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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

Open to Public

A Fo	r the	2012 ca	lendar year, or tax year begir	nning 07-01-2012 , 2012, and en	ding 06-3	0-2013			
		applicable	C Name of organization CONCORDIA UNIVERSITY				D Employ	er iden	tification number
	lress cl	_	Doing Business As				36-21	91242	
	me cha	-	Concordia University Chicago						
	ial retu minate		Number and street (or P O box 7400 Augusta Street	r if mail is not delivered to street address)) Room/su	ite	E Telepho	ne numb	er
		return	City or town, state or country,	and ZIP + 4			(708)	771-83	300
_		n pending	River Forest, IL 603051499				G Gross re	ceipts \$	76,070,543
			F Name and address of	principal officer		H(a) Is	this a group	· ·	
			Tom Hallett 7400 Augusta Street				liates?		┌ Yes 🗸 No
			River Forest, IL 60305			Н(b) д ге	e all affiliates	ınclud	ed? 「Yes 「No
 т Та	x-exen	npt status	<u> </u>	◀ (insert no)	527	If"	No," attach	alıst (see instructions)
			w cuchicago edu	1 (IIISCIT 110) 1 +3+7(u)(1) 01)	321	H(c) Gr	oup exempti	on num	ber ►
				. .		1		. 54 -	
	n of or rt I	_	n 🔽 Corporation 🗌 Trust 🦳 Associ nmary	ciation Other F		L Year of	formation 186	64 M S	State of legal domicile IL
			-	ssion or most significant activitie					
: & Governance		develop discove undergr some fo outreac and fam	o their full individual potential ery for leading lives of servant aduate, master's and doctora orm of financial aid, and active h to historically underrepresenties to ensure they are preparations.	knowledge and faith, the Universit through a distinctive, innovative a trained leadership. More than 5, it programs. Concordia-Chicago energy develops additional need-base ented student populations, working ared to enter college in the future.	and dynar 000 full-t nsures th d scholar g specific	mic environ time studen at 100 pero ship suppo ally with ele	ment of explots are enrolled ent of under transfer for local standary and	oration ed in m gradua udents i middle	, creativity and ore than 100 te students receive It also manages e school students
Activities &	2	Check	this box 💾 if the organizatio	n discontinued its operations or d	isposed o	of more than	1 25% of its	net ass	ets
i S	l			verning body (Part VI, line 1a) .				3	17
∢	l		·	ers of the governing body (Part VI				5	17
	l			d ın calendar year 2012 (Part V , lı e ıf necessary)				6	1,585
			•	m Part VIII, column (C), line 12				7a	0
	b	Net unr	elated business taxable incor	me from Form 990-T, line 34 .				7b	0
						P	rior Year	2.2	Current Year
9	8			I, line 1h)			2,582,4 69,464,5		2,530,165 73,275,570
Revenue	10			umn (A), lines 3, 4, and 7d)			34,5	-	-28,378
ř	11	Othe	r revenue (Part VIII, column	(A), lines 5, 6d, 8c, 9c, 10c, and 1	11e)		-77,0	86	-156,066
	12		=	n 11 (must equal Part VIII, colum 		e	72,004,4	48	75,621,291
	13			Part IX, column (A), lines 1–3)			14,405,3		15,355,623
	14	Bene	fits paid to or for members (Pa	art IX, column (A), line 4)				0	0
82	15	Salar 5–10		oloyee benefits (Part IX, column (A	A), lines		34,058,6	55	35,645,965
Expenses	16a			IX, column (A), line 11e)				0	0
ਡੌ	ь	Total f	undraising expenses (Part IX, colum	n (D), line 25) ▶ 1,155,638					
	17			A), lines 11a-11d, 11f-24e) .			22,813,9	_	24,198,577
	18 19		·	(must equal Part IX, column (A), l line 18 from line 12	-		71,277,9 726,4		75,200,165
<u>%</u> ح		Neve	mac 1655 expenses Subtract I		• •	_	ing of Curren		End of Year
Not Assets or Fund Balances	20	Total	posets (Davt V. line 16)				Year 60,784,0	7.4	
A B	21						52,241,0		59,867,510 50,709,560
200	22			ract line 21 from line 20			8,543,0		9,157,950
Pai	t II		nature Block						
my k	nowled	dge and as any k		e examined this return, including a complete Declaration of preparer					
		<u> </u>	Print/Type preparer's name	Preparer's signature	ĪD	ate C	heck If	PTIN	
Paid	t			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		S	elf-employed	-	
	- pare	er	Firm's name 🕨				ım's EIN ►		
	On		Firm's address ►			P	hone no		

Form 990 (2012)

68.570.354

Total program service expenses ►

Part IV	Check	klist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes,"</i> 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	Yes	
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	Yes	
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		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, line 10? 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		No
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
е	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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
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, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts 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 United States? If "Yes," complete Schedule F, Parts 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 (see instructions)	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	Yes	
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 hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1^7 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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	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 lines 24b through 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, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? 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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part		1	l
_		28a		No
	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 direct or indirect owner? <i>If</i> "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? 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? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "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 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

αГ	Statements Regarding Other 1RS Fillings and Tax Compliance			_
	Check if Schedule O contains a response to any question in this Part V	•	Yes	No
а	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 194		1 65	140
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Yes	
a	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			
)	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		No
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
1	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
•	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
ı	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
)	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	-55		
	2. 105, to fine 54 of 55, and the organization menorified 500-1.	5c		
3	Does the organization have annual gross receipts that are normally greater than $$100,000$, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	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	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		N
	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e		N
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	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		
	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		N e
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule 0	14h		

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 .															ে
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5 e	ection A. Governing Body and Management			
			Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
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		Νo
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	Yes	
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			
а	The governing body?	8a	Yes	
ь	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
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	eveni		۵ ۱
		CVCIII	ie coa	e.)
	· · · · · · · · · · · · · · · · · · ·	CVCII	Yes	e.) No
10a	Did the organization have local chapters, branches, or affiliates?	10a		
				No
b	Did the organization have local chapters, branches, or affiliates?	10a 10b		No
b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes	No
b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes Yes	No
b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes	No
b 11a b 12a b	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	10a 10b 11a 12a 12b 12c	Yes Yes Yes Yes	No
b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
b 11a b 12a c 13 14	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No No

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed
- 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 Other (explain in Schedule O)
 - Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►Tom Hallett 7400 Augusta Street River Forest, IL (708) 209-3350

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 $\,\cdot\,\,$. $\,\cdot\,\,$.

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

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

Board Member 0	(A) Name and Title	(B) A verage hours per week (list any hours	more pers	than on is	one bot	not box h an or/tr	offic	ess er e)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
Doard Member Doar		organizations below	Individual trustee or director	Truste	Officei	Key employee	Highest compensated employee	Former			organization and related
Board Member O	(1) Mrs Joanne Dull	1	V						0	0	0
Mice Chair Board	Board Member	0	^						U	U	U
Vice Chair Board 0	(2) Mr Kırk Farney				,,						-
(3) Rev Dan Gilbert 3	Vice Chair Board	0	×		^x				0	0	0
Chair Board	(3) Rev Dan Gilbert								_	_	
(4) Mr James Grebe 3 X X 0 0 Secretary Board 0 X X 0 0 (5) Dr Debra Grime 1 X 0 0 Board Member 0 0 0 0 (6) Mr E Theodore Lams 1 X 0 0 0 Board Member 0 X 0	Chair Board	0	×		X				0	0	0
Secretary Board											
S D Debra Grime S D Debra Grime S D Debra Grime S D Debra Grime Debra Grim	Secretary Board	0	X		X				0	0	0
Board Member 0	· · · · · · · · · · · · · · · · · · ·										
Column	Board Member	0	×						0	0	0
Board Member											
The standard content of the			×						0	0	0
Board Member 0											
Board Member	•		X						0	0	0
Soard Member O			-								
(9) Mr Mark Muehl			×						o	0	C
X						\vdash	<u> </u>				
1	` ,		x						o	0	0
Soard Member O			-								
1			x						О	0	C
Board Member 0						_					
1			×						o	0	C
Board Member O						_					
(13) Mr Angel Sales 1 X 0 0 Board Member 0 0 0 0 (14) Rev Gerald Schalk 1 X 0 0 Board Member 0 0 0 0 (15) Mr Leopold Schmidt 1 X 0 0 Board Member 0 0 0 0 (16) Mr Mark Stern 1 X 0 0 Board Member 0 0 0 0 (17) Mr Robert Wartan 1 X 0 0			x						О	0	C
Board Member											
Board Member 0	(13) Mr Angel Sales	1	x						ol	0	0
Board Member											
Board Member 0 1 X 0 0 (15) Mr Leopold Schmidt 1 X 0	(14) Kev Gerald Schalk	1	×						0	0	0
No. No.											
Board Member	(15) Mr Leopold Schmidt	1	l _x							n	0
X		0							ŭ	Ŭ	<u> </u>
Board Member 0 <t< td=""><td>(16) Mr Mark Stern</td><td>1</td><td>_</td><td></td><td></td><td></td><td></td><td></td><td>0</td><td>0</td><td>0</td></t<>	(16) Mr Mark Stern	1	_						0	0	0
	Board Member	0							<u> </u>		0
	(17) Mr Robert Wartan	1	_								0
	Board Member	0	^							U	U

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

	(A) Name and Title	(B) A verage hours per week (list any hours	more pers	than on is	one bot	not box h ar	chec k, unle n offic rustee	ess er	(D) Reportable compensation from the organization	(E) Reportable compensatio from related organization	s	(F Estim amount o compen from	ated of other sation the
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099 MISC)		organiz and re organiz	lated
(18) Rev	William Yonker	1	x						0		0		0
Board Me		0											
(19) Dr .	John Johnson	48			x				178,689		o		87,280
	t/CEO/COO	2							·		_		
(20) Mr	Tom Hallett	48			×				140,920		o		38,174
	sident/CFO	2									4		
	Cindy Simpson	45					x		147,128		o		26,774
Sr Vice P	resident Evelyn Burdick	5 50				_					\dashv		
` '	,						х		146,381		0		21,956
Vice Pres	Craig Schilling	0 40									\dashv		
Faculty		0					Х		136,657		0		6,586
	Marilyn Reineck	50											
Vice Pres	sident	0					X		135,630		0		23,126
	Alan Meyer	50									1		
Sr Vice P	resident	0					X		134,067		0		22,132
											\dashv		
											_		
											+		
							<u> </u>				\dashv		
	Sub-Total			•	•		<u>.</u>				+		
	otal (add lines 1b and 1c)	-			•		. ⊢		1,019,472		0		226,028
	otal number of individuals (including b					2014					<u> </u>		220,020
	100,000 of reportable compensation i				eu ai	JO V 6	e) Wilo	rec	erved more than				
												Yes	No
	nd the organization list any former offi n line 1a? <i>If</i> "Yes," complete Schedule J										3		No
0	or any individual listed on line 1a, is th rganization and related organizations of ndividual									om the	4	Yes	
5 D	eld any person listed on line 1a receive	or accrue com	pensat	ion fi	rom	anv	unrel	ater	d organization or i	ndividual for	-		
	ervices rendered to the organization?										5		No

Section B. Independent Contractors

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)	(B)	(C)
Name and business address	Description of services	Compensation
Ragnar Benson LLC 250 S Northwest Hwy Park Ridge IL 60068	Construction management	410,820
Franczek Radelet PC 300 S Wacker Dr Suite 3400 Chicago IL 60606	Legal services	180,724
Grant Thornton LLP 175 W Jackson Blvd Chicago IL 60604	Accounting services	123,346
a Table on the second of the s	\	

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►3

Form 99								Page 9
Part V	4111	Statement o Check if Schedu	o f Revenue ule O contains a respor	nse to any question i	n this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
रु रह	1a	Federated cam	paigns 1a					
an and	ь	Membership du	es 1b	0				
<u>5</u> j	c	Fundraising eve	ents 1 c	24,962				
iffs,	d	Related organiz	zations 1d	830,067				
9 ∰	e	Government grants	s (contributions) 1e	359,406				
ions r Sii	f	All other contribution	ons, gifts, grants, and 1f	1,315,730				
ribut Othe	g		ons included in lines	19,421				
Contributions, Giffs, Grants and Other Similar Amounts	h	Total. Add lines	s 1a-1f		2,530,165			
				Business Code				
Program Serwoe Revenue	2a	Tuition and Fees		611310	65,954,467	65,954,467	0	0
- Be - Se	ь	Room and Board	-	611310	4,891,044	4,891,044	0	0
	c	Early Childhood Ce	enter	611600	2,088,856	2,088,856	0	0
er v	d	Conferences and C	Other Campus Events	611710	341,203	341,203	0	0
န	e							
ाब इ	f	All other progra	am service revenue		0	0	0	0
£	g	Total Add lines	s 2a-2f	L	73,275,570			
	3		ome (including dividen					
		and other simila	ar amounts)	▶ [6,859	0	0	5,555
	4		stment of tax-exempt bond	`	0	0	0	
	5	Royalties			0	0	0	0
	6a	Gross rents	(ı) Real 195,851	(11) Personal 41,488				
	b	Less rental	395,967	0				
	c	expenses Rental income	-200,116	41,488				
	_	or (loss)		,	150.630		0	150.630
	d	Net rental incoi	me or (loss)	· -	-158,628	0	U	-158,628
	7a	Gross amount	(ı) Securities	(II) O ther				
	"	from sales of assets other	0	0				
	ь	than inventory Less cost or	_					
		other basis and sales expenses	0	35,237				
	c	Gain or (loss)	0	-35,237				
	d		ss)		-35,237	0	0	-35,237
ψ.	8a	Gross income f events (not inc						
듊		Ψ	,962					
ě		See Part IV, lin	reported on line 1c)					
<u> </u>			а	5,025				
Other Revenue	ь		penses b	18,048				
0	С		ا loss) from fundraising) ا	events 🛌	-13,023		0	-13,023
	9a		rom gaming activities ne 19					
			a					
	Ь		penses b (loss) from gaming acti	utios b				
	С 10а	Gross sales of		vides i i				
		returns and allo						
			а					
	Ь		oods sold b					
	C		(loss) from sales of inve					
	112	Miscellaneous		Business Code 611710	15,585	0	0	15,585
	ь	Student Phone/	campus Card	311710	13,303	9	0	13,303
	C d	All other revenu						
	e e	Total. Add lines		▶				
				· · · · · · · · · · · · · · · · · · ·	15,585			
	12	iotai revenue.	See Instructions .		75,621,291	73,275,570	0	-184,444

	t IX Statement of Functional Expenses				Page 10
	on $501(c)(3)$ and $501(c)(4)$ organizations must complete all columns. All	other organizat	ions must comp	lete column (A)	
	Check if Schedule O contains a response to any question in this Pa	rt IX			
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	0	0		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	15,355,623	15,355,623		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	407,427	0	407,427	0
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0	0	0	0
7	Other salaries and wages	27,540,783	25,826,398	1,034,803	679,582
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	1,696,856	1,541,928	97,632	57,296
9	Other employee benefits	4,294,007	3,891,042	319,268	83,697
10	Payroll taxes	1,706,892	1,612,427	53,676	40,789
11	Fees for services (non-employees)				
а	Management	0	0	0	0
b	Legal	692,136	0	692,136	0
c	Accounting	104,501	0	104,501	0
d	Lobbying	62,311	62,311	0	0
e	Professional fundraising services See Part IV, line 17	0			0
f	Investment management fees	0	0	0	0
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	3,161,600	3,125,440	0	36,160
12	Advertising and promotion	7,237,030	7,237,030	 	0
13	Office expenses	1,422,198		51,089	88,182
14	Information technology	920,183		' ।	17,268
15	Royalties	920,183	-	 	0
16	Occupancy	2,529,763	_	-	47,474
17	Travel	805,612			23,141
18	Payments of travel or entertainment expenses for any federal,	803,012	703,363	19,000	23,141
10	state, or local public officials	0	0	o	0
19	Conferences, conventions, and meetings	0	0	0	0
20	Interest	604,371	0	604,371	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization	3,006,825	2,923,438	83,387	0
23	Insurance	728,708	0	728,708	0
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	Other Bond Related Expenses	925,543	0	925,543	0
b	Bad Debt and Collections	435,120	435,120	0	0
c	Student Orientation	307,576	307,576	0	0
d	Memberships	169,598	169,598	0	0
e	All other expenses	1,085,502	948,962	54,491	82,049
25	Total functional expenses. Add lines 1 through 24e	75,200,165	68,570,354	5,474,173	1,155,638
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

I CI	rt X	Check if Schedule O contains a response to any question in thi	s Part	: X			
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			0		•
	2	Savings and temporary cash investments			1,040,101	2	1,897,737
	3	Pledges and grants receivable, net			2,360,037	3	2,100,864
	4	Accounts receivable, net			3,323,089	4	3,909,266
	5	Loans and other receivables from current and former officers, of employees, and highest compensated employees. Complete P. Schedule L	directo art II	ors, trustees, key of	0.000		7.000
Assets	6	Loans and other receivables from other disqualified persons (a $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and and sponsoring organizations of section $501(c)(9)$ voluntary e organizations (see instructions) Complete Part II of Schedule	contri mploy	buting employers	9,600		7,200
	7	Notes and loans receivable, net			567,942		503,340
	8	Inventories for sale or use			0		0
	9	Prepaid expenses and deferred charges			3,435,573		3,243,243
	10a	Land, buildings, and equipment cost or other basis Complete	· · · · · · · · · · · · · · · · · · ·				
	Ь	Less accumulated depreciation	10b	49,892,661	45,600,771	10c	45,373,071
	11	Investments—publicly traded securities	٠		0	11	0
	12	Investments—other securities See Part IV, line 11	0	12	0		
	13	Investments—program-related See Part IV, line 11			908,840	13	942,900
	14	Intangible assets			0	14	0
	15	Other assets See Part IV, line 11			3,538,121		1,889,889
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			60,784,074		59,867,510
	17	Accounts payable and accrued expenses			5,196,782		6,652,164
	18	Grants payable			0	18	0
	19	Deferred revenue			5,077,553	19	4,408,480
	20	Tax-exempt bond liabilities			29,450,000		29,150,000
	21	Escrow or custodial account liability Complete Part IV of Sch	0		0		
Liabilities	22	Loans and other payables to current and former officers, direct key employees, highest compensated employees, and disqual	ors, tı				
ge		persons Complete Part II of Schedule L			0	22	0
	23	Secured mortgages and notes payable to unrelated third partie	es .		8,060,306	23	5,576,324
	24	Unsecured notes and loans payable to unrelated third parties			2,689,851	24	3,612,362
	25	Other liabilities (including federal income tax, payables to rela and other liabilities not included on lines 17-24) Complete Pa	art X o	f Schedule	4 700 570		4 040 000
		D			1,766,578		1,310,230
	26	Total liabilities. Add lines 17 through 25			52,241,070	26	50,709,560
ž	22	lines 27 through 29, and lines 33 and 34.			7 077 222		6 122 050
Fund Balances	27	Unrestricted net assets			-7,977,323 15,071,751		-6,133,850 13,772,557
<u>~</u>	28	Temporarily restricted net assets					
ĭ	29	Permanently restricted net assets			1,448,576	29	1,519,243
P. F		Organizations that do not follow SFAS 117 (ASC 958), check be complete lines 30 through 34.	iere 🏲	and			
Ξ.	30	Capital stock or trust principal, or current funds				30	
Assets or	31	Paid-in or capital surplus, or land, building or equipment fund				31	
Ą	32	Retained earnings, endowment, accumulated income, or other	funds			32	
Zet Vet	33	Total net assets or fund balances	•		8,543,004	33	9,157,950
	34	Total liabilities and net assets/fund balances			60,784,074	34	59,867,510

Pai	t XI Reconcilliation of Net Assets			<u> </u>		
	Check if Schedule O contains a response to any question in this Part XI		• •		IZ	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		75,6	521,291	
2	Total expenses (must equal Part IX, column (A), line 25)	2		75,2	200,165	
3	Revenue less expenses Subtract line 2 from line 1	3		4	21,126	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) \cdot .	4		8,5	543,004	
5	Net unrealized gains (losses) on investments	5			0	
6	Donated services and use of facilities	6			-22,050	
7	Investment expenses	7			0	
8	Prior period adjustments	8			0	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	215,87			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		9,1	.57,950	
Par	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII				<u>. Г</u>	
				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	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revial separate basis, consolidated basis, or both	ewed on				
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes		
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep basis, consolidated basis, or both	arate				
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversign audit, review, or compilation of its financial statements and selection of an independent accountant?	ht of the	2c	Yes		
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	ın				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in t Single Audit Act and OMB Circular A-133?	he	3a	Yes		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	3b	Yes		

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As Filed Data -

DLN: 93493134059794

OMB No 1545-0047

Employer identification number

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury

Name of the organization

CONCORDIA UNIVERSITY

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.

Open to Public Inspection

									36-2191		
Pai				blic Charity Sta						instruction	S.
	rganı		•	te foundation becaus	•			•	•		
1	<u> </u>		•	ion of churches, or a				ection 170(b)(1)(A)(i).		
2	고			d in section 170(b)(1			*				
3				perative hospital se							
4				h organization opera	ted ın conjur	iction with a	i hospital des	cribed in se	ction 170(b)	(1)(A)(iii).	Enter the
5	_			ity, and state erated for the benefi	t of a college	or univers	ity owned or	norated by	3 dovernmen	atal unit dos	cribed in
,	ı	_	•	(A)(iv). (Complete P	_	or univers	ity owned or t	pperated by	a governmen	itai uiiit ues	scribed iii
6	_				•	tal unit doc	cribad in cast	ion 170/h\/	1)(A)(u)		
	<u>'</u>			local government o						from the go	naral nublia
7	' 	describ	oed in sectio	at normally receives on 170(b)(1)(A)(vi).	(Complete F	Part II)		_	ental unit or	from the ge	neral public
8 9	<u>'</u>		-	described in section			•	-	hutions mon	oborobin for	oc and grace
An organization that normally receives (1) more than 331/3% 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 331/3% 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)							-				
										. cax) noni	Jusiliesses
10	_			ganized and operated							
11	<u>'</u>	_		ganized and operated ganized and operated							t the nurnoses of
	'			ly supported organiz							
				bes the type of supp							
	_		Type I				· -				=
e	Γ	othert	han foundat	ox, I certify that the ion managers and ot							
f			n 509(a)(2) organization	received a written de	etermination	from the IF	S that it is a	Type I. Tyr	oe II. or Type	e III suppor	tıng organization.
			this box					. , , , . , ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		— ,
g			-	2006, has the organ	ızatıon acce _l	oted any gif	t or contribut	ion from any	of the		
			ng persons? erson who d	rectly or indirectly o	controls eith	ner alone or	together with	nersons de	scribed in (ii	1	Yes No
				governing body of th	*		_	persons ac	.5011500 111 (11		.g(i)
				er of a person descr		_					g(ii)
		• •	•	lled entity of a perso			above?				g(iii)
h				ng information about						[5()
				,		.	,				
(i) Nan	ne of	(ii) EIN	(iii) Type of	(iv) Is	the	(v) Did yo	u notify	(vi) Is	the	(vii) A mount of
	uppoi			organızatıon	organızat		the organ		organiza		monetary
or	ganiz	ation		(described on	col (i) lıs		ın col (i)		col (i) or		support
				lines 1-9 above or IRC section	your gove		suppo	rt?	in the U	JS7	
				(see	docume	int'					
				instructions))	Vaa	No	Vac	l No	Vac	l Na	\dashv
					Yes	No	Yes	No	Yes	No	
			-					1	1	+	
Total											

Sch	edule A (Form 990 or 990-EZ) 2012							Page 2
Pa	(Complete only if you o	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation faile	ed to q	
	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	ow, please com	iplete Pa	rt III.)	
	ection A. Public Support endar year (or fiscal year beginning					1		
	in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2	312	(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							
6	(f) Public support. Subtract line 5 from							
	line 4							
S	ection B. Total Support							
Cal	endar year (or fiscal year beginning	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 20)12	(f) Total
_	in) ► A mounts from line 4		. ,		. ,	, ,		. ,
7 8	Gross income from interest,							
0	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar							
9	sources Net income from unrelated							
9	business activities, whether or not							
	the business is regularly carried							
	on							
10	Other income Do not include gain or loss from the sale of capital							
	assets (Explain in Part IV)							
11	Total support (Add lines 7 through							
4.0	10)		<u> </u>					
12	Gross receipts from related activitie					12		
13	First five years. If the Form 990 is this box and stop here							ization, check
	ection C. Computation of Pub				<u> </u>	<u> </u>		
14	Public support percentage for 2012			11, column (f))		14		
15	Public support percentage for 2011			, , , , , , ,		15		
	33 1/3% support test—2012. If the o	· ·	•	on line 13 and l	ine 14 is 33 1/20%		chack ti	nie hov
104	and stop here. The organization qua				me 1 1 13 33 1/3/0	or more,	JIICCK CI	► □
b	33 1/3% support test—2011. If the				and line 15 is 33	3 1/3% or n	nore, ch	eck this
	box and stop here. The organization						. 4 4	▶□
1/a	10%-facts-and-circumstances test- is 10% or more, and if the organizat							•
	in Part IV how the organization mee							
	organization				4	r	,	▶ □
b	10%-facts-and-circumstances test-							
	15 is 10% or more, and if the organ Explain in Part IV how the organizat							lv
	supported organization	ion meets the T	acts-ana-cncum:	stances test III	ic organization qu	uiiiiE5 45 i	a public	·y ▶□
18	Private foundation. If the organizat	on did not check	c a box on line 13	, 16a, 16b, 17a,	or 17b, check thi	s box and	see	·
	instructions							▶ ┌

Schedule A (Form 990 or 990-EZ) 2012 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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						
3	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2,						
<i>7</i> a	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						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c	ade or n 1513 or the and either not tits or facilities mental unit to ut charge uph 5 mental unit to ut to ut the uph 1 mental uph 1 menta					
	from line 6)						
_Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning	(a) 2008	(h) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	in) ►	(u) 2000	(6) 2003	(6) 2010	(4) 2011	(6) 2012	(1) 10tai
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
Ь	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						
11	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)			Librari Corretto con	6.01	E04(-)(2)	
14		or the organization	on's first, second	i, thira, fourth, or	ππη tax year as a	1 501(c)(3) org	
	check this box and stop here	a Cunnaut Da					
				1.2		T I	
15				13, column (T))		15	
16	Public support percentage from 2011	L Schedule A, Pa	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	me Percenta	ge			
17	•				nn (f))	17	
					. , ,	 	
18							
19a							

33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18

is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2012

DLN: 93493134059794

OMB No 1545-0047

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Inspection

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

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

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

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

• Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then ◆ Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** CONCORDIA UNIVERSITY 36-2191242 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV 2 Political expenditures 3 Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes 3 Was a correction made? ☐ Yes □ No If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? 4 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV **(c)** EIN (e) A mount of political (a) Name (b) Address (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter -0directly delivered to a separate political organization If none, enter-0-

e Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

Sch	nedule C (Form 990 or 990-EZ) 2012					Page 2
Pa		is exempt under	section 501(c)(3) and fil	ed Form 5768	(election
_		an affiliated group (and	lict in Part IV os	ach affiliated are	un mambar's nam	o addross EIN
	expenses, and share of excess lobb	ying expenditures)		_	up member s nam	e, address, LTN
<u>B</u>	Check Frifthe filing organization checked box	x A and "limited contro	ıl" provisions apı	oly		
			l .)		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public o	pınıon (grass roots lob	bying)			
b	Total lobbying expenditures to influence a legisla	ative body (direct lobb	yıng)			
c	Complete if the organization is exempt under section 501(c)(3) a under section 501(h)). The complete if the foling organization belongs to an affiliated group (and list in Part IV each affilial expenses, and share of excess lobbying expenditures) The complete if the filing organization belongs to an affiliated group (and list in Part IV each affilial expenses, and share of excess lobbying expenditures) Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Total lobbying expenditures to influence public opinion (grass roots lobbying) Total lobbying expenditures (add lines 1a and 1b) Other exempt purpose expenditures Total exempt purpose expenditures (add lines 1c and 1d) Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 20% of the amount on line 1e Over \$500,000 but not over \$1,000,000 20% of the amount on line 1e Over \$1,000,000 but not over \$1,000,000 \$1075,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$1,000,000 Grassroots nontaxable amount (enter 25% of line 1f) Subtract line 1g from line 1a If zero or less, enter -0- Subtract line 1f from line 1c If zero or less, enter -0- Subtract line 1f from line 1c If zero or less, enter -0- If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 47 section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have columns below. See the instructions for lines 2a through 2					
d	The complete if the organization is exempt under section 501(c)(3) under section 501(h)). The ck if the filing organization belongs to an affiliated group (and list in Part IV each affiliated in the filing organization belongs to an affiliated group (and list in Part IV each affiliated in the filing organization belongs to an affiliated group (and list in Part IV each affiliated expenses, and share of excess lobbying expenditures) The complete if the filing organization belongs to an affiliated group (and list in Part IV each affilia					
e	Total exempt purpose expenditures (add lines 1c	ration is exempt under section 501(c)(3) and filed Form 5768 (election and station is exempt under section 501(c)(3) and filed Form 5768 (election and station is exempt under section 501(c)(3) and filed Form 5768 (election as plays to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN as lobbying expenditures (a) Filing organization's totals (b) Affiliated group totals				
f		rom the following table	group (and list in Part IV each affiliated group member's name, ad litures) inted control" provisions apply res or incurred.) group (a) Filing organization's totals group (a) Filing organization's totals direct lobbying) direct lobbying) direct lobbying) direct lobbying in both ing nontaxable amount is: amount on line 1e us 15% of the excess over \$500,000 us 10% of the excess over \$1,500,000 us 5% of the excess over \$1,500,000 Period Under Section 501(h) 01(h) election do not have to complete all of the fections for lines 2a through 2f on page 4.) Buring 4-Year Averaging Period			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax	able amount is:			(election , address, EIN (b) Affiliated group totals Yes No
	Not over \$500,000	20% of the amount on li	and group (and list in Part IV each affiliated group member's name, address enditures) Ilimited control" provisions apply tures (a) Filing organization's totals (b) Affigrory (direct lobbying) y (direct lobbying) y (lorect lobbying) plus 15% of the excess over \$500,000 plus 15% of the excess over \$1,000,000 plus 15% of the excess over \$1,500,000 polus 10%			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the				
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000	0,000		
	Over \$1,500,000 but not over \$17,000,000	to an affiliated group (and list in Part IV each affiliated group member's name, obbying expenditures) box A and "limited control" provisions apply g Expenditures s amounts paid or incurred.) to opinion (grass roots lobbying) gislative body (direct lobbying) granization's totals gislative body (direct lobbying) gislative body				
	Over \$17,000,000	\$1,000,000				
	Grassroots nontaxable amount (enter 25% of lin	e 1f)				
_	·	•		-		
i	- ·			-		
_			organization file	Form 4720 rep	ortina	1
-	section 4911 tax for this year?					┌ Yes ┌ No
_	4-Voor Av	versaina Period II	Inder Section	F01/b)		ling ation's group totals Yes No
	(Some organizations that made a	A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election section 501(h)). If the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, addres expensions, and share of excess lobbying expenditures (if the filing organization checked box A and "limited control" provisions apply Limits on Lobbying Expenditures (The term "expenditures to influence public opinion (grass roots lobbying) lobbying expenditures to influence a legislative body (direct lobbying) lobbying expenditures (add lines 1a and 1b) exempt purpose expenditures (add lines 1a and 1d) ing nontaxable amount. Enter the amount from the following table in both ins amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount (enter 25% of line 1f) betting 1g from line 1a If zero or less, enter -0- act line 1g from line 1a If zero or less, enter -0- act line 1g from line 1a If zero or less, enter -0- act line 1g from line 1a If zero or less, enter -0- act line 1g from line 1a If zero o	ne five			
	Lobbying Expe	enditures During	4-Year Avera	ging Period		1
		(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a	Lobbying nontaxable amount					
b						
c	Total lobbying expenditures					
d	Grassroots nontavable amount					

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

	Was "was no no a to the same to the same to be same to be same to a same to	(8	1)		(b)	
activ	each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying vity.	Yes	No	A	moun	it
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
а	Volunteers?		Νo			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Νo			
C	Media advertisements?		Νo			
d	Mailings to members, legislators, or the public?		Νo			
е	Publications, or published or broadcast statements?		Νo			
f	Grants to other organizations for lobbying purposes?	Yes			6	52,311
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Νo			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Νo			
i	O ther activities?		Νo			
j	Total Add lines 1c through 1i				6	52,311
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No			
b	If "Yes," enter the amount of any tax incurred under section 4912					
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	501(c)(5), o	r se	ctio	n
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		L	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		l

Did the organization agree to carry over lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

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

Part IV Supplemental Information

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

Identifier	Return Reference	Explanation
SchC_P2B_S00_L01		Paid amounts to lobbyist to help influence potential legislation and rules/regulations involving higher education reforms and educational standards under the jurisdiction of the state legislative bodies and agencies

DLN: 93493134059794

OMB No 1545-0047

SCHEDULE D

Department of the Treasury

Internal Revenue Service

(Form 990)

Supplemental Financial Statements

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

Open to Public Inspection

	me of the organization NCORDIA UNIVERSITY	Employer identification number					
_	ACOMPTA OMINERATI I		36-2191242				
Pa	organizations Maintaining Donor Adorganization answered "Yes" to Form 990	, Part IV, line 6.	inds or Accounts. Complete if the				
		(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 advis funds are the organization's property, subject to the or		radvised Yes No				
6	Did the organization inform all grantees, donors, and dused only for charitable purposes and not for the bene conferring impermissible private benefit?						
Pa	rt III Conservation Easements. Complete if	the organization answered "Yes" to	Form 990, Part IV, line 7.				
1 2	Purpose(s) of conservation easements held by the org Preservation of land for public use (e.g., recreation Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held is	or education) Preservation of an I	ertified historic structure				
	easement on the last day of the tax year	_					
	Tabel manifest of a manifest o	-	Held at the End of the Year				
а	Total number of conservation easements	-	2a				
Ь	Total acreage restricted by conservation easements		2b				
с	Number of conservation easements on a certified history	· · · ·	2c				
d	Number of conservation easements included in (c) accommissions structure listed in the National Register	L	2d				
3	Number of conservation easements modified, transfer	red, released, extinguished, or terminated	d by the organization during				
	the tax year 🗠						
4	Number of states where property subject to conservat	ion easement is located ►					
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?	the periodic monitoring, inspection, hand	ling of violations, and Yes No				
6	Staff and volunteer hours devoted to monitoring, inspe	cting, and enforcing conservation easem	ents during the year				
_	Amount of expenses incurred in monitoring, inspecting	a. and enforcing conservation easements	during the year				
7	► \$,,	J ,				
8	Does each conservation easement reported on line 2(and section 170(h)(4)(B)(II)?	d) above satisfy the requirements of sect	(ion 170(h)(4)(B)(i)				
9	In Part XIII, describe how the organization reports co balance sheet, and include, if applicable, the text of th	e footnote to the organization's financial :					
)	the organization's accounting for conservation easement TITE Organizations Maintaining Collection		or Other Similar Assats				
	Complete if the organization answered "Y	'es" to Form 990, Part IV, line 8.					
1a	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar assesservice, provide, in Part XIII, the text of the footnote	ets held for public exhibition, education, o	r research in furtherance of public				
b	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar assesservice, provide the following amounts relating to thes	ets held for public exhibition, education, o					
	(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, histor following amounts required to be reported under SFAS		r financial gain, provide the				
а	Revenues included in Form 990, Part VIII, line 1		▶ -\$0				

b Assets included in Form 990, Part X

Part	Organizations Maintaining Co	llections of Art	, His	torical T	reası	ires, or O	the	r Similar A	ssets	5 (coi	ntınued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other recor	ds, ch	eck any of	the foll	lowing that a	re a	significant us	e of it	s	
а	Public exhibition		d	┌ Loan	orexc	hange progra	ams				
b	Scholarly research		e	┌ Othe	r						
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	ın how	they furth	er the (organızatıon	's ex	empt purpose	ın		
5	During the year, did the organization solicit							ılar	_		_
Do	assets to be sold to raise funds rather than t							aell to Forms	Ye	es	✓ No
Par	t IV Escrow and Custodial Arrang Part IV, line 9, or reported an an					n answered	ı Y	es to Form	990,		
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?					or other ass	ets r	not	Γ γ _€	es	┌ No
b	If "Yes," explain the arrangement in Part XII	II and complete the	follow	ıng table		_					
						<u> </u>		A	mount	ŧ	
C	Beginning balance					-	1c				
d	Additions during the year					<u> </u>	1d				
е	Distributions during the year					-	1e				
f	Ending balance					L	1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	e 21?						┌ Ye	es	∏ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the	expla	nation has	been p	rovided in P	art >	(III			Г
Pa	rt V Endowment Funds. Complete										
4	Paginaina of ware balance	(a)Current year 16,744,049	(b)F	Prior year 16,699,136		wo years back 13,518,885		hree years back 11,731,088			ars back 4,595,794
1a L	Beginning of year balance	1,301,500		1,204,447		693,026		591,662		1.	728,810
b	Net investment earnings, gains, and losses	1,301,300		1,204,447		093,020		391,002			720,010
С	Net investment earnings, gams, and losses	1,688,691		-456,331		3,166,185		1,817,999		-7	2,883,904
d	Grants or scholarships	482,550		493,831		518,092		453,876			516,377
е	Other expenditures for facilities and programs	289,189		209,372		160,868		167,988	,		193,235
f	Administrative expenses	0		0		0		(0
g	End of year balance	18,962,501		16,744,049		16,699,136		13,518,885		1	1,731,088
2	Provide the estimated percentage of the cur	rent year end baland	ce (lın	e 1g, colum	nn (a))	held as					
а	Board designated or quasi-endowment 🕨	41 %									
ь	Permanent endowment ► 53 %										
С		5 %									
	The percentages in lines 2a, 2b, and 2c show	uld equal 100%									
За	Are there endowment funds not in the posses	ssion of the organiz	atıon t	hat are hel	d and a	admınıstered	for	the			
	organization by								-	Yes	No
	(i) unrelated organizations				•		•		(i)	res	No
b	(ii) related organizations		 don S	 chedule R2				· · · -	` 	res res	
4	Describe in Part XIII the intended uses of the	•			•		•	· · · <u> </u>			
Par	t VI Land, Buildings, and Equipme	ent. See Form 99	0, Pa	rt X, line	10.						
	Description of property		·	(a) Cost or basis (inves	other	(b)Cost or ot basis (other		(c) Accumulate depreciation	d (0	i) Boo	k value
1a	Land				0	1,919,	643		\top	1	.,919,643
b	Buildings				0	63,663,	644	29,198,0	93		,465,551
	Leasehold improvements				0	6,878,	181	3,734,9	64	3	3,143,217
d	Equipment				0	19,537,	630	16,011,9	68	3	3,525,662
e	Other	<u></u>	•		0	3,266,	634	947,6	36		2,318,998
	l. Add lines 1a through 1e <i>(Column (d) must e</i>			mn (B), lıne	10(c).)		🛌		45	,373,071
								Schedule	D (Fo	rm 99	90) 2012

Part VII Investments—Other Securities. See	Form 990, Part X, line 1	2.	
(a) Description of security or category	(b)Book value		od of valuation
(including name of security)		Cost or end-o	f-year market value
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶			
Part VIII Investments—Program Related. See	Form 990, Part X, line	13.	
(a) Description of investment type	(b) Book value	(c) Metho	od of valuation
		Cost or end-o	f-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, lin	ne 15.		
(a) Descrip	tion		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.	.)		
Part X Other Liabilities. See Form 990, Part X			
1 (a) Description of liability	(b) Book value		
Federal Income taxes	0		
-			
Refundable government student loan funds	756,517		
Interest rate swap agreement	344,655		
Due to Concordia University Foundation	209,058		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	1,310,230	nizotion's financial states	monto that rancets the

Sched	lule D (Form 990) 2012						Page 4
Par	Reconciliation of R	evenue per Audited Financial	State	emen	ts With Revenue p	er Re	turn
1	Total revenue, gains, and othe	r support per audited financial stateme	ents .			1	
2	Amounts included on line 1 bu	t not on Form 990, Part VIII, line 12					
а	Net unrealized gains on invest	ments		2a			
b	Donated services and use of fa	acılıtıes		2b			
C	Recoveries of prior year grants	s		2c			
d	Other (Describe in Part XIII)			2d			
e	Add lines 2a through 2d .					2e	
3	Subtract line ${f 2e}$ from line ${f 1}$.					3	
4	Amounts included on Form 99	0, Part VIII, line 12, but not on line 1					
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b		4a			
b	Other (Describe in Part XIII)			4b			
C	Add lines 4a and 4b					4c	
5	Total revenue Add lines 3 and	d 4c. (This must equal Form 990, Part I	i, line 1	L2).		5	
Part	XIII Reconciliation of E	xpenses per Audited Financia	l Stat	eme	nts With Expenses	per	Return
1	Total expenses and losses pe	r audited financial statements				1	
2	A mounts included on line 1 bu	t not on Form 990, Part IX, line 25					
а	Donated services and use of fa	acılıtıes		2a			
b	Prior year adjustments			2b			
C	Otherlosses			2c			
d	Other (Describe in Part XIII)			2d			
e	Add lines 2a through 2d					2e	
3	Subtract line ${f 2e}$ from line ${f 1}$.					3	
4	Amounts included on Form 99	0, Part IX, line 25, but not on line 1:					
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b		4a			
b	Other (Describe in Part XIII)			4b			
c	Add lines 4a and 4b					4c	
5	Total expenses Add lines 3 ar	nd 4c. (This must equal Form 990, Part	: I, lıne	18)		5	
Par	Supplemental Inf	ormation					
Part		scriptions required for Part II, lines 3, , lines 2d and 4b, and Part XII, lines 2					
	Identifier	Return Reference			Explanat	ion	
SchD	P03 S00 L01	Schedule D. Part III. Line 1	As sta	ated in	the University's audite	ed finan	cial statements note

Identifier	Return Reference	Explanation
SchD_P03_S00_L01	Schedule D, Part III, Line 1	As stated in the University's audited financial statements, note B, "The University has a collection of art objects, most of which were contributed to the University The value of these objects is not recorded in the accompanying statement of financial position. The University's Board of Regents has given the authority to sell a significant portion of the collection. While management has been given the authority, it does not currently intend to dispose any significant portion of these art objects. Management will sell or transfer ownership of an art object if it is ever determined that that art object no longer furthers the University's mission.
SchD_P03_S00_L04	Schedule D, Part III, Line 4	The University has a collection of art objects, most of which were contributed to the University without solicitation. Nearly all of these objects are paintings or sculptures, many share religious themes, which are consistent with the University's Lutheran Church-Missouri Synod heritage and belief. The objects help the University further its exempt status by providing an overall campus environment conducive of education and learning, acting as educational tools used to demonstrate varying artistic styles and themes, and providing a connection to the University's mission statement by demonstrating the values of "creativity, competence and compassion."
SchD_P05_S00_L04	Schedule D, Part V, Line 4	Donations given to Concordia University Foundation are for endowments that ultimately assist Concordia University's educational and religious activities. Donors have placed restrictions on the endowment payout in the following ways. 1) financial aid given to Concordia University students, 2) support for Concordia University's Student Services and Academics, and 3) support of Concordia University's maintenance and operations of plant and University general operations.
SchD_P10_S00_L02	Schedule D, Part X, Line 2	The University and the Foundation are organizations described in Section 501(c)(3) of the Internal Revenue Code (IRC) of 1986, as amended and, as such, are exempt from federal income tax on income earned related to exempt activities under IRC Section 501(a) In addition, the IRC has determined that the University and Foundation are not private foundations within the meaning of Section 509(c) of the IRC. The FASB issued guidance that requires tax effects from uncertain positions to be recognized in the consolidated financial statements only if the position is more likely than not to be sustained if the position were to be challenged by a taxing authority. Management has determined there are no material uncertain tax positions that require recognition in the consolidated financial statements. The tax years ended 2010, 2011 and 2012 are still open to audit for both federal and state purposes.

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DLN: 93493134059794

OMB No 1545-0047

2012

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

CONCORDIA UNIVERSITY

Name of the organization

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.

Inspection Employer identification number

	36-2191242			
Pa	rtI		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?			
	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 a	Does the organization discriminate by race in any way with respect to 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
е	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			
		\dashv		
	Does the organization receive any financial aid or assistance from a governmental agency? Has the organization's right to such aid ever been revoked or suspended?	6a 6b	Yes	No
	If you answered "Yes" to either line 6a or line 6b, explain on Part II 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)

ldentifier	Return Reference	Explanation
SchE_P01_S00_L03	Schedule E, Part I, Line 3	Concordia University Chicago publishes its policy of racial non-discrimination in local print media, on its website at CUChicago edu and via recruitment materials distributed by the Office of Undergraduate Admission
SchE_P01_S00_L06	Schedule E, Part I, Line 6	Concordia University serves as a pass-through grantor for several Federal Student Financial Assistance Programs. These Federal Programs include Federal Perkins Loans Program, Federal Pell Grants Program, Federal Supplemental Education Opportunity Grant Program, Federal Work Study Program, and the Federal Education Loan Program. In addition to the Federal Programs, Concordia also participates in the Illinois Cooperative Work Study Grant Program.

Schedule E (Form 990 or 990-EZ) 2012

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DLN: 93493134059794

OMB No 1545-0047

Supplemental Information Regarding

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

SCHEDULE G

Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Form 990-EZ filers are not required to complete this part.

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

Open to Public Inspection

Employer identification number

CONCORDIA UNIVERSITY					26 21012	4.2
Part I Fundraising Act	ivities Complete	a if the o	raanizat	ion answered "Ves"	36-21912	
						1V, iiile 17.
 Indicate whether the organia Mail solicitations Internet and email solicitations Phone solicitations In-person solicitations 	citations written or oral agre	ement witl	e f g h any indi	Solicitation of non Solicitation of gov Special fundraisin	r-government grants ernment grants g events rs, directors, trustee	
b If "Yes," list the ten highest to be compensated at least	t paid individuals or	entities (f		•	_	, , , , , , , , , , , , , , , , , , , ,
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrai cust cont	Did ser have ody or crol of outions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(or retained by)
		Yes	No			
		+				
Total			.			
3 List all states in which the o	organization is regis	tered or lı	censed to	o solicit funds or has be	en notified it is exen	npt from registration or

Sche	edule	G (Form 990 or 990-EZ) 2012				Page 2
Pa	rt II	Fundraising Events. Commore than \$15,000 of fundrevents with gross receipts g	aising event contribut			
			(a) Event #1 Community Awards	(b) Event #2	(c) O ther events	(d) Total events (add col (a) through col (c))
			Banquet (event type)	(event type)	(total number)	
£Ω	1	Gross receipts	29,98	7		29,987
Revenue	2	Less Contributions	24,96	2		24,962
4	3	Gross income (line 1 minus line 2)	5,02	5		5,025
	4	Cash prizes		0		0
ဟ	5	Noncash prizes	1,98	4		1,984
Direct Expenses	6	Rent/facility costs	4,10	4		4,104
	7	Food and beverages .	7,18	8	0	7,188
	8	Entertainment		0	0	0
ឨ	9	Other direct expenses .	4,77	2		4,772
	10	Direct expense summary Add lir	nes 4 through 9 in columr	n (d)		(18,048)
	11	Net income summary Combine I	ine 3, column (d), and line	e 10		-13,023
Par	t III	Gaming. Complete if the o \$15,000 on Form 990-EZ, li		"Yes" to Form 990, Pa	irt IV, line 19, or repo	rted more than
verkue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1	Gross revenue				
enses	2	Cash prizes				
Expen	3	Non-cash prizes				
ញ ក្	4	Rent/facility costs				
Direct	5	Other direct expenses				
	6	Volunteer labor	Г Yes	Г Yes	Г Yes	
	7	Direct expense summary Add line	es 2 through 5 in column ((d)		
	8	Net gaming income summary Com	nbine lines 1 and 7 in col	ımn (d)	<u> ► </u>	
9		er the state(s) in which the organiz				
a		the organization licensed to operate				. Fyes FNo
Ь	1† "[No," explain				
10a b		re any of the organization's gaming Yes," explain				· · Yes No
		· · · · · · · · · · · · · · · · · · ·				

70ES	the organization operate gaming	activities with nonlinelinders		· · I Yes I No
.2		neficiary or trustee of a trust or a men		
	formed to administer charitable of	gaming?		· · · · Fyes F No
.3	Indicate the percentage of gamir	ng activity operated in		
а	The organization's facility			13a
b	An outside facility			13b
.4	Enter the name and address of th	ne person who prepares the organizati	on's gaming/special events books	and records
	Name ►			
	Address 🟲			
	revenue?	ntract with a third party from whom the		
	amount of gaming revenue retain	ed by the third party 🟲 \$		
C	If "Yes," enter name and address	s of the third party		
	Name 🟲			
	Address 🟲			
.6	Gaming manager information			
	Name 🟲			
	Gaming manager compensation I	\$ \$		
	Description of services provided	>		
	☐ Director/officer	Employee	Independent contractor	
.7	Mandatory distributions			
а	Is the organization required unde	er state law to make charitable distrib	utions from the gaming proceeds to	
	retain the state gaming license?			Г _{Yes} Г _{No}
b	Enter the amount of distributions	required under state law distributed t	to other exempt organizations or sp	ent
		activities during the tax year 🟲 💲		
Par	columns (III) and (v), a	mation. Complete this part to pr and Part III, lines 9, 9b, 10b, 15b ditional information (see instructi	, 15c, 16, and 17b, as applical	
	Identifier	Return Reference	Explana	tion

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Schedule I

(Form 990)

DLN: 93493134059794 OMB No 1545-0047

2012

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

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes," to Form 990, Part 1V, line 21 or 22. Attach to Form 990						Open to Public Inspection		
Name of the organization CONCORDIA UNIVERSITY						Employer identif	ication number	
						36-2191242		
Part I General Informati								
Does the organization maintain the selection criteria used to a	n records to substant award the grants or as	iate the amount of the sistance?	grants or assistance, the	e grantees' eligibility for i	the grants or assista	ance, and	▽ Yes	
2 Describe in Part IV the organi								
				United States. Con ort II can be duplicated			i "Yes" to	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)		of (h) Purpose of grannce or assistance	
		<u> </u>	1 1 1 2 2 1 1					
2 Enter total number of section						🏲		
3 Enter total number of other org	ganizations listed in th	ne 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. Part III can be duplicated if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) Student scholarships and fellowships	1465	15,355,623	0		

Part IV Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
SchI_P01_S00_L02		Student's eligibility to receive financial assistance from Concordia University Chicago is determined by policy approved by the Board of Regents. On a basis of careful analysis of the financial statements, the Director of Financial Aid determines the amount of aid available from various sources. Next, the amount that the student and his or her family can reasonably be expected to provide is calculated. The difference is called "demonstrated need." Financial assistance is awarded based on the student's demonstrated need for that year. Concordia-Chicago provides scholarships. All recipients are unrelated except for tuition benefits provided under Concordia-Chicago's tuition grant program to eligible employees, their spouses, and dependents. This tuition grant program is in accordance with IRC section 117(d). Concordia University Chicago also provides student assistance through work-study.

DLN: 93493134059794

OMB No 1545-0047

Open to Public Inspection

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990,

Compensation Information

Part IV, question 23. ► Attach to Form 990. ► See separate instructions.

Name of the organization CONCORDIA UNIVERSITY

Employer identification number

36-2191242

Pa	rt I Questions Regarding Compensatio	n				
					Yes	No
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part II					
	First-class or charter travel	굣	Housing allowance or residence for personal use			
	Travel for companions		Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Γ	Health or social club dues or initiation fees			
	Discretionary spending account	Г	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the o reimbursement or provision of all of the expenses d			1b	Yes	
2	Did the organization require substantiation prior to directors, trustees, and the CEO/Executive Directo			2	Vaa	
		i, rogaro		-	Yes	
3	Indicate which, if any, of the following the filing orga organization's CEO/Executive Director Check all t used by a related organization to establish compens	hat apply				
	✓ Compensation committee	Г	Written employment contract			
	☐ Independent compensation consultant	굣	Compensation survey or study			
	Form 990 of other organizations	<u> - </u>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, or a related organization	Part VII	I , Section A , line $1a$ with respect to the filing organization			
а	Receive a severance payment or change-of-control	paymen	nt?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?					Νo
C	Participate in, or receive payment from, an equity-b	ased co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pi	rovide th	ne applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only ma	ust comp	plete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A compensation contingent on the revenues of	, line 1a	, did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in Form 990, Part VII, Section A compensation contingent on the net earnings of	, line 1a	, did the organization pay or accrue any			
а	The organization?			6a		No
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes,"			7		No
8	Were any amounts reported in Form 990, Part VII,					
	subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe					
	ın Part III					No
9	If "Yes" to line 8, did the organization also follow th section $53\ 4958-6(c)$?	e rebutta	able presumption procedure described in Regulations	9		

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

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

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

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation reported as deferred in prior Form 990	
		(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)		
(1)Dr John Johnson President/CEO/COO	(i) (ii)	178,689 0	0 0	0	28,436 0	58,844 0	265,969 0	0	
(2)Mr Tom Hallett Vice President/CFO	(i) (ii)	140,920 0	0	0	14,187 0	23,987 0	179,094 0	0 0	
(3)Mrs Cindy Simpson Sr Vice President	(i) (ii)	147,128 0	0	0	12,634 0	14,140 0	173,902 0	0 0	
(4)Ms Evelyn Burdick Vice President	(i) (ii)	146,381 0	0	0	13,968 0	7,988 0	168,337 0	0 0	
(5)Dr Marilyn Reineck Vice President	(i) (ii)	135,630 0	0	0	12,862 0	10,264 0	158,756 0	0 0	
(6)Mr Alan Meyer Sr Vice President	(i) (ii)	134,067 0	0 0	0	13,100	9,032	156,199 0	0	

Schedule J (Form 990) 2012

Part III Supplemental Information

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

Also complete this part for any additional information

Also complete this part for any additional miorination								
Ident if ier	Return Reference	Explanation						
SchJ_P01_S00_L01a		IRS instructions to Form 990 require that the fair market value of housing provided to employees by their employer be reported on Form 990, Part VII, Section A and Schedule J, Part II As a condition of employment, the President of the University is required to reside on campus premises. The residence serves both as a personal residence as well as a venue for carrying out University business. The University has determined that the value of the use of the personal residence is not considered taxable income to the President as provided in Internal Revenue Code Section 119. For tax year 2012, the President's use of the residence is conservatively estimated to be \$42,000. This estimated value is based on the fair rental value of \$3,500 per month for similar houses in the area. This value includes maintenance of the property, landscaping and snow removal.						

Schedule J (Form 990) 2012

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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 Part VI. ► Attach to Form 990. ► See separate instructions.

DLN: 93493134059794 OMB No 1545-0047

2012

Open to Public **Inspection**

Internal Revenue Service

Department of the Treasury

(Form 990)

Name of the organization Employer identification number CONCORDIA UNIVERSITY 36-2191242 Part I **Bond Issues** (h) On (i) Pool (g) Defeased behalf of financing (a) Issuer name (b) Issuer EIN (c) CUSIP # (d) Date issued (e) Issue price (f) Description of purpose ıssuer Yes No Yes No Yes No Illinois Finance Authority Construction, renovation, and to 30,000,000 86-1091967 45200FA82 10-29-2009 Χ Х Χ retire other debt Part II **Proceeds** В С D Α Amount of bonds retired 850,000 Amount of bonds legally defeased 2 Total proceeds of issue 3 30,000,000 Gross proceeds in reserve funds 4 5 Capitalized interest from proceeds Proceeds in refunding escrows 6 7 Issuance costs from proceeds 310,067 Credit enhancement from proceeds 8 Working capital expenditures from proceeds 9 Capital expenditures from proceeds 10 28,597,581 Other spent proceeds 11 Other unspent proceeds 12 1,092,352 Year of substantial completion 13 2009 Yes No Yes No Yes No Yes No Were the bonds issued as part of a current refunding issue? Х 14 Were the bonds issued as part of an advance refunding issue? Χ 15 Has the final allocation of proceeds been made? Χ 16 Does the organization maintain adequate books and records to support the final 17 Χ allocation of proceeds? Part III **Private Business Use** Α В C D Yes No Yes No Yes No Yes No Was the organization a partner in a partnership, or a member of an LLC, which owned Χ property financed by tax-exempt bonds?

financed property?

Are there any lease arrangements that may result in private business use of bond-

Χ

Sche	dule K (Form 990) 2012									Page 2	
Par	Private Business Use (Continued)										
			A		В		С		D		
_		h	Yes	No	Yes	No	Yes	No	Yes	No	
3a	Are there any management or service contracts that may result in private business use of bond-financed property?			Х							
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or counsel to review any management or service contracts relating to the fina property?										
С	Are there any research agreements that may result in private business use of bond- financed property?			х							
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or counsel to review any research agreements relating to the financed proper										
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government			0%	%		%		%		
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501 (c)(3) organization, or a state or local government			0%	0%		%		%		
6	Total of lines 4 and 5			0%		%		%		%	
7	Does the bond issue meet the private security or payment test?		Х								
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?			х							
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of			%		%		%		%	
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?										
9	bonds of the issue are remediated in accordance with the requirements under			х							
Do	Regulations sections 1 141-12 and 1 145-2?										
Par	t IV Arbitrage	Α				В		С		D	
		Yes	No	Yes	Yes No		Yes No		Yes No		
1	Has the issuer filed Form 8038-T?		X								
2	If "No" to line 1, did the following apply?										
 а	Rebate not due yet?	1	X						Ι		
b	Exception to rebate?		X								
c	No rebate due?		X								
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed			-	I		<u> </u>		Į.		
3	Is the bond issue a variable rate issue?	Х									
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		Х								
b	Name of provider										
С	Term of hedge										
d	Was the hedge superintegrated?										
е	Was a hedge terminated?										
		•		•	•	•			-		

Pai	rt IV Arbitrage (Continued)									
	<u> </u>		Α		В		С		D	
			Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?			Х						
ь	Name of provider									
С	Term of GIC									
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?									
6	Were any gross proceeds invested beyond an available temporar period?	ТУ		X						
7	Has the organization established written procedures to monitor the requirements of section 148?			X						
Pa	rt V Procedures To Undertake Corrective Action									
			Α		В		С		D	
			Yes	No	Yes	No	Yes	No	Yes	No
1	Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program is self-remediation is not available under applicable regulations?	ıf		X						
	Constant Total Constant		d d d t						! -!>	
12	Supplemental Information. Complete this par	rt to provi	de additiona	ai informatio	n for respon	•		eaule K (see	instructions)	•
1	Talantifian Datum Dafarana					Estala a s				

Identifier Return Reference Explanation

SchK_P03_S00_L09 Schedule K, Part III, Line 9

Although written procedures were not established to ensure that violations of tax requirements are timely identified and corrected, management regularly performed such reviews while the bonds were outstanding Further, as evidenced by their opinion letters, bond counsel and Concordia's legal counsel performed several such procedures and reviews in requirement for the July 1, 2013 debt payment transaction

Schedule K (Form 990) 2012

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493134059794

OMB No 1545-0047

Schedule L

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

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, line 38a or 40b. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions. 2012

Open to Public Inspection

Name of the CONCORDIA UI							Er	nploye	er identi	ification	numbei	r
	D C'1 7	• • •	- /1 -	- F04/-\/2\		E04/-\/4\ -			1242			
	cess Benefit 1 mplete if the orgar										4 N h	
	ame of disqualified			nıp between d		(c) Descri					(d) Corr	ected?
_			person	and organizat	ion						Yes	No
2 Enterth	e amount of tax in	curred by orga	nization ma	anagers or dis	squalified pers	sons during the	eyear	under	section			
4958 .									> \$	-		
3 Enterth	e amount of tax, ıf	any, on line 2,	, above, rei	mbursed by t	he organızatıc	on			F \$			
Part II	Loans to and/	or From In	terested	Persons								
	Complete If the org				0-EZ, Part V,	line 38a, or Fo	orm 99	0, Pa	rt IV, lır	ne 26, o	rıfthe	
	organization report		on Form 9	90, Part X, lın	e 5, 6, or 22						_	
(a) Name of			(d) Loan		(e)O riginal	(f)Balance	(g)		(h)		(i)Wrı	
ınterested person	with organization	of loan	or from t		principal amount	due	defa	uit	A ppro		agreem	ient,
·									commi			
			То	From			Yes	No	Yes	No	Yes	No
1)Evelyn Burdick	Sr VP Enrollment and	Personal		X	9,600	7,200		Νo	Yes		Yes	
Suruick	Marketing	Loan										
											_	
											_	
											_	
				<u> </u>		7.200			1		_	
otal		D	▶	<u>Ψ</u>	D	7,200						
	Grants or Assistant Complete of the complete o					rt IV line 27	,					
	•) Relationship			of assistance	, 		stance	e (e)	Purpos	e of ass	ıstance
	1 -	erested perso	n and the	(-)								
		organızatı	on									
						_						
						_						
						_						

Part IV Business Transactions I Complete if the organizatio	_		ne 28a - 28h or 28c		
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sh organiz reven	f zatıon's
				Yes	No

Part V Supplemental Information

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

Ident if ier	Return Reference	Explanation
		Schedule I (Form 990 or 990-F7) 2012

Schedule L (Form 990 or 990-EZ) 2012

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493134059794

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.

2012
Open to Public Inspection

Name of the organization CONCORDIA UNIVERSITY	Employer identifi	cation number
	36-2191242	

ldentifier	Return Reference	Explanation
F990_P01_S00_L06	Part I, Line 6	The Cougar Corps is the name given to all volunteers who share their time with Concordia University Chicago During fiscal year 2013, members of the Cougar Corps, including current students, Board Members, staff, faculty, alumni, parents, and community members contributed more than 1,500 hours of service to Concordia University Additionally, in 2013, Concordia University was named to the United States President's Higher Education Community Service Honor Roll for the fifth time in seven years. This federal recognition is the highest a college or university can receive for its commitment to volunteering, service-learning and civic engagement. Nearly 46 percent of students gave back to the community through 6,892 service hours.

ldentifier	Return Reference	Explanation
F990_P06_S0A_L07a	•	According to Concordia University's bylaws, membership on the Board of Regents shall be elected in the following manner. Three (3) Regents shall be elected by the Northern Illinois District of the Lutheran Church Missouri Synod in years divisible by three (3) with a remainder of two (2). Five (5) Regents shall be elected at the Convention of Synod in years evenly divisible by three (3). Four (4) Regents shall be elected by the Board of Regents for years divisible by three (3) with a remainder of one (1). Furthermore, members of the Board of Regents may elect up to four (4) additional members at any time.

ldentifier	Return Reference	Explanation
F990_P06_S0B_L11b	Form 990, Part VI, Section B, Line 11b	There are several distinct steps that Concordia follows with its IRS Form 990 Review Process. A first draft was prepared by Concordia's Controller and a top level review was performed by University Management. After this initial review, an updated draft was sent to the University's auditor, Grant Thornton Grant Thornton performed an in depth review of the first draft, requested support documentation for numerous parts of the 990, and provided items for the Controller to consider, verify, and/or correct. The Controller incorporated these items and developed a second draft of the Form 990. Upon completion of the second draft the Controller forwarded the draft, Grant Thornton's list of items, and the Controller's responses to those items to the University's VP for Finance and CFO, who performed an in depth review. Upon completion of this review, the draft was sent to Grant Thornton, along with the Controller's response to their items and changes, if any, identified after their initial review. Grant Thornton performed its final review and provided the Controller with the near final draft. The Controller forwarded the near final draft to the members of the Board of Regents' Finance Committee. This Committee was authorized, through Board Resolution, to act on behalf of the entire Board to review and approve the IRS Form 990. The Finance Committee was given approximately one week to review the IRS Form 990. During this review, members of the Committee emailed the Controller with questions and comments, if any. The Controller compiled these items and amended the 990, as needed. The Controller then sent the Committee the updated return, along with the compiled list of Committee questions and comments. Shortly after sending the return to the Committee, a Finance Committee meeting was held, during which the IRS Form 990. Was finalized. Once finalized, the Committee, through resolution, voted to approve the filing of the IRS Form 990. After this vote, the Controller sent the entire Board of Regents a copy of the final Form

ldentifier	Return Reference	Explanation
F990_P06_S0B_L12c	Form 990, Part VI, Section B, Line 12c	Concordia University Chicago is fully committed to conducting its responsibilities in a manner reflecting the highest degree of integrity and honesty. The success of Concordia in conducting its affairs is the sum effort of each Board, Committee, and Cabinet member in conducting his or her responsibilities with good judgment and in an ethical manner. Therefore, without exception, each member is to comply with Concordia's Conflict of Interest Policy. As such upon appointment, and annually thereafter, each member is asked to read, acknowledge understanding, and agree to comply with, Concordia's Conflict of Interest Policy. As part of this process, each member is asked to disclose personal potential conflict of interest. All such disclosures are reported to the Board and Concordia's President, who determine whether a potential conflict of interest exists. In the event that it is determined that a conflict does exist, the Member is prohibited in participating in all deliberations and decisions associated with all activities involving the related organization. In the event that that it is discovered that any inappropriate activity does occur related to an actual conflict of interest, the relevant Member's position would be immediately vacated.

ldentifier	Return Reference	Explanation
F990_P06_S0B_L15	Form 990, Part VI, Section B, Line 15	In addition to approving the Concordia University President's annual contract, there are several other individuals who have their salaries reviewed and approved by the Finance Committee of the Board of Regents. These individuals include the President's Cabinet and all individuals who have the ability to affect employees' compensation. This includes all members of the Human Resources and Payroll departments, as well as the University's Controller, Assistant Controller and Director of Budget Services Annually, the Director of Human Resources and the Assistant Controller provide the Board with these individuals' compensation, as well as comparative data from similar universities. Once the data is reviewed, annual compensation increases for these individuals is either approved or rejected. This approval or rejection is document through a formal board resolution of the Concordia University Board of Regents.

ldentifier	Return Reference	Explanation
F990_P06_S0C_L19	Section C, Line 19	Concordia University makes its Articles of Incorporation, Bylaws, Conflict of Interest Policy, Whistle Blower Policy, IRS Form 990 and audited financial statements available to the general public on its website (http://cuchicago.edu/about-concordia/our-mission/financial-information/)

ldentifier	Return Reference	Explanation
F990_P11_S00_L09	Form 990, Part XI, Line 9	1) Equity transfer to Concordia University Foundation -\$73,818, 2) gain on interest rate swap \$156,794, 3) change in value of funds held by third party \$58,772, 4) change in value of life insurance policies \$8,976, 5) change in value of pledge receivables \$65,146

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

DLN: 93493134059794

2012

OMB No 1545-0047

Open to Public Inspection

Schedule R (Form 990) 2012

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Department of the Treasury Internal Revenue Service

Name of the organization **Employer identification number** CONCORDIA UNIVERSITY 36-2191242 Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN (If applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income End	(e) I-of-year assets	D	(f) Direct controlling entity		
Part II Identification of Related Tax-Exempt Organ or more related tax-exempt organizations during	izations (Complete if the tax year.)	the organization a		Form 990, P	Part IV,		t had oi	ne
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity (if section 501	status .(c)(3))	(f) Direct controlling entity	Section (13) co	g) 512(introll ity?
(1) Concordia University Foundation 7400 Augusta Street	Formed to promote Concordia University through solicitation of funds	IL	501(c)(3)	Line 11- Type	I	Concordia University	Yes Yes	No
River Forest, IL 60305 23-7055802	and management of endowment							
(2) Lutheran Church Missouri Synod 1333 S Kirkwood Road	Spreading the Gospel	МО	501(c)(3)	Line 1		N/A		No
Saint Louis, MO 63122 46-0658118								

Cat No 50135Y

(a) Name, address, and EIN related organization	of	(b) Primary activity	(c) Legal domicile (state or foreign country)	entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-yea assets	r alloca	ortionate tions?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part	aging ner?	(k) Percenta ownersh
								Yes	No		Yes	No	I
_													
Identification of Related O line 34 because it had one or	rganizations Taxa more related organı	ible as a Corpo zations treated a	ration s a cor	or Trust (poration or	Complete if t	he organı the tax ye	zatıon ar ar.)	iswere	d "Ye	s" to Form	990,	Part	:IV,
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)		(d) Direct controlli entity	(e) Type of enti (C corp, S corp, or trust)	Share of i	total Share	(g) e of end- -year ssets		(h) ercentage wnership	Section (b) conti	(13)	
		,,]	Yes		No
_									<u> </u>				\vdash
						_	-+		+-				\vdash

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity b Gift, grant, or capital contribution to related organization(s) c Gift, grant, or capital contribution from related organization(s) d Loans or loan guarantees to or for related organization(s) e Loans or loan guarantees by related organization(s) f Dividends from related organization(s) f Dividends from related organization(s) g Sale of assets to related organization(s) h Purchase of assets from related organization(s) i Exchange of assets with related organization(s) 1i No	Part V	Transactions With Related Organizations (Complete if the organizations)	ion answere	ed "Yes" to Forr	n 990, Part IV, lin	e 34, 35b, or 36.)			
a Receipt of (i) interest (iii) annuities (iii) royalties or (iv) rent from a controlled entity b Gift, grant, or capital contribution to related organization(s) c Gift, grant, or capital contribution from related organization(s) d Loans or loan guarantees to or for related organization(s) e Loans or loan guarantees by related organization(s) f Dividends from related organization(s) f Dividends from related organization(s) f Purchase of assets to related organization(s) f Purchase of assets from related organization(s) i Exchange of assets with related organization(s) 1a No 1b No 1c Yes 1d No 1d No 1e No	No	e. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule						Yes	No
b Gift, grant, or capital contribution to related organization(s) c Gift, grant, or capital contribution from related organization(s) d Loans or loan guarantees to or for related organization(s) e Loans or loan guarantees by related organization(s) f Dividends from related organization(s) g Sale of assets to related organization(s) h Purchase of assets from related organization(s) i Exchange of assets with related organization(s) 1b No 1c Yes 1d No 1e No	1 Durin	g the tax year, did the orgranization engage in any of the following transactions with one o	or more relate	d organizations li	sted in Parts II-IV?				
c Gift, grant, or capital contribution from related organization(s) d Loans or loan guarantees to or for related organization(s) e Loans or loan guarantees by related organization(s) f Dividends from related organization(s) g Sale of assets to related organization(s) h Purchase of assets from related organization(s) i Exchange of assets with related organization(s) 1c Yes No No No 1 No 1 No	a Re	ceipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity					1a		No
d Loans or loan guarantees to or for related organization(s) e Loans or loan guarantees by related organization(s) f Dividends from related organization(s) g Sale of assets to related organization(s) h Purchase of assets from related organization(s) i Exchange of assets with related organization(s)	b Gif	t, grant, or capital contribution to related organization(s)					1b		No
e Loans or loan guarantees by related organization(s) f Dividends from related organization(s) g Sale of assets to related organization(s) h Purchase of assets from related organization(s) i Exchange of assets with related organization(s)	c Gıf	t, grant, or capital contribution from related organization(s)					1 c	Yes	
f Dividends from related organization(s) g Sale of assets to related organization(s) h Purchase of assets from related organization(s) i Exchange of assets with related organization(s)	d Lo	ans or loan guarantees to or for related organization(s)					1d		No
g Sale of assets to related organization(s) h Purchase of assets from related organization(s) i Exchange of assets with related organization(s)	e Lo	ans or loan guarantees by related organization(s)					1e		No
h Purchase of assets from related organization(s) i Exchange of assets with related organization(s) 1 No	f Div	ridends from related organization(s)					1f		No
i Exchange of assets with related organization(s) 1 No	g Sa	le of assets to related organization(s)					1g		No
Line Exchange of assets with related organization(s)	h Pu	rchase of assets from related organization(s)					1h		No
	i Exc	hange of assets with related organization(s)					1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	j Lea	se of facilities, equipment, or other assets to related organization(s)					1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	k Le	ase of facilities, equipment, or other assets from related organization(s)					1k		No
I Performance of services or membership or fundraising solicitations for related organization(s)	11		No						
m Performance of services or membership or fundraising solicitations by related organization(s)	m Per	formance of services or membership or fundraising solicitations by related organization(s	s)				1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	n Sha	ring of facilities, equipment, mailing lists, or other assets with related organization(s)					1n		No
o Sharing of paid employees with related organization(s)	o Sh	aring of paid employees with related organization(s)					10		No
p Reimbursement paid to related organization(s) for expenses	p Re	imbursement paid to related organization(s) for expenses					1 p		No
q Reimbursement paid by related organization(s) for expenses	q Re	imbursement paid by related organization(s) for expenses					1 q		No
r Other transfer of cash or property to related organization(s)	r Otl	ner transfer of cash or property to related organization(s)					1r	Yes	
s Other transfer of cash or property from related organization(s)	s Ot	ner transfer of cash or property from related organization(s)					1s		No
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds			complete this	line, including co	overed relationships	and transaction thresholds			
(a) Name of other organization (b) Transaction type (a-s) (c) Amount involved Method of determining amount involved type (a-s)				Transaction			ount ı	nvolved	
(1) Concordia University Foundation c 771,739 Cost	(1) Concor	dia University Foundation	С	,, ,	771,739	Cost			
(2) Concordia University Foundation r 73,818 Cost	(2) Concor	dia University Foundation	r		73,818	Cost			

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross)

revenue) that was not a related organization See instructions re	garding exclu	sion for ce		nent	partnerships				`	,		_	
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512- 514)	org	(e) all partners section 501(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
												1	

Additional Data Return to Form

Software ID: 12000197

Software Version: v1.00

EIN: 36-2191242

Name: CONCORDIA UNIVERSITY

Schedule R (Form 990) 2012

Page **5**

Part VII Supplemental Information

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