## Form **990**

**Return of Organization Exempt From Income Tax** 

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

OMB No. 1545-0047

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benefit trust or private foundation)								Open to Public			
		nue Service	<b>•</b>	The organization may have to u	se a copy of this retu	rn to s	satisfy	state reporting r	equiren	nents. Inspection	
1	For th	ne 2005 c <u>al</u>	lendar	year, or tax year beginning J	luly 1	, 200	)5, and	l ending June		, 20 <b>06</b>	
3 (	Check if a		Please use IRS	C Name of organization	_			"	· · ·	yer identification number	
	Address	s change	abel or	Concordia University, St. I				41 0696906			
1	Name c		orint or type.	Number and street (or P.O. box i	f mail is not delivered to	street	addres	s) Room/suite		one number	
_ I	nitial re	turn	See Specific	275 Syndicate St. N	-1 7ID . 4				•	) 641-8278	
F	Final ret		nstruc- tions.	City or town, state or country, an St. Paul, MN 55104	Id ZIP + 4			l F	_	ng method: Cash Accrual	
A	Amende	ed return		•				L and L are not a		her (specify)  to section 527 organizations.	
	Applicati	ion pending		ction 501(c)(3) organizations and sts must attach a completed Sche	' ' '				,	n for affiliates? Yes Vo	
٠,	Mohoite	e: <b>► www.</b>			, adio 71 (1 01111 000 01 01	,,,		•		per of affiliates ▶	
1	website	e: <b>&gt;</b> www.	.csp.e	edu				H(c) Are all affilia			
J (	Organiz	zation type (	check c	only one) ► <b>✓</b> 501(c) ( <b>3</b> ) <b>⊲</b> (ir	nsert no.)	or _	527	(If "No," atta	ach a lis	t. See instructions.)	
(	Check I	here ▶ 🗍 i	if the o	organization's gross receipts are nor	mally not more than \$2	5,000.	The	H(d) Is this a sepa	rate retu	n filed by an	
	-			return with the IRS; but if the orga		a returi	n, be			by a group ruling? Yes No	
	sure to 1	ille a comple	te returr	n. Some states require a complete	return.			I Group Exen	•		
. (	Gross	receipts: A	dd line	es 6b, 8b, 9b, and 10b to line 12	2 ▶ 37,933,4	188				the organization is <b>not</b> required form 990, 990-EZ, or 990-PF).	
	art I			penses, and Changes in		und	Balar				
	1		-	gifts, grants, and similar am				,			
	a			upport		1a		3,342,116	6		
	b	Indirect public support									
	С		Government contributions (grants)								
	d	<b>Total</b> (add lines 1a through 1c) (cash \$							1d	5,006,491	
	2		Program service revenue including government fees and contracts (from Part VII, line 93)							31,809,516	
	3			ues and assessments					3		
	4	Interest o	n sav	ings and temporary cash inv	estments				4	34,265	
	5	Dividends	s and	interest from securities .					5	538,088	
	6a	Gross rer	nts .			6a					
	b	Less: ren	tal ex	penses		6b					
	С	Net renta	ıl inco	me or (loss) (subtract line 6b		6c					
<u>e</u>	7	Other inv	Other investment income (describe  )								
Revenue	8a	Gross an	nount	from sales of assets other	(A) Securities		(E	3) Other			
Вè		than inve	•		247,991	8a					
	1			ner basis and sales expenses.	248,670	8b					
	1	•	, ,	attach schedule) L	(679)	8c				(0==)	
	d	Net gain	or (los	s) (combine line 8c, columns (	(A) and (B))				8d	(679)	
	9			nd activities (attach schedule). If		jaming	<b>g,</b> chec	k here 🕨 🗌			
	а				of	0- 1	ı				
				eported on line 1a)		9a					
	1			penses other than fundraising	• .	9b			-		
	l			(loss) from special events (s			9a)		9c		
	10a			inventory, less returns and a		10a			-		
	b		_	goods sold		10b	46.		100		
	l			oss) from sales of inventory (att					10c	297,816	
	11 12	Other rev	enue	(from Part VII, line 103) . (add lines 1d, 2, 3, 4, 5, 6c, 7	8d 9c 10c and 1	1)			12	37,685,497	
	14	10tal 16V	UIIUE I	(aaa iii 165 Tu, Z, J, 4, J, 06, 7	, ou, ou, ruu, anu r				14	31,003,491	

Net Assets 19 40,905,824 19 Net assets or fund balances at beginning of year (from line 73, column (A)). 20 434,492 20 Other changes in net assets or fund balances (attach explanation). . . Net assets or fund balances at end of year (combine lines 18, 19, and 20) 41,526,203 21

13

14

28,153,689

8,135,009

Program services (from line 44, column (B)) . . .

Management and general (from line 44, column (C))

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

			( / ( /		'	
	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$	22	6,677,581	6,677,581		
23	Specific assistance to individuals (attach schedule)	23				
24	Benefits paid to or for members (attach schedule)	24				
25	Compensation of officers, directors, etc	25	739,387	338,767	244,630	155,990
26	Other salaries and wages	26	14,873,192	11,521,997	2,898,935	452,260
27	Pension plan contributions	27	611,896	428,327	128,498	55,071
28	Other employee benefits	28	1,628,470	1,154,113	430,828	43,529
29	Payroll taxes	29	899,377	693,926	162,646	42,805
30	Professional fundraising fees	30	42,239			42,239
31	Accounting fees	31	37,627	800	36,827	
32	Legal fees	32	49,343		49,343	
33	Supplies	33	245,327	178,226	60,750	6,351
34	Telephone	34	162,440	130,803	25,409	6,228
35	Postage and shipping	35	193,278	150,698	18,377	24,203
36	Occupancy	36	1,846,621	1,328,448	464,937	53,236
37	Equipment rental and maintenance	37	104,425	66,166	38,259	
38	Printing and publications	38	151,433	34,717	39,935	76,781
39	Travel	39	651,944	556,877	49,806	45,261
40	Conferences, conventions, and meetings	40	31,692	24,248	4,538	2,906
41	Interest	41	544,163	8,330	535,833	
42	Depreciation, depletion, etc. (attach schedule)	42	1,338,951	802,291	529,764	6,896
43 a	Other expenses not covered above (itemize):	43a				
b	STATMENT 4	43b	6,670,224	4,057,373	2,415,695	197,156
		43c	, ,	, ,	, ,	,
d		43d				
-		43e				
f		43f				
_		43g				
44	Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13–15)	44	37,499,610	28,153,689	8,135,009	1,210,912
Join	t Costs. Check ▶ ☐ if you are following SOP		. , -			• • •
	any joint costs from a combined educational campaign		draising solicitation	reported in (B) Pro	gram services?	Yes No
	es," enter (i) the aggregate amount of these joint cost					
			; and (iv) the		•	,

## Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Wha	t is the organization's prim	nary exempt purpose?	post-secondary higher educ	ation	Program Service			
			ements in a clear and concise m		Expenses (Required for 501(c)(3) and			
of cl	ients served, publications is	sued, etc. Discuss achievem	ents that are not measurable. (	Section 501(c)(3) and (4)	(4) orgs., and 4947(a)(1)			
orga	nizations and 4947(a)(1) none	exempt charitable trusts must	also enter the amount of grants a	and allocations to others.)	trusts; but optional for others.)			
2	Educational and instruction	onal divisions including su	upport programs devoted to	liberal arts and/or	·			
_			ding for 2000 FTE students					
-	cingious caddation, circo	aragement and understand	unig for 2000 i i'z stadents					
-								
-								
-								
-								
<u>`</u>	Grants and allocations \$		) If this amount includes foreign	<u> </u>	14,657,575			
b	Financial aid to assist ind	ividuals unable to pay for	the liberal arts or religious e	ducation				
	and support programs							
-								
-								
-								
-	Grants and allocations \$		) If this amount includes foreign	grants check here	6,677,581			
	· · · · · · · · · · · · · · · · · · ·	•	service, athletic teams and	grame, encon nord r	0,077,001			
		<del>-</del>						
	performance groups							
-								
_								
_								
_								
(	Grants and allocations \$	<u>i</u>	) If this amount includes foreign	grants, check here 🕨 🗌	6,818,533			
d								
-								
-								
-								
-								
-								
7	Grants and allocations \$	,	) If this amount includes foreign	grante chock hore				
<u>`</u>	•	<u> </u>	, it this amount includes foreign	grants, Check here				
	Other program services (att	tacri scriedule)	\ 15.11.					
`	Grants and allocations \$		) If this amount includes foreign	<u> </u>				
_f ]	otal of Program Service	<b>Expenses</b> (should equal lin	e 44, column (B), Program se	rvices)	28,153,689			

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Pa	art IV	Balance Sheets (See the instructions	.)				
N	lote:	Where required, attached schedules and amounts column should be for end-of-year amounts only.	within	the description	<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	45	Cash—non-interest-bearing			929,296	45	536,422
	46	Savings and temporary cash investments .			469,519	46	139,357
		Accounts receivable	47a	2,209,609	4 047 700	4-	4.450.040
	b	Less: allowance for doubtful accounts .	47b	753,393	1,617,722	4/C	1,456,216
	40	Di i	48a	2,499,930			
		Pledges receivable	48b	70,365	2,322,945	480	2,429,565
	49	Grants receivable		,	784,159		518,234
	50	Receivables from officers, directors, truste					
	30	(attach schedule)				50	
	51a	Other notes and loans receivable (attach					
ts	0.4	schedule)	51a	2,202,514			
ssets	b	Less: allowance for doubtful accounts	51b		2,555,381		2,202,514
⋖	52	Inventories for sale or use			260,396	52	271,851
	53	Prepaid expenses and deferred charges .			609,385	53	644,383
	54	Investments—securities (attach schedule) .	. 1	➤ Cost ✓ FMV	3,156,674	54	3,194,985
	55a	Investments—land, buildings, and	55a				
	١.	equipment: basis	JJa				
	b	Less: accumulated depreciation (attach schedule)	55b			55c	
	56	Investments—other (attach schedule)			14,356,516		15,433,862
		Land, buildings, and equipment: basis .	57a	47,630,971			<u> </u>
		Less: accumulated depreciation (attach					
		schedule)	57b	18,335,473	29,216,614		29,295,498
	58	Other assets (describe ► STATEMENT 8		)	3,655,598	58	3,893,555
	F0	Tatal access (sevent access lines 74). Add lines	4 <i>C</i>		50 004 005		00.040.444
_	59	Total assets (must equal line 74). Add lines			59,934,205	_	60,016,444
	60	Accounts payable and accrued expenses .			3,560,943	60 61	2,604,018
	61 62	Grants payable			2,025,685	_	2,025,738
S	63	Loans from officers, directors, trustees, and	_,,,,,,,				
Iŧi	03	schedule)			63		
abilities	64a	Tax-exempt bond liabilities (attach schedule)		2,580,000	64a	2,480,000	
Ξ		Mortgages and other notes payable (attach		ule)	6,724,790		7,319,325
	65	Other liabilities (describe ► STATEMENT	10	)	4,136,963	65	4,061,160
	00	<b>T. I.P. L.P.</b> A. I.P. O. W. J. O.			40.000.004		40.400.044
_	66				19,028,381	66	18,490,241
	Orga	anizations that follow SFAS 117, check here	<b>► ✓</b> :	and complete lines			
es	67	67 through 69 and lines 73 and 74. Unrestricted			19,677,597	67	19,030,125
anc	68	Temporarily restricted			3,309,121	68	3,938,203
Balances	69	Permanently restricted			17,919,106	69	18,557,875
Fund	Orga	anizations that do not follow SFAS 117, check					
F		complete lines 70 through 74.					
or	70	Capital stock, trust principal, or current fund				70	
ets	71	Paid-in or capital surplus, or land, building, a				71	
Ass	72	Retained earnings, endowment, accumulated				72	
Net Assets	73	<b>Total net assets or fund balances</b> (add line 70 through 72;	es 6/1	inrough 69 or lines			
Z		column (A) <b>must</b> equal line 19; column (B) <b>n</b>	nust e	qual line 21)	40,905,824	73	41,526,203
	74	Total liabilities and net assets/fund balance		· · · · · · · · · · · · · · · · · · ·	59,934,205	_	60,016,444
				·			Form <b>990</b> (2005)

Pa	rt IV-A	Reconciliation of Revenue per Audinstructions.)	dited Financial Statem	ents With Rev	enue pe	r Retu	rn (See the
а	Total reve	enue, gains, and other support per audi	ted financial statements			а	31,796,409
b		included on line a but not on Part I, line					
1	Net unrea	alized gains on investments		b1	788,492		
2	Donated	services and use of facilities		b2			
3		es of prior year grants		b3			
4	Other (sp	ecify):					
				b4		1.	700 400
		<b>b1</b> through <b>b4</b>				b	788,492
C .						С	31,007,916
d		included on Part I, line 12, but not on I		d1			
1		nt expenses not included on Part I, line ecify): Financial aid reclass	u i				
2	Other (sp	3,		d2 6	,677,581		
	Add lines	d1 and d2				d	
е		enue (Part I, line 12). Add lines c and c			▶	e	37,685,497
Pa	rt IV-B	Reconciliation of Expenses per Au	ıdited Financial Stater	nents With Ex	penses p	er Ret	
а		enses and losses per audited financial				а	30,822,030
b	Amounts	included on line a but not on Part I, line	e 17:				
1		services and use of facilities		b1			
2	-	r adjustments reported on Part I, line 20		b2			
3 4		eported on Part I, line 20		b3			
	٠.	ecify):		h4			
		Led there exists to d		b4		b	
_		<b>b1</b> through <b>b4</b>				С	30,822.030
C		line <b>b</b> from line <b>a</b>					00,022.000
d 1		nt expenses not included on Part I, line		d1			
2		ecify): Financial aid reclass					
_	Other (sp	ecny).		d2 6	,677,580		
	Add lines	d1 and d2				d	6.677,580
е		penses (Part I, line 17). Add lines c and	d		•	е	37,499,610
Pa	rt V-A	Current Officers, Directors, Trustees	s, and Key Employees	(List each perso	n who was		
	(	or key employee at any time during the ye	ear even if they were not				
		(A) Name and address	(B) Title and average hours per	(C) Compensation (If not paid, enter	(D) Contribution	ons to empl ns & deferre	loyee (E) Expense account and other allowances
			week devoted to position	` -0)´	compens	ation plans	
			-				
See	Statemen	t 11					
			-				
			-				
			-				
			-				
			-				
			_				
			1	1	1		1

**b** Did the organization file **Form 1120-POL** for this year? . . . . . .

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Pai	t VI Other Information (continued)		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		✓
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II.  (See instructions in Part III.)			
	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	<b>√</b>	
	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	<b>✓</b>	
	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		_
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	0.415		
	gifts were not tax deductible?	84b		
85	501(c)(4), (5), or (6) organizations. <b>a</b> Were substantially all dues nondeductible by members?	85a 85b		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	000		
	If "Yes" was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization			
_	received a waiver for proxy tax owed for the prior year.  Dues assessments and similar amounts from members   85c			
	Bucci, addication in the information in the informa	-		
	Section 162(e) lobbying and political expenditures			
	Aggregate herideductible difficult of decision edec(c)(1)(1) y date fictions	-		
		85g		
_	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	009		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12			
b	Gross receipts, included on line 12, for public use of club facilities 86b	-		
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders 87a	-		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	-		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88		1
89a	and 301.7701-3? If "Yes," complete Part IX			
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		✓
С	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
	Enter: Amount of tax on line 89c, above, reimbursed by the organization			
	List the states with which a copy of this return is filed ▶ Minnesota			
	Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)	72		
	The books are in care of ▶ Michael Dorner  Located at ▶ 275 Syndicate St. N  Telephone no. ▶ (651)6  ZIP + 4 ▶ 55104		11	
b	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)?	91b	Yes	No ✓
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b> , Report of Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country ▶			✓
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year <b>&gt;</b>   92		. •	► □

Part \	/II	Analysis of Income-Producing	<b>Activities</b> (See th	ne instructions.	.)				
Note: F	nte	er gross amounts unless otherwise	Unrelated bu	siness income	Excluded	by secti	ion 512, 513, or 514	(E)	
indicate		grees ameante ameas eanermes	(A)	(B)	(C)	)	(D)	Related or exempt function	
		gram service revenue:	Business code	Amount	Exclusion		Amount	income	
		ition and fees						27,270,507	
-		xiliary Enterprises	7388	106,151				4,432,858	
C		,						, ,	
d									
e	N/04	diagra/Madiagid payments							
		dicare/Medicaid payments							
_		es and contracts from government agenci							
		mbership dues and assessments			14		24 265		
		rest on savings and temporary cash investmen	nts		14		34,265		
		idends and interest from securities			14	•	538,088		
		rental income or (loss) from real estate:							
		ot-financed property							
		debt-financed property							
		rental income or (loss) from personal proper							
99	Oth	er investment income							
100	Gain	n or (loss) from sales of assets other than invento	ory		18		-679		
101	Net	income or (loss) from special events .							
102	Gro	ess profit or (loss) from sales of inventory	,						
103	Oth	er revenue: a			3		297,816		
b									
C									
d									
е									
104	Sub	ototal (add columns (B), (D), and (E)) .		106,151			869,490	31,703,365	
105	Tota	al (add line 104, columns (B), (D), and (E	E))				.▶	32,679,006	
Note: I	Line	e 105 plus line 1d, Part I, should equal th	ne amount on line 1	2, Part I.					
Part \	/111	Relationship of Activities to the A	ccomplishment of	f Exempt Purp	oses (S	ee the	e instructions.)		
Line N	lo.	Explain how each activity for which inco					mportantly to the	accomplishment	
		of the organization's exempt purposes (	other than by providing	ng funds for such	purpose	s).			
93a		Tuition and fees for a liberal arts univ	eristy education a	re used to edu	cate stu	idents	s and provide a	an adequate	
		learning environment							
94b		Income from student housing and ser	vices is used to p	rovide an educ	ation e	nviror	nment for stud	ents,	
		enhancing the purpose of the univer	sity						
Part I	X	Information Regarding Taxable Su	bsidiaries and Dis	regarded Entit	ies (See	the i	nstructions.)		
	Nlow	(A)	(B)	(C)			_ (D)	(E)	
		ne, address, and EIN of corporation, partnership, or disregarded entity	Percentage of ownership interest	Nature of ac	ctivities		Total income	End-of-year assets	
		17	%						
			%						
			%						
			%						
Part 2	X	Information Regarding Transfers Ass	, -	onal Benefit Co	ntracts	See th	ne instructions.)		
							,	☐ Yes ✓ No	
		the organization, during the year, receive any funds, the organization, during the year, pay pr	•		•			☐ Yes ✓ No	
		"Yes" to <b>(b),</b> file Form 8870 <b>and</b> Form 4			person	ai Dei	ieni contract:	☐ Yes  ✓ No	
-11010	-	Under penalties of perjury, I declare that I have exam	`		hedules a	nd state	ements, and to the b	est of my knowledge	
		and belief, it is true, correct, and complete. Declara							
Please	•	<b>\</b>				1			
Sign		Signature of officer					ate		
Here		Michael Dorner, Vice President for	Finance			Di	ato		
			i mance						
	+	Type or print name and title.		Dete	Check if		D 1 2211	DTIN (0. 0. 1	
Paid		Preparer's		Date	self-	_	Preparer's SSN or	PTIN (See Gen. Inst. W	
Preparer	's 🗆	signature			employe				
Use Only		Firm's name (or yours if self-employed),				EIN	<b>•</b>		
•		address, and ZIP + 4				Phone	no. ▶ ( )		