - the Lutheran Church-		

		states where it expects to solicit funds in the future
ldentifier	Return Reference	Explanation
SchR_P02_S00_L00	Schedule R, Part II	Concordia University, a k a Concordia University Chicago (the "University"), an Illinois not-for-profit corporation, is a private educational institution centered in the liberal arts. It is operated under the auspices of The Lutheran Church - Missouri Synod (the "Synod), a Missouri not-for-profit corporation headquartered in St. Louis, Missouri. The University's Board of Regents, responsible for the management of the University, consists of 16 members (five of whom are elected by the Synod). The following five-not for-profit corporate and trust entities operate as corperate-wide entities directly under the auspices of the Synod Lutheran Church Extension Fund ("LCEF"), Concordia Publishing House ("CPH"), The Lutheran Church - Missouri Synod Foundation ("LCMS Foundation"), Concordia Plan Services ("CPH"), and Concordia Historical Institute. The Synod has established several Program and Service Boards to guide and carry out the programmatic activities of the Synod. One of these Boards, the Board for University Education "the "BUE"), broadly oversees the activities of ten colleges and universities, including Concordia University Chicago. Concordia University System ("CUS), a not-for-profit corporate entity operating under

Part I Identification of Disregarded Entities

DLN: 93493132025050

OMB No 1545-0047

Open to Public Inspection

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. ► See separate instructions.

Related Organizations and Unrelated Partnerships

Name of the organization CONCORDIA UNIVERSITY

Employer identification number

36-2191242

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations							
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity		
Concordia University Foundation 7400 Augusta Street River Forest, IL60305 23-7055802	Formed to promote Concordia University through solicitation of funds and management of endowment	IL	501(c)(3)	PF	N/A		
Lutheran Church Missouri Synod 1333 S Kirkwood Road Saint Louis, M063122 43-0658118	Spreading the Gospel	МО	501(c)(3)	Church	N/A		
Concordia University System 1333 S Kirkwood Road Saint Louis, M063122 43-1634611	Carries out activities and policies of the Synod, as they apply to Synodical Higher Ed Institutions	МО	501(c)(3)	Church	N/A		
Lutheran Church Missour Synod - Northern IL District 4231 183rd Street Country Club Hills, IL60478 36-2203938	Religeous District for Lutheran Church Missour Synod	IL	501(c)(3)	Church	N/A		
Lutheran Church Extension Fund PO Box 229009 Saint Louis, MO63122 43-1151795	Providing financial for the LCMS	МО	501(c)(3)	Church	N/A		
Concordia Publishing House 3558 S Jefferson Avenue Saint Louis, MO63118 43-0225230	Operates University bookstore, religious printing and publishing	IN	501(C)(3)	11a	N/A		
The Lutheran Church - Missouri Synod Foundation 1333 Kirkwood Road Saint Louis, M063122 43-6034481	Solicites donations for the overall LCMS	МО	501(C)(3)	PF	N/A		

(A) Name, address, and EIN of related organization	Prim	(B) nary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	incom	(E) lominant le(related, lestment, related)	Share	(F) e of total income	(G) Share of end-of- year assets	(H Disprop allocat	l) ortionate tions?	(I) Code V—UBI amount on Box 20 of K-1	Gene mana part	agıng
										Yes	No		Yes	No
Part IV Identification of R	Related	l Organizations	Taxable as	a Corporation	ı or Tr	ust								
(A) Name, address, and EIN of related organ		(B) Primary activity		(C) Legal domicile (state or foreign country)		(D) Direct contro	olling	(E) Type of entity (C corp, S corp or trust)	(F) Share of total income	end	(G) hare of l-of-yea assets	(H) Percentage r ownership		

(5)

(6)

Part V	Transactions v	with Related	Organizations
raitv	i i a ii sa cuoii s v	With Related	Organizations

Pa	Transactions with Related Organizations					
	Note. Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No
1 D	During the tax year, did the orgranization engage in any of the following transactions with	one or more related organizations listed in Pa	arts II-IV?			
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			1a		No
b	Gift, grant, or capital contribution to other organization(s)			1b	Yes	
c	Gift, grant, or capital contribution from other organization(s)			1c	Yes	
d	Loans or loan guarantees to or for other organization(s)			1d	Yes	
e	Loans or loan guarantees by other organization(s)			1e	Yes	
f	Sale of assets to other organization(s)			1f		No
g	Purchase of assets from other organization(s)			1g		No
h	Exchange of assets			1h		No
i	Lease of facilities, equipment, or other assets to other organization(s)			1i	Yes	
j	Lease of facilities, equipment, or other assets from other organization(s)			1j		No
k	Performance of services or membership or fundraising solicitations for other organizat	cion(s)		1k		No
I	Performance of services or membership or fundraising solicitations by other organizati	on(s)		11	Yes	
m	sharing of facilities, equipment, mailing lists, or other assets			1m		No
n	Sharing of paid employees			1n		No
0	Reimbursement paid to other organization for expenses			10		No
p	Reimbursement paid by other organization for expenses			1р	Yes	
	O ther transfer of cash or property to other organization(s)			1q		No
r	O ther transfer of cash or property from other organization(s)			1r		No
	If the answer to any of the above is "Yes," see the instructions for information on who	must complete this line, including covered rel	ationships and transaction thresholds			
_	(A)	(B)	(c)			
	Name of other organization(s)	Transaction type(a-r)	Amount Involved			
(1)						
See						
Add Data	ditional ta					
Tab	ole					
(2)						
/2\						
(3)						
(4)						
)						

Part VI Unrelated Organizations Taxable as a Partnership

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

									_			
(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organization	partners section end-of-y solicities section solicities section assets rganizations?		(F) Disproprtionate allocations?				(G) Code V—UBI amount on Box 20 of K-1	(H) General o managing partner?)
			Yes	No		Yes	No		Yes	No		
			•	•		•		Cabadul	D / Form			

Software ID: 08000095

Software Version: v1.00

EIN: 36-2191242

Name: CONCORDIA UNIVERSITY

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

(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal Domicile (State or Foreign Country)	(D) Exempt Code section	(E) Public charity status (if 501(c)(3))	(F) Direct Controlling Entity
7400 Augusta Street River Forest, IL60305	Formed to promote Concordia University through solicitation of funds and management of endowment	IL	501(c)(3)	PF	N/A
Lutheran Church Missouri Synod 1333 S Kirkwood Road Saint Louis, MO 63122 43-0658118	Spreading the Gospel	МО	501(c)(3)	Church	N/A
1333 S Kırkwood Road Saınt Louis, MO 63122	Carries out activities and policies of the Synod, as they apply to Synodical Higher Ed Institutions	МО	501(c)(3)	Church	N/A
4231 183rd Street	Religeous District for Lutheran Church Missour Synod	IL	501(c)(3)	Church	N/A
	Providing financial for the LCMS	МО	501(c)(3)	Church	N/A
3558 S Jefferson Avenue	Operates University bookstore, religious printing and publishing	IN	501(C)(3)	11a	N/A
1333 Kirkwood Doad	Solicites donations for the overall LCMS	МО	501(C)(3)	PF	N/A

Form 990, Schedule R, Part V - Transactions with Related Organizations	
(A)	
Name of other organization	

(9)

(10)

(11)

Concordia University System

Concordia Publishing House

The Lutheran Church - Missouri Synod Foundation

		type(a-r)	(\$)
(1)	Concordia University Foundation	С	709,613
(2)	Concordia University Foundation	b	362,580
(3)	Lutheran Church Missouri Synod	с	159,871
(4)	Lutheran Church Missouri Synod	е	5,281,028
(5)	Lutheran Church Missouri Synod	d	2,541,958
(6)	Lutheran Church Extension Fund	е	4,833,804
(7)	Concordia University System	ı	420,474
(8)	Concordia University System	ı	147,960

(B)

Transaction

р

(C)

A mount Involved

568,613

96,113

19,890