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Form **990**
 Department of the Treasury
 Internal Revenue Service

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2013

Open to Public Inspection

Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form.
 Information about Form 990 and its instructions is at www.irs.gov/form990

A For the 2013 calendar year, or tax year beginning 07-01-2013, 2013, and ending 06-30-2014

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Resurrection University		D Employer identification number 36-2182170
	Doing Business As		E Telephone number (773) 252-6464
Number and street (or P O box if mail is not delivered to street address) Room/suite 1431 N Claremont Suite		G Gross receipts \$ 10,517,287	
City or town, state or province, country, and ZIP or foreign postal code Chicago, IL 60622			F Name and address of principal officer Beth Brooks 1431 N Claremont Chicago, IL 60622
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: www.resu.edu			
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation 2011
M State of legal domicile IL			

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities Resurrection University is a Catholic Institution of higher learning educating women and men in the field of Nursing, other health sciences, and health care related fields		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	13
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	88
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	69,368	567,445
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8,973,204	9,677,165
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	76,367	169,004
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	19,353	-130,146
		9,138,292	10,283,468
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	586,988	543,378
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	5,588,403	6,312,783
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) \rightarrow 0		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	2,563,487	2,416,853
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	8,738,878	9,273,014	
19 Revenue less expenses Subtract line 18 from line 12	399,414	1,010,454	
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	5,051,231	6,509,074
	21 Total liabilities (Part X, line 26)	1,227,165	1,674,554
22 Net assets or fund balances Subtract line 21 from line 20	3,824,066	4,834,520	

Part II Signature Block

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

Sign Here	***** Signature of officer	2014-12-05 Date
	Therese Scanlan CFO Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name Brdget T Roche	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00666837
	Firm's name \rightarrow GRANT THORNTON LLP			Firm's EIN \rightarrow	
	Firm's address \rightarrow 175 W JACKSON BLVD STE 2000 CHICAGO, IL 60604			Phone no (773) 252-5310	

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No
If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No
If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 7,045,680 including grants of \$ 543,378) (Revenue \$ 9,677,165)
Instruction and Student Services Resurrection University provides higher education through undergraduate and graduate programs of study in the healthcare field Experienced faculty emphasizes quality teaching and is dedicated to the development of individuals into knowledgeable, self-directed, responsive and caring persons The student body is composed of 486 members Offices services the students include admissions, financial aid, registrar, academic center for excellence, library, personal counselling, and career services

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

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

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 7,045,680

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> <input checked="" type="checkbox"/>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? <input checked="" type="checkbox"/>	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		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? <i>If "Yes," complete Schedule C, Part II</i>		No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i> <input checked="" type="checkbox"/>		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? <i>If "Yes," complete Schedule D, Part II</i> <input checked="" type="checkbox"/>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> <input checked="" type="checkbox"/>		No
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? <i>If "Yes," complete Schedule D, Part IV</i> <input checked="" type="checkbox"/>		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> <input checked="" type="checkbox"/>	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? <i>If "Yes," complete Schedule D, Part VI</i> <input checked="" type="checkbox"/>	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? <i>If "Yes," complete Schedule D, Part VII</i> <input checked="" type="checkbox"/>		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? <i>If "Yes," complete Schedule D, Part VIII</i> <input checked="" type="checkbox"/>		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? <i>If "Yes," complete Schedule D, Part IX</i> <input checked="" type="checkbox"/>	Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> <input checked="" type="checkbox"/>	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)? <i>If "Yes," complete Schedule D, Part X</i> <input checked="" type="checkbox"/>	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> <input checked="" type="checkbox"/>	Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> <input checked="" type="checkbox"/>	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> <input checked="" type="checkbox"/>	Yes	
14a Did the organization maintain an office, employees, or agents outside of the United States?		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I (see instructions)</i> <input checked="" type="checkbox"/>		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? <i>If "Yes," complete Schedule G, Part II</i> <input checked="" type="checkbox"/>	Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> <input checked="" type="checkbox"/>		No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	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 "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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 "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	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	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. 1a 712		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. 1b 0		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 88		
2b	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).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
b	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.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		No
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year. 7d		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12. 10a		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 10b		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders. 11a		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them). 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	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		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. 13b		
13c	Enter the amount of reserves on hand. 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	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		
1b	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?		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?	Yes	
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?	Yes	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	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		No

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

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

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)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization
 MATTHEW HUGHES 1431 N CLAREMONT
 Chicago, IL 60622 (773) 252-5310

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

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

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

• List all of the organization's **current** key employees, if any See instructions for definition of "key employee "

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

• List all of the organization's **former** officers, key employees, 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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Beth A Brooks President	40 0	X		X			295,094	0	36,314	
(2) Mary Ann Kelly Chairperson, Board Member	1 0	X					0	0	0	
(3) Sister Kathleen Stadler Vice Chairperson, Board Member	1 0	X					0	0	0	
(4) Patty Thiery Sheridan Board Member	1 0	X					0	0	0	
(5) Ellen-Marie Whelan Board Member	1 0	X					0	0	0	
(6) Thomas Bradley Board Member	1 0	X					0	0	0	
(7) Jim Croft PHD Board Member	1 0	X					0	0	0	
(8) Sunil Desai MD Board Member	1 0	X					0	0	0	
(9) Robert Christie JD Board Member	1 0	X					0	0	0	
(10) Greg Freeman Board Member	1 0	X					0	0	0	
(11) Patricia Munoz-Rocha Board Member	1 0	X					0	0	0	
(12) Sister Francesca Onley PHD Board Member	1 0	X					0	0	0	
(13) Sandra Bruce Board Member	1 0	X					0	0	0	
(14) Margaret McDermott Board Member	1 0	X								
(15) Arlene Blaha Board member	1 0	X								
(16) Evelyn Diaz Board Member	1 0	X								
(17) Sandra Divarco Board member	1 0	X								

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) Dr Angelique Richard PhD Board member	1 0	X								
(19) Therese Scanlan EdD COO/CFO	40 0			X			172,514	0	26,311	
(20) Sandie Soldwisch PhD CAO/Dean of Nursing	40 0			X			164,864	0	13,963	
(21) Lynda Crawford Assist Dean - Graduate Prog	40 0				X		110,353	0	12,291	
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							742,825	0	88,879	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **4**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATIAssessment Technologies, 11161 Overbrook Road LEAWOOD KS 66211	Testing Service	112,693
Donovan Designs, 2433 North Western Ave CHICAGO IL 60647	marketing/advertisin	447,060
N'Dio, 310 South Michigan Ave Ste 1808 CHICAGO IL 60604	DESIGN CONSULT	104,740

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

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns 1a				
	b Membership dues 1b				
	c Fundraising events 1c	28,000			
	d Related organizations 1d				
	e Government grants (contributions) 1e	20,000			
	f All other contributions, gifts, grants, and similar amounts not included above 1f	519,445			
	g Noncash contributions included in lines 1a-1f \$				
	h Total. Add lines 1a-1f	567,445			
Program Service Revenue	2a STUDENT TUITION AND FEES	9,667,899	9,667,899		
	b TEAS TEST REVENUES	3,300	3,300		
	c OTHER STUDENT REVENUES	5,966	5,966		
	d				
	e				
	f All other program service revenue				
	g Total. Add lines 2a-2f	9,677,165			
	3 Investment income (including dividends, interest, and other similar amounts)	45,768			45,768
4 Income from investment of tax-exempt bond proceeds	0				
5 Royalties	5,333			5,333	
6a Gross rents	(i) Real				
	(ii) Personal				
	b Less rental expenses				
	c Rental income or (loss)	0			0
d Net rental income or (loss)	0				
7a Gross amount from sales of assets other than inventory	(i) Securities	195,250			
	(ii) Other				
	b Less cost or other basis and sales expenses	72,014			
	c Gain or (loss)	123,236			
d Net gain or (loss)	123,236			123,236	
8a Gross income from fundraising events (not including \$ 28,000 of contributions reported on line 1c) See Part IV, line 18	a	21,745			
	b Less direct expenses b	161,805			
	c Net income or (loss) from fundraising events	-140,060			-140,060
9a Gross income from gaming activities See Part IV, line 19	a				
	b Less direct expenses b				
	c Net income or (loss) from gaming activities	0			
10a Gross sales of inventory, less returns and allowances	a				
	b Less cost of goods sold b				
	c Net income or (loss) from sales of inventory	0			
Miscellaneous Revenue	Business Code				
11a MISCELLANEOUS REVENUE		4,581			4,581
b					
c					
d All other revenue					
e Total. Add lines 11a-11d		4,581			
12 Total revenue. See Instructions		10,283,468	9,677,165		38,858

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	0			
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	543,378	543,378		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	682,696	189,030	493,666	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	4,684,772	3,757,570	927,202	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	133,668	109,111	24,557	
9	Other employee benefits	452,794	333,676	119,118	
10	Payroll taxes	358,853	267,047	91,806	
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	60,464		60,464	
c	Accounting	53,395		53,395	
d	Lobbying	0			
e	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	60,238		60,238	
12	Advertising and promotion	565,044	565,044		
13	Office expenses	72,290	15,970	56,320	
14	Information technology	405,978	391,936	14,042	
15	Royalties	0			
16	Occupancy	600,305	480,244	120,061	
17	Travel	27,867	12,608	15,259	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	59,462	42,184	17,278	
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	34,372	27,498	6,874	
23	Insurance	625		625	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	CENTRALIZED SERVICES	172,875	138,300	34,575	
b	EDUCATIONAL MATERIALS	81,433	81,433		
c	LICENSES, FEES, SUBSCRIPTIONS	61,500	40,197	21,303	
d	GRADUATION SUPPORT	43,456	43,456		
e	All other expenses	117,549	6,998	110,551	
25	Total functional expenses. Add lines 1 through 24e	9,273,014	7,045,680	2,227,334	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	24,236	1	117,726
	2 Savings and temporary cash investments	0	2	0
	3 Pledges and grants receivable, net	17,123	3	333,000
	4 Accounts receivable, net	722,198	4	1,180,351
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	4,604	7	6,906
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	0	9	125,783
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 244,631		
	b Less accumulated depreciation	10b 106,246	172,757	10c 138,385
	11 Investments—publicly traded securities	0	11	0
	12 Investments—other securities See Part IV, line 11	0	12	0
	13 Investments—program-related See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets See Part IV, line 11	4,110,313	15	4,606,923
16 Total assets. Add lines 1 through 15 (must equal line 34)	5,051,231	16	6,509,074	
Liabilities	17 Accounts payable and accrued expenses	179,718	17	189,326
	18 Grants payable	0	18	0
	19 Deferred revenue	933,803	19	1,221,044
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	113,644	25	264,184
	26 Total liabilities. Add lines 17 through 25	1,227,165	26	1,674,554
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,543,883	27	2,061,138
	28 Temporarily restricted net assets	742,620	28	1,200,024
	29 Permanently restricted net assets	1,537,563	29	1,573,358
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	3,824,066	33	4,834,520	
34 Total liabilities and net assets/fund balances	5,051,231	34	6,509,074	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	10,283,468
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,273,014
3	Revenue less expenses Subtract line 2 from line 1	3	1,010,454
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,824,066
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	4,834,520

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990 or 990EZ)

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.**
▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at**
www.irs.gov/form990.

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Resurrection University

Employer identification number
36-2182170

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

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

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

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

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

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

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

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2012 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support test—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	

- 19a 33 1/3% support tests—2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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

Facts And Circumstances Test

Return Reference

Explanation

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2013

Open to Public Inspection

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. Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization Resurrection University

Employer identification number 36-2182170

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply)
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

Table with 2 columns: Held at the End of the Year. Rows 2a-2d: Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure included in (a), Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items
1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,678,301	1,616,923	1,568,153		
b Contributions	35,795		0		
c Net investment earnings, gains, and losses	164,702	76,128	50,020		
d Grants or scholarships	8,000	14,750	1,250		
e Other expenditures for facilities and programs					
f Administrative expenses	60,000				
g End of year balance	1,810,798	1,678,301	1,616,923		

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a** Board designated or quasi-endowment
 - b** Permanent endowment 86.900 %
 - c** Temporarily restricted endowment 13.100 %
- The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations	3a(i)	No
(ii) related organizations	3a(ii)	Yes

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? **3b** Yes

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment	0	244,631	106,246	138,385
e Other				
Total. Add lines 1a through 1e <i>(Column (d) must equal Form 990, Part X, column (B), line 10(c).)</i>				138,385

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	9,901,895
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	161,805
e	Add lines 2a through 2d	2e	161,805
3	Subtract line 2e from line 1	3	9,740,090
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	543,378
c	Add lines 4a and 4b	4c	543,378
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	10,283,468

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	8,891,441
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	161,805
e	Add lines 2a through 2d	2e	161,805
3	Subtract line 2e from line 1	3	8,729,636
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	543,378
c	Add lines 4a and 4b	4c	543,378
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	9,273,014

Part XIII Supplemental Information

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

Return Reference	Explanation
Intended Uses of Endowment Funds	Schedule D, Part V, Line 4 Net assets associated with endowment funds, including funds designated to function as endowment funds, are classified and reported based on the existence or absence of donor-imposed restrictions The endowment fund is administered by Presence Health The University has adopted the investment and spending policies of Presence Health for its endowment Fund The objective of these policies is to provide the University with a predictable funding stream for its programs while protecting the power of the Endowment Fund Presence Health's investment policy represents the current consensus of the Endowment Fund's investment philosophy and shall be reviewed from time to time to ensure that it continues to reflect the appropriate expectations, goals, and objectives for the Endowment Fund Presence Health has interpreted Uniform Prudent Management of Institutional Funds Act (UPMIFA), as adopted and enacted by the Illinois legislature on June 30, 2009, as requiring the preservation of the fair value of the original gift as of the gift date of the donor-restricted endowment funds absent explicit donor stipulations to the contrary As a result of this interpretation, the University classifies as permanently restricted net assets (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the permanent endowment, and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund The remaining portion of the donor-restricted endowment fund that is not classified as permanently restricted net assets is classified as temporarily restricted net assets until those amounts are appropriated for expenditure by the University in a manner consistent with the standard of prudence prescribed by the state of Illinois in its enacted version of UPMIFA In accordance with UPMIFA, Presence Health considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds (1) the duration and preservation of the endowment fund, (2) the purposes of the University and the donor-restricted endowment fund, (3) general economic conditions, (4) the possible effect of inflation and deflation, (5) the expected total return from income and the appreciation of investments, (6) other resources of the University, and (7) the investment policies of Presence Health Presence Health may appropriate for expenditure or accumulate so much of the Endowment Fund as the University determines is prudent for the uses, benefits, purposes, and duration for which the Endowment Fund is established
Supplemental Description - Other	Schedule D, Part XI, Line 2d Gala event expenses netted against income on tax return, included in expenses on AFS 161,805
Supplemental Description - Other	Schedule D, Part XI, Line 4b Institution Financial Aid and Foundation Scholarships recorded net on AFS, gross on 990 543,378
Supplemental Description - Other	Schedule D, Part XII, Line 2d Gala event expenses netted against income on tax return, included in expenses on AFS 161,805
Supplemental Description - Other	Schedule D, Part XI, Line 4b Institution Financial Aid and Foundation Scholarships recorded net on AFS, gross on 990 543,378
FIN 48 Footnote	Part X The University was organized and incorporated in Illinois as a Not-for-Profit Organization in July 2011 The University has a favorable determination letter from the Internal Revenue Service as part of a group ruling, stating they are exempt from federal income taxes under Section 501(a) of the Internal Revenue Code of 1986 (IRC), as organized under Section 501(c)(3), except for income taxes pertaining to unrelated business income The Financial Accounting Standards Board issued guidance that requires tax effects from uncertain tax positions to be recognized in the financial statements only if the position is more likely than not to be sustained if the position were to be challenged by a taxing authority Management has determined there are no material uncertain positions that require recognition in the financial statements Additionally, no provision for income taxes is reflected in these financial statements, and there is no interest or penalties recognized in the statements of activities or statements of financial position The tax years ending 2011, 2012 and 2013 are still open for audit for both federal and state purposes

SCHEDULE E
(Form 990 or 990-EZ)

Schools

OMB No 1545-0047

2013

Open to Public Inspection

▶ **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.**

▶ **Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

Department of the Treasury
Internal Revenue Service

Name of the organization
Resurrection University

Employer identification number

36-2182170

Part I

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?

	YES	NO
1	Yes	

2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?

2	Yes	
----------	-----	--

3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space use Part II

3	Yes	
----------	-----	--

4 Does the organization maintain the following?

a Records indicating the racial composition of the student body, faculty, and administrative staff?

4a	Yes	
-----------	-----	--

b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?

4b	Yes	
-----------	-----	--

c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?

4c	Yes	
-----------	-----	--

d Copies of all material used by the organization or on its behalf to solicit contributions?

4d	Yes	
-----------	-----	--

If you answered "No" to any of the above, please explain. If you need more space, use Part II

5 Does the organization discriminate by race in any way with respect to

a Students' rights or privileges?

5a		No
-----------	--	----

b Admissions policies?

5b		No
-----------	--	----

c Employment of faculty or administrative staff?

5c		No
-----------	--	----

d Scholarships or other financial assistance?

5d		No
-----------	--	----

e Educational policies?

5e		No
-----------	--	----

f Use of facilities?

5f		No
-----------	--	----

g Athletic programs?

5g		No
-----------	--	----

h Other extracurricular activities?

5h		No
-----------	--	----

If you answered "Yes" to any of the above, please explain. If you need more space, use Part II

6a Does the organization receive any financial aid or assistance from a governmental agency?

6a	Yes	
-----------	-----	--

b Has the organization's right to such aid ever been revoked or suspended?

6b		No
-----------	--	----

If you answered "Yes" to either line 6a or line 6b, explain on Part II

7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II

7	Yes	
----------	-----	--

Part III Supplemental Information. 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)

Return Reference	Explanation
Publication of Racially Nondiscriminatory Policy	Schedule E, Part I, Line 3 Resurrection University's policy is that of non-discrimination of the public served by the institution and with respect to the university personnel. Advertisements, publications, brochures, applications for admissions, etc., contain a statement to that effect that the college complies with the federal non-discrimination regulations, and thereby does not discriminate on the basis of race, gender, religion, color, national origin, age, sexual orientation, or handicap disability.
Government Assistance	Schedule E, Part I, Line 6a Resurrection University applies for and receives educational grants, as approved on a case by case basis, from federal and state agencies. The University also participates annually in federal and state financial aid programs, specifically Pell, Federal Direct Loans, and various State of Illinois scholarship and grant programs for qualified students (i.e. IL Map). The grants and loans are reported in the University's A-133 single audit.

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2013

Open to Public Inspection

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.

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

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization Resurrection University

Employer identification number

36-2182170

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations, b Internet and email solicitations, c Phone solicitations, d In-person solicitations, e Solicitation of non-government grants, f Solicitation of government grants, g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col (i), (vi) Amount paid to (or retained by) organization. Includes rows 1-10 and a Total row.

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>Gala Event</u> (event type)	<u>(event type)</u>	<u>0</u> (total number)	(add col (a) through col (c))
Revenue	1 Gross receipts	49,745			49,745
	2 Less Contributions	28,000			28,000
	3 Gross income (line 1 minus line 2)	21,745			21,745
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	10,618			10,618
	7 Food and beverages	61,140			61,140
	8 Entertainment	26,767			26,767
	9 Other direct expenses	63,280			63,280
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(161,805)
11 Net income summary Subtract line 10 from line 3, column (d) ▶				-140,060	

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary Add lines 2 through 5 in column (d) ▶					
8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶					

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," explain _____

.....

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain _____

.....

Does the organization operate gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity operated in

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation
------------------	-------------

Schedule I (Form 990)

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

OMB No 1545-0047

2013

Department of the Treasury Internal Revenue Service

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

Attach to Form 990

Open to Public Inspection

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization Resurrection University

Employer identification number

36-2182170

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC Code section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of non-cash assistance, (h) Purpose of grant or assistance.

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

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) Presidents Scholarship award	117	168,375			
(2) Pres Community Scholarship	2	7,500			
(3) Res U Needs Awards	171	232,253			

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

Return Reference	Explanation
Procedure for Monitoring Use of Grant Funds Inside U S	Schedule I, Part I, Line 2 The University provides scholarships to students matriculating through its programs All funds issued to students are required to defray the cost of tuition and no student may use the funds for other than educational purposes Since the students have no discretion in the use of the funds, the university does not need to monitor the grants once issued

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2013

Open to Public Inspection

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

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

▶ **Attach to Form 990. ▶ See separate instructions.**

▶ **Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.**

Department of the Treasury
Internal Revenue Service

Name of the organization
Resurrection University

Employer identification number

36-2182170

Part I Questions Regarding Compensation

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- | | |
|---|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax idemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

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

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

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

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

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

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

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

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

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

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

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

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

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

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

	Yes	No
1b		
2		
4a		No
4b	Yes	
4c		No
5a		No
5b		No
6a		No
6b		No
7		No
8		No
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-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) Beth A Brooks President	(i)	208,732	60,500	25,862	36,314	0	331,408	0
	(ii)	0	0	0	0	0	0	0
(2) Therese Scanlan EdD COO/CFO	(i)	163,981	8,321	212	6,054	20,257	198,825	0
	(ii)	0	0	0	0	0	0	0
(3) Sandie Soldwisch PhD CAO/Dean of Nursing	(i)	156,913	7,160	791	4,856	9,107	178,827	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information

Return Reference	Explanation
Supplemental nonqualified retirement plan	SCHEDULE J, PART I, LINE 4B Beth Brooks, President, participated in the University's Section 457(F) plan and earned unvested benefits during calendar 2013 in the amount of \$22,065

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2013

Open to Public Inspection

Name of the organization
Resurrection University

Employer identification number

36-2182170

Return Reference	Explanation
Members or Stockholders	Form 990, Part VI, Line 6 The University shall have one member, which shall be the Parent Corporation (the "Member") New members may be admitted only by the written consent of the sole Member

Return Reference	Explanation
Members or Stockholders Who May Elect	<p>Form 990, Part VI, Line 7a No less than nine (9) Directors shall be qualified individuals who do not (and do not have immediate family members who) have a governance or management role, a vendor relationship (either directly or indirectly through an immediate family member), or other financial or contractual relationship (other than as a donor) or are otherwise affiliated, with the University, System Parent or any Affiliate ("Community Director") "Qualified individuals" are reputable individuals who are academically and experientially qualified to fulfill the duties of a Director and further the mission of the University</p> <p>Notwithstanding the foregoing, one (1) Community Director shall be the president of the Resurrection University Alumni Association ("RUAA"), who shall serve ex officio, with vote The Member shall have the right, upon University Board approval, to fill any vacancy of an At Large Director appointed by the Member pursuant to Section 3 4(c) of these Bylaws At a meeting of the Member, the Member shall vote to approve or reject any or all of the Directors selected by the Director Nominating and Development Committee In exercising the Member's approval and rejection rights, the Member shall give deference to the judgment of the Director Nominating and Development Committee and may only oppose a nominee to the University Board for specified reasons relating to a proposed Director's qualifications or character The Member shall have the right to remove an At Large Director at any time and for any reason upon written notice to the University Board The Member may only remove a Director, other than an At Large Director appointed by the Member pursuant to Section 3 4(c) of these Bylaws, for cause upon notice to the University Board of the specified reasons relating to a proposed Director's qualifications or character When vacancies on the University Board occur by reason of death, resignation, removal or otherwise, other than for the University President or the president of RUAA, who serve ex officio, the vacancy shall be filled by the University Board, subject to ratification by the Member at its next regular meeting in its capacity as sole Member Any vacancy in the office of the At Large Director appointed pursuant to Section 3 4(c) shall be filled by the Member</p>

Return Reference	Explanation
Decisions Subject to Approval	<p>Form 990, Part VI, Line 7b The University Board shall not be authorized to act in connection with the following without the approval of the Member Acquisition of capital assets not included in the Annual Capital Budget required pursuant to Section 7 7, The approval of a sale of significant assets, a merger, consolidation, reorganization, dissolution or liquidation with respect to the University, provided that for purposes of this Section 3 3, "significant assets" shall mean assets which are necessary for the operations of the University, unless such assets are sold in the ordinary course of business, pursuant to approved budgets, or replaced with substantially similar assets, The incurrence of any indebtedness or modification of any existing debt facility, provided, however, the University may enter into operating leases in the ordinary course of business from time to time without the consent of the Member, Invest in or acquire any debt or equity securities issued by any third party, other than investments within the guidelines of the investment policy established for the University consistent with the social responsibility and general prudent investment guidelines for all Member's affiliate corporations and routine investment of excess cash or reserves, Amend the Articles of Incorporation of the University, Set up a subsidiary of the University or otherwise enter into a joint venture with an unrelated third party, or invest in or own all or a portion of the shares, securities, or equity interest in another entity, Select or modify any business name or logo of the University, including any assumed or d/b/a names, or Take any action not in the ordinary course of the University's business or any action that may adversely impact any of the Member's rights as a member of the University, whether pursuant to the Illinois Not for Profit Corporation Act or under these Bylaws</p>

Return Reference	Explanation
Form 990 Review Process	Form 990, Part VI, Line 11b Prior to filing the Form 990, it is reviewed and approved by the University's Finance, Audit, and Compliance committee. The review involves an in-depth presentation by University staff to the Committee. The Committee will also review the overall accuracy and completeness of the 990. Prior to filing the Form 990, the draft return is also provided to the remaining voting members of the University's Governing Body. They will review the draft return for overall accuracy and completeness. The President and CFO will also review the 990 for overall accuracy and completeness.

Return Reference	Explanation
Conflict of Interest Policy Monitoring & Enforcement	<p>Form 990, Part VI, Line 12c Any Director, Officer, committee member, or employee who has a financial or personal interest (as defined in Section 6 3 below) in a contract or other transaction presented to the University Board or a committee thereof, or to the University President or other authorized Officer for authorization, approval, or ratification, shall make a prompt and full disclosure of such interest to such authorizing body or Officer prior to such a body's or Officer's formal consideration of and action on such contract or transaction Such disclosure shall include any relevant and material facts known to such person about the contract or transaction which might reasonably be construed to be adverse to the University's interest If the disclosure is made to the University Board or a committee thereof by a University Board or committee member, such body shall determine, by a majority vote (at a meeting at which the person with the potential conflict is not present, except to the extent necessary to respond to questions regarding the potential conflict and does not vote), whether the disclosure shows that a conflict of interest exists or may reasonably be construed to exist If a conflict is deemed to exist the Director or committee member having the conflict shall not vote on, nor use his or her personal influence on, nor be present or otherwise participate in, the discussions or deliberations with respect to such contract or transaction Such person shall not be counted in determining the existence of a quorum at any meeting where the contract or transaction is under discussion The minutes of the meeting shall reflect the disclosure made, any vote thereon and, where applicable, the abstention from voting and participation, and whether a quorum was present Each Director, committee member, Officer, and key employee of the University shall complete an annual disclosure form as may be adopted from time to time by the University Board, for the purpose of disclosing any interest of such individual in any contract to which the University is a party or in any transaction, business relationship, or other matter in which the University is involved</p>

Return Reference	Explanation
Process for Determining Compensation	Form 990, Part VI, Line 15a COMPENSATION FOR THE UNIVERSITY'S PRESIDENT AND OTHER OFFICERS IS DETERMINED AND APPROVED ANNUALLY in AN executive session of the Board of Directors IN ACCORDANCE WITH WRITTEN POLICIES AND PROCEDURES ADOPTED BY ITS BOARD OF DIRECTORS THE UNIVERSITY USES MARKET DATA PULLED FROM COMPENSATION FIGURES OF LOCAL AND LIKE-KIND HIGHER EDUCATION INSTITUTIONS TO ESTABLISH BASE SALARIES, BENEFITS, AND TOTAL COMPENSATION OPPORTUNITIES THE BOARD OF DIRECTORS' REVIEW PROCESS AND DOCUMENTATION ARE FORMALIZED IN A LETTER TO the Director of HR

Return Reference	Explanation
Process for Determining Compensation	Form 990, Part VI, Line 15b COMPENSATION FOR OTHER EXECUTIVES ARE REVIEWED AND APPROVED BY THE BOARD THROUGH THE ANNUAL BUDGET PROCESS THE UNIVERSITY HAS ENGAGED WITH AN INDEPENDENT CONSULTANT TO PERFORM A THOROUGH COMPENSATION REVIEW OF THE CURRENT EXECUTIVE TEAM DURING THE CURRENT FISCAL YEAR (2015)

Return Reference**Explanation**

How Documents are Made Available to the Public

Form 990, Part VI, Line 19 No documents available to the public

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2013

**Open to Public
Inspection**

- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
- ▶ **Attach to Form 990.** ▶ **See separate instructions.**
- ▶ **Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.**

Department of the Treasury
Internal Revenue Service

Name of the organization
Resurrection University

Employer identification number

36-2182170

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
See Additional Data Table							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) Blmnt Hrlm Surg ctr 41-2237162 3101 N Harlem chicago, IL 60634 41-2237162	Medical Service	IL	na	n/a	0	0						
(2) Res Hlth Slp Chi NW 26-1519627 665 W North Ave Lombard, IL 60148 26-1519627	Medical Service	IL	na	n/a	0	0						
(3) Res Hlth Slp Evnsth 26-1519556 665 W North Ave lombard, IL 60148 26-1519556	medical service	IL	na	n/a	0	0						
(4) Res Hlth Sleep LP 26-1519667 665 W North Ave lombard, IL 60148 26-1519667	medical service	IL	na	n/a	0	0						
(5) Res Hlth SIP Riv FT 26-2189763 665 W North Ave lombard, IL 60148 26-2189763	Medical Service	IL	na	n/a	0	0						
(6) Alverno Clncl LabS 20-3240648 2434 Interstate Plz Dr Hammond, IN 46324 20-3240648	Medical Service	IN	na	n/a	0	0						
(7) Alverno Clncl Labs 20-3240649 2435 Interstate Pza Dr Hammond, IN 46325 20-3240649	medical service	IN	na	n/a	0	0						

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
See Additional Data Table									

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

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

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

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

- f** 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)
- j** Lease of facilities, equipment, or other assets to related organization(s)

- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)

- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses

- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		No
1b		No
1c		No
1d		No
1e		No
1f		No
1g		No
1h	Yes	
1i		No
1j		No
1k	Yes	
1l		No
1m	Yes	
1n		No
1o		No
1p		No
1q		No
1r		No
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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference**Explanation**

Additional Data

Software ID:
Software Version:
EIN: 36-2182170
Name: Resurrection University

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1) Presence RHC Corp 200 S Wacker Chicago, IL 60606 36-2235165	health care	IL	501(c)(3)	3	PHN		No
(1) Sts Mary & Elizabeth Medical Center 2233 West Division Street Chicago, IL 60622 36-2171079	Health Care	IL	501(c)(3)	3	PRHCC		No
(2) Presence Health Network 200 South Wacker Chicago, IL 60606 36-1649520	Health Care	IL	501(c)(3)	3	NA		No
(3) Medicare Value Partners 100 North River Road Des Plaines, IL 60016 36-3495969	Health Care	IL	501(c)(3)	3	PRHCC	Yes	
(4) Presence Holy Family Med Center 100 North River Road Des Plaines, IL 60016 36-2439318	Health Care	IL	501(c)(3)	3	PRHCC	Yes	
(5) Presence Our Lady of Resurr Med Center 5645 West Addison Street Chicago, IL 60634 36-2644178	Health Care	IL	501(c)(3)	3	PRHCC	Yes	
(6) Presence Ambulatory Services 100 North River Road DES PLAINES, IL 60016 36-4286236	Health Care	IL	501(c)(3)	3	PRHCC		No
(7) Presence Health Foundation BOT 100 North River Road Des Plaines, IL 60016 36-3330929	Fundraising	IL	501(c)(3)	7	PRHCC		No
(8) Presence Home Care Services 5747 West Dempster Morton Grove, IL 60053 36-2893936	Home Care	IL	501(c)(3)	3	PRHCC		No
(9) Presence Resurrection Med Center 7435 West Talcott Avenue Chicago, IL 60631 36-3330926	Health Care	IL	501(c)(3)	3	PRHCC		No
(10) Presence RHC Senior Services 100 North River Road DES PLAINES, IL 60016 23-7061646	Nursing	IL	501(c)(3)	3	PRHCC		No
(11) Presence Healthcare Services 100 North River Road DES PLAINES, IL 60016 36-3330928	Health Care	IL	501(c)(3)	3	PRHCC		No
(12) Presence Saint Francis Hospital 355 Ridge Avenue Evanston, IL 60202 36-2167800	Health Care	IL	501(c)(3)	3	PRHCC		No
(13) Saint Joseph Hospital Chicago 2900 North Lake Shore Drive Chicago, IL 60657 36-3200170	Health Care	IL	501(C)(3)	3	PRHCC		No
(14) Mount Loretto Nursing Home Inc 302 Swart Hill Road Amsterdam, NY 12010 14-1363014	Senior Living	IL	501(c)(3)	3	RM New York	Yes	
(15) Presence Care Home 18927 Hickory Creek Drive 300 Mokena, IL 60448 46-0483587	Health Care	IL	501(c)(3)	9	PLC	Yes	
(16) Precense PRV Health 9223 W St Francis Road Frankfort, IL 60423 36-3366652	Health Care	IL	501(c)(3)	11	PHN		No
(17) Presence Home Care 18927 Hickory Creek Drive 300 Mokena, IL 60448 46-0483581	Health Care	IL	501(c)(3)	9	PLC		No
(18) Presence Hospitals PRV 9223 W St Francis Road Frankfort, IL 60423 36-4195126	Health Care	IL	501(c)(3)	3	PPRVH		No
(19) Laverna Terrace Housing Corp 18927 Hickory Creek Drive 300 Mokena, IL 60448 36-3438977	Senior Living	IL	501(c)(3)	9	PHPRV		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(21) Provena Self-Insurance Trust 9223 W St Francis Road Frankfort, IL 60423 36-2987310	Insurance	IL	501(c)(3)	9	PPRVH		No
(1) Presence Life Connections 18927 Hickory Creek Drive 300 Mokena, IL 60448 37-1127787	Health Care	IL	501(c)(3)	7	PPRVH		No
(2) Presence Behavioral health 1820 South 25th Avenue Broadview, IL 60155 36-2709982	Health Care	IL	501(c)(3)	3	PHS		No
(3) Resurrection Nursing Home Inc 90 North Main Street Castleton, NY 12033 14-1348691	Nursing	IL	501(c)(3)	3	RM New York		No
(4) Saint Francis Hospital Aux of Evanston 355 Ridge Avenue Evanston, IL 60202 36-6143349	Fundraising	IL	501(c)(3)	7	PSFH		No
(5) Rainbow Hospice & Pall Care 1550 Bishop Court Mt prospect, IL 60056 36-3296367	Hospice	IL	501(c)(3)	9	PHCS		No
(6) Presence Nazarethville 300 North River Road Des plaines, IL 60016 36-2801392	Nursing	IL	501(c)(3)	11, type 11	PRHC SNR SRV		No
(7) Arthur Merkle - Clara Knipprath Nursing 1190 E 2900 N Road Clifton, IL 60927 36-2841358	nursing	IL	501(C)(3)	9	plc		No

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
Blmnt Hrlm Surg ctr 41- 2237162 3101 N Harlem chicago, IL 60634 41-2237162	Medical Service	IL	na	n/a	0	0						
Res Hlth Slp Chl NW 26- 1519627 665 W North Ave Lombard, IL 60148 26-1519627	Medical Service	IL	na	n/a	0	0						
Res Hlth Slp Evnstn 26- 1519556 665 W North Ave lombard, IL 60148 26-1519556	medical service	IL	na	n/a	0	0						
Res Hlth Sleep LP 26- 1519667 665 W North Ave lombard, IL 60148 26-1519667	medical service	IL	na	n/a	0	0						
Res Hlth SIP Riv FT 26- 2189763 665 W North Ave lombard, IL 60148 26-2189763	Medical Service	IL	na	n/a	0	0						
Alverno CIncl LabS 20- 3240648 2434 Interstate Plz Dr Hammond, IN 46324 20-3240648	Medical Service	IN	na	n/a	0	0						
Alverno CIncl Labs 20- 3240649 2435 Interstate Pza Dr Hammond, IN 46325 20-3240649	medical service	IN	na	n/a	0	0						

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
L Gilbraith Insurance SPC LTD 68 W Bay Rd PO BOX 1109 Grand Cayman CJ	Insurance	CJ	PRHCC	FORIEGN COMPANY	0	0	0 %		No
Resurrection Ministries of New York 90 North Main Street Castleton, NY 12033 14-1720818	Parent Corp	NY	PRHCC	C Corp	0	0			No
Presence Health Care Preferred 100 North River ROad des plaines, IL 60016 36-3974620	MGD Care Cont	IL	PRHCC	C Corp	0	0	0 %		No
Provena Assurance Corporation 9223 W St Francis Road Frankfort, IL 60423 98-0420054	Insurance	IL	PPRVH	C Corp	0	0	0 %		No
Presence properties Inc 9223 W St Francis Road Frankfort, IL 60423 36-3520630	Medical	IL	PPRVH	C Corp	0	0	0 %		No
Presence Service Corporation 9223 W St Francis Road Frankfort, IL 60423 36-4314354	Medical	IL	PHPRV	C Corp	0	0	0 %		No
Presence ventures Inc 9223 W St Francis Road Frankfort, IL 60423 37-1168085	Medical	IL	PPRVH	C Corp	0	0	0 %		No
Resurrection Medical Center AUX 7435 West talcott Avenue Chicago, IL 60631 36-6109825	Fundraising	IL	PR Med Ctr	C Corp	0	0	0 %		No
Presence St Joseph - St Vicent Auxilia			plc		0	0			No