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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2011

Open to Public Inspection

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

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
LIFE UNIVERSITY INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
1269 BARCLAY CIRCLE

City or town, state or country, and ZIP + 4
MARIETTA, GA 30060

D Employer identification number
58-1216007

E Telephone number
(770)426-2884

G Gross receipts $ 53,315,639

F Name and address of principal officer
WILLIAM D JARR
1269 BARCLAY CIRCLE
MARIETTA,GA 30060

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW LIFE EDU

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1974

M State of legal domicile GA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
LIFE UNIVERSITY IS A NOT FOR PROFIT EDUCATIONAL INSTITUTION

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	15
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	15
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	853
6	Total number of volunteers (estimate if necessary)	**6**	250
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	2,145,948	699,262
	9 Program service revenue (Part VIII, line 2g)	45,050,911	48,745,296
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	145,795	190,836
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,750,386	3,487,748
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	50,093,040	53,123,142
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,311,750	2,372,038
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	24,252,497	26,265,624
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶609,640		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	23,015,533	25,004,501
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	49,579,780	53,642,163
	19 Revenue less expenses Subtract line 18 from line 12	513,260	-519,021

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	115,767,530	114,406,553
	21 Total liabilities (Part X, line 26)	73,914,903	73,194,909
	22 Net assets or fund balances Subtract line 21 from line 20	41,852,627	41,211,644

Part II Signature Block

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

Sign Here

****** | 2013-05-01
Signature of officer | Date

WILLIAM D JARR EXECUTIVE VICE PRESIDENT OF FINANCE
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ROBERT J DREKER	Date	Check if self-employed ☐	Preparer's taxpayer identification number (see instructions) P00171625
Firm's name (or yours if self-employed), address, and ZIP + 4: CBIZ MHM LLC, 1675 N MILITARY TRAIL FIFTH FLOOR, BOCA RATON, FL 33486			EIN ▶ 34-1900735; Phone no ▶ (561) 994-5050

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

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

SEE SCHEDULE O

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 $ 21,423,308 including grants of $ 1,692,264) (Revenue $ 39,959,522)

COLLEGE OF CHIROPRACTICSEE SCHEDULE O

4b (Code) (Expenses $ 6,304,871 including grants of $ 471,699) (Revenue $ 7,915,524)

COLLEGE OF UNDERGRADUATE STUDIESSEE SCHEDULE O

4c (Code) (Expenses $ 1,163,132 including grants of $ 90,316) (Revenue $ 870,250)

MASTERS DEGREE PROGRAMSSEE SCHEDULE O

(Code) (Expenses $ 4,480,524 including grants of $ 117,759) (Revenue $ 715,494)

RESEARCHSEE SCHEDULE O

4d Other program services (Describe in Schedule O)

(Expenses $ 4,480,524 including grants of $ 117,759) (Revenue $ 715,494)

4e **Total program service expenses** ▶ $ 33,371,835

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	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		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		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		No
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, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		No
13	Is the organization a school 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 United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, 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 U S ? *If "Yes," complete Schedule F, Part II and IV*	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 U S ? *If "Yes," complete Schedule F, Part III and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States 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 of grants and other assistance to individuals in the United States 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, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *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 line 25*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
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**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
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**		No
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? *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, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
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? *If "Yes," complete Schedule L, Part IV*	**28a**	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
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 owner? *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**	Yes	
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? *If "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 sections 301 7701-2 and 301 7701-3? *If "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**		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	**35a**		No
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)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
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	**38**	Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**1a**	79		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			**1c**		
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	**2a**	853		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b**	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**3a**		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			**3b**		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?			**4a**	Yes	
b	If "Yes," enter the name of the foreign country ▶ CS , CH See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			**8**		No
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			**9a**		No
b	Did the organization make a distribution to a donor, donor advisor, or related person?			**9b**		No
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	**11a**				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state			**13a**		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**				
c	Enter the aggregate amount of reserves on hand	**13c**				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**		

Part VI **Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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 . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	15		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	15		
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 governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .		5		No
6	Did the organization have members or stockholders?		6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		No

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ GA

18 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 made these available Check all that apply

☐ Own website ☑ Another's website ☑ Upon request

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 See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

WILLIAM D JARR
1269 BARCLAY CIRCLE
MARIETTA, GA 30060
(770) 426-2623

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, and **current** key employees 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, 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

☐ Check this box if neither the organization nor any related organizations compensated any current or former 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) HENRY COUSINEAU TRUSTEE	2 00	X						0	0	0
(2) SHAWN FERGUSON TRUSTEE	2 00	X						0	0	0
(3) KEVIN FOGERTY TRUSTEE	2 00	X						0	0	0
(4) SHARON GORMAN TRUSTEE	2 00	X						0	0	0
(5) R JAMES GREGG TRUSTEE	2 00	X						0	0	0
(6) JAY HANDT TRUSTEE	2 00	X						0	0	0
(7) J PETER HEFFERNAN TRUSTEE	2 00	X						0	0	0
(8) MARC HUDSON TRUSTEE	2 00	X						0	0	0
(9) THOMAS KLAPP TRUSTEE	2 00	X						0	0	0
(10) JOSEPH LUPO TRUSTEE	2 00	X						0	0	0
(11) RHONDA NEWTON TRUSTEE	2 00	X						0	0	0
(12) KENNETH NIX TRUSTEE	2 00	X						0	0	0
(13) RANDOLPH O'DELL TRUSTEE	2 00	X						0	0	0
(14) JESSE PANUCCIO TRUSTEE	2 00	X						0	0	0
(15) DEBORAH POGRELIS TRUSTEE	2 00	X						0	0	0
(16) BETTY SIEGEL TRUSTEE	2 00	X						0	0	0
(17) JAMES TOMPKINS TRUSTEE	2 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (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			
(18) WILLIAM D JARR EVP OF OPERATIONS & FINANCE	40 00			X				224,529	0	8,905
(19) BRIAN J MCAULAY EXECUTIVE VICE PRESIDENT/PROVOST	40 00			X				276,580	0	8,905
(20) GUY RIEKEMAN PRESIDENT	40 00			X				591,274	0	3,358
(21) GREGORY HARRIS VP OF UNIVERSITY ADVANCEMENT	40 00			X				158,870	0	7,938
(22) TIMOTHY GROSS VP OF ADMINISTRATIVE SERVICES	40 00			X				105,338	0	7,980
(23) MARC SCHNEIDER VP OF STUDENT SERVICES	40 00			X				102,214	0	3,320

1b	**Sub-Total** . . . . . ▶			
c	**Total from continuation sheets to Part VII, Section A** . . . . ▶			
d	**Total (add lines 1b and 1c)** . . . . . ▶	1,458,805	0	40,406

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 15

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
VIRTUAL MINDSET INC 1201 PEACHTREE STREET NE ATLANTA, GA 303616317	IT CONSULTANTS	708,874
STEPHEN BOLLES 340 EDEN PRAIRIE, MN 55344	CONSULTANT	351,593
STRICKLAND BROCKINGTON LEWIS 1170 PEACHTREE STREET NE SUITE 2 ATLANTA, GA 303097200	ATTORNEYS	247,797
DR CHARLES RIBLEY 1269 BARCLAY CIRCLE MARIETTA, GA 30060	CONSULTANT	120,000
ICCOM LLC 18867 CIRCLE LANE SOUTHGATE, MI 48195	BOT CONSULTANT	114,600

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 5

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				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 699,262				
	g	Noncash contributions included in lines 1a-1f $				
	h	**Total.** Add lines 1a-1f . . . . . ▶	699,262			
Program Service Revenue		Business Code				
	2a	TUITION AND FEES	611710	48,745,296	48,745,296	
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	**Total.** Add lines 2a–2f . . . . . ▶	48,745,296			
	3	Investment income (including dividends, interest and other similar amounts) . . . . . ▶	169,104			169,104
	4	Income from investment of tax-exempt bond proceeds . . ▶				
	5	Royalties . . . . . ▶				
		(i) Real / (ii) Personal				
	6a	Gross rents 2,356,074				
	b	Less rental expenses 89,229				
	c	Rental income or (loss) 2,266,845				
	d	Net rental income or (loss) . . . . . ▶	2,266,845			2,266,845
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory 125,000				
	b	Less cost or other basis and sales expenses 103,268				
	c	Gain or (loss) 21,732				
	d	Net gain or (loss) . . . . . ▶	21,732			21,732
Other Revenue	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 . . ▶				
	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 . . ▶				
	10a	Gross sales of inventory, less returns and allowances . a 7,375				
	b	Less cost of goods sold . . b 0				
	c	Net income or (loss) from sales of inventory . . ▶	7,375			7,375
		Miscellaneous Revenue / Business Code				
	11a	CLINIC RECEIPTS 611710	715,494	715,494		
	b	MISCELLANEOUS 611710	291,951			291,951
	c	AUXILLIARY ENTERPRISES 611710	206,083			206,083
	d	All other revenue				
	e	**Total.** Add lines 11a–11d . . . . . ▶	1,213,528			
	12	**Total revenue.** See Instructions . . . ▶	53,123,142	49,460,790	0	2,963,090

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 . . . . . ☐

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				
2	Grants and other assistance to individuals in the United States See Part IV, line 22	2,372,038	2,372,038		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	2,531,038	782,631	1,581,599	166,808
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	20,786,210	16,480,512	4,095,059	210,639
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	1,323,620	942,522	359,857	21,241
10	Payroll taxes	1,624,756	1,246,987	354,734	23,035
11	Fees for services (non-employees)				
a	Management				
b	Legal	414,809	2,550	412,259	
c	Accounting	126,479	20	126,459	
d	Lobbying				
e	Professional fundraising *See Part IV, line 17* . .				
f	Investment management fees	65,530	1,869	63,661	
g	Other	6,438,224	753,310	5,654,514	30,400
12	Advertising and promotion	116,293	11,112	65,852	39,329
13	Office expenses	1,037,308	566,708	453,652	16,948
14	Information technology	701,870	210,867	480,896	10,107
15	Royalties . .				
16	Occupancy				
17	Travel	1,412,616	796,204	589,406	27,006
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	507,112	253,363	228,077	25,672
20	Interest	4,885,479	3,457,063	1,428,416	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4,905,180	3,387,041	1,518,139	
23	Insurance	851,096	602,253	248,843	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	PRINTING AND PUBLICATIO	988,812	290,576	698,236	0
b	EQUIPMENT RENTAL AND MA	592,551	142,419	419,762	30,370
c	SUPPLIES	410,936	271,727	137,865	1,344
d	BUILDING REPAIRS AND MA	398,001	281,633	116,368	0
e					
f	All other expenses	1,152,205	518,430	627,034	6,741
25	**Total functional expenses.** Add lines 1 through 24f	53,642,163	33,371,835	19,660,688	609,640
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) 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

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		9,294,063	1	11,630,575
	2	Savings and temporary cash investments		2,399,972	2	1,496,199
	3	Pledges and grants receivable, net		4,098,011	3	3,833,242
	4	Accounts receivable, net		401,764	4	609,561
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		2,031,682	7	1,865,408
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		91,175	9	122,196
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 140,126,677			
	b	Less accumulated depreciation	10b 55,122,332	87,637,491	10c	85,004,345
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11		7,000,894	12	7,477,793
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets		1,588,457	14	1,531,726
	15	Other assets See Part IV, line 11		1,224,021	15	835,508
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		115,767,530	16	114,406,553
Liabilities	17	Accounts payable and accrued expenses		4,527,108	17	4,176,671
	18	Grants payable			18	
	19	Deferred revenue		306,498	19	350,575
	20	Tax-exempt bond liabilities		68,687,538	20	68,173,770
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		393,759	25	493,893
	26	**Total liabilities.** Add lines 17 through 25		73,914,903	26	73,194,909
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		35,985,061	27	35,032,855
	28	Temporarily restricted net assets		4,997,964	28	5,343,281
	29	Permanently restricted net assets		869,602	29	835,508
		Organizations that do not follow SFAS 117, check here ▶ ☐ 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		41,852,627	33	41,211,644
	34	Total liabilities and net assets/fund balances		115,767,530	34	114,406,553

Part XI Reconcilliation 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	53,123,142
2	Total expenses (must equal Part IX, column (A), line 25)	2	53,642,163
3	Revenue less expenses Subtract line 2 from line 1	3	-519,021
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	41,852,627
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-121,962
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	41,211,644

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 ☐ Cash ☑ Accrual ☐ 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? . .	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 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	2c	Yes	
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 ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated 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?	3a	Yes	
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 . .	3b	Yes	

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
LIFE UNIVERSITY INC

Employer identification number
58-1216007

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 **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?

	Yes	No
(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 the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **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? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
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 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 (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
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 501(c)(3) organization, check this box and **stop here**

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 for 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

b **33 1/3% support test—2010.** If the organization did not check the 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

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

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

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

Part III **Support Schedule for Organizations Described in IRC 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 501(c)(3) organization, check this box and **stop here** ▶☐

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

Facts And Circumstances Test

Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
LIFE UNIVERSITY INC

Employer identification number
58-1216007

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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 ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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.

1a 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

b 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 ▶ $ _____

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 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 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	6,405,994	4,813,527	2,053,722	2,523,744	
b Contributions	352,219	1,631,729	3,360,037	89,937	
c Investment earnings or losses	18,013	97,260	89,858	-145,466	
d Grants or scholarships	59,009	136,522	690,090	414,493	
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	6,717,217	6,405,994	4,813,527	2,053,722	

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Term endowment ▶

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	3a(i)		No
(ii) related organizations	3a(ii)		No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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		3,442,320		3,442,320
b Buildings		104,903,203	31,581,098	73,322,105
c Leasehold improvements				
d Equipment		18,083,191	14,075,191	4,008,000
e Other		13,697,963	9,466,043	4,231,920
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				85,004,345

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) CSV LIFE INSURANCE	73,000	F
(B) DEPOSITS WITH TRUSTEES	6,460,901	F
(C) CASH RESTRICTED TO LONG-TERM INVESTMENTS	774,954	F
(D) OTHER INVESTMENTS	168,938	C
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	7,477,793	

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
Total. *(Column (b) should 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
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
DEFERRED COMPENSATION	263,993
CAPITAL LEASE OBLIGATIONS	229,900
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	493,893

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 (ASC740)

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	53,123,142
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	53,642,163
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-519,021
4	Net unrealized gains (losses) on investments	4	-121,962
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 - 8	9	-121,962
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-640,983

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	50,548,139
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	-121,962		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	-2,372,038		
e	Add lines **2a** through **2d**			2e	-2,494,000
3	Subtract line **2e** from line **1**			3	53,042,139
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	81,003		
c	Add lines **4a** and **4b**			4c	81,003
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	53,123,142

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

1	Total expenses and losses per audited financial statements			1	51,189,122
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	-81,003		
e	Add lines **2a** through **2d**			2e	-81,003
3	Subtract line **2e** from line **1**			3	51,270,125
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	2,372,038		
c	Add lines **4a** and **4b**			4c	2,372,038
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	53,642,163

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, 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

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	TEMPORARILY AND PERMANENTLY RESTRICTED ASSETS ARE INTENDED FOR FUNDING NEEDS BASED INSTITUTIONAL SCHOLARSHIPS
PART XII, LINE 2D - OTHER ADJUSTMENTS		TUITION DISCOUNTS SHOWN AS A REDUCTION TO REVENUE -2,372,038
PART XII, LINE 4B - OTHER ADJUSTMENTS		RENT EXPENSES -89,229 BAD DEBT EXPENSE SHOWN AS A REDUCTION OF CONTRIBUTIONS 170,232
PART XIII, LINE 2D - OTHER ADJUSTMENTS		RENT EXPENSES 89,229 BAD DEBT EXPENSE SHOWN AS A REDUCTION OF CONTRIBUTIONS -170,232
PART XIII, LINE 4B - OTHER ADJUSTMENTS		TUITION DISCOUNTS SHOWN AS A REDUCTION TO REVENUE 2,372,038

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SCHEDULE E (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Schools

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
LIFE UNIVERSITY INC

Employer identification number
58-1216007

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	Yes	
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	Yes	
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	Yes	
4	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 basis?	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, use Part II			
5	Does the organization discriminate by race in any way with respect to			
a	Students' rights or privileges?	5a		No
b	Admissions policies?	5b		No
c	Employment of faculty or administrative staff?	5c		No
d	Scholarships or other financial assistance?	5d		No
e	Educational policies?	5e		No
f	Use of facilities?	5f		No
g	Athletic programs?	5g		No
h	Other extracurricular activities?	5h		No
	If you answered "Yes" to any of the above, please explain If you need more space, use Part II			
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		No
	If you answered "Yes" to either line 6a or line 6b, explain on Part II			
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	Yes	

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)

Identifier	Return Reference	Explanation
EXPLANATION OF NONDISCRIMINATORY POLICY PUBLICATION	SCHEDULE E, PART I, LINE 3	THE UNIVERSITY PUBLICIZES ITS RACIALLY NONDISCRIMINATORY POLICY VIA NEWSPAPER NOTICES AND MEDIA ADDITIONALLY, THE UNIVERSITY POSTS ITS POLICY IN PUBLIC AREAS AND INCLUDES THE POICY IN LITERATURE PROMOTING THE UNIVERSITY
EXPLANATION OF GOVERNMENT FINANCIAL ASSISTANCE	SCHEDULE E, PART I, LINE 6	THE UNIVERSITY RECEIVES TUITION FROM GOVERNMENT AGENCIES WHICH REPRESENTS FINANCIAL AID TO THE STUDENTS

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Name of the organization
LIFE UNIVERSITY INC

Employer identification number
58-1216007

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. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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

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 . . . . . ▶

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) TUITION DISCOUNTS	337	2,372,038			

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

Identifier	Return Reference	Explanation

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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, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
LIFE UNIVERSITY INC

Employer identification number
58-1216007

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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	☐ 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 any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
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?	**2**	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			
	☐ 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, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**	Yes	
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) 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 in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) WILLIAM D JARR	(i)	224,529	0	0	0	8,905	233,434	0
	(ii)	0	0	0	0	0	0	0
(2) BRIAN J MCAULAY	(i)	276,580	0	0	0	8,905	285,485	0
	(ii)	0	0	0	0	0	0	0
(3) GUY RIEKEMAN	(i)	591,274	0	0	0	3,358	594,632	0
	(ii)	0	0	0	0	0	0	0
(4) GREGORY HARRIS	(i)	158,870	0	0	0	7,938	166,808	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
	PART I, LINE 1A	THE PRESIDENT TRAVELS FIRST CLASS WHEN A FLIGHT IS IN EXCESS OF THREE (3) HOURS
	PART I, LINE 6	THE PRESIDENT IS PAID BASED ON THE OVERALL PERFORMANCE OF THE INSTITUTION AGAINST ITS BUDGETED PLAN

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
LIFE UNIVERSITY INC

Employer identification number
58-1216007

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	DEVELOPMENT AUTHORITY OF THE CITY OF MARIETTA GEORGIA		567656DD2	08-01-2008	8,516,716	UNIVERSITY FACILITY AND REFUNDING BONDS		X		X		X
B	DEVELOPMENT AUTHORITY OF THE CITY OF MARIETTA GEORGIA		567656DE0	08-01-2008	19,890,040	UNIVERSITY FACILITY AND REFUNDING BONDS		X		X		X
C	DEVELOPMENT AUTHORITY OF THE CITY OF MARIETTA GEORGIA		567656DF7	08-01-2008	41,113,888	UNIVERSITY FACILITY AND REFUNDING BONDS		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds defeased				
3	Total proceeds of issue				
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrow				
7	Issuance costs from proceeds				
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds				
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion				

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X		X		X		
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		
16	Has the final allocation of proceeds been made?		X		X		X		
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?		X		X		X		

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?		X		X		X		
b	If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5								
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?		X		X		X		

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X		X		
2	Is the bond issue a variable rate issue?		X		X		X		
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X		X		X		
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								
4a	Were gross proceeds invested in a GIC?		X		X		X		
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5	Were any gross proceeds invested beyond an available temporary period?		X		X		X		
6	Did the bond issue qualify for an exception to rebate?		X		X		X		

Part V Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations . . . . . ☐ Yes ☑ No

Part VI Supplemental Information

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

Identifier	Return Reference	Explanation

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
LIFE UNIVERSITY INC

Employer identification number
58-1216007

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1 (a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	(c) Corrected? No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

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

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	(b) From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) No	(f) Approved by board or committee? Yes	(f) No	(g) Written agreement? Yes	(g) No
Total . . . . . ▶ $										

Part III Grants or Assistance Benefitting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV **Business Transactions Involving Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) DR CHARLES RIBLEY	FORMER BOT CHAIRMAN	120,000	CONSULTING SERVICES PROVIDED TO ORGANIZATION		No

Part V **Supplemental Information**

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

Identifier	Return Reference	Explanation

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
LIFE UNIVERSITY INC

Employer identification number
58-1216007

Part I Types of Property

		(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining contribution amounts
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded				
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies	X	28	54,854	IRS STRAIGHT-LINE
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (_____)				
26	Other ▶ (_____)				
27	Other ▶ (_____)				
28	Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . | 29 |

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		No
b	If "Yes," describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	32a		No
b	If "Yes," describe in Part II			
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
LIFE UNIVERSITY INC

Employer identification number
58-1216007

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	THE AUDIT AND FINANCE COMMITTEE OF THE BOARD OF DIRECTORS IS PROVIDED A COPY OF FORM 990, PRIOR TO FILING, FOR ITS REVIEW AND APPROVAL THE FULL BOARD OF DIRECTORS IS PROVIDED A COPY AT THE ANNUAL MEETING

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	AS PART OF THE ORGANIZATION'S INTERNAL CONTROL PROCEDURES, DISCUSSIONS WITH ALL OFFICERS, TRUSTEES, AND KEY EMPLOYEES ARE MADE TO MONITOR AND ENFORCE COMPLIANCE.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15A	THE INDEPENDENT BOARD MEMBERS REVIEW AND APPROVE COMPENSATION MATTERS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	DOCUMENTS THAT ARE REQUIRED BY LAW TO BE MADE AVAILABLE TO THE PUBLIC ARE AVAILABLE VIA GUIDESTAR ORG ALL OTHER GOVERNING AND CONFLICTS OF INTEREST DOCUMENTS ARE AVAILABLE UPON REQUEST

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -121,962

Identifier	Return Reference	Explanation
		THE ORGANIZATION HAS NOT CHANGED EITHER ITS OVERSIGHT PROCESS OR SELECTION PROCESS DURING THE TAX YEAR

Identifier	Return Reference	Explanation
MISSION STATEMENT	FORM 990, PART III	LIFE UNIVERSITY IS A NOT FOR PROFIT EDUCATIONAL INSTITUTION THE PURPOSE OF LIFE UNIVERSITY IS TO PROVIDE STUDENTS WITH THE VISION TO FULFILL THEIR INNATE POTENTIAL, THE INSPIRATION TO ENGAGE IN A QUEST FOR SELF-DISCOVERY, AND THE ABILITY TO APPLY A PRINCIPLED APPROACH TO THEIR FUTURE ROLES AS LEADERS IN HUMANITARIAN SERVICE AND AS CITIZENS IN THEIR COMMUNITIES TODAY LIFE UNIVERSITY IS SUSTAINED BY ITS CHIROPRACTIC, UNDERGRADUATE, AND MASTERS PROGRAMS, WHICH SET THE STANDARD OF EXCELLENCE IN CONTEMPORARY HEALTH CARE EDUCATION GRADUATES LIFE UNIVERSITY GRADUATED A TOTAL OF 346 STUDENTS DURING THE 2011-2012 FISCAL YEAR RESEARCH/SCHOLARLY ACTIVITY THE RESEARCH AND SCHOLARSHIP OF LIFE UNIVERSITY COLLEGE OF CHIROPRACTIC (LUCC) FACULTY IS CLASSIFIED ACCORDING TO THE BOYER CATEGORIES LIFE UNIVERSITY FACULTY MEMBERS HAVE PRODUCED A SIGNIFICANT BODY OF SCHOLARLY WORK OVER THE LAST TWO YEARS PROJECTS ARE DIVIDED INTO THOSE ACCEPTED FOR PUBLICATION IN PEER-REVIEWED JOURNALS, THOSE THAT ARE INTERNALLY FUNDED, THOSE ACCEPTED FOR PRESENTATION AT PEER REVIEWED CONFERENCES, THOSE IN VARIOUS STAGES OF SUBMISSION AT PEER-REVIEWED JOURNALS OR CONFERENCES, AND WORKS IN PROGRESS THAT HAVE POTENTIAL FOR PUBLICATION IN PEER-REVIEWED OUTLETS FACULTY MEMBERS PRESENTED 20 SUBMISSIONS AT THE 2011 ASSOCIATION OF CHIROPRACTIC COLLEGES/RESEARCH AGENDA CONFERENCE (ACC/RAC) CONFERENCE OF THOSE SUBMISSIONS TO ACC/RAC 10 OF THEM WERE ACCEPTED AS PLATFORM PRESENTATIONS AND 10 AS POSTER PRESENTATIONS FOR ACC/RAC 2012 LIFE UNIVERSITY FACULTY AND STUDENTS PRESENTED 19 SCHOLARLY PAPERS, AND 6 WERE ACCEPTED AS PLATFORM PRESENTATION WITH 13 BEING POSTER PRESENTATIONS IN ADDITION TO THE 2011 AND 2012 ACC/RAC CONFERENCE PRESENTATIONS, THERE WERE A TOTAL OF 26 SUBMISSIONS ACCEPTED FOR OTHER CONFERENCES FROM JULY 2011 TO JUNE 2012 FOR A TOTAL OF 52 RESEARCH CONFERENCE PRESENTATIONS IN TOTAL, DURING THE PERIOD OF JULY 2011 TO JUNE 2012, LUCC FACULTY, STUDENTS AND STAFF HAVE HAD 12 SCHOLARLY PAPERS PUBLISHED IN THE PEER-REVIEWED LITERATURE FURTHER, THERE WERE 73 OTHER DEFINITIVE PROJECTS IN SOME STAGE OF DEVELOPMENT OR NEARING COMPLETION OF THE LISTED PROJECTS AND PRESENTATIONS, 18 STUDENTS RECEIVED INTERNAL PROJECT FUNDING, FOUR PARTICIPATED IN SUBMISSIONS TO ACC/RAC 2011 AND FIVE IN 2012 ADDITIONALLY, 9 CHIROPRACTIC STUDENTS RECEIVED SCHOLARSHIP FUNDING TO CONDUCT RESEARCH

Identifier	Return Reference	Explanation
THE MISSION OF THE COLLEGE OF CHIROPRACTIC	FORM 990, PART III	THE MISSION OF THE LIFE UNIVERSITY COLLEGE OF CHIROPRACTIC, CENTERED ON THE VERTEBRAL SUBLUXATION COMPLEX, IS TO EDUCATE, MENTOR AND GRADUATE SKILLED AND COMPASSIONATE DOCTORS OF CHIROPRACTIC TO BE PRIMARY CARE CLINICIANS, PHYSICIANS, TEACHERS, AND PROFESSIONALS, USING THE UNIVERSITYS CORE LIFE PROFICIENCIES AS THEIR FOUNDATION THE COLLEGE OF CHIROPRACTIC GRADUATED A TOTAL OF 274 DOCTORS OF CHIROPRACTIC DURING THE 2011-2012 FISCAL YEAR LIFE UNIVERSITY COLLEGE OF CHIROPRACTIC (LUCC) DOCTOR OF CHIROPRACTIC PROGRAM REPORTS ANNUALLY ON ITS PLANNING THROUGH THE UNIVERSITYS CONTINUOUS IMPROVEMENT CYCLE (CIC) PROCESS ADMINISTERED THROUGH THE OFFICE OF INSTITUTIONAL EFFECTIVENESS, RESEARCH AND PLANNING FORMAL PLANNING AND REPORTING IS REVIEWED BY AN INDEPENDENT INSTITUTIONAL COMMITTEE, THE INSTITUTIONAL PLANNING AND EFFECTIVENESS COMMITTEE (IPEC), WHO ASSESS THE PLAN WITH ITS ALIGNMENT TO THE MISSION AND ACHIEVEMENT OF STATED GOALS BASED UPON THE CIC PLANS AND REPORTS DURING THE PAST TWO YEARS THE DCP ACCOMPLISHED THE FOLLOWING 1 ADVISEMENT PROGRAM THE PRIMARY GOAL OF THE ADVISEMENT PROGRAM IS TO PROVIDE A CONNECTION/MENTORSHIP BETWEEN STUDENTS AND FACULTY WHILE ALSO PROVIDING INFORMATION REGARDING CURRICULUM, CAMPUS SERVICES, ETC MID-YEAR, TWO ADVISERS WERE PROMOTED TO LEADERSHIP POSITIONS IN THE COLLEGE, WHICH LEFT THREE VACANCIES FOR FACULTY ADVISERS FACULTY MEMBERS ARE CURRENTLY BEING TRAINED IN ORDER TO FILL THOSE VACANCIES SEVERAL ASSESSMENT TOOLS WERE DESIGNED TO OBTAIN INFORMATION ON THE ADVISEMENT PROGRAMS PERFORMANCE AN ADVISING APPOINTMENT SURVEY AND AN ADVISEMENT EFFECTIVENESS WORKSHEET WERE CREATED TO OBTAIN FEEDBACK FROM THE STUDENTS AND THE ADVISORS ON THE PERFORMANCE OF THE ADVISEMENT PROGRAM AN ADVISEMENT CHECKLIST HAS BEEN CREATED TO STREAMLINE THE ADVISEMENT PROCESS AND TO MAKE SURE THAT EVERY STUDENT IS RECEIVING INFORMATION AS WELL AS MENTORING EMPIRICAL DATA FROM THESE MEASUREMENTS SUGGEST THAT STUDENTS ARE ESSENTIALLY SATISFIED WITH THE LEVEL OF SERVICE THEY ARE RECEIVING FROM THE ADVISEMENT PROGRAM 2 CURRICULAR REVIEW THE DCP IS IN THE PROCESS OF A CURRICULAR REVIEW THAT IS BEING OVERSEEN BY THE DEAN OF THE COLLEGE OF CHIROPRACTIC ---THE CURRICULAR REVIEW COMMITTEE WITH FACULTY REPRESENTATION FROM ALL AREAS OF THE DCP HAS COMPLETED A REVIEW OF COURSE CORRELATION TO NBCE PART 1 A GAP ANALYSIS OF SPECIFIC CURRICULAR AREAS WAS COMPLETED AND TASK GROUPS HAVE BEEN FORMED TO IMPROVE ACADEMIC PERFORMANCE ---A SUBGROUP CONSISTING OF FACULTY REPRESENTATIVES FROM ALL COLLEGE OF CHIROPRACTIC DIVISIONS WAS CONVENED TO OUTLINE THE IDEAL CURRICULUM FOR A DCP 3 OBJECTIVE STRUCTURED CLINICAL EXAMINATION (OSCE) OSCE HAS INCORPORATED SCANNABLE FORMS IN THE GRADING PROCESS THESE NEW FORMS ALLOW THE COORDINATOR TO ASCERTAIN DATA FROM THE EXAM IN A FORMAT THAT CAN BE SHARED EASILY THROUGHOUT THE PROGRAM THE DATA IS USED AS AN ASSESSMENT TOOL TO EVALUATE THE STRENGTHS AND WEAKNESSES OF THE STUDENTS AND PROVIDE INFORMATION TO THE PROGRAM FOR ONGOING CURRICULAR REVIEW OUTCOMES LIFE UNIVERSITY COLLEGE OF CHIROPRACTIC (LUCC) NATIONAL BOARD SCORES FOR PART I SHOWED AN INCREASE IN MEAN AVERAGES FOR THE FALL 2012 AND SPRING 2012 ADMINISTRATIONS FOR ALL 6 CATEGORIES TABLE 1 PART I NBCE MEAN SCORES 11/SP 11/FA 12/SP 12/FA GENERAL ANATOMY 468 508 481 494 SPINAL ANATOMY 468 485 471 500 PHYSIOLOGY 463 496 473 503 CHEMISTRY 501 487 452 503 PATHOLOGY 453 511 509 528 MICROBIOLOGY AND PUBLIC HEALTH 446 489 479 507 LUCC DEVELOPED A BLACKBOARD PART I STUDY INFORMATION SITE WHICH INCLUDES ---OVER 2,000 MULTIPLE CHOICE PRACTICE QUESTIONS THAT ADDRESSES ALL 6 CATEGORIES ---FACULTY NOTES AND CHARTS ---LINKS TO ONLINE STUDY SITES ---RECOMMENDED STUDY MATERIAL AND RESOURCES NATIONAL BOARD PERFORMANCE FOR PART II, III, AND IV CONTINUES TO EXCEED THE PROGRAMS ACCREDITING AGENCY, COUNCIL ON CHIROPRACTIC EDUCATION (CCE), BENCHMARKS

Identifier	Return Reference	Explanation
THE MISSION OF THE LIFE UNIVERSITY CLINIC SYSTEM	FORM 990, PART III	THE MISSION OF THE LIFE UNIVERSITY CLINIC SYSTEM IS TO IMPROVE THE HEALTH AND WELL BEING OF PEOPLE IN THE COMMUNITIES WE SERVE BY PROVIDING CHIROPRACTIC CARE AND OTHER HEALTH SERVICES, CENTERED ON THE VERTEBRAL SUBLUXATION COMPLEX WE WILL MAINTAIN EXCELLENCE IN THE EDUCATIONAL STANDARDS OF OUR TEACHING CLINICS, AND ENCOURAGE ALL CONSTITUENTS OF OUR CLINICS TO ACTIVELY PARTICIPATE IN THEIR OWN HEALTH AND WELLNESS CARE, AND TO ACTIVELY PARTICIPATE IN HEALTH AND WELLNESS PROGRAMS THAT REACH OUT TO OTHERS IN OUR COMMUNITIES CLINICAL OPERATIONS INCORPORATE OF A VARIETY OF CHIROPRACTIC SERVICES PROVIDED TO THE GENERAL PUBLIC INCLUSIVE OF COMPLEMENTARY SERVICES PROVIDED TO A RANGE OF SPECIAL POPULATIONS THE CLINIC SYSTEM IS COMPOSED OF SEVERAL TYPES OF CLINICAL EXPERIENCES THE CLINICAL EDUCATION AND PATIENT CARE DELIVERY IS STRATIFIED INTO THREE LEVELS THE EDUCATIONAL GOALS AND OBJECTIVES ARE CLEARLY SPELLED OUT FOR EACH LEVEL, AND ASSESSMENT TOOLS DEVELOPED TO ENSURE THAT APPROPRIATE COMPETENCIES ARE MEASURED AND OUTCOMES UTILIZED TO IMPROVE THE CLINICAL PROGRAM LEVEL I EXPERIENCE THE LEVEL I CLINIC EXPERIENCE INCLUDES QUARTERS ONE THROUGH NINE AND IS WHERE BASIC COMPETENCIES ARE DEVELOPING IN AN ENVIRONMENT WHERE THERE IS CLOSE FACULTY SUPERVISION THE MAJORITY OF PATIENTS IN A LEVEL I CLINIC ARE NOT EXPECTED TO BE COMPLEX CASES LEVEL I CLINIC THE CAMPUS CENTER FOR HEALTH AND OPTIMUM PERFORMANCE PROVIDES HEALTH CARE SERVICES FOR THE LIFE UNIVERSITY STUDENT COMMUNITY AND PROVIDED OVER 30,000 PATIENT VISITS AT NO CHARGE THE CAMPUS CENTER FOR HEALTH AND OPTIMUM PERFORMANCE 1269 BARCLAY CIRCLE MARIETTA, GA 30060 LEVEL II EXPERIENCE THE LEVEL II CLINIC EXPERIENCE INCLUDES QUARTERS TEN THROUGH TWELVE STUDENTS CONTINUE TO DEVELOP COMPETENCY AND CRITICAL THINKING SKILLS, AND ALSO FOCUS ON DEVELOPING COMPETENCY IN PATIENT MANAGEMENT ALTHOUGH COMPETENCY DEVELOPMENT CONTINUES, THE STUDENT NOW HAS ACCESS TO A LARGER VOLUME AND VARIETY OF PATIENTS WITH A RANGE OF CONDITIONS THE OUTPATIENT FACILITY PROVIDED FOR OVER 50,000 PATIENT VISITS WITH 50% OF THE CARE PROVIDED AT NO CHARGE LEVEL II CLINIC THE CENTER FOR HEALTH AND OPTIMUM PERFORMANCE PROVIDES HEALTH CARE SERVICES TO THE GENERAL PUBLIC IN A FEE-FOR-SERVICE ENVIRONMENT THE CENTER FOR HEALTH AND OPTIMUM PERFORMANCE 1415 BARCLAY CIRCLE MARIETTA, GA 30060 LEVEL III EXPERIENCES LEVEL III CLINIC ENCOMPASSES THE FINAL QUARTERS OF THE CLINICAL EDUCATION PROGRAM IN LEVEL III THE STUDENT EXPERIENCES INTEGRATION INTO BROADER HEALTH CARE ENVIRONMENTS THESE EXPERIENCES ARE PROVIDED THROUGH A VARIETY OF PROGRAMS, THESE PROGRAMS MAY INCLUDE FIELD DOCTORS OFFICE EXPERIENCES, INTERNATIONAL SATELLITE CLINICS, AND/OR SPORTING EVENTS ALL OFF CAMPUS CLINICAL EDUCATION EXPERIENCES TAKE PLACE AT SITES THAT HAVE AGREEMENTS AND/OR SIGNED CONTRACTS WITH THE UNIVERSITY LIFE UNIVERSITY ALSO OWNS AND/OR OPERATES THREE COMMUNITY OUTREACH CLINICS IN THE METRO ATLANTA AREA THAT SERVE SPECIAL NEEDS POPULATIONS LEVEL III CLINICS THERE ARE CURRENTLY THREE PROGRAMS OPERATING UNDER THE LEVEL III PROGRAMS, THEY ARE OUTREACH, FIELD PRACTICE, AND INTERNATIONAL CLINICS OUTREACH THE OUTREACH CLINICS PROVIDE HEALTH CARE SERVICES TO SPECIAL NEEDS POPULATIONS IN THE METRO ATLANTA AREA AND PROVIDED OVER 12,000 PATIENT VISITS AT NO CHARGE OUTREACH CLINIC PROGRAM I COMMUNITY OUTREACH CLINIC 140 MARBLE MILL ROAD NW MARIETTA, GA 30060 II COMMUNITY OUTREACH CLINIC - TURNER CHAPEL 545 HYDE DRIVE NE MARIETTA, GA 30060 III COMMUNITY OUTREACH CLINIC - THE EXTENSION 1507 CHURCH STREET MARIETTA, GA 30060 THE UNIVERSITY HAS ALSO FULFILLED ITS INITIATIVE TO EXPAND ITS CLINICAL EXPERIENCES FOR STUDENTS TO BOTH DOMESTIC AND INTERNATIONAL LOCATIONS THROUGH ITS LEVEL III CLINIC PROGRAMS QUALIFIED UPPER-QUARTER STUDENTS HAVE THE OPPORTUNITY TO PARTICIPATE IN QUALIFIED FIELD EXPERIENCES LOCATED IN DOCTORS OFFICES IN SEVERAL DOMESTIC AND INTERNATIONAL LOCATIONS COMMUNITY SERVICE CONTINUED COMMUNITY OUTREACH CLINIC PROMOTION INCLUDING MULTIPLE SCREENING EVENTS AND THE PROVISION OF ADDITIONAL CARE AT NO CHARGE OUTREACH DIRECTOR PARTICIPATED IN THE GEORGIA FREE CLINICS SUMMIT AT THE GEORGIA STATE CAPITAL ADVERTISED AND OFFERED WORKSHOPS/COACHING/CLASSES TO AREA BUSINESSES FOR THEIR EMPLOYEES (NO CHARGE) CONTINUED ANNUAL FOOD DRIVE FOR MUST MINISTRIES HELD A SECOND ANNUAL DONATION DRIVE FOR PROJECT SHARE AND RAISED $300 FOR THE MARIETTA POWER GIVING EFFORT (THEY MATCH EVERY DOLLAR) THAT HELPS COBB COUNTY NEIGHBORS WITH UTILITY BILLS

Identifier	Return Reference	Explanation
THE MISSION OF THE COLLEGE OF UNDERGRADUATE STUDIES	FORM 990, PART III	THE MISSION OF THE LIFE UNIVERSITY COLLEGE OF UNDERGRADUATE STUDIES IS TO EDUCATE STUDENTS IN THE VITALISTIC, PRINCIPLED AND APPLIED PROGRAMS IN NUTRITION, BIOLOGY, GENERAL STUDIES, BUSINESS, PSYCHOLOGY, BIOPSYCHOLOGY, AND LIFE COACHING WITH AN EMPHASIS ON INCORPORATING THE CORE LIFE PROFICIENCIES INTO THEIR FUTURE LIFE ROLES THE COLLEGE OF UNDERGRADUATE STUDIES GRADUATED A TOTAL OF 58 UNDERGRADUATE STUDENTS IN 2011-2012 FISCAL YEAR DIETETIC INTERNSHIP PROGRAM IN 2011-2012 16 INTERNS WERE ACCEPTED TO THE PROGRAM AND 7 WERE LIFE UNIVERSITY DIETETICS GRADUATES 1 OF THE OTHER 2011-2012 LIFE UNIVERSITY DIETETICS GRADUATE WAS ACCEPTED TO THE INTERNSHIP PROGRAM IN PUERTO RICO 12 PASSED THE REGISTERED DIETITIAN EXAM ON THE FIRST ATTEMPT AND THE OTHERS ARE STILL WAITING TO TAKE THE EXAM AT THIS TIME 10 ARE WORKING IN THE FIELD OF DIETETICS AND 1 IS PURSUING ADVANCED DEGREES 2340 LIFE UNIVERSITY - DIETETIC INTERNSHIP PROGRAM TEST DATE TOTAL COUNT FIRST TIMERS FIRST TIME REPEATERS TOTAL NUMBER NUMBER PASSING TOTAL NUMBER NUMBER PASSING 2008 18 12 9 3 2 2009 12 5 5 3 1 2010 23 18 10 3 0 2011 16 14 2012 12 12 12 TOTAL 63 50 PASSING RATE FIRST TIME 79 4% DIDACTIC PROGRAMS IN NUTRITION AND DIETETICS FROM 2011-2012, 34 STUDENTS GRADUATED FROM THE DP PROGRAM OUT OF THE 34 21 WERE ACCEPTED TO IP PROGRAM, 5 WERE ACCEPTED TO MS PROGRAMS, 3 ARE WORKING IN THE FIELD OF DIETETICS AND 5 RETURNED HOME TO PURSUE WORK 4910 LIFE UNIVERSITY - DIDACTIC PROGRAM IN DIETETICS TEST DATE TOTAL COUNT FIRST TIMERS FIRST TIME REPEATERS TOTAL NUMBER NUMBER PASSING TOTAL NUMBER NUMBER PASSING 2008 13 5 3 2 2 2009 6 3 2 1 0 2010 16 9 5 3 0 2011 5 4 2012 7 7 TOTAL 29 21 PASSING RATE FIRST TIME 72% NUTRITION FROM 2011-2012 16 STUDENTS GRADUATED FROM THE BS IN NUTRITION PROGRAM, 4 ARE WORKING IN THE FIELD OF CHIROPRACTIC, 9 WERE ACCEPTED TO MS PROGRAM AND WE DO NOT HAVE INFORMATION ON 2 STUDENTS DR MICHAEL MONTGOMERY PUBLICATIONS FALL 2012 BOOK THE ISLAND OF CHARLES FOSTER KANE [POETRY AND EXPERIMENTAL FICTION] PERRYSVILLE, OHIO EPHEMERA PUBLISHING, 2013 ACCEPTED 10-29-12 NOVEL EXCERPT MASTER NOMO [NOVEL EXCERPT] MISFITS MISCELLANY 6 NOVEMBER 2012 MISFITS MISCELLANY WORDPRESS COM ACCEPTED 11-6-12 --NOMINEE FOR 2012 PUSHCART PRIZE FICTION A LITTLE DANTE [FLASH FICTION] THE BOHEMYTH 18 NOVEMBER 2012 THEBOHEMYTH COM ACCEPTED 11-14-12 THE ARTIST OF THE DEAD [SHORT STORY] ROADSIDE FICTION 20 OCTOBER 2012 ROADSIDEFICTION COM ACCEPTED 10-7-12 CIRCLE, TRIANGLE, SQUARE [FLASH FICTION] DUM DUM ZINE DUMDUMZINE NET ACCEPTED 11-18-12 COLD HARD FLASH [FLASH FICTION] A POUND OF FLASH 14 JANUARY 2013 POUNDOFFLASH BLOGSPOT COM ACCEPTED 12-17-12 HI TECH? [FLASH FICTION] B ANTHOLOGY EDS A J HUFFMAN AND APRIL SALZANO KIND OF A HURRICANE PRESS, 2013 ACCEPTED 11-9-12 OUT & ABOUT [FLASH FICTION] ICEBOX JOURNAL DECEMBER 2012 ICEBOXJOURNAL COM ACCEPTED 12-15-12 SHREDDED TWEETS [SHORT FICTION] MISFITS MISCELLANY 17 SEPTEMBER 2012 MISFITSMISCELLANY WORDPRESS COM ACCEPTED 9-17-12 POETRY CLEOPATRA LACUNA 8 APRIL 2013 LACUNAJOURNAL BLOGSPOT COM ACCEPTED 9-10-12 DEATHS HEAD LACUNA 8 APRIL 2013 LACUNAJOURNAL BLOGSPOT COM ACCEPTED 9-10-12 THE DISOBEDIENT ZONE WILD ORPHAN WILDORPHAN WIX COM ACCEPTED 10-14-12 THE FIRST EMPEROR LACUNA 8 APRIL 2013 LACUNAJOURNAL BLOGSPOT COM ACCEPTED 9-10-12 THE ISLAND OF CHARLES FOSTER KANE EPHEMERA 2 WINTER 2013 ACCEPTED 10-14-12 LA MALLEBARBE LACUNA 8 APRIL 2013 LACUNAJOURNAL BLOGSPOT COM ACCEPTED 9-10-12 LEONARDO AT PLAY LACUNA 8 APRIL 2013 LACUNAJOURNAL BLOGSPOT COM ACCEPTED 9-10-12 THE LONESOME DEATH OF JDIMYTAI DAMOUR PYROKINECTION 23 MARCH 2013 PYROKINECTION COM ACCEPTED 12-17-12 THE MIRO COAT THE INSIDE-OUT REVIEW WINTER 2013 THEINSIDEOUTREVIEW WIX COM ACCEPTED 11-26-12 MYTHOS PENUMBRA FALL/WINTER 2012 PENUMBRAMAGAZINE WORDPRESS COM ACCEPTED 11-11-12 NOTES ON DWARVES VAYAVYA VI SPRING 2013 VAYAVYA IN ACCEPTED 11-16-12 THE PARALLEL UNIVERSES PENUMBRA FALL/WINTER 2012 PENUMBRA MAGAZINE WORDPRESS COM ACCEPTED 11-11-12 NIGHTINGALE LACUNA 8 APRIL 2013 LACUNAJOURNAL BLOGSPOT COM ACCEPTED 9-10-12 OUR OLD GODS WILD ORPHAN WILDORPHAN WIX COM ACCEPTED 10-14-12 THREE POEMS FOR CHILDREN JELLYFISH WHISPERS 16 FEBRUARY 2013 JELLYFISHWHISPERS COM ACCEPTED 12-17-12 WHAT WE DID IN SPRING VAYAVYA VI SPRING 2013 VAYAVYA IN ACCEPTED 11-16-12 THE WILD GEESE PYROKINECTION 23 MARCH 2013 PYROKINECTION COM ACCEPTED 12-17-12 YELLOW HOUSE LACUNA 8 APRIL 2013 LACUNAJOURNAL BLOGSPOT COM

Identifier	Return Reference	Explanation
THE MISSION OF THE COLLEGE OF GRADUATE STUDIES & RESEARCH	FORM 990, PART III	THE MISSION OF THE LIFE UNIVERSITY COLLEGE OF GRADUATE STUDIES (LUCGS) IS TO EDUCATE AND MENTOR SKILLED AND KNOWLEDGEABLE GRADUATES IN SPORTS HEALTH SCIENCE AND REHABILITATION WHO EMBODY THE ROLES OF SCHOLARS, TEACHERS AND PROFESSIONALS, USING THE CORE LIFE PROFICIENCIES AS THEIR FOUNDATION THE COLLEGE OF GRADUATE STUDIES AND RESEARCH GRADUATED A TOTAL OF 14 MASTERS DEGREE STUDENTS IN 2011-2012 DR CATHERINE FAUST ALONG WITH DR JOHN DOWNES, CHRIS MARKIE, AND JAMES PAUL CONDUCTED A RESEARCH PROJECT EXAMINING THE EFFECTS OF AN ACL INJURY PREVENTION PROGRAM ON PERFORMANCE VARIABLES OF YOUNG FEMALE SOCCER PLAYERS UNDER THE DIRECTION OF DRS FAUST AND DOWNES, BOTH UNDERGRADUATE EXERCISE SCIENCE MAJORS AND GRADUATE STUDENTS IN SPORT HEALTH SCIENCE CONDUCTED PHYSIOLOGICAL TESTING SUCH AS STRENGTH, POWER, MECHANICS, SPEED, ENDURANCE, VERTICAL JUMP, AND MANUAL MUSCLE TESTING THE TRAINING PROGRAM WAS CONDUCTED TWO NIGHTS A WEEK AT A LOCAL SOCCER CLUB (CFC EAST) FOCUSES ON SPEED, AGILITY, AND PLYOMETICS, AND STRENGTH THE DATA IS CURRENTLY IN THE ANALYSES PHASE OF THE STUDY OUR INTENT IS TO PUBLISH AND PRESENT THE DATA WITHIN THE STRENGTH AND CONDITIONING ARENA DR FAUST ALSO HAS SEVERAL STUDENTS IN THE PROCESS OF WRITING A THESIS PROPOSAL FOR DEGREE COMPLETION SHE HAS SERVED ON TWO ADVISORY BOARDS FOR HIGH SCHOOL HEALTH OCCUPATIONS PROGRAMS CHAPEL HILL HIGH SCHOOL AND DOUGLAS COUNTY SCHOOLS AS WELL AS PARTICIPATED ON THE BUSINESS/INDUSTRY CERTIFICATION TEAM FOR A HIGH SCHOOL IN THE ATLANTA PUBLIC SCHOOL SYSTEM AS PART OF THE CAREER, TECHNICAL AND AGRICULTURAL EDUCATION PROGRAM REVIEW PROCESS (GEORGIA DEPT OF EDUCATION) THE DEPARTMENT CONTINUES TO COLLABORATE WITH THE FOLLOWING CLINICAL INSTITUTIONS WITH INTERNSHIPS AND PRACTICA SITES SHEPHERD SPINAL CENTER, PIEDMONT HOSPITAL, NORTHSIDE CARDIAC REHAB, ST JOSEPHS CARDIAC REHAB, EMORYS RISK REDUCTION & PREVENTION PROGRAM, WELLSTAR HOSPITAL SYSTEM, KENNESAW STATE UNIVERSITY, IMG ACADEMY, AND MANY MORE AS A RESULT OF THESE RELATIONSHIPS OUR STUDENTS HAVE BENEFITED BOTH IN THE CLASSROOM AS WELL AS WITH PRACTICAL TYPE EXPERIENCES DRS RUPP, FAUST, DOWNES, & KOVACS AND AMANDA TIMBERLAKE ALL ATTENDED THE ANNUAL MEETING HELD BY THE AMERICAN COLLEGE OF SPORTS MEDICINE (ACSM) IN SAN FRANCISCO DR RUPP AND AMANDA TIMBERLAKE ALSO ATTEND THE SOUTHEAST ACSM MEETING IN JACKSONVILLE FLORIDA DR JEFF RUPP SECURED A SHAPE GRANT FROM CHILDRENS HEALTHCARE OF ATLANTA TO EVALUATE THE EFFECTIVENESS AND COSTS OF CONDUCTING TEACHER TRAINING FOR DATA COLLECTION, DATA ENTRY, AND REPORTING FITNESS ASSESSMENTS ALSO TO CONDUCT AN EVALUATION OF THE RELIABILITY AND ACCURACY OF TEACHERS AND THE FITNESS ASSESSMENTS, COST ANALYSIS FOR TRAINING AND RESOURCES NEEDED FOR STATEWIDE IMPLEMENTATION, AND PRODUCE OUTCOMES WITH DATA RESULTS HE HAS SEVERAL STUDENTS IN THE PROCESS OF WRITING A THESIS PROPOSAL FOR DEGREE COMPLETION REQUIREMENTS DR YIT LIM CONTINUES TO SERVE ON SEVERAL COMMITTEES WITH THE USA SWIMMING ASSOCIATION (NATIONAL & DIVERSITY SELECT CAMPS) HE SERVED ON THE GA SWIMMING NORTH DIVISIONAL COORDINATOR/REPRESENTATIVE HE HAS ATTENDED SEVERAL NATIONAL COACHES ASSOCIATION MEETINGS AND CHAMPIONSHIP EVENTS HE RECEIVED ADDITIONAL TRAINING FROM THE AMERICAN RED CROSS DR DELOS BRUBAKER & DR DONALD FULLER REVISED ALL SYLLABI FOR THE SPORT INJURY MANAGEMENT CONCENTRATION AND CREATED A REVISED AREA THAT WILL LEAD TO ACCREDITATION FOR AN ENTRY LEVEL ATHLETIC TRAINING PROGRAM (MASTERS LEVEL) WE ARE CURRENTLY IN THE FIRST YEAR OF OUR SELF-STUDY PROCESS AND WILL SUBMIT IN JULY FOR REVIEW IN SPRING 2014 BOTH ATTENDED THE NATIONAL ATHLETIC TRAINERS ASSOCIATION MEETING AS WELL AS THE SOUTHEAST REGIONAL MEETINGS DR RAU SERVED AS A CHIROPRACTOR USATF OLYMPIC TRIALS, EUGENE, OR, 2012 IN WHICH HE TOOK 4 GRADUATE STUDENTS TO SERVE AS PART OF THE MEDICAL TEAM ALSO, SERVED AS A CHIROPRACTOR FOR THE NCAA GYMNASTICS CHAMPIONSHIPS, ATLANTA, GA, 2012 HE HAS TAUGHT SEVERAL SEMINARS ---CCEP MODULE, LOWER EXTREMITY, MARIETTA, GA, FEBRUARY 2012 ---CCEP MODULE, GLOBAL, SEATTLE, WASHINGTON, MARCH 2012 ---CCEP MODULE, LOWER EXTREMITY, MCLEAN, VIRGINIA, APRIL 2012 ---CCEP MODULE, GLOBAL, BOISE, IDAHO, MAY 2012 ---EXTREMITY ADJUSTING, HOSTED SHS PROGRAM, LIFE UNIVERSITY FALL CE EVENT, MARIETTA, GA, SEPTEMBER 2012 ---EXTREMITY ADJUSTING, CHIROPRACTIC & BEYOND, MARIETTA, GA, OCTOBER 2012 ---ERGONOMICS, GEORGIA COURT REPORTERS ASSOCIATION, CORDELE, GA, OCTOBER 2012 HE COMPLETED ONE PUBLICATION TITLED ADVANCES IN HIP ADJUSTING CEA UPDATE OCTOBER 2012 HE ATTENDED THE TENNIS MEDICINE AND INJURY PREVENTION CONFERENCE, SOCIETY FOR TENNIS MEDICINE AND SCIENCE (STMS)-USTA, ATLANTA, GA 2012 HE CONTINUES TO SERVE AT KSU AND SERVED ON THEIR SEARCH COMMITTEE FOR THEIR DIRECTOR OF SPORTS MEDICINE

Additional Data

Software ID:
Software Version:
EIN: 58-1216007
Name: LIFE UNIVERSITY INC

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses $ 4,480,524 including grants of $ 117,759) (Revenue $ 715,494)
RESEARCHSEE SCHEDULE O