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

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2011 calendar year, or tax year beginning 07/01, 2011, and ending 06/30, 2012

Form header section containing: B Check if applicable (Address change, Initial return, etc.), C Name of organization (RESURRECTION UNIVERSITY), D Employer identification number (36-2182170), E Telephone number ((773) 252-6464), F Name and address of principal officer (BETH BROOKS), G Gross receipts (\$ 7,920,321), H(a) Is this a group return for affiliates?, H(b) Are all affiliates included?, J Website (WWW.RESU.EDU), L Year of formation (2011), M State of legal domicile (IL).

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1 Briefly describe the organization's mission... 2 Check this box... 3 Number of voting members... 4 Number of independent voting members... 5 Total number of individuals employed... 6 Total number of volunteers... 7a Total unrelated business revenue... 7b Net unrelated business taxable income... 8-12 Revenue... 13-19 Expenses... 20-22 Net Assets or Fund Balances.

Part II Signature Block

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

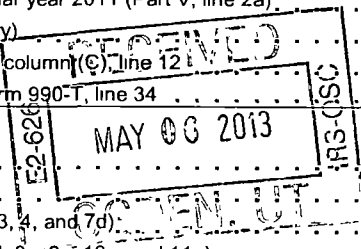
Signature block section with handwritten signatures: Theresse A Seanlan (Officer), Theresse A Seanlan (Preparer), and Julie A. Dee (Preparer). Includes date 5-1-13.

Preparer information section: Preparer's name (JULIE A. DEE), Preparer's signature, Date (4/29/13), Check self-employed, PTIN (P00444307), Firm's name (GRANT THORNTON LLP), Firm's EIN (36-6055558), Firm's address (175 W JACKSON BLVD. STE. 2000 CHICAGO, IL 60604), Phone no (312-856-0200).

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [] No

For Paperwork Reduction Act Notice, see the separate instructions.

SCANNED MAY 17 2013



Handwritten numbers: 917, 16

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission

ATTACHMENT 1

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code _____) (Expenses \$ 5,169,184. including grants of \$ 495,625.) (Revenue \$ 7,313,815.)

INSTRUCTION AND STUDENT SERVICES: RESURRECTION UNIVERSITY PROVIDES HIGHER EDUCATION THROUGH UNDERGRADUATE AND GRADUATE PROGRAMS OF STUDY IN THE HEALTH CARE FIELD. EXPERIENCED FACULTY EMPHASIZES QUALITY TEACHING AND IS DEDICATED TO THE DEVELOPMENT OF INDIVIDUALS INTO KNOWLEDGEABLE, SELF-DIRECTED, RESPONSIVE AND CARING PERSONS. THE STUDENT BODY IS COMPOSED OF 486 MEMBERS. OFFICES SERVICING THE STUDENTS INCLUDE ADMISSIONS, FINANCIAL AID, REGISTRAR, ACADEMIC CENTER FOR EXCELLENCE, LIBRARY, PERSONAL COUNSELING, AND CAREER SERVICES.

4b (Code _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4c (Code _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

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

(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses ► 5,169,184.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows 1-20b detailing various organizational requirements and reporting obligations.

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V.

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 1a through 14b regarding IRS filings and tax compliance.

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

Check if Schedule O contains a response to any question in this Part VI. [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (13), 1b (12), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed IL,
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: MATTHEW HUGHES 1431 N. CLAREMONT CHICAGO, IL 60622 773-252-5310

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

Check if Schedule O contains a response to any question in this Part VII

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BETH A. BROOKS, PH.D. PRESIDENT	40.00	X		X				0	181,292.	10,851.
(2) MARY ANNE KELLY CHAIRPERSON; BOARD MEMBER	1.00	X						0	0	0
(3) SISTER KATHLEEN STADLER VICE CHAIRPERSON; BOARD MEMBER	1.00	X						0	0	0
(4) PATTY THIERRY SHERIDAN BOARD MEMBER	1.00	X						0	0	0
(5) MARGARET MCDERMOTT BOARD MEMBER	1.00	X						0	0	0
(6) ARLENE BLAHA BOARD MEMBER	1.00	X						0	0	0
(7) JIM CROFT, PH.D. BOARD MEMBER	1.00	X						0	0	0
(8) EVELYN DIAZ BOARD MEMBER	1.00	X						0	0	0
(9) SANDRA DIVARCO, J.D. BOARD MEMBER	1.00	X						0	0	0
(10) GREG FREEMAN BOARD MEMBER	1.00	X						0	0	0
(11) PATRICIA MUNOZ-ROCHA BOARD MEMBER	1.00	X						0	0	0
(12) SISTER FRANCESCA ONLEY, PH.D. BOARD MEMBER	1.00	X						0	0	0
(13) ANGELIQUE RICHARD, PH.D. BOARD MEMBER	1.00	X						0	0	0
(14) THERESE SCANLAN, ED.D. CHIEF FINANCIAL OFFICER	40.00			X				0	145,966.	18,589.

Part VIII. Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d	328,349			
	e Government grants (contributions)	1e	44,080			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	78,900			
	g Noncash contributions included in lines 1a-1f \$					
	h Total. Add lines 1a-1f			451,329.		
Program Service Revenue		Business Code				
	2a STUDENT TUITION AND FEES	812900	7,303,933	7,303,933.		
	b TEAS TEST REVENUES	812900	5,110	5,110		
	c OTHER STUDENT REVENUES	812900	4,772.	4,772		
	d _____					
	e _____					
	f All other program service revenue					
	g Total. Add lines 2a-2f			7,313,815		
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		30,900			30,900
	4 Income from investment of tax-exempt bond proceeds		0			
	5 Royalties		16,632			16,632
		(i) Real	(ii) Personal			
	6a Gross rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)			0		
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	105,750				
	b Less cost or other basis and sales expenses	86,630.				
	c Gain or (loss)	19,120				
	d Net gain or (loss)			19,120		19,120
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b Less direct expenses	b				
	c Net income or (loss) from fundraising events			0		
	9a Gross income from gaming activities. See Part IV, line 19	a				
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities			0		
	10a Gross sales of inventory, less returns and allowances	a				
b Less cost of goods sold	b					
c Net income or (loss) from sales of inventory			0			
Miscellaneous Revenue		Business Code				
11a MISCELLANEOUS OTHER	900099		1,895		1,895.	
b _____						
c _____						
d All other revenue						
e Total. Add lines 11a-11d			1,895.			
12 Total revenue. See instructions			7,833,691	7,313,815		
					68,547.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

Check if Schedule O contains a response to any question in this Part IX X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	0			
2 Grants and other assistance to individuals in the United States See Part IV, line 22	495,625.	495,625.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	535,041.	151,679.	383,362.	
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			
7 Other salaries and wages	3,479,498.	2,865,989.	613,509.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	71,461.	58,843.	12,618.	
9 Other employee benefits	365,044.	251,884.	113,160.	
10 Payroll taxes	273,790.	196,523.	77,267.	
11 Fees for services (non-employees)				
a Management	0			
b Legal	168,031.		168,031.	
c Accounting	0			
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	0			
g Other	35,192.		35,192.	
12 Advertising and promotion	269,866.	269,866.		
13 Office expenses	78,605.	21,830.	56,775.	
14 Information technology	356,510.	257,654.	98,856.	
15 Royalties	0			
16 Occupancy	530,018.	424,014.	106,004.	
17 Travel	14,072.	5,960.	8,112.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	20,897.	12,633.	8,264.	
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	44,516.		44,516.	
23 Insurance	0			
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a <u>CENTRALIZED SERVICES</u>	151,410.		151,410.	
b <u>EDUCATIONAL MATERIALS</u>	79,588.	76,158.	3,430.	
c <u>LICENSES, FEES, SUBSCRIPTION</u>	67,321.	40,728.	26,593.	
d <u>LOSS ON DISPOSAL OF PPE</u>	45,435.		45,435.	
e All other expenses	56,833.	39,798.	17,035.	
25 Total functional expenses. Add lines 1 through 24e	7,138,753.	5,169,184.	1,969,569.	
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0			

Part X Balance Sheet

		(A) Beginning of year	(B) End of year
Assets	1 Cash - non-interest-bearing	0 1	17,659.
	2 Savings and temporary cash investments	0 2	0
	3 Pledges and grants receivable, net	0 3	0
	4 Accounts receivable, net	0 4	734,721.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0 5	0
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)	0 6	0
	7 Notes and loans receivable, net	0 7	0
	8 Inventories for sale or use	0 8	0
	9 Prepaid expenses and deferred charges	0 9	57,700.
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	10a 702,585.	
	b Less accumulated depreciation	10b 583,406.	
	11 Investments - publicly traded securities	0 11	0
	12 Investments - other securities. See Part IV, line 11	0 12	0
	13 Investments - program-related. See Part IV, line 11	0 13	0
	14 Intangible assets	0 14	0
	15 Other assets. See Part IV, line 11	0 15	3,704,025.
16 Total assets. Add lines 1 through 15 (must equal line 34)	0 16	4,633,284.	
Liabilities	17 Accounts payable and accrued expenses	0 17	114,033.
	18 Grants payable	0 18	0
	19 Deferred revenue	0 19	1,065,398.
	20 Tax-exempt bond liabilities	0 20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0 21	0
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0 22	0
	23 Secured mortgages and notes payable to unrelated third parties	0 23	0
	24 Unsecured notes and loans payable to unrelated third parties	0 24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0 25	29,201.
	26 Total liabilities. Add lines 17 through 25.	0 26	1,208,632.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
	27 Unrestricted net assets	0 27	1,056,326.
	28 Temporarily restricted net assets	0 28	830,763.
	29 Permanently restricted net assets	0 29	1,537,563.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.		
	30 Capital stock or trust principal, or current funds	30	
	31 Paid-in or capital surplus, or land, building, or equipment fund	31	
	32 Retained earnings, endowment, accumulated income, or other funds	32	
33 Total net assets or fund balances	0 33	3,424,652.	
34 Total liabilities and net assets/fund balances.	0 34	4,633,284.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,833,691.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,138,753.
3	Revenue less expenses Subtract line 2 from line 1	3	694,938.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	0
5	Other changes in net assets or fund balances (explain in Schedule O)	5	2,729,714.
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	3,424,652.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b Were the organization's financial statements audited by an independent accountant?	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	X	
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	X	

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2011

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization

RESURRECTION UNIVERSITY

Employer identification number

36-2182170

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

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

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

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

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2011

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3.						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts 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 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 instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14		%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15		%
16a 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 33 1/3% support test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10%-facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10%-facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2011. 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

b 33 1/3% support tests - 2010. 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

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

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE A

PART IV SUPPLEMENTAL INFORMATION

SCHEDULE A, PART I, LINE 2 REFLECTS THAT THE UNIVERSITY IS A SCHOOL. THE PROGRAM SERVICES PROVIDED BY THE UNIVERSITY WERE PREVIOUSLY PROVIDED BY RESURRECTION HEALTH CARE CORPORATION, THE PARENT OF THE SYSTEM. RESURRECTION HEALTH CARE CORPORATION TRANSFERRED THE PROGRAMS AND RELATED EIN TO THE UNIVERSITY IN 2011.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

Employer identification number

RESURRECTION UNIVERSITY

36-2182170

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply).
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:
- | | Amount |
|---|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIV

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,568,153.				
b Contributions					
c Net investment earnings, gains, and losses	50,020.				
d Grants or scholarships	1,250.				
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	1,616,923.				

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment ▶ _____ %
 - b Permanent endowment ▶ 4.9081 %
 - c Temporarily restricted endowment ▶ 95.0919 %
- The percentages in lines 2a, 2b, and 2c should equal 100%
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | Yes | No |
|---------------------------------------|--------------------------|--------------------------|
| (i) unrelated organizations | <input type="checkbox"/> | X |
| (ii) related organizations | X | <input type="checkbox"/> |
- b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? Yes No
- 4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		702,585.	583,406.	119,179.
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶ 119,179.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total (Column (b) must equal Form 990, Part X, col (B) line 13)		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) DUE FROM AFFILIATE	1,335,699.
(2) POOLED INVESTMENT FUND	2,368,326.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	3,704,025.

Part X Other Liabilities. See Form 990, Part X, line 25

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) SECURITY DEPOSITS	19,783.
(3) STUDENT FUNDS	9,418.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	29,201.

2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	7,833,691.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	7,138,753.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	694,938.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	694,938.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	7,338,066.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	7,338,066.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	495,625.
c	Add lines 4a and 4b	4c	495,625.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	7,833,691.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	6,643,128.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	6,643,128.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	495,625.
c	Add lines 4a and 4b	4c	495,625.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	7,138,753.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

SEE PAGE 5

Part XIV Supplemental Information (continued)

INTENDED USES OF ENDOWMENT FUNDS

SCHEDULE D, PART V, LINE 4

THE INTENDED USE OF THE UNIVERSITY'S ENDOWMENT FUNDS INCLUDE EXPENDING FUNDS TOWARD SCHOLARSHIPS AND EDUCATIONAL ACTIVITIES. THE BEGINNING BALANCE REPORTED IN PART V REPRESENTS THE ENDOWMENT TRANSFERRED, ALONG WITH THE PROGRAM SERVICES, BY RESURRECTION HEALTH CARE CORPORATION.

SUPPLEMENTAL DESCRIPTION - OTHER

SCHEDULE D, PART XII, LINE 4B

SCHOLARSHIP AND GRANT ALLOWANCES	\$495,625
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SUPPLEMENTAL DESCRIPTION - OTHER

SCHEDULE D, PART XIII, LINE 4B

SCHOLARSHIP AND GRANT ALLOWANCES	\$495,625
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FIN 48 FOOTNOTE

PART X

THE UNIVERSITY WAS ORGANIZED AND INCORPORATED IN ILLINOIS AS A NOT-FOR-PROFIT ORGANIZATION IN JUNE 2011. THE UNIVERSITY HAS NOT YET FILED FOR AN INTERNAL REVENUE SERVICE (IRS) DETERMINATION LETTER FOR THEIR SECTION 501(C)(3) STATUS UNDER THE INTERNAL REVENUE CODE OF 1986 (THE IRC). HOWEVER THE UNIVERSITY PLANS TO FILE FOR EXEMPTION WITHIN THE 27 MONTH ALLOTTED PERIOD GRANTED BY THE IRS. PURSUANT TO THESE REGULATIONS, THE UNIVERSITY MAY CONDUCT ITSELF AS A TAX-EXEMPT ORGANIZATION PURSUANT TO THE IRC. THE UNIVERSITY TREATS ITS ACTIVITIES AS EXEMPT EXCEPT FOR TAXES RELATING TO UNRELATED BUSINESS INCOME. THE

Part XIV. Supplemental Information (continued)

FINANCIAL ACCOUNTING STANDARDS BOARD ISSUED GUIDANCE THAT REQUIRES TAX EFFECTS FROM UNCERTAIN TAX POSITION TO BE RECOGNIZED IN THE FINANCIAL STATEMENTS ONLY IF THE POSITION IS MORE LIKELY THAN NOT TO BE SUSTAINED IF THE POSITION WERE TO BE CHALLENGED BY A TAXING AUTHORITY. MANAGEMENT HAS DETERMINED THERE ARE NO MATERIAL UNCERTAIN POSITIONS THAT REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS. AS THE UNIVERSITY'S FIRST FILING YEAR FOR BOTH THE FEDERAL AND STATE PURPOSES, THERE ARE NO OPEN TAX YEARS.*

*THE DISCLOSURE ABOVE MATCHES THE TEXT OF THE FOOTNOTE INCLUDED IN THE UNIVERSITY'S FINANCIAL STATEMENTS FOR THE TAX YEAR. HOWEVER, UPON GATHERING INFORMATION FOR THIS RETURN FILING, THE UNIVERSITY DETERMINED THAT IT IS INCLUDED IN A GROUP EXEMPTION AND IS CURRENTLY EXEMPT UNDER IRC SECTION 501(C)(3). ADDITIONALLY, ALTHOUGH THE ORIGINAL NOTE INDICATES THE UNIVERSITY WAS ORGANIZED IN JUNE 2011, THE EFFECTIVE DATE OF THE ORGANIZATION IS JULY 1, 2011, PER ITS ORGANIZATIONAL DOCUMENTS.

**SCHEDULE E
(Form 990 or 990-EZ)**

Schools

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization
RESURRECTION UNIVERSITY

Employer identification number
36-2182170

Part I

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

Part II **Supplemental Information.** Complete this part to provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also complete this part to provide any other additional information (see instructions).

PUBLICATION OF RACIALLY NONDISCRIMINATORY POLICY

SCHEDULE E, PART I, LINE 3

THE UNIVERSITY'S POLICY IS THAT OF NON-DISCRIMINATION OF THE PUBLIC SERVED BY THE INSTITUTION AND WITH RESPECT TO THE UNIVERSITY'S PERSONNEL.

ADVERTISEMENTS, PUBLICATIONS, BROCHURES, APPLICATIONS FOR ADMISSIONS, ETC., CONTAIN A STATEMENT TO THE EFFECT THAT THE UNIVERSITY COMPLIES WITH THE FEDERAL NON-DISCRIMINATION REGULATIONS, AND THEREBY DOES NOT DISCRIMINATE ON THE BASIS OF RACE, GENDER, RELIGION, COLOR, NATIONAL ORIGIN, AGE, SEXUAL ORIENTATION, OR HANDICAP DISABILITY.

GOVERNMENT ASSISTANCE

SCHEDULE E, PART I, LINE 6A

THE UNIVERSITY APPLIES FOR AND RECEIVES EDUCATIONAL GRANTS, AS APPROVED ON A CASE BY CASE BASIS, FROM FEDERAL AND STATE AGENCIES. THE UNIVERSITY ALSO PARTICIPATES ANNUALLY IN FEDERAL AND STATE FINANCIAL AID PROGRAMS, SPECIFICALLY PELL, FEDERAL DIRECT LOANS, AND VARIOUS STATE OF ILLINOIS SCHOLARSHIP AND GRANT PROGRAMS FOR QUALIFIED STUDENTS (I.E., IL MAP). THE GRANTS AND LOANS ARE REPORTED IN THE UNIVERSITY'S A-133 SINGLE AUDIT.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service
Name of the organization

RESURRECTION UNIVERSITY

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

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

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Employer identification number

36-2182170

Part I General information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

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

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

Schedule I (Form 990) (2011)

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

1	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1	PRESIDENTS SCHOLARSHIP AWARD	209	352,375.			
2	RES U NEEDS AWARDS	52	143,250			
3						
4						
5						
6						
7						

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

PROCEDURE FOR MONITORING USE OF GRANT FUNDS INSIDE U.S.

SCHEDULE I, PART I, LINE 2

THE UNIVERSITY PROVIDES SCHOLARSHIPS TO STUDENTS MATRICULATING THROUGH ITS PROGRAMS. ALL FUNDS ARE DIRECTLY APPLIED TO A STUDENT'S TUITION. THE FUNDS ARE REQUIRED TO DEFRAY THE COST OF TUITION AND NO STUDENT MAY USE THE FUNDS FOR OTHER THAN EDUCATIONAL PURPOSES. SINCE THE STUDENTS HAVE NO DISCRETION IN THE USE OF THE FUNDS, THE UNIVERSITY DOES NOT MONITOR THE GRANTS ONCE ISSUED.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990 ▶ See separate instructions

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization

RESURRECTION UNIVERSITY

Employer identification number

36-2182170

Part I Questions Regarding Compensation

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

- First-class or charter travel
- Travel for companions
- Tax indemnification and gross-up payments
- Discretionary spending account

- Housing allowance or residence for personal use
- Payments for business use of personal residence
- Health or social club dues or initiation fees
- Personal services (e.g., maid, chauffeur, chef)

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

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

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

- Compensation committee
- Independent compensation consultant
- Form 990 of other organizations
- Written employment contract
- Compensation survey or study
- Approval by the board or compensation committee

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

- a** Receive a severance payment or change-of-control payment?
 - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
 - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

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

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

- a** The organization?
 - b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III

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

- a** The organization?
 - b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III

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

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

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

	Yes	No
1b		
2		
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2011

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

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

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 BETH A. BROOKS, PH.D.	(i) 0	(ii) 0	(iii) 0	0	0	0	0
	(ii) 174,992.	0	6,300.	10,500.	351.	192,143.	0
2 THERESE SCANLAN, ED.D.	(i) 0	(ii) 0	(iii) 0	0	0	0	0
	(ii) 145,966.	0	0	7,298.	11,291.	164,555.	0
3	(i) -----	(ii) -----	(iii) -----	-----	-----	-----	-----
	(ii) -----	-----	-----	-----	-----	-----	-----
4	(i) -----	(ii) -----	(iii) -----	-----	-----	-----	-----
	(ii) -----	-----	-----	-----	-----	-----	-----
5	(i) -----	(ii) -----	(iii) -----	-----	-----	-----	-----
	(ii) -----	-----	-----	-----	-----	-----	-----
6	(i) -----	(ii) -----	(iii) -----	-----	-----	-----	-----
	(ii) -----	-----	-----	-----	-----	-----	-----
7	(i) -----	(ii) -----	(iii) -----	-----	-----	-----	-----
	(ii) -----	-----	-----	-----	-----	-----	-----
8	(i) -----	(ii) -----	(iii) -----	-----	-----	-----	-----
	(ii) -----	-----	-----	-----	-----	-----	-----
9	(i) -----	(ii) -----	(iii) -----	-----	-----	-----	-----
	(ii) -----	-----	-----	-----	-----	-----	-----
10	(i) -----	(ii) -----	(iii) -----	-----	-----	-----	-----
	(ii) -----	-----	-----	-----	-----	-----	-----
11	(i) -----	(ii) -----	(iii) -----	-----	-----	-----	-----
	(ii) -----	-----	-----	-----	-----	-----	-----
12	(i) -----	(ii) -----	(iii) -----	-----	-----	-----	-----
	(ii) -----	-----	-----	-----	-----	-----	-----
13	(i) -----	(ii) -----	(iii) -----	-----	-----	-----	-----
	(ii) -----	-----	-----	-----	-----	-----	-----
14	(i) -----	(ii) -----	(iii) -----	-----	-----	-----	-----
	(ii) -----	-----	-----	-----	-----	-----	-----
15	(i) -----	(ii) -----	(iii) -----	-----	-----	-----	-----
	(ii) -----	-----	-----	-----	-----	-----	-----
16	(i) -----	(ii) -----	(iii) -----	-----	-----	-----	-----
	(ii) -----	-----	-----	-----	-----	-----	-----

Part III Supplemental Information

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

SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN

SCHEDULE J, PART I, LINE 4B

BETH BROOKS, PRESIDENT - CONTRIBUTION MADE FOR NONQUALIFIED RETIREMENT

457(F) PLAN IN THE AMOUNT OF \$ 6,300

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

RESURRECTION UNIVERSITY

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

**Open to Public
Inspection**

Employer identification number

36-2182170

SIGNIFICANT CHANGE TO PROGRAM SERVICES

FORM 990 PART III LINES 2 AND 3

PRIOR TO JULY 1, 2011, THE PROGRAM SERVICES REPORTED IN PART III WERE PROVIDED BY RESURRECTION HEALTH CARE CORPORATION, THE PARENT OF THE SYSTEM. RESURRECTION UNIVERSITY (UNIVERSITY) WAS ESTABLISHED AS A SEPARATE ORGANIZATION ON JULY 1, 2011. UPON ORGANIZATION OF UNIVERSITY, RESURRECTION HEALTH CARE CORPORATION TRANSFERRED THE EIN AND PROGRAM SERVICES.

STATEMENTS REGARDING OTHER IRS FILINGS

FORM 990 PART V LINES 1 AND 2

COMPENSATION FOR UNIVERSITY WAS PAID AND REPORTED BY RESURRECTION HEALTH CARE CORPORATION, A COMMON PAYMASTER. DUE TO THE TRANSFER OF PROGRAM SERVICES AND EMPLOYEES, THE UNIVERSITY WAS NOT ABLE TO GATHER INFORMATION TO PROPERLY REPORT THE NUMBER OF EMPLOYEES AND FORMS REPORTED FOR PURPOSES OF PART V. UNIVERSITY WILL PROVIDE SUCH INFORMATION ON FUTURE YEAR TAX FILINGS.

GOVERNING BODY

FORM 990, PART VI, LINE 1A

THE UNIVERSITY BOARD MAY, BY RESOLUTION, CREATE OR ELIMINATE CERTAIN COMMITTEES, WHETHER STANDING OR SPECIAL, AS IT SHALL DEEM DESIRABLE FROM TIME TO TIME. STANDING COMMITTEES SHALL MEET AS NEEDED AND PRESENT THEIR REPORTS AND/OR RECOMMENDATIONS AT THE NEXT SCHEDULED UNIVERSITY BOARD

Name of the organization

RESURRECTION UNIVERSITY

Employer identification number

MEETING. A RECORD OF THEIR PROCEEDINGS SHALL BE MAINTAINED. SPECIAL COMMITTEES MAY BE CREATED FOR SPECIFIC PURPOSES AND SHALL TERMINATE WHEN THEIR PURPOSES HAVE BEEN ACCOMPLISHED. INDIVIDUALS WHO ARE NOT DIRECTORS MAY BE COMMITTEE MEMBERS (EXCEPT THAT THE EXECUTIVE COMMITTEE MUST BE COMPOSED ENTIRELY OF DIRECTORS), AS LONG AS A MAJORITY OF THE MEMBERS OF ANY COMMITTEE AUTHORIZED TO EXERCISE DELEGATED BOARD POWERS ARE DIRECTORS; PROVIDED, HOWEVER, THAT THE NOMINATING COMMITTEE MAY BE COMPOSED ENTIRELY OF NON-DIRECTORS.

EACH UNIVERSITY BOARD COMMITTEE SHALL HAVE AND MAY EXERCISE SUCH POWERS AND AUTHORITY OF THE UNIVERSITY BOARD AS ARE SPECIFIED HEREIN, OR IN UNIVERSITY BOARD RESOLUTION OR UNIVERSITY BOARD-APPROVED COMMITTEE CHARTER, EXCEPT AS PROHIBITED BY THE ILLINOIS NOT FOR PROFIT CORPORATION ACT. THE DESIGNATION OF SUCH COMMITTEES AND THE DELEGATION OF AUTHORITY THERETO SHALL NOT RELIEVE THE UNIVERSITY BOARD OR ANY INDIVIDUAL DIRECTOR OF ANY RESPONSIBILITY IMPOSED BY LAW IN CONNECTION WITH THE OPERATION AND THE ACTIVITIES OF THE UNIVERSITY. NO UNIVERSITY BOARD COMMITTEE SHALL HAVE OR MAY EXERCISE ANY POWER OR AUTHORITY THAT IS NOT EXERCISABLE BY THE UNIVERSITY BOARD.

THE UNIVERSITY BOARD SHALL ANNUALLY APPOINT AN EXECUTIVE COMMITTEE OF AT LEAST FIVE (5) DIRECTORS, INCLUDING THE UNIVERSITY BOARD CHAIRPERSON, THE UNIVERSITY PRESIDENT AND AT LEAST THREE (3) OTHER DIRECTORS. THE EXECUTIVE COMMITTEE MUST BE COMPOSED ENTIRELY OF DIRECTORS. THE BOARD CHAIRPERSON SHALL SERVE AS THE CHAIRPERSON OF THE EXECUTIVE COMMITTEE. THE EXECUTIVE COMMITTEE SHALL SERVE DURING PERIOD WHEN THE UNIVERSITY BOARD IS NOT IN SESSION. THE EXECUTIVE COMMITTEE IS AUTHORIZED TO TAKE

Name of the organization

RESURRECTION UNIVERSITY

Employer identification number

SUCH ACTION AS MAY BE NECESSARY ON BEHALF OF THE UNIVERSITY, EXCEPT TO THE EXTENT PROHIBITED BY APPLICABLE LAW, THE ARTICLES OF INCORPORATION OR THESE BYLAWS.

MEMBERS AND STOCKHOLDERS

FORM 990, PART VI, LINE 6

THE UNIVERSITY SHALL HAVE ONE MEMBER, WHICH SHALL BE THE SYSTEM PARENT (THE "MEMBER"). NEW MEMBERS MAY BE ADMITTED ONLY BY THE WRITTEN CONSENT OF THE SOLE MEMBER.

MEMBERS AND STOCKHOLDERS WHO MAY ELECT

FORM 990, PART VI, LINE 7A

THE ANNUAL MEETING OF THE MEMBER, FOR THE PURPOSE OF APPROVING THE ELECTION OF THE DIRECTORS OF THE UNIVERSITY OF THE BOARD AND THE TRANSACTION OF SUCH OTHER BUSINESS AS SHALL PROPERLY COME BEFORE THE MEMBER, SHALL BE HELD AT SUCH DATE, TIME, AND PLACE AS SHALL BE DETERMINED BY THE CHAIRPERSON OF THE MEMBER, OR ON SUCH OTHER DATE, AND AT SUCH TIME AND PLACE, AS IS DETERMINED IN ACCORDANCE WITH THE MEMBER'S BYLAWS OR BY RESOLUTION OF THE MEMBER'S BOARD OF DIRECTORS (THE "MEMBER BOARD"). THE MEMBER SHALL ACT HEREUNDER BY DULY AUTHORIZED RESOLUTION OF THE MEMBER BOARD AT A MEETING, OR BY UNANIMOUS WRITTEN CONSENT WITHOUT A MEETING, OR TO THE EXTENT PERMITTED BY THE MEMBER'S BYLAWS AND THE ILLINOIS NOT FOR PROFIT CORPORATION ACT, BY DULY AUTHORIZED RESOLUTION OR UNANIMOUS WRITTEN CONSENT OF THE EXECUTIVE COMMITTEE OF THE MEMBER, PROVIDED THAT THE MEMBER BOARD, BY RESOLUTION, MAY DELEGATE TO THE PRESIDENT OF THE MEMBER THE AUTHORITY TO APPROVE CERTAIN ACTIONS

Name of the organization

RESURRECTION UNIVERSITY

Employer identification number

CONSISTENT WITH THE MEMBER BOARD'S DELEGATION AUTHORITY UNDER THE MEMBER'S BYLAWS AND STATE LAW. ACTIONS BY THE MEMBER SHALL BE DOCUMENTED IN THE MEMBER'S MINUTE BOOK, AND COMMUNICATED BY THE MEMBER'S PRESIDENT OR SECRETARY TO THE UNIVERSITY PRESIDENT.

RESTRICTION OF AUTHORITY

FORM 990, PART VI, LINE 7B

THE UNIVERSITY BOARD SHALL NOT BE AUTHORIZED TO ACT IN CONNECTION WITH THE FOLLOWING WITHOUT THE APPROVAL OF THE MEMBER: ACQUISITION OF CAPITAL ASSETS NOT INCLUDED IN THE ANNUAL CAPITAL BUDGET REQUIRED PURSUANT TO SECTION 7.7 PER THE BYLAWS; THE APPROVAL OF A SALE OF SIGNIFICANT ASSETS, A MERGER, CONSOLIDATION, REORGANIZATION, DISSOLUTION, OR LIQUIDATION WITH RESPECT TO THE UNIVERSITY, PROVIDED THAT FOR PURPOSES OF THIS SECTION 3.3, "SIGNIFICANT ASSETS" SHALL MEAN ASSETS WHICH ARE NECESSARY FOR THE OPERATIONS OF THE UNIVERSITY, UNLESS SUCH ASSETS ARE SOLD IN THE ORDINARY COURSE OF BUSINESS, PURSUANT TO APPROVED BUDGETS, OR REPLACED WITH SUBSTANTIALLY SIMILAR ASSETS; THE INCURRENCE OF ANY INDEBTEDNESS OR MODIFICATION OF ANY EXISTING DEBT FACILITY; PROVIDED, HOWEVER, THE UNIVERSITY MAY ENTER INTO OPERATING LEASES IN THE ORDINARY COURSE OF BUSINESS FROM TIME TO TIME WITHOUT THE CONSENT OF THE MEMBER; INVEST IN OR ACQUIRE ANY DEBT OR EQUITY SECURITIES ISSUED BY A THIRD PARTY, OTHER THAN INVESTMENTS WITHIN THE GUIDELINES OF THE INVESTMENT POLICY ESTABLISHED FOR THE UNIVERSITY CONSISTENT WITH THE SOCIAL RESPONSIBILITY AND GENERAL PRUDENT INVESTMENT GUIDELINES FOR ALL MEMBER'S AFFILIATE CORPORATIONS AND ROUTINE INVESTMENT OF EXCESS CASH OR RESERVES; AMEND THE ARTICLES OF INCORPORATION OF THE UNIVERSITY; SET UP A SUBSIDIARY OF THE

Name of the organization

RESURRECTION UNIVERSITY

Employer identification number

UNIVERSITY OR OTHERWISE ENTER INTO A JOINT VENTURE WITH AN UNRELATED THIRD PARTY, OR INVEST IN OR OWN ALL OR A PORTION OF THE SHARES, SECURITIES, OR EQUITY INTEREST IN ANOTHER ENTITY; SELECT OR MODIFY ANY BUSINESS NAME OR LOGO OF THE UNIVERSITY, INCLUDING ANY D/B/A NAMES; OR TAKE ANY ACTION NOT IN THE ORDINARY COURSE OF THE UNIVERSITY'S BUSINESS OR ANY ACTION THAT MAY ADVERSELY IMPACT ANY OF THE MEMBER'S RIGHTS AS A MEMBER OF THE UNIVERSITY, WHETHER PURSUANT TO THE ILLINOIS NOT FOR PROFIT CORPORATION ACT OR UNDER THESE BYLAWS.

FORM 990 REVIEW PROCESS

FORM 990, PART VI, LINE 11B

PRIOR TO FILING THE FORM 990, IT WAS REVIEWED AND APPROVED BY THE UNIVERSITY'S FINANCE, AUDIT, AND COMPLIANCE COMMITTEE. THE REVIEW INVOLVED AN IN-DEPTH PRESENTATION BY UNIVERSITY STAFF TO THE COMMITTEE. THE COMMITTEE ALSO REVIEWED THE OVERALL ACCURACY AND COMPLETENESS OF THE FORM 990. PRIOR TO FILING THE FORM 990, THE DRAFT RETURN WAS PROVIDED TO THE REMAINING VOTING MEMBERS OF THE UNIVERSITY'S GOVERNING BODY. THEY REVIEWED THE DRAFT RETURN FOR OVERALL ACCURACY AND COMPLETENESS. THE PRESIDENT AND CFO ALSO REVIEWED THE FORM 990 FOR OVERALL ACCURACY AND COMPLETENESS.

DISCLOSURE OF INTEREST

FORM 990, PART VI, LINE 12C

ANY DIRECTOR, OFFICER, COMMITTEE MEMBER, OR EMPLOYEE WHO HAS A FINANCIAL OR PERSONAL INTEREST IN A CONTRACT OR OTHER TRANSACTION PRESENTED TO THE UNIVERSITY BOARD OR A COMMITTEE THEREOF, OR TO THE UNIVERSITY PRESIDENT

Name of the organization

RESURRECTION UNIVERSITY

Employer identification number

OR OTHER AUTHORIZED OFFICER FOR AUTHORIZATION, APPROVAL, OR RATIFICATION, SHALL MAKE A PROMPT AND FULL DISCLOSURE OF SUCH INTEREST TO SUCH AUTHORIZING BODY OR OFFICER PRIOR TO SUCH A BODY'S OR OFFICER'S FORMAL CONSIDERATION OF AND ACTION ON SUCH CONTRACT OR TRANSACTION. SUCH DISCLOSURE SHALL INCLUDE ANY RELEVANT AND MATERIAL FACTS KNOWN TO SUCH PERSON ABOUT THE CONTRACT OR TRANSACTION WHICH MIGHT REASONABLY BE CONSTRUED TO BE ADVERSE TO THE UNIVERSITY'S INTEREST. IF THE DISCLOSURE IS MADE TO THE UNIVERSITY BOARD OR A COMMITTEE THEREOF BY A UNIVERSITY BOARD OR COMMITTEE MEMBER, SUCH BODY SHALL DETERMINE, BY A MAJORITY VOTE (AT A MEETING AT WHICH THE PERSON WITH THE POTENTIAL CONFLICT IS NOT PRESENT, EXCEPT TO THE EXTENT NECESSARY TO RESPOND TO QUESTIONS REGARDING THE POTENTIAL CONFLICT AND DOES NOT VOTE), WHETHER THE DISCLOSURE SHOWS THAT A CONFLICT OF INTEREST EXISTS OR MAY REASONABLY BE CONSTRUED TO EXIST. IF A CONFLICT IS DEEMED TO EXIST THE DIRECTOR OR COMMITTEE MEMBER HAVING THE CONFLICT SHALL NOT VOTE ON, NOR USE HIS OR HER PERSONAL INFLUENCE ON, NOR BE PRESENT OR OTHERWISE PARTICIPATE IN, THE DISCUSSIONS OR DELIBERATIONS WITH RESPECT TO SUCH CONTRACT OR TRANSACTION. SUCH PERSON SHALL NOT BE COUNTED IN DETERMINING THE EXISTENCE OF A QUORUM AT ANY MEETING WHERE THE CONTRACT OR TRANSACTION IS UNDER DISCUSSION. THE MINUTES OF THE MEETING SHALL REFLECT THE DISCLOSURE MADE, ANY VOTE THEREON AND, WHERE APPLICABLE, THE ABSTENTION FROM VOTING AND PARTICIPATION, AND WHETHER A QUORUM WAS PRESENT. EACH DIRECTOR, COMMITTEE MEMBER, OFFICER, AND KEY EMPLOYEE OF THE UNIVERSITY SHALL COMPLETE AN ANNUAL DISCLOSURE FORM AS MAY BE ADOPTED FROM TIME TO TIME BY THE UNIVERSITY BOARD, FOR THE PURPOSE OF DISCLOSING ANY INTEREST OF SUCH

Name of the organization

Employer identification number

RESURRECTION UNIVERSITY

INDIVIDUAL IN ANY CONTRACT TO WHICH THE UNIVERSITY IS A PARTY OR IN ANY TRANSACTION, BUSINESS RELAITONSHIP, OR OTHER MATTER IN WHICH THE UNIVERSITY IS INVOLVED.

DOCUMENTS AVAILABLE TO PUBLIC

FORM 990, PART VI, LINE 19

NO DOCUMENTS ARE MADE AVAILABLE.

BALANCE SHEET

FORM 990, PART XI, LINE 5

TRANSFER OF ASSETS FROM AFFILIATES: \$2,729,714

ATTACHMENT 1FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THE UNIVERSITY IS ORGANIZED TO OPERATE EXCLUSIVELY FOR CHARITABLE, RELIGIOUS, SCIENTIFIC, AND EDUCATIONAL PURPOSES. THE UNIVERSITY'S PURPOSES ARE TO BE CARRIED OUT CONSISTENTLY WITH THE ETHICAL AND RELIGIOUS DIRECTIVES FOR CATHOLIC HEALTH CARE SERVICES, AS PROMULGATED FROM TIME TO TIME BY THE LOCAL ARCHBISHOP (THE "ETHICAL AND RELIGIOUS DIRECTIVES"). THE PURPOSES OF THE UNIVERSITY INCLUDE, BUT ARE NOT LIMITED TO: A) ESTABLISH, MAINTAIN, OPERATE, SUPPORT AN ACCREDITED, DEGREE-GRANTING INSTITUTION IN THE FIELD OF NURSING, AND OTHER HEALTH SCIENCES AND HEALTH CARE RELATED FIELDS; B) FACILITATE ACADEMIC EXCELLENCE AND CLINICAL COMPETENCE THROUGH GENERAL, NURSING AND OTHER HEALTH SCIENCES AND RELATED EDUCATION AND TRAINING, C) PREPARE GRADUATES TO UTILIZE THEORETICAL KNOWLEDGE AND SKILLS MEETING THE NEEDS OF INDIVIDUALS AND GROUPS IN VARIOUS HEALTH SETTINGS AND TO BECOME RESPONSIBLE HEALTH CARE PROFESSIONALS WHO EXEMPLIFY THE

Name of the organization

RESURRECTION UNIVERSITY

Employer identification number

ATTACHMENT 1 (CONT'D)FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

HIGHEST LEGAL, ETHICAL AND PROFESSIONAL STANDARDS, D) SERVE AS A RESOURCE AND TRAINING FACILITY FOR EDUCATIONAL PROGRAMMING TO SUPPORT THE GROWTH AND DEVELOPMENT OF EMPLOYEES OF THE HEALTH SYSTEM ENTITIES AFFILIATED WITH THE UNIVERSITY AND ITS MEMBER, E) EMPLOY FACULTY AND STAFF WHO ARE ACADEMICALLY AND EXPERIENTIALLY QUALIFIED AND WHO MAINTAIN EXPERTISE APPROPRIATE TO TEACHING SERVICE AND SCHOLARLY ACTIVITIES, F) ENSURE ACADEMIC EXCELLENCE THROUGH ON-GOING EVALUATION OF ITS OPERATIONS, G) PROMOTE RESEARCH RELATED IN HEALTH SCIENCES, H) PROVIDE FINANCIAL ASSISTANCE TO STUDENTS AND OTHERS BASED ON FINANCIAL NEED, WITHIN THE MEANS OF THE UNIVERSITY, I) PROMOTE AND PARTICIPATE IN AREA-WIDE HEALTH EDUCATION PLANNING AND IN THE EFFECTIVE DELIVERY OF NURSING AND OTHER HEALTH SCIENCES EDUCATION SERVICES, AND MAINTAIN APPROPRIATE RELATIONSHIPS WITH THE COMMUNITY, J) FACILITATE OPPORTUNITIES FOR STUDENTS AND FACULTY TO PARTICIPATE IN COMMUNITY ACTIVITIES FOSTERING AN APPRECIATION OF COMMUNITY INVOLVEMENT, K) RECEIVE CONTRIBUTIONS OR GRANTS FROM ANY AND ALL SOURCES TO BE USED IN FURTHERING THE FOREGOING PURPOSES, L) ACT CONSISTENTLY WITH AND IN SUPPORT OF THE MISSION AND VALUES OF THE HEALTH SYSTEM, M) ENGAGE IN AND DO ANY LAWFUL ACT CONCERNING ANY AND ALL LAWFUL BUSINESS FOR WHICH A NOT FOR PROFIT CORPORATION MAY BE ORGANIZED UNDER THE LAWS OF ILLINOIS.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

RESURRECTION UNIVERSITY

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047

2011

Open to Public
Inspection

Employer identification number
36-2182170

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

	(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
(1)	-----					
(2)	-----					
(3)	-----					
(4)	-----					
(5)	-----					
(6)	-----					

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

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
							Yes	No
(1)	RESURRECTION HEALTH CARE CORP 7435 WEST TALCOTT AVENUE CHICAGO, IL 60631 36-2235165	HEALTHCARE	IL	501 (C) (3)	03	PRHN		X
(2)	-----							
(3)	-----							
(4)	-----							
(5)	-----							
(6)	-----							
(7)	-----							

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

Schedule R (Form 990) 2011

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity
b Gift, grant, or capital contribution to related organization(s)
c Gift, grant, or capital contribution from related organization(s)
d Loans or loan guarantees to or for related organization(s)
e Loans or loan guarantees by related organization(s)
f Sale of assets to related organization(s)
g Purchase of assets from related organization(s)
h Exchange of assets with related organization(s)
i Lease of facilities, equipment, or other assets to related organization(s)
j Lease of facilities, equipment, or other assets from related organization(s)
k Performance of services or membership or fundraising solicitations for related organization(s)
l Performance of services or membership or fundraising solicitations by related organization(s)
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
n Sharing of paid employees with related organization(s)
o Reimbursement paid to related organization(s) for expenses
p Reimbursement paid by related organization(s) for expenses
q Other transfer of cash or property to related organization(s)
r Other transfer of cash or property from related organization(s)

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

Table with 4 columns: (a) Name of other organization, (b) Transaction type (a-f), (c) Amount involved, (d) Method of determining amount involved. Rows 1-6.

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

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

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

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box [X]
If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form)
Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

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

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

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

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

Form fields for Name of exempt organization (RESURRECTION UNIVERSITY), Employer identification number (EIN) (36-2182170), and City, town or post office, state, and ZIP code (OAK PARK, IL 60302).

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

Table with 4 columns: Application Is For, Return Code, Application Is For, Return Code. Rows include Form 990, Form 990-BL, Form 990-EZ, Form 990-PF, Form 990-T (sec 401(a) or 408(a) trust), and Form 990-T (trust other than above).

The books are in the care of MATTHEW HUGHES
Telephone No 708 763-2221 FAX No 708 763-1531

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

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 02/15, 2013, to file the exempt organization return for the organization named above. The extension is for the organization's return for [] calendar year 20 or [X] tax year beginning 07/01, 2011, and ending 06/30, 2012

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

Table with 3 columns: Description, 3a \$, 3b \$, 3c \$. Rows include tentative tax, refundable credits, and balance due.

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

If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Form section for filer information including Name of exempt organization (RESURRECTION UNIVERSITY), Employer identification number (EIN) (36-2182170), and address (3 ERIE COURT, OAK PARK, IL 60302).

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

Table with 4 columns: Application Is For, Return Code, Application Is For, Return Code. Rows include Form 990, Form 990-BL, Form 990-EZ, Form 990-PF, Form 990-T (sec. 401(a) or 408(a) trust), and Form 990-T (trust other than above).

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

The books are in the care of MATTHEW HUGHES. Telephone No 773 252-5310 FAX No 773 227-5134

If the organization does not have an office or place of business in the United States, check this box

If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for

I request an additional 3-month extension of time until 05/15, 20 13

For calendar year, or other tax year beginning 07/01, 20 11, and ending 06/30, 20 12

If the tax year entered in line 5 is for less than 12 months, check reason Initial return Final return Change in accounting period

State in detail why you need the extension ADDITIONAL TIME IS REQUESTED TO GATHER THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.

Table with 3 rows: 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions 8a \$; 8b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 8b \$; 8c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions 8c \$

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature [Handwritten Signature] Title CPA Date 1/25/13 Form 8868 (Rev 1-2012)