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Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013**Open to Public
Inspection**

A For the 2013 calendar year, or tax year beginning <u>07/01</u> , 2013, and ending <u>06/30</u> , 20 <u>14</u>																							
B Check if applicable: <input type="checkbox"/> Address change <input checked="" type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization CONCORDIA UNIVERSITY INC</td> <td>D Employer identification number 39-0833608</td> </tr> <tr> <td colspan="2">Doing Business As</td> <td rowspan="3">E Telephone number 262-243-5700</td> </tr> <tr> <td colspan="2">Number and street (or P O box if mail is not delivered to street address) Room/suite 12800 N Lake Shore Drive</td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code Mequon, WI, 53097</td> </tr> <tr> <td colspan="2">F Name and address of principal officer Allen Prochnow 12800 N Lakeshore Dr, Mequon, WI 53097</td> <td> G Gross receipts \$ 133,507,460 H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶ </td> </tr> <tr> <td colspan="3"> 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 </td> </tr> <tr> <td colspan="3"> J Website: ▶ www.cuw.edu </td> </tr> <tr> <td colspan="2"> K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ </td> <td> L Year of formation 1881 M State of legal domicile WI </td> </tr> </table>	C Name of organization CONCORDIA UNIVERSITY INC		D Employer identification number 39-0833608	Doing Business As		E Telephone number 262-243-5700	Number and street (or P O box if mail is not delivered to street address) Room/suite 12800 N Lake Shore Drive		City or town, state or province, country, and ZIP or foreign postal code Mequon, WI, 53097		F Name and address of principal officer Allen Prochnow 12800 N Lakeshore Dr, Mequon, WI 53097		G Gross receipts \$ 133,507,460 H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶	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.cuw.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 1881 M State of legal domicile WI
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Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: Post Secondary Education - Concordia University Inc. is a Lutheran higher education community committed to helping students develop in mind, body, and spirit for service to Christ in the Church and the world.		
	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	15
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	15
	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	2,722
	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	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	817,915	1,269,577
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	106,766,883	131,711,080
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	54,138	80,873
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	245,747	445,930
	12		107,884,683	133,507,460
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	24,080,485	31,657,951
	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)	48,224,580	61,138,005
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,506,971		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	27,811,153	38,735,122
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	100,116,218	131,531,078
	19	Revenue less expenses. Subtract line 18 from line 12	7,768,465	1,976,382
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	194,289,700	235,063,760
	22	Net assets or fund balances. Subtract line 21 from line 20	30,791,322	49,360,392
22		163,498,378	185,703,368	

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		Date 5/15/15			
	Allen Prochnow, Exec. Vice President & COO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no			

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form **990** (2013)**22**

SCANNED JUN 19 2015

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission:

Post Secondary Education - Concordia University Inc. is a Lutheran higher education community committed to helping students develop in mind, body, and spirit for service to Christ in the Church and the world.

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

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

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

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 75,096,955 including grants of \$ 31,657,951) (Revenue \$ 116,435,756)

Post Secondary Education General/Other: 5174 students in undergraduate classes, 3736 students in graduate classes, 1495 students were graduated in the 2013-2014 school year. The University has 97 bachelor majors and 59 minors, 38 Masters programs, and three Doctoral programs.

4b (Code:) (Expenses \$ 31,657,951 including grants of \$ 31,657,951) (Revenue \$ 31,657,951)

Student Financial Aid Programs: Financial Aid to students including scholarships, remitted tuition, and stipends for both undergraduate and graduate students.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4d** Other program services (Describe in Schedule O.)(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)**4e** Total program service expenses **106,754,906**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 ✓	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	✓
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	✓
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	✓
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	✓
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	✓
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	✓
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8 ✓	
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	✓
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10 ✓	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a ✓	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b ✓	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	✓
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	✓
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e ✓	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f ✓	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	✓
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b ✓	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 ✓	
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	✓
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b ✓	
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? If "Yes," complete Schedule F, Parts II and IV	15	✓
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? If "Yes," complete Schedule F, Parts III and IV.	16	✓
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	✓
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	✓
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	✓
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	✓
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV Checklist of Required Schedules (continued)

	Yes	No
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	✓
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 ✓	
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 ✓	
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	✓
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	✓
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	✓
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	✓
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 ✓	
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):	28a	
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	✓
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 ✓	
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	✓
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	✓
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	✓
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	✓
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	✓
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	✓
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 ✓	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a ✓	
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	✓
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	✓
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 ✓	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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 11639		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	✓	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 2722		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	✓	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	✓	
b If "Yes," enter the name of the foreign country: ► <u>Cayman Islands</u> See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	✓	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	✓	
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	✓	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	✓	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		✓
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		✓
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		✓
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9a		
b Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state?	13a		
Note. See the instructions for additional information the organization must report on Schedule O.			
b 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		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		✓
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 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	1a 15		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b Enter the number of voting members included in line 1a, above, who are independent	1b 15		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		<input checked="" type="checkbox"/>
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		<input checked="" type="checkbox"/>
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<input checked="" type="checkbox"/>
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		<input checked="" type="checkbox"/>
6 Did the organization have members or stockholders?	6		<input checked="" type="checkbox"/>
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	<input checked="" type="checkbox"/>	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	<input checked="" type="checkbox"/>	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	<input checked="" type="checkbox"/>	
b Each committee with authority to act on behalf of the governing body?	8b	<input checked="" type="checkbox"/>	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<input checked="" type="checkbox"/>

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► **MI, WI**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ 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: ► **Allen Prochnow- EVP-COO, (262)243-5700**

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (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			
Mark Polzin	0.1									
Board Member	0	✓						0	0	0
Hon Kenneth Bowman	0.10									
Board Member	0	✓						0	0	0
Janice Wendorf	0.10									
Board Member	0	✓						0	0	0
Rev John Wille	0.1									
Board Member	0	✓						0	0	0
Robert Seefeld	0.1									
Board Member	0	✓						0	0	0
Susan Groth	0.1									
Board Member	0	✓						0	0	0
Terry Donovan	0.1									
Board Member-Vice Chairman	0	✓						0	0	0
Dwayne Jobst	0.1									
LCMS - Advisory	0	✓						0	0	0
Dr Karl Kreft	0.1									
Board Member	0	✓						0	0	0
Dcs Lynnette Fredericksen	0.1									
Board Member	0	✓						0	0	0
Robert Schjerven	0.1									
Board Member- Chairman	0	✓						0	0	0
Larry Floyd	0.1									
Board Member	0	✓						0	0	0
Ruth Koch	0.1									
Board Member	0	✓						0	0	0
Christine Specht	0.1									
Board Member	0	✓						0	0	0

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

(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			
John Stollenwerk	0.1									
CUW Foundation-Advisory	0	✓						0	0	0
Rev Nathan Meador	0.1									
Board Member	0	✓						0	0	0
Rev Dwayne Lueck	0.1									
LCMS - Advisory	0	✓						0	0	0
Rev David Maier	0.1									
LCMS- Advisory	0	✓						0	0	0
Allen Prochnow	40									
Exec VP & COO	0			✓				175,569	0	43,488
Andrew Luptak	40									
Vice President	0			✓				53,640	0	29,118
Thomas Phillip	40									
Vice President	0			✓				114,530	0	34,230
Anita Clark	40									
Vice President	0			✓				124,673	0	35,910
William Cario	40									
Sr. Vice President	0			✓				56,655	0	37,896
Patrick T Ferry	40									
President	0			✓				146,572	0	45,786
Kenneth Gaschk	40									
Vice President	0			✓				131,593	0	37,164
Joan Scholz	40									
Vice President	0			✓				97,245	0	33,486
Roy Peterson	40									
Vice President	0			✓				71,750	0	20,024
Sarah Holtan	40									
Vice President	0			✓				63,749	0	21,567

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			
Gretchen Jameson	40									
Vice President	0			✓				0	0	12,837
Dr Linda Samuel	40					✓		171,470	0	42,558
Director of OT Prog	0					✓		201,732	0	34,524
Dr Dean Arneson	40					✓		176,506	0	37,138
Dean of School of Pharmacy	0					✓		174,022	0	19,922
Curt Gielow	40					✓		150,825	0	37,584
Dean - School of Pharmacy	0					✓				
Dr Teresa Kaul	40					✓				
MSN & DNP Prog Dir	0					✓				
Dr Ernie Stremski	40					✓				
Pharmacy Professor	0					✓				
1b Sub-total								1,910,531	0	523,232
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								1,910,531	0	523,232

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 **56**

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

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
K-12 Teachers Alliance, 20642 Abbey Woods Ct N, Frankfort, IL 60423-3160	graduate recruiting comp	475,162
Roseville Ventures LLC, 4015 80th St, Kenosha, WI 53142-4936	Facilities Rental	316,363
Stadium Bus Center, 1243 N 10th St, Milwaukee, WI 53205-2559	Facilities Rental	189,474
Mayer Helminiak Architects, 10521 N Port Washington Rd, Mequon, WI 53092	Architectural Design services	1,011,191
Barker Educational Services, 6991 E Camelback Rd, Scottsdale, AZ 85251	Recruitment	180,700

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 **6**

Part VIII Statement of RevenueCheck 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 0				
	b	Membership dues	1b 0				
	c	Fundraising events	1c 0				
	d	Related organizations	1d 0				
	e	Government grants (contributions)	1e 1,269,577				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 0				
	g	Noncash contributions included in lines 1a-1f. \$	0				
	h	Total. Add lines 1a-1f ▶			1,269,577		
Program Service Revenue	Business Code						
	2a	Student Tuition & Fees	611310	116,435,756	116,435,756	0	0
	b	Residence Hall Fees	611310	9,307,180	9,307,180	0	0
	c	Food Service Fees	611310	5,434,729	5,434,729	0	0
	d	Other- Auxiliary	611310	533,415	533,415	0	0
	e						
	f	All other program service revenue .		0	0	0	0
	g	Total. Add lines 2a-2f ▶			131,711,080		
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶		17,140	0	0	17,140
	4	Income from investment of tax-exempt bond proceeds ▶		0	0	0	0
	5	Royalties ▶		0	0	0	0
	6a	(i) Real					
		(ii) Personal					
		Gross rents	0 351,063				
		Less: rental expenses	0 0				
	c	Rental income or (loss)		0 351,063			
	d	Net rental income or (loss) ▶		351,063	0	0	351,063
	7a	(i) Securities					
		(ii) Other					
		Gross amount from sales of assets other than inventory	0 63,733				
		Less: cost or other basis and sales expenses	0 0				
	c	Gain or (loss)		0 63,733			
	d	Net gain or (loss) ▶		63,733	0	0	63,733
	8a	Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18 a		0			
	b	Less: direct expenses b		0			
	c	Net income or (loss) from fundraising events . ▶		0		0	0
9a	Gross income from gaming activities. See Part IV, line 19 a		0				
b	Less: direct expenses b		0				
c	Net income or (loss) from gaming activities . ▶		0	0	0	0	
10a	Gross sales of inventory, less returns and allowances a		0				
	Less: cost of goods sold b		0				
	Net income or (loss) from sales of inventory . ▶		0	0	0	0	
Miscellaneous Revenue			Business Code				
11a	Service Charges	611310	15,505	0	0	15,505	
b	Miscellaneous Revenue	611310	79,362	0	0	79,362	
c							
d	All other revenue		0	0	0	0	
e	Total. Add lines 11a-11d ▶			94,867			
12	Total revenue. See instructions. ▶			133,507,460	131,711,080	0	526,803

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	0		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	31,657,951	31,657,951		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	0	0		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	1,606,785	587,604	863,796	155,385
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7 Other salaries and wages	45,002,224	39,123,984	4,802,984	1,075,256
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,025,407	2,523,877	399,260	102,270
9 Other employee benefits	8,498,350	7,089,555	1,121,519	287,276
10 Payroll taxes	3,005,239	2,598,412	344,140	62,687
11 Fees for services (non-employees):				
a Management	393,042	264,185	128,857	0
b Legal	443,926	46,096	397,830	0
c Accounting	94,324	0	94,324	0
d Lobbying	0	0	0	0
e Professional fundraising services. See Part IV, line 17	0			0
f Investment management fees	0	0	0	0
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	7,931,947	1,976,626	5,857,836	97,485
12 Advertising and promotion	3,445,006	507,508	2,862,711	74,787
13 Office expenses	2,183,231	1,725,312	397,290	60,629
14 Information technology	739,973	678,255	61,718	0
15 Royalties	0	0	0	0
16 Occupancy	1,468,647	1,456,506	12,141	0
17 Travel	1,699,296	1,462,586	179,846	56,864
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19 Conferences, conventions, and meetings	380,441	330,928	42,719	6,794
20 Interest	649,292	11,306	637,986	0
21 Payments to affiliates	0	0	0	0
22 Depreciation, depletion, and amortization	5,058,153	3,516,876	1,541,277	0
23 Insurance	931,961	54,218	818,745	58,998
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>Bad Debt/ Pledge Expense</u>	489,096	208,554	280,542	0
b <u>Bldg./ Equip. Maint./ Rental</u>	4,703,085	1,568,545	3,127,647	6,893
c <u>Utilities</u>	2,637,979	70,780	2,567,199	0
d <u>Various Operating Expenses</u>	5,485,723	9,295,242	-4,271,166	461,647
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	131,531,078	106,754,906	22,269,201	2,506,971
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 SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	4,373,757	1	7,542,758
	2 Savings and temporary cash investments	4,472,524	2	0
	3 Pledges and grants receivable, net	391,747	3	1,567,463
	4 Accounts receivable, net	2,452,394	4	3,167,761
	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	0	7	2,012,383
	8 Inventories for sale or use	442,818	8	378,017
	9 Prepaid expenses and deferred charges	219,968	9	270,280
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 187,145,014		
	b Less: accumulated depreciation	10b 43,734,258	114,113,138	10c 143,410,756
	11 Investments—publicly traded securities	42,507,368	11	49,003,287
	12 Investments—other securities. See Part IV, line 11	10,206,565	12	15,733,260
	13 Investments—program-related. See Part IV, line 11	13,114,786	13	9,622,883
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	1,994,635	15	2,354,912
16 Total assets. Add lines 1 through 15 (must equal line 34)	194,289,700	16	235,063,760	
Liabilities	17 Accounts payable and accrued expenses	7,295,849	17	6,012,631
	18 Grants payable	0	18	0
	19 Deferred revenue	1,456,014	19	2,618,574
	20 Tax-exempt bond liabilities	19,972,282	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	31,318,578
	24 Unsecured notes and loans payable to unrelated third parties	0	24	2,484,818
	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	2,067,177	25	6,925,791
	26 Total liabilities. Add lines 17 through 25	30,791,322	26	49,360,392
Net Assets or Fund Balances	27 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	72,290,833	27	75,236,221
	28 Temporarily restricted net assets	76,124,186	28	91,753,164
	29 Permanently restricted net assets	15,083,359	29	18,713,983
	30 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	163,498,378	33	185,703,368
	34 Total liabilities and net assets/fund balances	194,289,700	34	235,063,760

Part XI Reconciliation of Net AssetsCheck 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	133,507,460
2	Total expenses (must equal Part IX, column (A), line 25)	2	131,531,078
3	Revenue less expenses. Subtract line 2 from line 1	3	1,976,382
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	163,498,378
5	Net unrealized gains (losses) on investments	5	2,502,298
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	17,726,310
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	185,703,368

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

- 1** Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? . . .
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:
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b** 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:
☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . .
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 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? . . .
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		✓
2b	✓	
2c	✓	
3a	✓	
3b	✓	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

CONCORDIA UNIVERSITY INC

Employer identification number

39-0833608

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?
- h Provide the following information about the supported organization(s).

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

(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	
(A)									
(B)									
(C)									
(D)									
(E)									
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 section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	%
16a 33¹/₃% 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 33¹/₃% 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 section 501(c)(3) organization, check this box and stop here <input type="checkbox"/> ►						

Section C. Computation of Public Support Percentage

15 Public support percentage for 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 <input type="checkbox"/> ►		
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 <input type="checkbox"/> ►		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/> ►		

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).

Lined area for supplemental information.

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

CONCORDIA UNIVERSITY INC

Employer identification number

39-0833608

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
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?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply). <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) <input type="checkbox"/> Preservation of an historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space	
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.	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶	
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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.	
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 ▶ \$	0
(ii) Assets included in Form 990, Part X ▶ \$	40,000
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
a Revenues included in Form 990, Part VIII, line 1 ▶ \$	0
b Assets included in Form 990, Part X ▶ \$	0

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 **d** ☐ Loan or exchange programs
- b** ☒ Scholarly research **e** ☐ Other _____
- c** ☐ Preservation for future generations
- 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 |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No
- b** If "Yes," explain the arrangement in Part 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	51,042,770	45,601,008	44,768,867	39,511,332	39,057,970
b Contributions	11,363,039	1,685,386	473,035	446,743	601,626
c Net investment earnings, gains, and losses	6,264,285	4,090,196	782,495	4,990,770	704,237
d Grants or scholarships	750,480	363,901	412,296	364,901	892,416
e Other expenditures for facilities and programs	-63,733	-30,081	11,093	-56,723	-39,915
f Administrative expenses	0	0	0	-128,199	0
g End of year balance	67,983,347	51,042,770	45,601,008	44,768,866	39,511,332

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

- a** Board designated or quasi-endowment ☒ 64 %
- b** Permanent endowment ☒ 26 %
- c** Temporarily restricted endowment ☒ 10 %
- 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) <input checked="" type="checkbox"/>	<input type="checkbox"/>
(ii) related organizations	3a(ii) <input checked="" type="checkbox"/>	<input type="checkbox"/>
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b <input checked="" type="checkbox"/>	<input type="checkbox"/>

- 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	0	13,637,186		13,637,186
b Buildings	0	137,691,270	26,951,997	110,739,273
c Leasehold improvements	0	14,276,149	4,059,244	10,216,905
d Equipment	0	21,161,925	12,723,017	8,438,908
e Other	0	378,484	0	378,484
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				143,410,756

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives	8,250,508	End-of-Year Market Value
(2) Closely-held equity interests	0	End-of-Year Market Value
(3) Other Cash	105,914	End-of-Year Market Value
(A) Certificates of Deposit	485,130	End-of-Year Market Value
(B) Cash & Money Market	713,552	End-of-Year Market Value
(C) Hedge Funds	4,466,486	End-of-Year Market Value
(D) Real Estate	1,697,328	End-of-Year Market Value
(E) Other	14,342	End-of-Year Market Value
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►	15,733,260	

Part VIII. Investments—Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ►	

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(2) Deposits Payable	695,602
(3) Funds Held for Others	2,525,182
(4) Due to Concordia University System	3,705,007
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	6,925,791

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

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	101,849,509
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	0
b	Donated services and use of facilities	2b	0
c	Recoveries of prior year grants	2c	0
d	Other (Describe in Part XIII.)	2d	0
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	101,849,509
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	0
b	Other (Describe in Part XIII.)	4b	31,657,951
c	Add lines 4a and 4b	4c	31,657,951
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	133,507,460

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	99,873,127
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	0
b	Prior year adjustments	2b	0
c	Other losses	2c	0
d	Other (Describe in Part XIII.)	2d	0
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	99,873,127
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	0
b	Other (Describe in Part XIII.)	4b	31,657,951
c	Add lines 4a and 4b	4c	31,657,951
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	131,531,078

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.

Schedule D, Part III, Line 4 - Concordia University Inc. holds a collection of artwork which is used by the Art Department to enhance the student's studies and for public exhibition.

Schedule D, Part V, Line 4 - The main intended use of the endowment funds is to provide scholarships to students. Minimal endowments are designated for general organizational maintenance and support.

Schedule D, Part X, Line 2 - New Accounting Pronouncements- In July 2006, the FASB issued interpretation No.48, Accounting for Uncertainty in Income Taxes, an interpretation of FASB Statement No.109 (Fin.48). The University follows the accounting standards for contingencies in evaluating uncertain tax positions. This guidance prescribes recognition threshold principles for the financial statement recognition of tax positions taken or expected to be taken on a tax return that are not certain to be realized. No liability has been recognized by the University for uncertain tax positions as of June 30, 2014. The University's tax returns are subject to review and examination by the Federal and State authorities. Open tax years subject to examination by the U.S. taxing authorities are for the years 2011 to 2014, which statutes expire in 2014 to 2016, respectively. Open tax years subject to examination by the State taxing authorities are for the years 2010 to 2014, which statutes expire in 2014 to 2016, respectively.

Schedule D, Part XI, Line 4b - Scholarships for Students.

Schedule D, Part XII, Line 4b - Scholarships for Students

SCHEDULE E
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Schools

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

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization

CONCORDIA UNIVERSITY INC

Employer identification number

39-0833608

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?
- 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?
- 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

It is on the website and referenced during Admission and entrance requirements general information- Concordia University Inc. admits qualified students of any race, color, or national or ethnic origin to all programs and activities and is nondiscriminatory in the administration of its policies or programs. To be considered for admission to Concordia University Inc., a student must be a graduate of a regionally accredited high school or
(Continued on Schedule E, Part II, Statement 1)

- 4** Does the organization maintain the following?
- a** Records indicating the racial composition of the student body, faculty, and administrative staff?
- b** Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?
- c** Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?
- d** Copies of all material used by the organization or on its behalf to solicit contributions?
- If you answered "No" to any of the above, please explain. If you need more space, use Part II.

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

- a** Students' rights or privileges?
- b** Admissions policies?
- c** Employment of faculty or administrative staff?
- d** Scholarships or other financial assistance?
- e** Educational policies?
- f** Use of facilities?
- g** Athletic programs?
- h** Other extracurricular activities?
- 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?
- b** Has the organization's right to such aid ever been revoked or suspended?
- If you answered "Yes" to either line 6a or line 6b, explain on Part II.
- 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

YES NO

1 ✓

2 ✓

3 ✓

4a ✓

4b ✓

4c ✓

4d ✓

5a ✓

5b ✓

5c ✓

5d ✓

5e ✓

5f ✓

5g ✓

5h ✓

6a ✓

6b ✓

7 ✓

Part II **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).

Schedule E, Part I, Line 6 - Concordia University Inc. is a direct lending institution of federal funds. We also receive PELL, FSEOG, TEACH, and Department of Health & Human Services grants related to the nursing field. We acquired Perkins loans that were already on the books of Concordia Ann Arbor at the 7/1/2013 acquisition date.

Area with horizontal dashed lines for supplemental information.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

- Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
► Attach to Form 990. ► See separate instructions.
► Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

CONCORDIA UNIVERSITY INC

Employer identification number

39-0833608

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No

- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

- 3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) Central America and the Caribbean	0	0	Investments		2,111,041
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total					
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	0	0			2,111,041

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **▲**

3 Enter total number of other organizations or entities **▲**

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1** Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☐ Yes ☒ No
- 2** Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* ☐ Yes ☒ No
- 3** Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)* ☐ Yes ☒ No
- 4** Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* ☒ Yes ☐ No
- 5** Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)* ☐ Yes ☒ No
- 6** Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)* ☐ Yes ☒ No

Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service
Name of the organization

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

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

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

OMB No 1545-0047

2013

Open to Public
Inspection

CONCORDIA UNIVERSITY INC

Employer identification number

39-0833608

Part I General Information on Grants and Assistance

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

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

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

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

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

Cat No 50055P

Schedule I (Form 990) (2013)

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 Federal Direct Loans	5925	65,622,039	0		
2 Federal PELL	1980	6,355,036	0		
3 Federal FSEOG	366	367,174	0		
4 Federal FWS	335	282,456	0		
5 Federal TEACH	9	23,590	0		
6 State of WI- Tuition Grant	1002	2,280,646	0		

7 (Continued on Schedule I, Part IV, Statement 1)**Part IV** Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Schedule I, Part I, Line 2 - Concordia University Inc. awards scholarships and financial aid to students based on financial need, talent, and/or academic merit and programs. Federal and State programs are awarded based upon respective program requirements. Federal and State programs are compliance tested yearly in conjunction with the independent audit and auditor reports/newsletters are submitted to all organizations as required by the programs.

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" on 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.

OMB No 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

CONCORDIA UNIVERSITY INC

Employer identification number

39-0833608

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 checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input checked="" type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input checked="" type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

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

	Yes	No
1a		
1b	✓	

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

2	✓	
---	---	--

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 checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" 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? | 4a | ✓ |
| b Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | ✓ |
| c Participate in, or receive payment from, an equity-based compensation arrangement? | 4c | ✓ |

If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

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

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

- | | | |
|------------------------------------|----|---|
| a The organization? | 5a | ✓ |
| b Any related organization? | 5b | ✓ |

If "Yes" to line 5a or 5b, describe in Part III.

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

- | | | |
|------------------------------------|----|---|
| a The organization? | 6a | ✓ |
| b Any related organization? | 6b | ✓ |

If "Yes" to line 6a or 6b, describe in Part III.

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

7		✓
---	--	---

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.

8		✓
---	--	---

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

9		
---	--	--

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use 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 Allen Prochnow, Exec VP & COO	(i) 175,569	0	0	43,488	24,681	243,738	228,994	
	(ii) 0	0	0	0	0	0	0	
2 Andrew Luptak, Vice President	(i) 53,640	0	0	29,118	74,716	157,474	151,078	
	(ii) 0	0	0	0	0	0	0	
3 Thomas Phillip, Vice President	(i) 114,530	0	0	34,230	2,395	151,155	144,047	
	(ii) 0	0	0	0	0	0	0	
4 Anita Clark, Vice President	(i) 124,673	0	0	35,910	7,552	168,135	160,222	
	(ii) 0	0	0	0	0	0	0	
5 William Carlo, Sr. Vice President	(i) 56,655	0	0	37,896	97,845	192,396	180,948	
	(ii) 0	0	0	0	0	0	0	
6 Patrick T Ferry, President	(i) 146,572	0	0	45,786	153,958	346,316	325,797	
	(ii) 0	0	0	0	0	0	0	
7 Kenneth Gaschk, Vice President	(i) 131,593	0	0	37,164	7,132	175,889	165,517	
	(ii) 0	0	0	0	0	0	0	
8 Joan Scholz, Vice President	(i) 97,245	0	0	33,486	10,705	141,436	134,910	
	(ii) 0	0	0	0	0	0	0	
9 Dr Linda Samuel, Director of OT Prog	(i) 171,470	0	0	42,558	13,220	227,248	200,490	
	(ii) 0	0	0	0	0	0	0	
10 Dr Dean Arneson, Dean of School of Pharmacy	(i) 201,732	0	0	34,524	1,368	237,624	223,317	
	(ii) 0	0	0	0	0	0	0	
11 Curt Gielow, Dean - School of Pharmacy	(i) 176,506	0	0	37,138	11,994	225,638	221,348	
	(ii) 0	0	0	0	0	0	0	
12 Dr Teresa Kaul, MSN & DNP Prog Dir	(i) 174,022	0	0	19,922	3,294	197,238	198,172	
	(ii) 0	0	0	0	0	0	0	
13 Roy Peterson, Vice President	(i) 71,750	0	0	20,024	64,585	156,359	141,198	
	(ii) 0	0	0	0	0	0	0	
14 Sarah Holtan, Vice President	(i) 63,749	0	0	21,567	3,938	89,254	0	
	(ii) 0	0	0	0	0	0	0	
15 Gretchen Jameson, Vice President	(i) 0	0	0	12,837	0	12,837	0	
	(ii) 0	0	0	0	0	0	0	
16 Dr Ernie Stremski, Pharmacy Professor	(i) 140,245	0	0	37,584	10,580	188,409	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.

Schedule J, Part I, Line 1a - Those approved by the Board as "Ministers of the Gospel" received a board approved housing allowance percentage. Concordia University Inc. (CUI) pays the travel expenses for the employee and a companion to attend the once-a-year off-campus Board-on-Board meeting. Patrick Ferry, Allen Prochnow, and Roy Peterson have memberships to the Wisconsin Club paid for by CUI. Maintenance staff performs various duties at the President's house, which is owned by the University.

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.
► Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

**Open To Public
Inspection**

Name of the organization

CONCORDIA UNIVERSITY INC

Employer identification number

39-0833608

Part I

Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. ► \$

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

Part II

Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total						► \$						

Part III

Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1) Various	employee or relative of empl.	0	Disclosure subject to FERP	Salary or Wage
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Tamara Ferry	employee is spouse of off	50,552	employee		✓
(2) Cheryl Cario	ee is spouse of key empl	7,888	employee		✓
(3) Jill Gaschk	EE is spouse of an officer	29,545	employee		✓
(4) Thomas Davila	EE is son-in-law of Officer	45,973	employee		✓
(5) Rachel Ferry	EE is child of an Officer	30,141	employee		✓
(6) Jill Krell	EE is sister of an Officer	53,841	employee		✓
(7) Rachel Scholz	EE is child of an Officer	2,123	employee		✓
(8)					
(9)					
(10)					

Part V Supplemental Information

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

Schedule L, Part III - There were various employees and relatives of employees that have a relationship to the school, and the disclosure of the type of assistance and amount of assistance granted are subject to FERPA law.

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 990-EZ 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.

OMB No 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

CONCORDIA UNIVERSITY INC

Employer identification number

39-0833608

Form 990, Part VI, Section A, Line 7a - Concordia University Inc. (CUI), is an LCMS university. As such, it is required to take various items to the Concordia University System board for approvals. Additionally, a portion of the CUI board members are elected every three years at the national LCMS convention, and at the South Wisconsin District Convention.

Form 990, Part VI, Section A, Line 7b - CUI is an LCMS university. As such, it is required to take various items to the Concordia University System Board for approvals.

Form 990, Part VI, Section B, Line 11b - The 990 was prepared in-house. It was reviewed by the Vice President of Finance/ Chief Financial Officer and forwarded to the organization's audit committee for review. The audit committee is made up of board members of the University and the Concordia University Wisconsin Foundation. After review by the committee and follow-up of any questions/ concerns, the Form 990 and related schedules are filed with the IRS. The audit committee reports the results of its review to the Board of Regents and the CUWF Board.

Form 990, Part VI, Section B, Line 12c - Each year, all Board members are required to sign and date a conflict of interest statement, disclosing any conflicts and properly abstaining from any votes at any time that may relate to the conflict.

Form 990, Part VI, Section B, Line 15 - Compensation is determined using industry standards, WAICU organizational data, CUS organizational data, and other various data resources. Final amounts are approved by the Board of Regents annually.

Form 990, Part VI, Section C, Line 19 - The organization's governing documents, conflict of interest policy, and financial statements are made available to the public upon request to the President or the EVP/COO.

Form 990, Part XI, Line 9 - Concordia University Wisconsin Foundation Investment Change in Net Assets plus Unrealized Gains or Losses from the CUWF return, and Net Asset contribution from the purchase of Concordia Ann Arbor.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service
Name of the organization

Related Organizations and Unrelated Partnerships

- ▶ 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.

OMB No 1545-0047

2013

**Open to Public
Inspection**

CONCORDIA UNIVERSITY INC

Employer identification number
39-0833608

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

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

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?
(1) Concordia University Wisconsin Foundation (39-6077337) 12800 N Lake Shore Drive, Mequon, WI 53097	supporting organization	WI	501(c)(3)	line 7	CUW	Yes No ✓
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						

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Cat No 50135Y

Schedule R (Form 990) 2013

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)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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.

		Yes	No
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	1a	<input checked="" type="checkbox"/>
b	Gift, grant, or capital contribution to related organization(s)	1b	<input checked="" type="checkbox"/>
c	Gift, grant, or capital contribution from related organization(s)	1c	<input checked="" type="checkbox"/>
d	Loans or loan guarantees to or for related organization(s)	1d	<input checked="" type="checkbox"/>
e	Loans or loan guarantees by related organization(s)	1e	<input checked="" type="checkbox"/>
f	Dividends from related organization(s)	1f	<input checked="" type="checkbox"/>
g	Sale of assets to related organization(s)	1g	<input checked="" type="checkbox"/>
h	Purchase of assets from related organization(s)	1h	<input checked="" type="checkbox"/>
i	Exchange of assets with related organization(s)	1i	<input checked="" type="checkbox"/>
j	Lease of facilities, equipment, or other assets to related organization(s)	1j	<input checked="" type="checkbox"/>
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	<input checked="" type="checkbox"/>
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l	<input checked="" type="checkbox"/>
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	<input checked="" type="checkbox"/>
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	<input checked="" type="checkbox"/>
o	Sharing of paid employees with related organization(s)	1o	<input checked="" type="checkbox"/>
p	Reimbursement paid to related organization(s) for expenses	1p	<input checked="" type="checkbox"/>
q	Reimbursement paid by related organization(s) for expenses	1q	<input checked="" type="checkbox"/>
r	Other transfer of cash or property to related organization(s)	1r	<input checked="" type="checkbox"/>
s	Other transfer of cash or property from related organization(s)	1s	<input checked="" type="checkbox"/>

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
	Concordia University Wisconsin Foundation	m	235,930	CUI Form 990, Part IX
(1)	Concordia University Wisconsin Foundation	n	529,169	CUI Form 990, Part IX
(2)	Concordia University Wisconsin Foundation	o	1,682,874	CUI Form 990, Part IX
(3)	Concordia University Wisconsin Foundation	s	58,998	CUI Form 990, Part IX
(4)				
(5)				
(6)				

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

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

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

Part VII **Supplemental Information**

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

Racially Nondiscriminatory Media Policy Explanation

Explanation

one approved by its state university Requests for exceptions to this requirement may be submitted by candidates who are otherwise qualified

Description of Grants and Other Assistance to Individuals in the United States

		Number of recipients	Amt. of cash grant	Amt. of non-cash asst.
Type of grant	State of WI- Academic	32	36,000	0
Method of valuation				
Desc. of Non-Cash Asst.				
Type of grant	State of WI- Handicap	1	1,800	0
Method of valuation				
Desc. of Non-Cash Asst.				
Type of grant	State of WI- Nursing Loans	4	12,000	0
Method of valuation				
Desc. of Non-Cash Asst.				
Type of grant	State of WI- Minority Retention	20	37,300	0
Method of valuation				
Desc. of Non-Cash Asst.				
Type of grant	State of WI- TIP	53	87,046	0
Method of valuation				
Desc. of Non-Cash Asst.				
Type of grant	CUW, CUWF, and CUAA Institutional Grants & Endorsements	3449	32 507 732	0
Method of valuation				
Desc. of Non-Cash Asst.				
Type of grant	State of WI- Indian Grant	26	22,000	0
Method of valuation				
Desc. of Non-Cash Asst.				

Schedule O, Statement 1

Form 990

Page 1

Line Number

CONCORDIA UNIVERSITY INC

39-0833608

Reasonable Cause Explanations

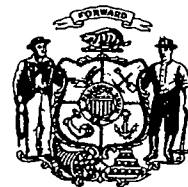
Explanation

Form 8868 was timely filed and accepted

DFI/CORP/38
RECORD 1/11

United States of America

State of Wisconsin



DEPARTMENT OF FINANCIAL INSTITUTIONS

To All to Whom These Presents Shall Come, Greeting:

I, GEORGE PETAK, Administrator, Division of Corporate and Consumer Services, do hereby certify that the annexed copy has been compared by me with the record on file in the Corporation Section of the Division of Corporate & Consumer Services of this department and that the same is a true copy thereof and the whole of such record; and that I am the legal custodian of said record, and that this certification is in due form.



IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed the official seal
of the Department.

George Petak

GEORGE PETAK, Administrator
Division of Corporate and Consumer Services
Department of Financial Institutions

DATE: APR 10 2014

BY: *[Signature]*

Effective July 1, 1996, the Department of Financial Institutions assumed the functions previously performed by the Corporations Division of the Secretary of State and is the successor custodian of corporate records formerly held by the Secretary of State.

RECEIVED**FEB 12 2013****WISCONSIN
DFI****CERTIFICATE
TO****AMENDED AND RESTATED ARTICLES OF INCORPORATION
OF
CONCORDIA UNIVERSITY WISCONSIN, INC.**06 6@13882
Imaged

The undersigned officer of Concordia University Wisconsin, Inc., a Wisconsin non-stock corporation (the "Corporation"), hereby certifies as follows:

1. The Corporation does not have members. The Amended and Restated Articles of Incorporation (the "Restated Articles") attached hereto do not contain any amendment requiring the approval of any persons other than the board of regents.
2. The Restated Articles, attached hereto were adopted by the board of regents effective February 1, 2013 in accordance with section 181.1002 of the Wisconsin Statutes.
3. The Restated Articles attached hereto shall supersede and take the place of the Corporation's existing articles of incorporation.

IN WITNESS WHEREOF, the undersigned has executed this Certificate to Amended and

Restated Articles of Incorporation as of the 11th day of February, 2013.



Allen J. Prochnow, Executive Vice President and
Chief Operating Officer

This instrument was drafted by.
Andrew R. Lauritzen
c/o Godfrey & Kahn, S.C.
780 North Water Street
Milwaukee, Wisconsin 53202

**AMENDED AND RESTATED ARTICLES OF INCORPORATION
OF CONCORDIA UNIVERSITY WISCONSIN, INC.**

ARTICLE I

Name

The name of the corporation (hereinafter called the "University") is Concordia University Wisconsin, Inc.

ARTICLE II

Organization and Existence

The University is organized under Chapter 181 of the Wisconsin Statutes and the period of its existence shall be perpetual.

ARTICLE III

Powers

The University shall have all powers conferred upon nonstock, nonprofit corporations organized under Chapter 181 of the Wisconsin Statutes as now or hereafter enacted or amended. Such powers shall be exercised only in fulfillment of the purposes of the University set forth herein.

ARTICLE IV

Purposes

The purposes for which the University is organized are:

- (a) To operate, conduct and maintain a university or other institution of higher learning; to provide instruction and engage in educational activities; and to confer degrees and honors;
- (b) To provide instruction and training to persons who desire to prepare for the ministry of the Lutheran Church and to others desiring a Lutheran Christian liberal arts education or to obtain skill and training in various occupations and professions;

- (c) To carry out the educational objectives of The Lutheran Church – Missouri Synod as articulated in article III of the Synod's Constitution; and
- (d) To engage in other educational, religious, charitable, scientific and literary activities not inconsistent with the foregoing purposes.

The University shall at all times be operated as a component of the Concordia University System of The Lutheran Church-Missouri Synod (the "Synod") and in a manner consistent with the rules, policies and procedures of the Concordia University System ("CUS") and the Constitution, Bylaws, and resolutions of the Synod as now or hereafter enacted or amended. The University shall be organized and operated exclusively for, and its activities shall be limited to, such religious, charitable, scientific, literary and educational purposes as are consistent with the purposes stated above and permitted for tax-exempt status under Section 501(c)(3) of the Internal Revenue Code. All of the net earnings of the University shall be devoted to the purposes of the University as aforesaid and no part of the net earnings of the University shall inure to the benefit of any private shareholder or individual and no substantial part of the activities of the University shall consist of carrying on propaganda, or otherwise attempting, to influence legislation (except as otherwise provided in Subsection 501(h) of the Internal Revenue Code) and the University shall not participate in, or intervene in (including the publishing or distributing of statements), any political campaign on behalf of (or in opposition to) any candidate for public office.

ARTICLE V

Members

The University shall have no members

ARTICLE VI

Offices and Registered Agent

The mailing address of the principal office of the University is 12800 North Lake Shore Drive, Mequon, Wisconsin 53097. The address of the University's registered office is 12800 North Lake Shore Drive, Mequon, Wisconsin 53097, and the name of the registered agent at such address is Allen J. Prochnow.

ARTICLE VII

Board of Regents

Subject to the authority set forth in the Bylaws of the Synod and the rules, policies and procedures from time to time adopted by the Synod and the CUS, the business and affairs of the University shall be managed by, and all powers of the University shall be vested in, a Board of Regents. The number and manner of election or appointment of Regents, their terms of office

and other matters relating to the organization of the Board of Regents and their governance of the University shall be provided in the Bylaws.

ARTICLE VIII

Dissolution

In the event of the dissolution of the University, its net assets shall be distributed to the Synod or to such organizations organized and operated exclusively for religious, charitable, scientific, literary and/or educational purposes which are exempt from taxation under Section 501(c)(3) of the Code as may be designated by the Synod.

ARTICLE IX

Tax Status

It is intended that the University shall have the status of an organization (i) which is exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code and which is other than a private foundation within the meaning of Section 509(a)(1) of the Code; (ii) to which contributions are deductible for federal income tax purposes under Section 170(c)(2) of the Code; (iii) to which bequests are deductible for federal estate tax purposes under Section 2055(a)(2) of the Code; and (iv) to which gifts are deductible for federal gift tax purposes under Section 2522(a)(2) of the Code. These Articles shall be construed, and all authority and activities of the University shall be limited, accordingly.

ARTICLE X

Amendment

These Articles of Incorporation may be amended from time to time by vote of not less than two thirds of the members of the Board of Regents in office at the time the amendment is adopted, subject to prior approval by the Synod's Commission on Constitutional Matters.

ARTICLE XI

Certain Definitions

All references in these Articles to sections of the "Internal Revenue Code" or the "Code" shall be considered references to the Internal Revenue Code of 1986 as from time to time amended, to the corresponding provisions of any similar law subsequently enacted, and to all regulations issued under such sections and provisions.

ARTICLE XII

Distributions

The University may make distributions or other payments under Subsections (3) and/or (4) of Section 181.1302 of the Wisconsin Statutes to the extent consistent with its purposes as described in Article IV hereof.

This instrument was drafted by:

8105 81 834

Andrew R. Lauritzen, Attorney

Godfrey & Kahn, S.C.

780 North Water Street

Milwaukee, WI 53202-3590

9074537_1

Sec. 179.77,
180.1105,
181.1105, and
183.1204 Wis. Stats.

State of Wisconsin
DEPARTMENT OF FINANCIAL INSTITUTIONS
Division of Corporate & Consumer Services



RECEIVED

2014 APR 11

ARTICLES OF MERGER

STATE OF WISCONSIN
FILEDWISCONSIN DEPT. OF
FINANCIAL INSTITUTION

1. Non-Surviving Parties to the Merger:

Company Name: Concordia University Ann Arbor		APR 17 2014
Indicate (X) Entity Type	<input type="checkbox"/> Limited Partnership (Ch. 179, Wis. Stats.) <input type="checkbox"/> Business Corporation (Ch. 180, Wis. Stats.) See Exception below <input checked="" type="checkbox"/> Nonstock Corporation (Ch. 181, Wis. Stats.) <input type="checkbox"/> Limited Liability Company (Ch. 183, Wis. Stats.)	Organized under the laws of MI (state or country)

Does the above named non-surviving party have a fee simple ownership interest in any Wisconsin real estate?

☐ Yes ☒ No

IMPORTANT: If you answer yes, the surviving entity is required to file a report with the Wisconsin Dept. of Revenue under sec. 73.14 of the Wis. Stats. within 60 days after the effective date of the merger. **NOTE:** Sec. 73.14(2)(a) provides a penalty of \$200 for each day that the report is late, not to exceed \$7,500. You may access the form at <http://www2.revenue.wi.gov/internal/merger.html>

Company Name:

Indicate (X) Entity Type	<input type="checkbox"/> Limited Partnership (Ch. 179, Wis. Stats.) <input type="checkbox"/> Business Corporation (Ch. 180, Wis. Stats.) See Exception below <input type="checkbox"/> Nonstock Corporation (Ch. 181, Wis. Stats.) <input type="checkbox"/> Limited Liability Company (Ch. 183, Wis. Stats.)	Organized under the laws of (state or country)
-----------------------------	--	--

Does the above named non-surviving party have a fee simple ownership interest in any Wisconsin real estate?

☐ Yes ☐ No

IMPORTANT: If you answer yes, the surviving entity is required to file a report with the Wisconsin Dept. of Revenue under sec. 73.14 of the Wis. Stats. within 60 days after the effective date of the merger. **NOTE:** Sec. 73.14(2)(a) provides a penalty of \$200 for each day that the report is late, not to exceed \$7,500. You may access the form at <http://www2.revenue.wi.gov/internal/merger.html>

Schedule more non-surviving parties as an additional page and indicate whether the non-surviving party has a fee simple ownership interest in any Wisconsin real estate.

2. Surviving Entity:

Company Name: Concordia University Wisconsin, Inc.



1A8EN

Indicate (X) Entity Type	<input type="checkbox"/> Limited Partnership (Ch. 179, Wis. Stats.) <input type="checkbox"/> Business Corporation (Ch. 180, Wis. Stats.) See Exception below <input checked="" type="checkbox"/> Nonstock Corporation (Ch. 181, Wis. Stats.) <input type="checkbox"/> Limited Liability Company (Ch. 183, Wis. Stats.)	Organized under the laws of WI (state or country)
-----------------------------	---	--

EXCEPTION: If the merger involves only Chapter 180 business corporations, use form 2001.

FILING FEE - \$150.00

DFI/CORP/2000(R11/12)

3. Indicate below if the surviving entity is an indirect wholly owned subsidiary or parent:

☐ The surviving entity is a Domestic or Foreign Business Corporation that is an indirect wholly owned subsidiary or parent and the merger was approved in accordance with sec. 180.11045 and the requirements of sec. 180.11045(2) have been satisfied.

☒ The surviving entity is not a Domestic or Foreign Business Corporation that is an indirect wholly owned subsidiary or parent.

4. The Plan of Merger included in this document was approved by each entity that is a party to the merger in the manner required by the laws applicable to each entity, and in accordance with ss. 180.1103, 180.1104, 181.1103, 181.1104 and 183.1202, if applicable.

CONTINGENCY STATEMENT – The surviving entity of this merger is a domestic or foreign nonstock corporation. The Plan of Merger included in this document was approved by each entity that is a party to the merger in the manner required by the laws applicable to each entity, and in accordance with ss. 180.1103, 180.1104 and 183.1202, if applicable, and by a person other than the members or the board, if the approval of such person is required under s. 181.1103(2)(c).

☒ The approval of members is not required, and the Plan of Merger was approved by a sufficient vote of the board.

☐ The number of votes cast by each class of members to approve the Plan of Merger were sufficient for approval by that class.

Membership Class	Number of Memberships Outstanding	Number of Votes Entitled to be Cast	For	Against

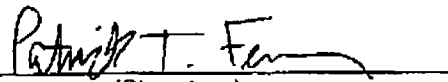
(Append or attach the **PLAN OF MERGER**, (Optional Plan of Merger template on Pages 3 & 4)
*See attached plan of merger

5 (OPTIONAL) Effective Date and Time of Merger

These articles of merger, when filed, shall be effective on April 15, 2014 (date) at _____ (time).

(An effective date declared under this article may not be earlier than the date the document is delivered to the department for filing, nor more than 90 days after its delivery. If no effective date and time is declared, the effective date and time will be determined by ss. 179.11(2), 180.0123, 181.0123 or 183.0111, whichever section governs the surviving domestic entity.)

6. Executed on April 7, 2014 (date) by the surviving entity on behalf of all parties to the merger.


(Signature)

Mark (X) below the title of the person executing the document.

For a **limited partnership**

Title: ☐ General Partner

For a **limited liability company**

Title: ☐ Member OR ☐ Manager

Dr. Patrick T. Ferry

(Printed Name)

For a **corporation**

Title: ☒ President OR ☐ Secretary
or other officer title _____

STATE OF WISCONSIN FILED
APR 17 2014
DEPARTMENT OF FINANCIAL INSTITUTIONS

This document was drafted by: Wendy Richards, Godfrey & Kahn, S.C.
(Name the individual who drafted the document)

Sec. 179.77,
180.1101(2),
181.1101(2), and
183.1203(2) Wis.
Stats.

(TEMPLATE)

State of Wisconsin
DEPARTMENT OF FINANCIAL INSTITUTIONS
Division of Corporate & Consumer Services

PLAN OF MERGER

STATE OF WISCONSIN
FILED

APR 17 2014

DEPARTMENT OF
FINANCIAL INSTITUTIONS

1. Non-Surviving Parties to the Merger:

Company Name:
Concordia University Ann Arbor

Indicate (X) Entity Type	<input type="checkbox"/> Limited Partnership (Ch. 179, Wis. Stats.)	Organized under the laws of MI (state or country)
	<input type="checkbox"/> Business Corporation (Ch. 180, Wis. Stats.)	
	<input checked="" type="checkbox"/> Nonstock Corporation (Ch. 181, Wis. Stats.)	
	<input type="checkbox"/> Limited Liability Company (Ch. 183, Wis. Stats.)	

Company Name:

Indicate (X) Entity Type	<input type="checkbox"/> Limited Partnership (Ch. 179, Wis. Stats.)	Organized under the laws of (state or country)
	<input type="checkbox"/> Business Corporation (Ch. 180, Wis. Stats.)	
	<input type="checkbox"/> Nonstock Corporation (Ch. 181, Wis. Stats.)	
	<input type="checkbox"/> Limited Liability Company (Ch. 183, Wis. Stats.)	

Schedule more non-surviving parties as an additional page.

2. Surviving Entity:

Company Name:
Concordia University Wisconsin, Inc.

Indicate (X) Entity Type	<input type="checkbox"/> Limited Partnership (Ch. 179, Wis. Stats.)	Organized under the laws of WI (state or country)
	<input type="checkbox"/> Business Corporation (Ch. 180, Wis. Stats.)	
	<input checked="" type="checkbox"/> Nonstock Corporation (Ch. 181, Wis. Stats.)	
	<input type="checkbox"/> Limited Liability Company (Ch. 183, Wis. Stats.)	

PLAN OF MERGER (TEMPLATE, Cont'd)

3. The manner and basis of converting the interests in each business entity that is a party to the merger into shares, interests, obligations or other securities of the surviving business entity or any other business entity or into cash or other property in whole or in part.

Concordia University Ann Arbor shall merge with and into Concordia University Wisconsin, Inc. Concordia University Wisconsin, Inc., a Wisconsin nonstock, nonprofit corporation, will be the surviving corporation in the merger (the "Survivor"). On the effective date of the merger, the Survivor shall, without other transfer, succeed to and have all the rights, privileges, immunities and franchises and the Survivor shall be subject to all the restrictions, disabilities and duties of Concordia University Ann Arbor, and all property, real, personal and mixed, and all debts due to Concordia University Ann Arbor on whatever account, shall be vested in the Survivor; and all property, rights, privileges, powers, franchises and each and every other interests shall be thereafter as effectively the property of the Survivor as they were of Concordia Ann Arbor. The separate existence of Concordia University Ann Arbor, shall cease upon this Plan of Merger becoming effective and thereupon Concordia University Ann Arbor and the Survivor shall become a single corporation.

4. The terms and conditions of the merger.

Except for the name change (see Item 6, below), the corporate identity, existence, purpose, powers, franchises, rights and immunities of the Survivor shall continue unaffected and unimpaired by the merger, and the corporate identity, existence, purpose, powers, franchises, rights and immunities of Concordia University Ann Arbor shall be merged with and into the Survivor. This plan of merger is intended to be the same as the plan of merger filed with Michigan on the Certificate of Merger for this merger.

5. Other provisions the parties to the merger may elect to include relating to the merger.

The Articles of Incorporation of the "Survivor" shall be and remain the articles of the surviving corporation, except that the name of the surviving corporation shall be Concordia University, Inc., effective upon the merger (see Item 6, below). The Bylaws of the Survivor, as they exist at the effective date of the merger (including any amendments effective at the merger), shall be the Bylaws of the surviving corporation until altered, amended or repealed as provided therein. The Board of Regents and officers of the Survivor prior to the effective date of the merger shall, upon the effective date of the merger, be and remain the Board of Regents and officers of the Survivor until their successors are duly elected and qualified.

6. The articles of incorporation or other similar governing document of the surviving domestic entity is amended as follows:

The Wisconsin Articles of Incorporation of the surviving corporation, Concordia University Wisconsin, Inc., shall be amended, effective of the merger, as follows:

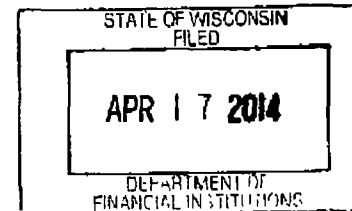
Article I of the Articles of Incorporation shall be amended to say:

The name of the corporation (hereinafter called the "University") is Concordia University, Inc.

RECEIVED

2014 APR 16 **CONSENT TO USE OF AN INDISTINGUISHABLE NAME****WISCONSIN DEPT. OF
FINANCIAL INSTITUTIONS****AND****STIPULATION TO CHANGE A CORPORATE NAME**

TO: Wisconsin Department of Financial Institutions
Division of Corporate and Consumer Services
P.O. Box 7846
Madison, WI 53707-7846



The undersigned, on behalf of Concordia University, a nonprofit corporation organized under and by virtue of the laws of the State of Nebraska ("University"), hereby consents to the use of the name **Concordia University, Inc.** by Concordia University Wisconsin, Inc. and agrees to and stipulates that the University will abandon the use of "Concordia University" in the State of Wisconsin within 30 days after the filing of this consent with the Wisconsin Department of Financial Institutions.

Dated as of April 15, 2014

**CONCORDIA UNIVERSITY, a Nebraska
nonprofit corporation**

By: 

Brian L. Friedrich
President & Chief Executive Officer

04/16/2014 04:30 PM
DCorp \$10.00
223228 #. 1

This document was drafted by:

Brett D. Koeller
Godfrey & Kahn, S.C.
780 North Water Street
Milwaukee, WI 53202

Fee simple ownership interest ☐ Yes ☐ No (for DFI use only)
ARTICLES OF MERGER

Brenda Lindsay, Paralegal
 Godfrey & Kahn, S C.
 780 North Water Street
 Milwaukee, WI 53202

▲ Enter your return address within the bracket above.
 Phone number during the day: (414) 273 - 3500

INSTRUCTIONS (Ref. Sec. 179.77, 180.11045, 180.1105, 181.1105, and 183.1204, Wis. Stats. for document content)

Submit one original and one exact copy along with the required filing fee of \$150.00 to the address listed below. Make checks payable to the "Department of Financial Institutions". Filing fee is non-refundable. Sign the document manually or otherwise allowed under sec. 179.14(1g)(c), 180.0103(16), 181.0103(23) or 183.0107(1g)(c).

Mailing Address: Department of Financial Institutions Division of Corporate & Consumer Services P O Box 7846 Madison WI 53707-7846	Physical Address for Express Mail: Department of Financial Institutions Division of Corporate & Consumer Services 201 W. Washington Ave - Suite 300 Madison WI 53703	Phone: 608-281-7577 FAX: 608-267-8813 TTY: 608-266-8818
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NOTICE. This form may be used to accomplish a filing required or permitted by statute to be made with the department. Information requested may be used for secondary purposes. This document can be made available in alternate formats upon request to qualifying individuals with disabilities

1. Enter the company name, type of entity, and state of organization of each non-surviving party to the merger. Definitions of foreign entity types are set forth in ss. 179.01(4), 180.0103(9), 181.0103(13) and 183.0102(8). Wis. Stats. Select yes or no to indicate whether the non-surviving party has a fee simple ownership interest in any Wisconsin real estate. See sec. 73.14 and 77.25, Wis. Stats., or contact the Wisconsin Department of Revenue at (608)266-1594 for questions regarding fee simple ownership interest and the filing requirements with that department.
2. Enter the company name, type of entity, and state of organization of the surviving entity.
3. Indicate whether or not the surviving entity is a Domestic or Foreign Corporation that is an indirect wholly owned subsidiary or parent. See sec. 180.11045(1)(b), Wis. Stats. for definition.
4. This Article states the manner in which the Plan of Merger was approved. If the surviving entity is a domestic or foreign nonstock corporation, complete the CONTINGENCY STATEMENT. Append or attach the Plan of Merger. A Plan of Merger template is available on pages 3 & 4. Its use is optional.
5. (Optional) If the merger is to take effect at a time other than the close of business on the day the articles of merger are delivered to the department for filing, state the effective date or date and time. An effective date may not be earlier than the date the document is delivered to the Department of Financial Institutions, nor a date more than 90 days after its delivery.
6. Enter the date of execution and the name and title of the person signing the document. If, for example, the surviving entity is a domestic limited liability company, the Articles of Merger would be signed by a Member or Manager of the limited liability company, if the surviving entity is a corporation, by an officer of the corporation, etc.

If the document is executed in Wisconsin, sec. 182.01(3) provides that it shall not be filed unless the name of the person (individual) who drafted it is printed, typewritten or stamped thereon in a legible manner. If the document is not executed in Wisconsin, enter that remark.



For Office



State of Wisconsin
Department of Financial Institutions

Endorsement

ARTICLES OF MERGER - Ch. 181
CONCORDIA UNIVERSITY WISCONSIN, INC.

Received Date: 4/11/2014

Filed Date: 4/17/2014

Filing Fee: \$150.00

Expedited Fee: \$25.00

Total Fee: \$175.00

Entity ID#: 6C13882

Articles of Merger, merging an unlicensed foreign non-stock corporation (Non-Survivor) into CONCORDIA UNIVERSITY WISCONSIN, INC. (a WI domestic Non-Stock Corp)(Chap 181)(Survivor)
Survivor Changes Name (Consent for indistinguishable name filed within this merger)
Effective Date: April 15, 2014.
Non-Survivor does not have a FSOI in WI Real Estate