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Possible Suplicate

### Return of Organization Exempt From Income Tax

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

benefit trust or private foundation)

OMB No. 1545-0047 IIIX

Department of the Treasury

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

and ending JUN 30, A For the 2008 calendar year, or tax year beginning JUL 2008 D Employer identification number C Name of organization Check if Please use IRS Addres change label o WISCONSIN LUTHERAN COLLEGE, INC. print or Name type 23-7179639 Doing Business As Initial return See Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Specifi Termin-8800 WEST BLUEMOUND ROAD 414-443-8800 Amende return tions 33,839,781. City or town, state or country, and ZIP + 4 G Gross receipts \$ Applica-tion pending MILWAUKEE, WI 53226 H(a) is this a group return F Name and address of principal officer:DANIEL W. JOHNSON for affiliates? JYes X No SAME AS C ABOVE H(b) Are all affiliates included? Yes No Tax-exempt status: X 501(c) (3 ) (insert no.) 4947(a)(1) or If "No," attach a list, (see instructions) J Website: ► WLC . EDU **H(c)** Group exemption number ▶ 1773 K Type of organization: X Corporation Trust Association L Year of formation: 1973 M State of legal domicile: WI Other > Part | Summary Briefly describe the organization's mission or most significant activities: WISCONSIN LUTHERAN COLLEGE IS A PRIVATE, FOUR-YEAR LIBERAL ARTS COLLEGE OFFERING 35 UNDERGRADUATE Governan Check this box I if the organization discontinued its operations or disposed of more than 25% of its assets. 25 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Patty EDGE COMPLIANCE 25 4 ≪ 5 848 Total number of employees (Part V, line 2a) Activities 100 Total number of volunteers (estimate if necessary) 6 7a Total gross unrelated business revenue from Part VIII, line 12 column AC G. 1. 6 2012 4,123. 7a 0. b Net unrelated business taxable income from Form 990-T, line 34 7b **Current Year** Prior Year TERRITORY 1 GROUP 12,019,760 9,057,212. Contributions and grants (Part VIII, line 1h) MILWAUKEE: WI 16,448,528. 17,990,540. Program service revenue (Part VIII, line 2g) 615,444. -89,535. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 804,513. 995,091. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 30.078,823. 27,762,730. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) 5,749,218. 6,667,039. Benefits paid to or for members (Part IX, column (A), line 4) 10.789.900 11,805,899. 15 Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 1,742,389. **b** Total fundraising expenses (Part IX, column (D), line 25) 14,723,734. 15,281,024. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 31,820,142.33,196,672. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -1,741,319-5,433,942. Revenue less expenses. Subtract line 18 from line 12 Assets or Balances **Beginning of Year** End of Year 119,432,211 107,537,539. 20 Total assets (Part X, line 16) 60,459,289. 61,023,260 Total liabilities (Part X, line 26) 58,408,951 47,078,250. 22 Net assets or fund balances. Subtract line 21 from line 20 Partill Signature Block Under penalties of perjury, ideclare 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 official is based on all information of which preparer has any knowledge. Sign Signature of office Here GARY A SCHMID, VICE PRESIDE Type or print name and title Preparer's 08/11 self-employed Paid MARINE, signature Ε. CPA Preparer's Firm's name (or BAKER TILLY VIRCHOW KRAUSE, LLP 095 Use Only yours if 115 SOUTH 84TH STREET, SUITE 400 address, and MILWAUKEE, WI 53214 Phone no.  $\triangleright$  (414)777-5500

No

Form **990** (2008)

X Yes

May the IRS discuss this return with the preparer shown above? (see instructions)

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

28, 454, 420. (Must equal Part IX, Line 25, column (B)

Total program service expenses ▶ \$

			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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where 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		Х
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25?			
	If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	х	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was			
	prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	х	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Х	
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,		_	
	and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity			
	located outside the United States? If "Yes," complete Schedule F, Part II	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Part III	16		Х
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Х
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Х
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K.			
	If "No", go to question 25	24a	X	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
С	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		Х
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
<b>2</b> 5a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a			
	pnor year? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial			
	contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	X	
		Form	990 (	2008)

# Form 990 (2008) WISCONSIN LUTHERAN Rattiv Checklist of Required Schedules (continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			XX.
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an			
	indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other			
	person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization?			
	If "Yes," complete Schedule L, Part IV	28b		х
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional			
	corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32	l	Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X

Form **990** (2008)

orm	990 (2008) WISCONSIN LUTHERAN COLLEGE, INC.	23-7179639	Pa	age <b>5</b>
Pai	Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable	55		
þ	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	gaming		
	(gambling) winnings to prize winners?	1c	X	
2a		***		
	filed for the calendar year ending with or within the year covered by this return 2a	848		
þ		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instruction	ns)		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this	- Majora - 4	Х	2.528 4.000
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	X	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority of	over, a		
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and 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		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	g Prohibited		
	Tax Shelter Transaction?	5c		
<b>6</b> a	Did the organization solicit any contributions that were not tax deductible?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gift	fts		
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			\$/X
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75	5? . <b>7a</b>	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was require	d		
	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	<u> </u>	W. C.	· ·
	benefit contract?			X
1	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<del>7f</del>		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	·· 7g		<b> </b>
h	, , , , , , , , , , , , , , , , , , , ,	W 4 10 v	M det.	S-12.
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a	1/200630		534
	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization	1.20	94503/0	2500
	excess business holdings at any time during the year?  Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		0.000	<b>3</b> (3)
9		<u> </u>	-3.5M B	W 6,685
a	Did the organization make any taxable distributions under section 4966?  Did the organization make a distribution to a donor, donor advisor, or related person?	9a	-	
ь 10	Section 501(c)(7) organizations. Enter: N/A	9b	*******	A COSTO
	Initiation fees and capital contributions included on Part VIII, line 12			
a b		———(§%		
11	Section 501(c)(12) organizations. Enter: N/A			
.,	Gross income from members or shareholders			

**b** Gross income from other sources (Do not net amounts due or paid to other sources against

**b** If "Yes," enter the amount of tax-exempt interest received or accrued during the year

.... 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

amounts due or received from them.)

11b

N/A

Form 990 (2008) WISCONSIN LUTHERAN COLLEGE, INC. 23-7179639 Pale attivity Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sec	tion A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances,		1 7.32	
	processes, or changes in Schedule O See instructions.			
1a	· ·	25		
	Enter the number of voting members that are independent	25		
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	A NORTHWAY	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	-	+	<del></del> -
	of officers, directors or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	<del> </del>	X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5	+-	X
6	Does the organization have members or stockholders?	6	<del> </del>	X
	Does the organization have members, stockholders, or other persons who may elect one or more members of the	_ ⊢	+-	<u> </u>
	governing body?	7a	x	
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	+	Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	70		200
	by the following:			
а	The governing body?	90	X	
b	Each committee with authority to act on behalf of the governing body?	8a 8b	$\frac{x}{x}$	
9a	Does the organization have local chapters, branches, or affiliates?	9a	A	х
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,	. 30	+	<u> </u>
_	and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must	.   35	+	<del> </del>
	describe in Schoolule O the process of any the organization uses to various the Fermi 900	10	1	x
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	"	<del>                                     </del>	<del> </del>
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	. 11		x
Sec	tion B. Policies		<del>'</del>	
			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12t	X	
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this is done	120	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by independent	38.8		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision:			
а	The organization's CEO, Executive Director, or top management official?	15a	X	
Ь	Other officers or key employees of the organization?	15b	X	
	Describe the process in Schedule O. (see instructions)			3/%
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		X
b	If "Yes," has the organization adopted a written policy or procedure requining the organization to evaluate its participation		25.79	9.27
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available.	ble for		
	public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy	y, and fir	ancial	
	statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organ	nization:	<b>_</b>	
	GARY A. SCHMID - 414-443-8800			
	8800 WEST BLUEMOUND COLLEGE, INC., MILWAUKEE, WI 53226			

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

#### Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

Check this box if the organization did not compensate any officer, director, trustee, or key employee.

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

(A)	(B)	Ī	_	(0	>)			(D)	(E)	(F)
Name and Title	Average		1	Posr				Reportable	Reportable	Estimated
	hours	(cl	heck	call t	that	арр	ly)	compensation	compensation	amount of
	per	ğ						from	from related	other
	week	direct	1			l.		the	organizations	compensation
	İ	o e o	stee			nsate		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the
	j	1 2	a tr		oyee	اق اق		(W-2/1099-MISC)	,	organization and related
		Individual trustee or director	Institutional trustee	Officer	dwe	Highest compensated employee	펄			organizations
		Ē	ist i	₽	Key	₹ 1	퉏			
GARY A. DRSKA		┢				H	$\vdash$			
CHAIRMAN	1.00	X		x		1		0.	0.	0.
WILLIAM FELSING		Π								
REGENT	1.00	X				l.,		0.	0.	0.
GERALD FISCHER	·					Γ				
REGENT	1.00	X				1		0.	0.	0.
JAMES A. FISCHER										
REGENT	1.00	X	L					0.	0.	0.
KENNETH FISHER		Г								
REGENT	1.00	X						0.	0.	0.
NED GOEDE										
REGENT	1.00	X						0.	0.	0.
MARK HENRICH										
REGENT	1.00	X	L					0.	0.	0.
DENNIS HIMM		1	İ			1				
REGENT	1.00	X	_	Ш				0.	0.	0.
PHILIP HOYER										_
REGENT	1.00	X	L_			╙	<u> </u>	0.	0.	0.
CHARLES KLUENKER		l				ł				_
REGENT	1.00	X	<u> </u>			<u> </u>	<u> </u>	0.	0.	0.
PHIL LEYRER	1	۱								
REGENT	1.00	X			<u> </u>	<u> </u>	<u> </u>	0.	0.	0.
SCOTT MAYER	1 00									
REGENT	1.00	Х	<u> </u>		<u> </u>	┡	ļ	0.	0.	0.
DAVID V. MCCULLOCH REGENT	1 00									
JOHN PAHMEIER	1.00	X	ļ			<u> </u>	<u> </u>	0.	0.	0.
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KENT A. RAABE	1.00	X	┡		<u> </u>	<del>  -</del>	ļ	0.	0.	0.
	1 00	,,					ł			
TREASURER	1.00	X		Х	<u> </u>	<u> </u>		0.	0.	0.
WILLIAM RAASCH	1 00									
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JIM REINERT	1 4 4 4	,,								_
REGENT	1.00	Х	<u></u>		L	<u>.</u>		0.	0.	0.
832007 12-18-08										Form <b>990</b> (2008)

Section A. Officers, Directors, Trustees, Key Employees, a			na i	High	est	Compensated Employ	rees (continuea)				
(A)	(B)	(C)						(D) (E)			(F)
Name and title	Average			Posi				Reportable	Reportable		Estimated
	hours	(0	heck	call t	that	app	ily)	compensation	compensation	'	amount of
	per	ge						from	from related		other
	week	Individual trustee or director	l_			핉	ŀ	the organization	organizations (W-2/1099-MIS(		compensation from the
		Ste	nste		_	ensa	ļ	(W-2/1099-MISC)	(***2/1033*********	"	organization
		a E	la la		loyes	E 9	1	(	1		and related
		ivid	nstitutional trustee	Officer	yem	Highest compensated employee	Ē				organizations
		Ĕ	Ĕ	5	ξ	₹5	ይ				
PAUL D. ROSENOW											_
REGENT	1.00	X	<u> </u>				乚	0.		0.	0.
PAUL STEINBERG		ł		i		-		_	ł		
REGENT	1.00	X		L	L	<u> </u>	L	0.		0.	0.
GARY STIMAC			l		ļ	1					_
REGENT	1.00	X			_		┖	0.		0.	0.
WILLIAM TREFFERT				l	ŀ		1				_
VICE-CHAIRMAN	1.00	X	ļ	X	L_	1	ļ	0.		0.	0.
DARYL WEBER		١	ĺ								
REGENT	1.00	X		$ldsymbol{oxed}$	╙	_		0.		0.	0.
RONALD WHITE	1 00	١									_
REGENT	1.00	X	_	╙	ļ	ــــ	<del> </del> _	0.		0.	0.
MARK A. WRIGHTSMAN	1 1 00			١,,		1			ł		٠,
SECRETARY	1.00	X	╄	X		₽	┞	0.		0.	0.
GEORGE M. ZAFEROS	1 1 00	١,,									_
REGENT	1.00	X	╄	$\vdash$	┡	┡	┡	0.		0.	0.
DANIEL W. JOHNSON	40 00			x				26 777		0.	42 102
PRESIDENT JOHN KOLANDER	40.00	┢	├-	스	-	┢	┢	36,777.		<u>u.</u>	42,192.
PROVOST	40.00	1		x				77 262		0.	48,211.
	40.00	1	L	14	İ	<u>_</u>	1	77,263.	<del></del>	0.	255,246.
1b Total	1-1-1			<u> </u>	46.	- 6:	100			<u>.</u>	233,240.
2 Total number of individuals (including those	e in Ta) who re	ceiv	/ea r	nore	e una	ın ş	IOU,	,000 in reportable			C
compensation from the organization				· ·		-				_	Yes No
3 Did the organization list any former officer	director or to	ıcto	a ka	w on	nnlo	w	or	highest compansated a	mployee on		
	3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on								3 X		
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 for services rendered to							•				
the organization? If "Yes," complete Sched	-					, u.,		acou organization for con			5 X
Section B. Independent Contractors			<del></del>		•			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	<u> </u>	
Complete this table for your five highest co	mpensated in	dep	end	ent d	cont	ract	ors	that received more than	\$100,000 of com	pens	sation from
the organization.		•							•		
(A) (B) (C)									(C)		

(A) Name and business address	(B) Description of services	(C) Compensation
WISCONSIN EVANGELICAL LUTHERAN SYNOD		
2929 N. MAYFAIR ROAD, MILWAUKEE, WI 53222	INSURANCE	1,314,696.
		<del></del>
Total number of independent contractors (including those in 1) who received more	re than \$100,000 in compensation	

from the organization

Form **990** (2008)

Form 990 (2008)

832009 02-02-09 Part X Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

Il other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).										
	not include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses					
1	Grants and other assistance to governments and									
	organizations in the U.S. See Part IV, line 21									
2	Grants and other assistance to individuals in									
	the U.S. See Part IV, line 22	6,667,039.	6,667,039.							
3	Grants and other assistance to governments,		-							
	organizations, and individuals outside the U.S.									
	See Part IV, lines 15 and 16									
4	Benefits paid to or for members				2.00					
5	Compensation of current officers, directors,									
	trustees, and key employees	651,477.	230,932.	213,508.	207,037.					
6	Compensation not included above, to disqualified									
	persons (as defined under section 4958(f)(1)) and									
	persons described in section 4958(c)(3)(B)									
7	Other salaries and wages	8,601,557.	7,271,155.	951,313.	379,089.					
8	Pension plan contributions (include section 401(k)									
	and section 403(b) employer contributions)	149,500.	139,396.	3,368.	6,736.					
9	Other employee benefits	1,769,298.	1,508,067.		88,673.					
10	Payroll taxes	634,067.	493,419.	84,336.	56,312.					
11	Fees for services (non-employees):									
а	Management									
b	Legal	37,732.		37,732.	<u> </u>					
С	Accounting	36,151.		36,151.						
d	Lobbying									
e	Professional fundraising services. See Part IV, line 17			<b>发展</b>						
f	Investment management fees	85,808.		85,808.						
g	Other									
12	Advertising and promotion	64,428.	15,499.	48,929.	60 707					
13	Office expenses	1,152,711.	732,834.	350,140.	69,737.					
14	Information technology	283,419.	127,539.	155,880.						
15	Royalties	1 710 010	1 (52 000	00 701	<del></del>					
16	Occupancy	1,742,813.	1,653,092.		25 010					
17	Travel	573,868.	543,636.	4,422.	25,810.					
18	Payments of travel or entertainment expenses									
	for any federal, state, or local public officials	200 154	236,068.	63,091.	8,995.					
19	Conferences, conventions, and meetings	308,154.			0,333.					
20	Interest	2,051,961.	1,600,392.	451,509.	<del> </del>					
21	Payments to affiliates	2,461,096.	2,402,030.	59,066.						
22	Depreciation, depletion, and amortization	192,271.	2,402,030.	192,271.	<del>                                     </del>					
23	Insurance	136,611.	/ya,sa wasa wasa wasa wasa wasa wasa wasa	172,211.						
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled									
	miscellaneous may not exceed 5% of total									
_	expenses shown on line 25 below.) CONTRACT SERVICES	3,974,112.	3,974,112.	1988X1.52. 1. 65.65.10.	T. MARKET F. L. ASSESS					
d h	BAD DEBT EXPENSE	900,000.	0,0.2,220		900,000.					
	MISCELLANEOUS	859,210.	859,210.		1					
d	and the second s			-	<del>                                     </del>					
e			<del></del>	<del></del>						
f	All other expenses				<u> </u>					
25	Total functional expenses. Add lines 1 through 24f	33,196,672.	28,454,420.	2,999,863.	1,742,389.					
26	Joint Costs. Check here ▶ ☐ If following		, , , , , , , , , , , , , , , , , , , ,							
	SOP 98-2. Complete this line only if the organization	1								
	reported in column (B) joint costs from a combined				1					
	educational campaign and fundraising solicitation									
			<del></del>	<del></del>	E 000 (0000)					

23-7179639 Page 11 Form 990 (2008) WISCONSIN LUTHERAN COLLEGE, INC. Part X Balance Sheet (A) (B) Beginning of year End of year Cash - non-interest-bearing 1 1 814,463 185,136. 2 2 Savings and temporary cash investments 6,293,970. 4,141,091. 3 Pledges and grants receivable, net 3 296,132. 341,549. 4 Accounts receivable, net 5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L Notes and loans receivable, net 51,353. Inventories for sale or use . .. . 69,502. 39,799. Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost basis ... | 10a | 106,849,528. **b** Less: accumulated depreciation. Complete 28,766,422. 79,765,903. 78,083,106. Part VI of Schedule D . . . . . 10b 5,375,272. 6,399,862. Investments - publicly traded securities 11 17,953,751. 12,782,931. 12 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 13 Intangible assets . . . . . 14 7,838,628. 15 6,537,302. 15 Other assets. See Part IV, line 11 107,537,539. 119,432,211. 16 Total assets. Add lines 1 through 15 (must equal line 34) 178,703. 42,353. 17 Accounts payable and accrued expenses . . . . 18 18 Grants payable 143,296. 228,691. 19 19 Deferred revenue 48,670,000. 48,670,000. 20 20 Tax-exempt bond liabilities Escrow account liability. Complete Part IV of Schedule D 21 21 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L. 10,209,925. 9,037,859. Secured mortgages and notes payable to unrelated third parties 23 268,688. 24 24 Unsecured notes and loans payable 1,688,998. 2,344,036. Other liabilities. Complete Part X of Schedule D 61,023,260. 60,459,289. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here 

X and complete 31,861,376. lines 27 through 29, and lines 33 and 34. 38,<u>625,817</u>. Net Assets or Fund Balances 27 Unrestricted net assets 15,040,766. 10,409,247. Temporanly restricted net assets 4,807,627. 4,742,368. Permanently restricted net assets Organizations that do not follow SFAS 117, check here 

and complete lines 30 through 34. Capital stock or trust principal, or current funds 31 Paid in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds 32 47,078,250. 58,408,951. 33 33 Total net assets or fund balances 119,432,211. 107,537,539. Total liabilities and net assets/fund balances Financial Statements and Reporting

			163	110
1	Accounting method used to prepare the Form 990: Cash X Accrual Other	36.2 36.4		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	Х	
С	If "Yes" to lines 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?	2c	X	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit		1	
	Act and OMB Circular A-133?	3a	Х	
b	If "Yes," did the organization undergo the required audit or audits?	3b	X	
			~~~	

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **Public Charity Status and Public Support** 

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

2008
Open to Public Inspection

Name of the organization

Employer identification number

			IN LUTHERAN			NC.			23	- /1 / 9	9	
Part I	Reason	for Public Char	ity Status (All organiz	ations mus	st complet	e this part	.) (see inst	ructions)				
he orga	nızatıon is not a	a private foundation	because it is: (Please ch	eck only o	ne organiz	ation.)						
1 🗀	A church, co	nvention of churche	s, or association of churc	ches desci	nbed in <b>se</b>	ction 170(	(b)(1)(A)(i).					
2 X	A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E.)								
з 🗀			tal service organization of		n section	170(b)(1)(	A)(iii). (Att	ach Sched	dule H.)			
4			operated in conjunction							e hospital	's name	·,
	city, and stat	e:										
5	An organizat	on operated for the	benefit of a college or ur	niversity ov	vned or op	perated by	a governr	nental unit	described	l in	_	
	-	(b)(1)(A)(iv). (Comple		-	·	•	-					
6	A federal, sta											
7			eives a substantial part					r from the	general pu	ublic desc	nbed in	
		(b)(1)(A)(vi). (Comple		• •		Ü			•			
8 🗔	1		ection 170(b)(1)(A)(vi).	(Complete	Part II.)							
9			eives: (1) more than 33 1			rom contri	butions, m	nembership	fees, and	f gross re	ceipts fr	om
			nctions - subject to certa									
			axable income (less sect									
		509(a)(2). (Complete			•		·					
10 🗔	1		perated exclusively to te	st for publi	c safety. S	See <b>sectio</b>	n 509(a)(4	I). (see inst	ructions)			
11 🗀	An organizat	on organized and o	perated exclusively for the	ne benefit (	of, to perfo	orm the fur	nctions of,	or to carry	out the p	urposes o	of one o	r
			ations described in secti									
	describes the	e type of supporting	organization and compl	ete lines 1	1e through	n 11h.						
	а 🔲 Туре	ı ь□	ີ Type II ເ	: 🔲 Тур	e III - Fund	tionally int	egrated		d 🔲 .	Type III - (	Other	
е 🗀	By checking	this box, I certify tha	at the organization is not	controlled	directly o	r indirectly	by one or	r more disc	qualified pe	ersons otl	her than	1
	foundation m	nanagers and other t	than one or more publich	y supporte	d organiza	ations desc	cribed in s	ection 509	(a)(1) or se	ection 509	9(a)(2).	
f	If the organiz	zation received a win	tten determination from	the IRS tha	at rt is a Ty	pe I, Type	II, or Type	e III				
	supporting o	rganization, check t	his box		-							
g			organization accepted ar									
	(i) A perso	n who directly or inc	lirectly controls, either al	lone or tog	ether with	persons o	lescribed i	ın (ıi) and (i	ıi) below,		Yes	No
	the gov	erning body of the s	upported organization?							11g(i)	$\sqcup \sqcup$	
	(ii) A famıly	member of a perso	n described ın (i) above?	•						11g(ii)		
	(iii) A 35%	controlled entity of a	a person described ın (i) o	or (ii) above	e?					11g(iii)		
h	Provide the f	following information	about the organizations	the organ	ization suj	pports.						
						·		<del>,</del>				
(i) Nam	e of supported	(ii) EIN	(iii) Type of			(v) Did you		(vi) ls organizatio		(vii) Ar	nount of	
or	ganization		organization (described on lines 1-9		sted in your document?			(i) organization U.S.	ed in the	sup	port	
			above or IRC section			1		<u> </u>				
			(see instructions))	Yes	No	Yes	No	Yes	No			
						!	i i					
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		-		<del>                                     </del>	-	<del> </del>	<del>                                     </del>	<del> </del>	<del>  -</del>			
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		7.00	A CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT C	32783	. 2800.00	60 Jan 1988	<b>8</b> 67 (88)	270.663	X26838			
Total												

A alubada?	(Form 990 or	QQLF7	2008
SCHEUUIE A	いしいい ききし い	330-62	2000

Page 2 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.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006(f) Total (d) 2007 (e) 2008 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 - 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) 2004 (b) 2005 (d) 2007 (f) Total (c) 2006 (e) 2008 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) 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 Section C. Computation of Public Support Percentage 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f 15 16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2007. 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 17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or

more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2008 Page 3 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. Section A. Public Support (d) 2007 (e) 2008 Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006 (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 · 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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 c Add lines 7a and 7b ... 8 Public support (Subtract line 7c from line 6) Section B. Total Support (d) 2007 (e) 2008 Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006(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 Section C. Computation of Public Support Percentage 15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) 15 % 16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g 16 % Section D. Computation of Investment Income Percentage 17 % Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) 18 % 18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h 19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2007. 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

#### Schedule D (Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047 **Employer identification number** 

Name of the organization

23-7179639 WISCONSIN LUTHERAN COLLEGE, INC. 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 Total number at end of year 1 2 Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year 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? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Part I Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Year a Total number of conservation easements 2b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 3 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the penodic monitoring, inspection, violations, and No enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Partill Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

Sche	dule D (Form 990) 2008 WISCONS	SIN LUTHERAL	OLLEGE,	, INC.		2	3-7179639	Page 2
Par	Organizations Maintaining	Collections of Ar	t, Historical Ti	reasures, c	or Othe	r Simila	r Assets (conti	nued)
3	Using the organization's accession and oth	er records, check any	of the following the	at are a signifi	cant use	of its colle	ction items (chec	k all
	that apply):							
а	Public exhibition	d	Loan or exc	change progra	ams			
b	Scholarly research	е	Other	• . •				
С	Preservation for future generations							
4	Provide a description of the organization's	collections and explain	n how they further	the organizati	on's exer	not purpos	e in Part XIV.	
5	During the year, did the organization solicit							
_	to be sold to raise funds rather than to be r		•	-			Yes	☐ No
Pai	Trust, Escrow and Custodia				ered "Yes	to Form 9	990, Part IV, line	9, or
1 mg 1999 manan	reported an amount on Form 990, P	_						-,-
1a	Is the organization an agent, trustee, custo	dian or other intermed	iary for contributio	ns or other as	sets not	ıncluded		
	on Form 990, Part X?		•				Yes	☐ No
ь	If "Yes," explain the arrangement in Part XI	V and complete the fo	llowing table:				•	
	,, <del>-</del>	•	J	,			Amount	<u> </u>
С	Beginning balance					1c		
ď	Additions during the year		• ••••			1d		
e	Distributions during the year				•	1e		
f	Ending balance		··· · · · · · · · · · · · · · · · · ·		••••	1f		<del></del>
2a	Did the organization include an amount on	Form 990, Part X, line	21?				Yes	No
	If "Yes," explain the arrangement in Part XI				•		• • •	
	Endowment Funds. Complete		red "Yes" to Form	990, Part IV,	line 10.			
		(a) Current year	(b) Pnor year	(c) Two year		(d) Three ye	ars back (e) Four	years back
1a	Beginning of year balance	24496839.	A Section of	34146	31			
b	Contributions	412,567.		e estate	100	<b>9</b>		
С	Investment earnings or losses	-4875869.			\$7.00 M			100
d	Grants or scholarships			2007		V. V.	12 12 14 14 15	
е	Other expenditures for facilities		1.00	1.50		30,000		
	and programs	1,024,000.		1.00				
f	Administrative expenses		5 2 2 2 4 A	146	70-		7072 (10.4	
g	End of year balance	19009537.			199	V etc.		
2	Provide the estimated percentage of the year	ear end balance held a	is:					
а	Board designated or quasi-endowment	71.00	%					
b	Permanent endowment ► 29.00	%	<del></del>					
C	Term endowment ► .00	%						
За	Are there endowment funds not in the pos	 session of the organiz	ation that are held	and administe	ered for the	he organiza	ation	
	by:							Yes No
	(i) unrelated organizations						3a(i)	X
	(ii) related organizations			<b></b>			3a(ii)	X
ь	If "Yes" to 3a(ii), are the related organization	ns listed as required o	n Schedule R?				3b	
4	Describe in Part XIV the intended uses of t	he organization's endo	owment funds.					
Pa	ttVI Investments - Land, Buildir	ngs, and Equipm	<b>ent.</b> See Form 99	0, Part X, line	10.			
	Description of investment	(a) Cost or o basis (investr		st or other s (other)	(c) D	epreciation	) ( <b>d)</b> Boo	k value
12	Land	4,306,		18,518.	45/36/20	2-11/22/2020	19.82	4,779.
b	D. Maria	2,330,		69,659.	19	380,41		9,248.
2	Leasehold improvements			,		,		· · · · ·
d	Equipment	-	9.6	27,873.	7.	371,22	2.25	6,652.
e				27,217.		014,79		$\frac{2,427.}{}$
	I. Add lines 1a-1e. (Column (d) should equal	Form 990, Part X. colu	<u>·</u>			,	<b>▶</b> 78,08	3,106.
		, ,	1 //					

Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)

	OTHERAM CODDE			- /1//0000 Fage 0
Part VII Investments - Other Securities. See	Form 990, Part X, line 12			
(a) Description of security or category (including name of security)	(b) Book value	Co	<b>(c)</b> Method of valua st or end-of-year mar	
Financial derivatives and other financial products				
Closely-held equity interests		•		
Other		_		
SHORT-TERM INVESTMENTS				
(ENDOWMENT)	277,897.	COST		
REAL ESTATE FUNDS (ENDOWMENT)	244,035.	COST		
STRUCTURED NOTES	827,655.	COST		
LIMITED PARTNERSHIPS	2,410,472.	COST		
MANAGED FUTURES	1,800,000.	COST	,	
HEDGE FUNDS	4,514,250.	COST		
REAL ESTATE FUNDS	532,892.	COST		
VENTURE CAPITAL FUNDS	440,638.	COST		
Total. (Col (b) should equal Form 990, Part X, col (B) line 12.)	12,782,931.			
Part VIII Investments - Program Related. Se	ee Form 990, Part X, line 1	3.		
(a) Description of investment type	(b) Book value	Со	(c) Method of valua st or end-of-year man	
	_			
Total. (Col (b) should equal Form 990, Part X, col (B) line 13.)		est a Constitution		
PartiX Other Assets. See Form 990, Part X, line				(5) 11-21-1-1
• •	Description			(b) Book value
SPLIT INTEREST AGREEMENT				209,135.
BENEFICIAL INTEREST IN CHARIT.				6,093,635.
CASH SURRENDER VALUE OF LIFE	INSURANCE POL	ICIES		234,532.
			***	
Total. (Column (b) should equal Form 990, Part X, col (B) lin	ne 15.)			6,537,302.
Part X Other Liabilities. See Form 990, Part X,	line 25.			
(a) Description of liability		(b) Amount		
Federal income taxes				
DEPOSITS		176,932.		
AGENCY FUNDS		43,290.		
ANNUITIES PAYABLE		424,539.		
INTEREST RATE EXCHANGE LIABIL	ITY	1,699,275.		

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

SEE PART XIV FOR CONTINUATIONS

2,344,036.

Total. (Column (b) should equal Form 990, Part X, col (B) line 25.)

Sche	dule D (Form 990) 2008 WISCONSIN LUTHERAN COLLEGE, INC.		23-	7179639	Page 4
Pai	Reconciliation of Change in Net Assets from Form 990 to Financial State	ements	-		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1		27,762,	730.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2		33,196	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3		-5,433	
4	Net unrealized gains (losses) on investments	4		-4,953	
5	Donated services and use of facilities	5			<u> </u>
6	Investment expenses	6			
7	Prior period adjustments	7			
8	Other (Describe in Part XIV)	8		-943	.154.
9	Total adjustments (net). Add lines 4-8	9		-5,896	.759.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10		-11,330	701.
	TXIII Reconciliation of Revenue per Audited Financial Statements With Revenue				
1	Total revenue, gains, and other support per audited financial statements		11	15,063	677.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	•	24.90%		,
a		3,605			
b	Donated services and use of facilities 2b		7		
c	Recovenes of prior year grants 2c		ותלו		
d		8,409			
e	Add lines 2a through 2d		2e	-6,032	.014.
3	Subtract line 2e from line 1		3	21,095	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	-,	9.92		
a	Investment expenses not included on Form 990, Part VIII, line 7b				
b		7,039			
c	Add lines 4a and 4b		4c	6,667	.039.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)		5	27,762	730.
Pa	Reconciliation of Expenses per Audited Financial Statements With Expe	nses pe	r Retu		
1	Total expenses and losses per audited financial statements	<del></del>	1	26,394	,378.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities 2a				
b	Prior year adjustments 2b				
С	Losses reported on Form 990, Part IX, line 25				
d		5,255			
е	Add lines 2a through 2d		2e	-135	,255.
3	Subtract line 2e from line 1		3	26,529	,633.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a				
b	Other (Describe in Part XIV)  4b 6,66	7,039	· 1888		
С	Add lines 4a and 4b		4c	6,667	,039.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)		5	33,196	
Pä	TEXIV Supplemental Information				
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	ırt IV, lınes	1b and	2b; Part V, line	4; Part
X; Pa	urt XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.				
PAI	RT V, LINE 4: EARNINGS ON THE ENDOWMENT ARE USED TO	FUND			
SCI	HOLARSHIPS FOR UNDERGRADUATE STUDENTS.				
PAI	RT XI, LINE 8 - OTHER ADJUSTMENTS:				
<u>CH</u>	ANGE IN VALUE OF SPLIT INTEREST AGREEMENTS: -48998.				
T,7 T F	DUDDAWAIC OVER TARONE EARNED. 004156				
MT.	THDRAWALS OVER INCOME EARNED: -894156.	<del></del> -		···	
	· · · · · · · · · · · · · · · · · · ·				<del></del>
PAI	RT XII, LINE 2D - OTHER ADJUSTMENTS:				

Schedule D (Form 990) 2008

Schedule D (Form 990) 2008 WISCONSIN LUTHERAN COLLEGE, INC.    Part XIV   Supplemental Information (continued)	23-7179639 Page 5
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS: -48998.	
WITHDRAWALS OVER INCOME EARNED: -894156.	<del> </del>
RENTAL EXPENSES: 731353.	
COGS: 1218.	
FUNDRAISING EXPENSE: 32174.	——————————————————————————————————————
BAD DEBT EXPENSE: -900000.	
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
GRANTS AND INSTITUTIONAL AID: 6667039.	
PART XIII, LINE 2D - OTHER ADJUSTMENTS:	
RENTAL EXPENSES: 732571.	
FUNDRAISING EXPENSE: 32174.	
BAD DEBT EXPENSE: -900000.	`
212 222 221 221 221 300001	
PART XIII, LINE 4B - OTHER ADJUSTMENTS:	
GRANTS AND INSTITUTIONAL AID: 6667039.	<u> </u>
	<del></del>

Part XIV Supplemental Information (continued)

Part VII Investments - Other Securities. See Form 990, Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
DOMESTIC PRIVATE EQUITY FUNDS	1,387,922.	COST
INTERNATIONAL PRIVATE EQUITY FUNDS	347,170.	COST
	-	
<del></del>		
<del> </del>		
	· · · · · · · · · · · · · · · · · · ·	
		· ·
832421 09-02-09		Schedule D (Form 990) 2008

#### **SCHEDULE E** (Form 990 or 990-EZ)

**Schools** 

▶ To be completed by organizations that answer "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

▶ Attach to Form 990 or Form 990-EZ.

Name of the organization

Department of the Treasury Internal Revenue Service

**Employer identification number** 

23-7179639

OMB No 1545-0047

	WISCONSIN LUTHERAN COLLEGE, INC.	23-7	179	639	
				YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, by	aws,			
	other governing instrument, or in a resolution of its governing body?		1	Х	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its broad				. * * <i>E</i>
	catalogues, and other written communications with the public dealing with student admissions, programs, and		2	X	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media di		3:50	200	88.0%
	period of solicitation for students, or during the registration period if it has no solicitation program, in a way the	•			
	the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please exp		3	-	Х
	OUR NON-DISCRIMINATION POLICIES ARE PUBLIC AND REPRESEN			1	
	OUR STUDENT GUIDES AND WEBSITE.		31020		
			7.5		1,2
					70.3
4	Does the organization maintain the following?	<del></del>			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?		4a	X	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscrimin	atory basis?	4b	Х	
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing	with student			
	admissions, programs, and scholarships?		4c	X	
d	Copies of all material used by the organization or on its behalf to solicit contributions?		4d	X	
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement	nt.)			
5	Does the organization discriminate by race in any way with respect to:		Hely		max
a			5a		Х
b	Admissions policies?		5b		Х
C			5c		Х
d	Scholarships or other financial assistance?		5d		Х
e	Educational policies?		5e		X
T	Use of facilities?	<i>.</i>	5f		X
g	Athletic programs?		5g		X
n	Other extracurricular activities?		5h	SEC PLEASE	X
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statem	ent.)			
6-	Does the organization receive any financial aid or assistance from a governmental agency?		C.E.	X	Se . 16 3
			6a		Х
IJ	Has the organization's right to such aid ever been revoked or suspended?	EMENT 1	6b	38-X-2	A 200
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.				
•	Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	.03 01	7	X	2. 14. 17.
	100. 100. 1000, 10102 O.B. 301, covering facial nondiscrimination in the attach an explanation	<u> </u>		43	

Schedule E (Form 990 or 990-EZ) 2008

#### **SCHEDULE G** (Form 990 or 990-EZ)

# **Supplemental Information Regarding Fundraising or Gaming Activities**

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

**Employer identification number** 

Schedule G (Form 990 or 990-EZ) 2008

	IN LUTHERAN COLLEG				23-7179	639
Partil Fundraising Activities	. Complete if the organization answe	ered "Y	es" to	Form 990, Part IV, I	ine 17.	
<ul> <li>1 Indicate whether the organization rais a X Mail solicitations</li> <li>b Email solicitations</li> <li>c Phone solicitations</li> <li>d X In-person solicitations</li> <li>2 a Did the organization have a written of key employees listed in Form 990, P</li> </ul>	e X Solicitat f X Solicitat g Special or oral agreement with any individual tart VII) or entity in connection with p	ion of ion of fundra (includerofess	non-g gover using d ding o ional f	overnment grants nment grants events fficers, directors, trui undraising services?	stees or Yes	<del></del>
b If "Yes," list the ten highest paid ind compensated at least \$5,000 by the			_			be
(i) Name of Individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contrib	ustody trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No	`		
<del>-</del>	1	<u>l</u>				1
3 List all states in which the organization	on is registered or licensed to solicit	funds	or has	been notified it is ex	cempt from registrati	on or licensing.

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

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other Events (d) Total Events NONE (Add coi. (a) through GOLF OUTING col. (c)) (event type) (total number) (event type) Revenue 44,180 44,180. 1 Gross receipts 2 Less: Charitable contributions 23,895 23,895. 3 Gross revenue (line 1 minus line 2) 20,285 20,285. 4 Cash prizes 5 Non-cash prizes **Direct Expenses** 6 Rent/facility costs 20,640. 20,640. 7 Other direct expenses 11,534 11,534. 8 Direct expense summary. Add lines 4 through 7 in column (d) 32,174.) 9 Net income summary. Combine lines 3 and 8 in column (d) -11,889. Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/Instant (d) Total gaming (Add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Non-cash prizes Rent/facility costs Other direct expenses Yes Yes Yes 6 Volunteer labor No Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Combine lines 1 and 7 in column (d) Yes No 9 Enter the state(s) in which the organization operates gaming activities: a is the organization licensed to operate gaming activities in each of these states? 9a b If "No," Explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a b If "Yes," Explain: Does the organization operate gaming activities with nonmembers? 11

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to

80.44

administer charitable gaming?

Schedule G (Form 990 or 990-EZ) 2008 WISCONSIN LUTHERAN COLLEGE, INC.	<u>23-7179</u>	<u>639 Pa</u>	1ge <b>3</b>
		Yes	No
13 Indicate the percentage of gaming activity operated in:	3		
a The organization's facility	%		
b An outside facility	%		
14 Provide the name and address of the person who prepares the organization's gaming/special events books and	records:		
	8		
Name			
Address >			
	22		20,73
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	1	5a	202 0000
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the a	amount		
of gaming revenue retained by the third party > \$			
c If "Yes," enter name and address:			
Name ▶			
Name	I§	. 4	
Address >			
Address	}		
16 Gaming manager information:			
		7	
Name >			
		77	
Gaming manager compensation > \$			
Description of services provided			200
		- 2	
		. 6	
Director/officer Employee Independent contractor			
	<b>1</b> 2		
17 Mandatory distributions:			
a Is the organization required under state law to make chantable distributions from the gaming proceeds to		17a	1200
retain the state gaming license?  b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in	9.55	7 d   2 dec	988369
organization's own exempt activities during the tax year  \$\infty\$ \$	u ic		

Schedule G (Form 990 or 990-EZ) 2008

SCHEDULE			•		•			OMB No 1545-0047	1047
Form 990)			Grants and	Grants and Otner Assistance to Organizations, Governments, and Individuals in the H.S.	e to Organization: in the H S	ú		2008	
lepartment of the Treasury		<b>▼</b> Compl	Complete if the organization answered "Yes." on Form 990, Part IV, lines 21 or 22.	n answered "Yes,	" on Form 990, P	art IV, lines 21 or 22.		OpeniolEile	· ·
nternal Revenue Service				► Attach to Form 990.	m 990.			(Inspection)	
. =	e organization WISCONSIN LUTHERAN	UTHERAN	COLLEGE, I	INC.			En	Employer identification number 23-7179639	umber 539
Part I General In	nformation on Grants and	Assistance							
1 Does the organiz	Does the organization maintain records to substantiate the amount	substantiate the		or assistance, the	grantees' eligibilit	y for the grants or ass	of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection		
criteria used to a	criteria used to award the grants or assistance?	nce?			7		·	. Yes	ž
2 Describe in Part	2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	dures for monit	oring the use of grant	runds in the Unite	d States.				
rafili Grants an	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	vernments and	Organizations in the	e United States. C	Complete if the org	anization answered "Y	es" on Form 990, Part IV	, line 21, for any	
1 (a) Name and ac	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, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Appraisal, Ap	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
						To the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the			
									:
2 Enter total numb 3 Enter total numb	Enter total number of section 501(c)(3) and government organizations Enter total number of other organizations	government or	ganizations .	٠					
1_	For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990	on Act Notice,	see the Instructions	for Form 990.		er F		Schedule I (Form 990) 2008	) 2008

23-7179639

Page 2

Schedule I (Form 990) 2008 WISCONSIN LUTHERAN COLLEGE, INC.

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

Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
INSTITUTIONAL MERIT AND NEED BASED AID	009	6,667,039.	0	O.FWV	
Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	de the information	required in Part I, I	line 2, and any other	additional information.	
SCHEDULE I, PART I, LINE 2: WLC AW	AWARDS SCHO	RSHIP	AND GRANTS	TO QUALIFIED	
STUDENTS MEETING CERTAIN FINANCIAL NEED	OH OH OH	AND	ł	LEV EV	
STUDENTS RECEIVING FINANCIAL ASSISTA	TANCE MUST	MEET	SPECIFIC CRI	CRITERIA SUCH AS	
ACADEMIC ACHIEVMENT, FINE ARTS ABILITIES,		OR FINANIC	FINANICAL NEED, O	OR OTHER	
SIMILAR STANDARDS SET BY THE BOARD	OF REGENTS	TTS OR DONORS	Q.	RESTRICTED OR	
ENDOWED FUNDS.					

#### **SCHEDULE J** (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

# **Compensation Information**

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

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

**Employer identification number** 

23-7179639

OMB No 1545-0047

WISCONSIN LUTHERAN COLLEGE, INC.

P	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,		100	
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel  X Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  X Health or social club dues or initiation fees			7
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If line 1a is 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	1b	X	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			_
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	X	
			267	4
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply.			
	X Compensation committee Written employment contract			
	Independent compensation consultant  X Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s			
				+ 4
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a:		42	
а	Receive a severance payment or change of control payment?	4a	A SPORE.	X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	2538	₩·₩	. 2000 
	and any state of the process and approaches an outries and are the same and are the same and are the same and are the same and are the same and are the same and are the same and are the same and are the same and are the same and are the same and are the same and are the same and are the same and are the same and are the same and are the same and are the same and are the same and are the same and are the same and are the same and are the same and are the same and are the same and are the same and are the same and are the same and are the same and are the same and are the same and are the same and are the same and are the same and are the same and are the same and are the same and are the same and are the same and are the same and are the same and are the same and are the same and are the same and are the same and are the same and are the same and are the same and are the same and are the same and are the same and are the same and are the same and are the same and are the same and are the same and are the same and are the same and are the same and are the same and are the same and are the same and are the same and are the same and are the same and are the same and are the same and are the same and are the same and are the same and are the same and are the same and are the same and are the same and are the same and are the same and are the same and are the same and are the same and are the same and are the same and are the same and are the same and are the same and are the same and are the same and are the same and are the same and are the same and are the same and are the same and are the same and are the same and are the same and are the same and are the same and are the same and are the same and are the same and are the same and are the same and are the same and are the same and are the same and are the same and are the same and are the same and are the same and are the same and are the same and are the same and are the same are the same and are the same and are the same are the same and are the same and are th			1.4
	Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.			
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:			
а	The organization?	5a	Sept. 1975	X
	Any related organization?	5b		X
	If "Yes," to line 5a or 5b, describe in Part III.	70 St	\$03.00 \$0.300	33.6
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:			
а	The organization?	6a	rangery.	X
	Any related organization?	6b		X
_	If "Yes" to line 6a or 6b, describe in Part III.	98282	2.70	<u> </u>
_	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments	7014060	\$5000 tag	3 32-7
7	. 5. Porosina motor art sim occition 7, mile 14, did the organization provide any normixed payments	1 1		
7	not described in lines 5 and 62 if "Yes " describe in Part III	7 3		Y
? 8	not described in lines 5 and 6? If "Yes," describe in Part III  Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	7		X

Schedule J (Form 990) 2008 WISCONSIN LUTHERAN COLLEGE, INC. 23-7179639 Page 2

Partition of Micers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

	(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(0)	Q)	(E)	(F)
				Deferred	Nontaxable	Total of columns	Compensation
(A) Name	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(D)·(J)(B)	reported in prior Form 990 or Form 990-EZ
	(0)						
3	(i)						
)	()						
<u>(i</u>	(ii)						
0	(1						
<u>(i)</u>	(ii)						
U	(1						
0	(ii)						
D	(0)						
	(11)						
0	(0)						
<u>=</u>	(E)						
	(0)						
<u> </u>	(8)						
	(1)						
10	(11)						
0	(1)						
0	(ii)						
9)	(1)						
מין יי	(11)						
9	(1)						
	(ii)			-			
0	(1)						
(0)	(ii)						
9	i) [						
(1)	(ii)						
0	(1)						
(6)	(ii)						
1)	(1)						
(1)	i)						
1)	(1)						
9	n)						
						Schedu	Schedule J (Form 990) 2008

#### SCHEDULE J-2 (Form 990)

# **Continuation Sheet for Form 990**

Department of the Treasury Internal Revenue Service ▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.



Name of the Organization

WISCONSIN LUTHERAN COLLEGE, INC.

Employer Identification number 23-7179639

Part Continuation of Officers, Di									t Compensated I	
(A)	(B)				<del>,</del> ;)	=::		(D)	(E)	(F)
Name and Title	Average		1	۔، Posi				Reportable Reportable compensation from from related		Estimated
	hours	(ct		allt			ly)			amount of
	per	Ė				ГĖ	Ť			other
	week					yee		the	organizations	compensation
		recto				E		organization	(W·2/1099-MISC)	from the
		or di	<b>9</b> 2			ated		(W-2/1099-MISC)		organization and related
		ruste	l trust		8	uben:				organizations
		dualt	tiona		(oldr	St CO	_			organization to
		Individual trustee or director	Institutional trustee	Officer	Key e	Highest compensated employee	Por mile			
DUANE SCHLOMER			-	-			$\vdash$	<del></del>		
VICE PRESIDENT FINANCE	40.00			х			İ	97,177.	0.	27,336.
DENNIS MILLER					$\vdash$	t —	H			
VICE PRESIDENT STUDENT A	40.00			x	İ			47,030.	0.	58,428.
MERLYN KRUSE							_			
VICE PRESIDENT DEVELOPME	40.00			Х				93,306.	0.	34,762.
STEVE SCHROEDER										
VICE PRESIDENT HUMAN RES	40.00			X			L	44,678.	0.	44,317.
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Department of the Treasury Internal Revenue Service SCHEDULEK (Form 990)

Name of the organization

Supplemental Information on Tax-Exempt Bonds

Open to Publication Specification

**Employer identification number** 

OMB No 1545-0047

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information on Schedule O (Form 990).

Schedule K (Form 990) 2008 (h) On behalf ŝ of issuer × ŝ ŝ Yes 23-7179639 Ŀ (g) Defeased Yes Yes ŝ × Yes å ŝ CERTAI (f) Description of purpose ۵ ۵ Yes Yes CONSTRUCTION 20670000.EQUIPPING OF ş ŝ O I LUTHERAN COLLEGE, INC. SEE SCHEDULE O FOR COLUMN (F) CONTINUATIONS Yes Yes (e) Issue price å ဍိ œ ø (d) Date issued 06/01/03 832121 12-19-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Yes Yes 20,361,632. 20,670,000 308,368 2 ⋈ ŝ 39-133785597710VKV9 2005 × × × (c) CUSIP # Yes Yes × (b) Issuer EIN Are there any lease arrangements with respect to the financed Was the organization a partner in a partnership, or a member Does the organization maintain adequate books and records Were the bonds issued as part of a current refunding issue? of an LLC, which owned property financed by tax-exempt Were the bonds issued as part of an advance refunding property which may result in private business use? Has the final allocation of proceeds been made? Partill Private Business Use (Optional for 2008) Proceeds in refunding or defeasance escrows Working capital expenditures from proceeds HEALTH & EDUCATIONAL WISCONSIN to support the final allocation of proceeds? **Bond Issues** (Required for 2008) FACILITIES AUTHORITY Capital expenditures from proceeds Part II Proceeds (Optional for 2008) Gross proceeds in reserve funds Year of substantial completion Issuance costs from proceeds (a) Issuer name Other unspent proceeds Total proceeds of issue Part 1 M 4 ဖ F ⋖ S O 9 N 8 O ۵ œ 12

Schedule K (Form 990) 2008 WISCONSIN LUTHERAN		COLLEGE, I	INC.		23-7	23-7179639			į	Page 2
Partiil Private Business Use (Continued)										
	-		<b>m</b> ;	-	ا :		^ ;		<b>w</b>  ⁻ ;	
3a Are there any management or service contracts with respect	Yes	2	Yes	2	Yes	2	Yes	S S	Yes	S N
to the financed property which may result in private business use?		×								
b Are there any research agreements with respect to the										
financed property which may result in private business use?	,	×	-							
c Does the organization routinely engage bond counsel or										
other outside counsel to review any management or service										
contracts or research agreements relating to the financed								,		
property?	×									
4 Enter the percentage of financed property used in a private										
business use by entities other than a section 501(c)(3)										
organization or a state or local government		% 00.		%		%		%		%
5 Enter the percentage of financed property used in a private										
business use as a result of unrelated trade or business activity										
carried on by your organization, another section 501(c)(3)										
organization, or a state or local government		% 00.		%		%		%		%
6 Total of lines 4 and 5		% 00.		%		%		%		%
7 Has the organization adopted management practices and										
procedures to ensure the post-issuance compliance of its		•						_		
tax-exempt bond liabilities?	×									
Partily Arbitrage (Optional for 2008)										
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and	•	A	8		O		Q		3	
Penalty in Lieu of Arbitrage Rebate, been filed with respect	Yes	ş	Yes	Š	Yes	ş	Yes	2	Yes	Š
to the bond issue?		×								
2 Is the bond issue a variable rate issue?	×									
3a Has the organization or the governmental issuer identified										
a hedge with respect to the bond issue on its books and										
records?		×								
A Name of environment										
		×								
		•								
b Name of provider										
c Term of GIC										
d Was the regulatory safe harbor for establishing the fair market										
value of the GIC satisfied?		×		•						
5 Were any gross proceeds invested beyond an available										
temporary period?		×								
6 Did the bond issue qualify for an exception to rebate?	×									
832122 12-19-08								Sche	Schedule K (Form 990) 2008	n 990) 2008

### SCHEDULE L (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **Transactions with Interested Persons** 

▶ Attach to Form 990 or Form 990-EZ.

To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, lines 38a or 40b.

2008
Open To Public
Inspection

OMB No 1545-0047

Name of the organization

Employer identification number

WISCONSIN LUTHERAN COLLEGE, INC. 23-7179639

(-) (-)				),	(b) Description of transaction								
(a) Name of di	squalitied per	son			(b) Description of transaction								
······································					-								
·													
· · · · · · · · · · · · · · · · · · ·		_											
· · · · · · · · · · · · · · · · · · ·	<del></del>												
2 Enter the amount of tax imposed to the section 4958 3 Enter the amount of tax, if a section is a section to the section to the section to the section to the section to the section to the section to the section to the section to the section to the section to the section to the section to the section to the section to the section to the section to the section to the section to the section to the section to the section to the section to the section to the section to the section to the section to the section to the section to the section to the section to the section to the section to the section to the section to the section to the section to the section to the section to the section to the section to the section to the section to the section to the section to the section to the section to the section to the section to the section to the section to the section to the section to the section to the section to the section to the section to the section to the section to the section to the section to the section to the section to the section to the section to the section to the section to the section to the section to the section to the section to the section to the section to the section to the section to the section to the section to the section to the section to the section to the section to the section to the section to the section to the section to the section to the section to the section to the section to the section to the section to the section to the section to the section to the section to the section to the section to the section to the section to the section to the section to the section to the section to the section to the section to the section to the section to the section to the section to the section to the section to the section to the section to the section to the section to the section to the section to the section to the section to the section to the section to the section to the section to the section to the section to the section to the section to the section to the section to the section to t						s during the		der	<b>▶</b> \$				
Lines the amount of tax, in	any, on me 2,	above,	Cirri	odised by the organiza					. • •				
Part Loans to and/	or From Int	tereste	ed F	Persons.							-		
201/02 J. Gan 11				ered "Yes" on Form 99	0. Part IV.	line 26, or f	om 990	EZ. Pa	t V. line	38a.			
(a) Name of interested	(b) Loan			(c) Original principal		ance due		In	(f) App	roved	(g) W	ntten	
person and purpose	the orga	nızatıon	?	amount			default?		comm		agreei	eement?	
	To Fr		n				Yes	Yes No		Yes No	Yes	No	
							l						
•		,											
otal				🕨 \$			100				18.2		
Part III Grants or Assi	istance Be	nefitin	ig Ir	iterested Person	s.								
To be completed b	y organization	s that a	nswe	ered "Yes" on Form 99	0, Part IV,	line 27.							
(a) Name of interested	d person			(b) Relationship betw	een interes	sted person	and	ļ	(c) Amou	int of g	rant or ty	ре	
• •	·				ganization				0	fassist	ance		
ISCLOSURE SUBJE	CT TO	F	ER	PA LAWS				SC	HOLA	RSH:	(P 61	,26	
				•									
				<u> </u>									
	<u> </u>							-					
Part IV Business Tran	sactions Ir	nvolvir	ng li	nterested Persor	ıs.								
E Fugarate 9			-			lines 28a, 2	28b, or 2	8c.					
To be completed b	y organization	ns that a	inswi	ered "Yes" on Form 99 Relationship between i	00, Part IV,	lines 28a, 2			Descript	ion of	(e) Sha		
KI PROPERTY OF	y organization	ns that a	inswi	ered "Yes" on Form 99	00, Part IV,	ĭ	ount of	(d)	Descript transact		organia		
To be completed b	y organization	ns that a	inswi	ered "Yes" on Form 99 Relationship between i	00, Part IV,	(c) Am	ount of	(d)			organia	zation' nues?	
To be completed b	y organization	ns that a	inswi	ered "Yes" on Form 99 Relationship between i	00, Part IV,	(c) Am	ount of	(d)			organiz rever	zation'	
To be completed b	y organization	ns that a	inswi	ered "Yes" on Form 99 Relationship between i	00, Part IV,	(c) Am	ount of	(d)			organiz rever	zation' nues?	
To be completed b	y organization	ns that a	inswi	ered "Yes" on Form 99 Relationship between i	00, Part IV,	(c) Am	ount of	(d)			organiz rever	zation' nues?	
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To be completed b	y organization	ns that a	inswi	ered "Yes" on Form 99 Relationship between i	00, Part IV,	(c) Am	ount of	(d)			organiz rever	zation' nues?	

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

Schedule L (Form 990 or 990-EZ) 2008

### SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service **NonCash Contributions** 

► To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

2008
Openito Public
Jinspection

OMB No 1545-0047

Name of the organization

WISCONSIN LUTHERAN COLLEGE, INC.

Employer identification number 23-7179639

Par	Types of Property	(a) Check if	(b) Number of	(c) Revenues reported o		(d) Method of det	termining	 g	
		applicable	contributions	Form 990, Part VIII, line	e 1g	, revenue	es		
1	Art - Works of art								
2	Art · Historical treasures		····		<del>-  </del>				
3	Art - Fractional interests							-	
4	Books and publications						-		
5	Clothing and household goods								
6	Cars and other vehicles		380.85						
7	Boats and planes	·····	† <del></del>						
8	Intellectual property								
9	Securities - Publicly traded		1						
10	Securities - Closely held stock		ļ						
11	Securities - Partnership, LLC, or								
	trust interests	į	}						
12	Securities - Miscellaneous								
13	Qualified conservation contribution								
	(historic structures)		ļ						
14	Qualified conservation contribution (other)								
15	Real estate · Residential								
16	Real estate - Commercial								
17	Real estate - Other					•			
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts		<u>                                     </u>						
23	Scientific specimens								
24	Archeological artifacts		1						
25	Other ► ( <u>CHEMISTRY EQU</u> )	X	1	30,00	00.FMV				
26	Other • ()								
27	Other ()								
28	Other ()		1	<u> </u>					
29	Number of Forms 8283 received by the organ	ızatıon durin	ng the tax year	for contributions					
	for which the organization completed Form 82	83, Part IV,	Donee Acknow	vledgment . [	29				
								Yes	No
30a	During the year, did the organization receive b	y contributi	on any propert	y reported in Part I, line	s 1.28 that	it must hold for			14
	at least three years from the date of the initial	contribution	n, and which is	not required to be used	tor exemp	t purposes for	1		
	the entire holding period?						30a		X
b	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance	policy that r	requires the re	view of any non-standar	d contributi	ons?	31	Х	
32a	Does the organization hire or use third parties	or related o	rganizations to	solicit, process, or sell	noncash				
	contributions?						32a		Х
ь	If "Yes," describe in Part II.						7.00		
33	If the organization did not report revenues in o	column (c) fo	or a type of pro	perty for which column	(a) is check	ed,		34	
	describe in Part II.								

#### SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Information to Form 990**

➤ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.



Name of the organization

WISCONSIN LUTHERAN COLLEGE, INC.

Employer identification number 23-7179639

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
MAJORS. ITS MISSION IS TO PROVIDE AN OPPORTUNITY TO ITS STUDENTS FOR A
LIBERAL ARTS EDUCATION IN KEEPING WITH THE THEOLOGICAL FOUNDATIONS OF
ITS CONFERENCE CONGREGATIONS AND THE WISCONSIN EVANGELICAL LUTHERAN
SYNOD.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THE SPIRITUAL GROWTH OF STUDENTS, FACULTY, AND STAFF; AND PREPARING
STUDENTS FOR LIVES OF CHRISTIAN LEADERSHIP.
FORM 990, PART VI, SECTION A, LINE 1: THE EXECUTIVE COMMITTEE OF THE
BOARD IS COMPRISED OF 4 INDIVIDUALS - ALL OF WHOM SIT ON THE BOARD -
INCLUDING THE CHAIRMAN, VICE-CHAIRMAN, SECRETARY, AND TREASURER OF THE
BOARD PLUS 1 OTHER MEMBERS OF THE BOARD. THE EXECUTIVE COMMITTEE IS
CHARGED WITH ALL HUMAN RESOURCES DECISIONS (COMPENSATION AND BENEFITS).
FORM 990, PART VI, SECTION A, LINE 7A: ELECTION OF THE BOARD OF REGENTS
RESTS WITH DELEGATES OF THE CONFERENCE OF CONGREGATIONS WHICH FOUNDED THE
COLLEGE.
FORM 990, PART VI, SECTION A, LINE 10: THE 990 IS REVIEWED BY MEMBERS OF
THE PRESIDENT'S CABINET (PRESIDENT AND VICE PRESIDENTS) AND THE CHAIRMAN OF
THE BOARD OF REGENTS.

FORM 990, PART VI, SECTION B, LINE 12C: ANNUALLY EACH MEMBER OF THE BOARD

(OFFICERS, DIRECTORS, AND TRUSTEE (REGENTS)) ARE REQUIRED TO SUBMIT AN

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

Schedule O (Form 990) 2008

832211
12-18-08

#### SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

# **Supplemental Information to Form 990**

➤ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

INC.

WISCONSIN LUTHERAN COLLEGE,

2008
Open to Public Inspection

Employer identification number 23-7179639

FORM 990, PART VI, SECTION B, LINE 15: USED CUPA STUDY DATA PLUS REVIEWED BY EXECUTIVE COMMITTEE  FORM 990, PART VI, SECTION C, LINE 19: UPON REQUEST  SCHEDULE K, PART I, BOND ISSUES:  (A) ISSUER NAME: WI HEALTH & EDUCATIONAL FACILITIES AUTHORITY  (F) DESCRIPTION OF PURPOSE:  CONSTRUCTION AND EQUIPPING OF CERTAIN EDUCATIONAL FACILITIES	UPDATED STATEMENT REGARDING CONFLICTS OF INTEREST
FORM 990, PART VI, SECTION C, LINE 19: UPON REQUEST  SCHEDULE K, PART I, BOND ISSUES:  (A) ISSUER NAME: WI HEALTH & EDUCATIONAL FACILITIES AUTHORITY  (F) DESCRIPTION OF PURPOSE:	
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(F) DESCRIPTION OF PURPOSE:	
	(A) ISSUER NAME: WI HEALTH & EDUCATIONAL FACILITIES AUTHORITY
CONSTRUCTION AND EQUIPPING OF CERTAIN EDUCATIONAL FACILITIES	(F) DESCRIPTION OF PURPOSE:
	CONSTRUCTION AND EQUIPPING OF CERTAIN EDUCATIONAL FACILITIES

SCHEDULE E GOVERNMENT FINANCIAL ASSISTANCE STATEMENT LINE 6

STATEMENT

1

THE COLLEGE RECEIVES AND ADMINISTERS FEDERAL FINANCIAL AID (TITLE IV) INCLUDING PELL GRANTS, DIRECT LOANS, FEDERAL WORK-STUDY.