

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990**

232001 12-10-12

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

2012
Open to Public Inspection

A	For the	e 2012 calendar year, or tax year beginning	and and	ending	_	
В	Check if applicable	C Name of organization			D Employer ider	ntification number
Г	Addre	s CENTRAL LUTHERAN FOUNDA	TTON.			
Ē	Name chang		1101		93	-0762860
	Initial return	Number and street (or P.O. box if mail is not delive	ered to street address)	Room/suite	E Telephone nur	nber
	Termii	100/ PUTTER STREET			54	1-485-8567
	Amen	City, town, or post office, state, and ZIP code			G Gross receipts \$	46,189.
	Application	I EUGENE, UK 3/4U3-1300			H(a) is this a grou	p return
	pendi	F Name and address of principal officer RICH	ARD BREMER		for affiliates?	Yes X No
		SAME AS C ABOVE			H(b) Are all affiliate:	s included? Yes No
	Tax-ex	empt status: X 501(c)(3) 501(c) ()◀	(insert no.) 4947(a)(1) c	or 527	If "No," attac	h a list. (see instructions)
J	Websi	te: ► N/A			H(c) Group exemp	otion number
<u>K</u>	Form of	organization: X Corporation Trust Asso	ociation Other >	L Year	of formation: 197	9 M State of legal domicile: OR
P	art I	Summary				
a	, 1	Briefly describe the organization's mission or most s	gnificant activities: THE I	FOUNDA	TION SUPPO	ORTS THE
ü		ACTIVITIES OF CENTRAL LUTH	ERAN CHURCH IN	EUGEN	E, OREGON	. THE
Governance	2	Check this box 🕨 🔲 if the organization disconti	nued its operations or dispos	sed of more	than 25% of its ne	t assets
Š	3	Number of voting members of the governing body (F	art VI, line 1a)			3 7
ু প্র		Number of independent voting members of the gove	rning body (Part VI, line 1b)			4 7
		Total number of individuals employed in calendar yea	ar 2012 (Part V, line 2a)		<u> </u>	5 0
	6	Total number of volunteers (estimate if necessary)				6 9
Activities	7 a	Total unrelated business revenue from Part VIII, colu	mn (C), line 12			7a 0.
		Net unrelated business taxable income from Form 99	90-T, line 34		·	7b 0.
					Prior Year	Current Year
و ۵	8	Contributions and grants (Part VIII, line 1h)			130,51	5. <u>5,687.</u>
o ne	9	Program service revenue (Part VIII, line 2g)	•			0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, a	nd 7d)		700,11	7. 40,502.
3 11	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9	c, 10c, and 11e)			0.
	12	Total revenue - add lines 8 through 11 (must equal P	art VIII, column (A), line 12) .		830,632	
	13	Grants and sımılar amounts paid (Part IX, column (A)	lines 1·3)		24,600	
	14	Benefits paid to or for members (Part IX, column (A),	line 4)			0.
S	15	Salaries, other compensation, employee benefits (Pa	rt IX, column (A), lines 5-10)	* <u> </u>		0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line	e 11e)	·	(0.
ă	b	Total fundraisıng expenses (Part IX, column (D), lıne 2	25) 🕨	<u>0.</u>		
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 1	1f-24e)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	14,969	
	18	Total expenses Add lines 13-17 (must equal Part IX,	column (A), line 25)	7 % 22	39,569	
	19	Revenue less expenses Subtract line 18 from line 12			791,063	1,060.
Net Assets or	<u> </u>		*	Вер	inning of Current Ye	
Sset	20	Total assets (Part X, line 16)			1,593,599	
¥ E	21	Total liabilities (Part X, line 26)				0.
	2 22	Net assets or fund balances Subtract line 21 from lin	ne 20		1,593,599	1,690,044.
		Signature Block	 			
		ties of perjury, I declare that I have examined this return, in				f my knowledge and belief, it is
true	e, correc	, and complete Declaration of preparer (other than officer)	<u> </u>	ich preparer	has any knowledge.	
		Signature of officer	S) TREAS.	···	Date -	19.13
Sig					Date	
He	re	JOANNE HYNES, TREASURER Type or print name and title	<u> </u>			 .
			Oule annual to the second	- In	ate Check	PTIN
De!	,		reparer's signature &	• •	E (1 12 1	<u> </u>
Pai	ľ	WILLIAM E. MAAS		= -	1 30 31	1 1 1 1 1 1 1 1 1
	parer	Firm's name EMERALD CPA GROUP			Firm's EIN	► #7_T\07030
use	Only	Firm's address 450 COUNTRY CLUB 1 EUGENE, OR 97401-		,	Dhone se	(541) 255-2888
NAC-	v tha ID	S discuss this return with the preparer shown above			Phone no.	X Yes No

LHA For Paperwork Reduction Act Notice, see the separate instructions.

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form 990 (2012)

Form 990 (2012) CENTRAL LUTHERAN FOUNDATION
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	ļ		
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	ļ	X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	public office? If "Yes," complete Schedule C, Part I	3	1	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II			x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		_
J	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	٦		
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	1	x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<u> </u>		
	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, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			•
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	1		
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			37
	Part VI	11a		X
D	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	x	
^	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	1 10	Λ	
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	-	<u> </u>
	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		<u> </u>
b	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		_X_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	1-15		
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	İ		
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			42
	complete Schedule G, Part III	19		<u>x</u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>X</u>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	000 /	

Form 990 (2012) CENTRAL LUTHERAN FOUNDATION
Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,	l	17	
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	1		
	and former officers, directors, trustees, key employees, and highest compensated employees? 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 lines 24b through 24d and complete			٦,
	Schedule K. If "No", go to line 25	24a		X
р	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		-
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	<u> </u>	
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		-
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	<u> </u>	X
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified	[
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X_
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member		}	
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions).			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		<u> </u>
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	-	_ <u>X</u> _
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		_X_
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		<u>X</u>
	Did the organization liquidate, terminate, or dissolve and cease operations?			••
	If "Yes," complete Schedule N, Part I	31		<u>X</u>
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		<u>X</u>
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			37
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	-+	<u>X</u>
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		ı	37
	Part V, line 1	34		<u>X</u> _
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	a		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	-	
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	_		v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u>X</u>
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	.	<u>.</u>	
	Note, All Form 990 filers are required to complete Schedule O	38	X COO	2010

Form 990 (2012) CENTRAL LUTHERAN FOUNDATION

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	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	1		
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0		'	
b		2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	1	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	İ	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit		i	
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			-
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting	.		
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.		ļ	
	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter		- 1	
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against		1	
	amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	-	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	 +		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		—
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the		-	
	organization is licensed to issue qualified health plans	1		
	Enter the amount of reserves on hand	+		37
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u>X</u>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Form 990 (2012) CENTRAL LUTHERAN FOUNDATION 93-0762860 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response to any question in this Part VI			X						
Sec	tion A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 0									
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.									
b	Enter the number of voting members included in line 1a, above, who are independent 1b		i							
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		Х						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision									
3				v						
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X						
5 Did the organization become aware during the year of a significant diversion of the organization's assets?										
6	Did the organization have members or stockholders?	6		Х						
7a										
	more members of the governing body?	7a		X						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
	persons other than the governing body?	7b		_X_						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
а	The governing body?	8a	X							
b	Each committee with authority to act on behalf of the governing body?	8b	Х							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the									
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)									
			Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a		<u> </u>						
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,		-							
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		_X_						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		ĺ							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		<u> </u>						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b								
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe									
	ın Schedule O how this was done	12c								
13	Did the organization have a written whistleblower policy?	13		X						
14	Did the organization have a written document retention and destruction policy?	14		X						
15	Did the process for determining compensation of the following persons include a review and approval by independent	1								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	ĺ	ł							
а	The organization's CEO, Executive Director, or top management official	15a		X						
b	Other officers or key employees of the organization	15b		X						
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	1								
	taxable entity during the year?	16a	j	X						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	1	1							
	exempt status with respect to such arrangements?	16b								
Sect	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 (Section 501(c)(3)s only) a	vailabl	е	_						
	for public inspection. Indicate how you made these available. Check all that apply.									
	Own website Another's website X Upon request Other (explain in Schedule O)									
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and	financ	cial							
	statements available to the public during the tax year.									
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	on 🕨								
-	JOANNE HYNES, TREASURER - 541-343-7265	-								
	1857 POTTER STREET, EUGENE, OR 97403									

E~~~	$\alpha \alpha \alpha$	<i>(</i> 2019	١١
- 3 7 7 7 7 7 7	990	1/1/1/	

CENTRAL LUTHERAN FOUNDATION

93-0762860

Page 7

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

Check if Schedule O contains a response to any question in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees, and former such persons.

Check this box if heither the organization h	or any related	oiga	IIIIZ	LIUI	COI	npe	iisal	eu any current onicer, t	irector, or trustee.	
(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average	Position (do not check more than one					one	Reportable	Reportable	Estimated
	hours per	box.	, unle	ss pe	rson	s bot	h an	compensation	compensation	amount of
	week		cer an	dad	irecto	or/trus	itee)	from	from related	other
	(list any	trustee or director	ŀ					the	organizations	compensation
	hours for	Đ To	 81			ated		organization	(W-2/1099-MISC)	from the
	related	ustee	trust		92	Bens		(W-2/1099-MISC)		organization
	organizations below	ual tri	onal		ploye	25 85				and related
	line)	Individual	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) RICHARD BREMER	1.00									
PRESIDENT					ļ	<u> </u>		0.	0.	0.
(2) MARY JAEGER	1.00					l	ŀ			
SECRETARY							Ĺ	0.	0.	0.
(3) JOANNE HYNES	1.00									
TREASURER								0.	0.	0.
(4) JUDY JOHNSON	1.00									
BOARD MEMBER								0.	0.	0.
(5) RON BOEHI	1.00									
BOARD MEMBER								0.	0.	0.
(6) TED SCHERER	1.00									
BOARD MEMBER								0.	0.	0.
(7) BILL LEWIS	1.00									
BOARD MEMBER								0.	0.	0.
						_				
		_								
		\dashv		-						
		ĺ								
				-						
				\dashv						
			T							
			_				_			
										<u></u>

rai	` (A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both ar officer and a director/trustee)					one th an	(D) Reportable compensation from	es (continued) (E) Reportable compensate from relate	on	1	(F) stimate mount other	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatior (W-2/1099-Mi	ns com ISC) fr org and		ompensation from the organization and related rganizations	
														"
							ļ							
							 							
	Sub-total						<u> </u>	<u> </u>	0.		0.			0 .
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A					>		0.		0.			0.
	Total number of individuals (including but n	ot limited to th	ose	lıste	d at	oove	e) wh	no re		,000 of reportab				
	compensation from the organization												Yes	No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s		stee	e, ke	у еп	nplo	yee,	or h	nighest compensated e	mployee on		3		х
4	For any individual listed on line 1a, is the su	ım of reportabl								the organization				
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a									dual for services	;	4		<u> </u>
Sect	rendered to the organization? If "Yes," comion B. Independent Contractors	plete Schedule	J fo	or su	ıch j	<u>pers</u>	on					5		X
1	Complete this table for your five highest co										npens	ation 1	rom	
	the organization Report compensation for (A)	the calendar y	ear e	endii	ng w	/ith o	or w	<u>rthin</u>	(B)			((>)	
	Name and business	address	NC	ONE	<u> </u>			+	Description of s	ervices	C	ompe	nsatioi	1
								1						
								\top				•	***	
_								+						
	Total number of independent contractors (ii	ncludina but n	ot lin	nited	d to	thos	se lis	ted	above) who received m	ore than				
	\$100,000 of compensation from the organiz		,			C)							

Part VIII Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII (C) Unrelated (D) Revenue excluded from tax under sections 512, 513, or 514 (B) Related or Total revenue exempt function business revenue revenue Contributions, Giffs, Grants and Other Similar Amounts 1 a Federated campaigns 1a b Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 5,687. similar amounts not included above 1f g Noncash contributions included in lines 1a-1f \$_ 5,687. h Total. Add lines 1a-1f **Business Code** Program Service Revenue f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 40,502. 40,502. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (ı) Real (II) Personal 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other assets other than inventory b Less. cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ __ contributions reported on line 1c). See Part IV, line 18 b Less, direct expenses c Net income or (loss) from fundraising events ▶ 9 a Gross income from gaming activities See Part IV, line 19 а b Less: direct expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a d All other revenue e Total. Add lines 11a-11d 46,189. 0. 0. 40,502. Total revenue. See instructions.

Form 990 (2012) CENTRAL LUTHERAN FOUNDATION
Part IX | Statement of Functional Expenses

Sect	tion 501(c)(3) and 501(c)(4) organizations must com	·		omplete column (A).	
_	Check if Schedule O contains a respon	nse to any question in the	is Part IX	· · · (C)	<u>(D)</u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	26,950.	26,950.		
2	Grants and other assistance to individuals in		2 522		
	the United States. See Part IV, line 22	9,500.	9,500.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
_	trustees, and key employees				
6	Compensation not included above, to disqualified		Ì		
	persons (as defined under section 4958(f)(1)) and		Ì		
_	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				· · · · · · · · · · · · · · · · · · ·
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
	· · · · · · · · · · · · · · · · · · ·				
9	Other employee benefits Payroll taxes				·
10 11	Fees for services (non-employees):				
''					
b				· · ·	1 1 11
C	Accounting	3,740.		3,740.	
ď	· · · · · · · · · · · · · · · ·	3,7200		3 / 7 2 3 4	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	/// 14 1 1 1 1 1				
9	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses	14.		14.	
14	Information technology				
15	Royalties _				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates .				
22	Depreciation, depletion, and amortization				
23	Insurance .				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	INVESTMENT EXPENSES	3,535.		3,535.	
b	CHRISTOPHERSON EXPENSES	1,340.		1,340.	
c	LICENSE AND FEES	50.		50.	
ď					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	45,129.	36,450.	8,679.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)	ľ			

Part X | Balance Sheet Check if Schedule O contains a response to any question in this Part X (A) (B) Beginning of year End of year 187,894. 191,879. Cash - non-interest-bearing 1 1,000,000. 250,127. 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 4 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 7 Notes and loans receivable, net 7 Inventories for sale or use 8 8 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10a **b** Less: accumulated depreciation 10b 10c Investments - publicly traded securities 11 11 405,705 1,248,038. 12 Investments - other securities See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 1,593,599 1,690,044. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 Accounts payable and accrued expenses 17 17 18 Grants payable 18 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Liabilities Loans and other payables to current and former officers, directors, trustees, 22 key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 0. 0. 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 Unrestricted net assets 27 28 Temporarily restricted net assets Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ 🗶 and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 0. 31 Paid-in or capital surplus, or land, building, or equipment fund 31 1,593,599. 1,690,044. 32 32 Retained earnings, endowment, accumulated income, or other funds

1,690,044.

1,593,599.

,593,599

33

Total net assets or fund balances

Total liabilities and net assets/fund balances

orn	rm 990 (2012) CENTRAL LUTHERAN FOUNDATION	93-0762	2860	Page 1	2
Pa	art XI Reconciliation of Net Assets				
	* Check if Schedule O contains a response to any question in this Part XI				<u>_</u>
		1 1			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,189	
2	Potal expenses (must equal Part IX, column (A), line 25)	2		,129	
3	Revenue less expenses Subtract line 2 from line 1	3		,060	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4]		,599	_
5	Net unrealized gains (losses) on investments	5	95	,385	•
6	Donated services and use of facilities	6			_
7	Investment expenses	7			
8	Prior period adjustments	8			_
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0	•
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	1 1			
		10 1	<u>,690</u>	,044	•
Pa	art XII Financial Statements and Reporting				_
	Check if Schedule O contains a response to any question in this Part XII.				<u></u>
				Yes No	<u>, </u>
1					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	: O	1 }		
2a	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	b Were the organization's financial statements audited by an independent accountant?		2b	X	_
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	te basis,		1	
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.		- 1	
За	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audıt			
	Act and OMB Circular A:133?		За	X	
b	b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		Зь		_
			Form 9	90 (201:	2)

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

•

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of	the organizat	E	Employer identification number									
		CENTRAL	LUTHERAN FO	PAGNUC	NOI				9	3-0762	860	<u> </u>
Part I	Reason		ity Status (All organi			te this pai	t) See ins	tructions.				
The organ	nization is not	a private foundation	because it is: (For lines	1 through	11, check	only one I	box.)					
1 🗔	A church, co	nvention of churche	s, or association of chui	rches desc	ribed in se	ection 170)(b)(1)(A)(i).				
2			70(b)(1)(A)(ii). (Attach So					•				
з 🔲			ital service organization	•		170(b)(1)	(A)(iii).					
4	· ·	-	operated in conjunction)(b)(1)(A)(i	ii). Enter	the hospital	's nan	ne,
	city, and star		•		·				•	,		
5 🔲	An organizat	ion operated for the	benefit of a college or u	niversity o	wned or o	perated by	y a govern	mental un	ıt describ	ed in		
	section 170	(b)(1)(A)(iv). (Comple	ete Part II)	•		•	. -					
6 🗌	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7 X			eives a substantial part					or from the	e general	public desc	ribed	ın
		(b)(1)(A)(vi). (Comple				_			•			
8 🗀	A community	y trust described in s	section 170(b)(1)(A)(vi).	(Complete	Part II.)							
9 🗀			eives: (1) more than 33			rom contr	ibutions, n	nembersh	ip fees, a	nd gross red	ceipts	from
	activities rela	ated to its exempt fui	nctions - subject to certa	aın excepti	ions, and (2) no more	e than 33 ⁻	1/3% of its	s support	from gross	invest	ment
	income and i	unrelated business to	axable income (less sec	tion 511 ta	ex) from bu	sinesses	acquired b	y the orga	anization	after June 3	0, 197	'5
	See section	509(a)(2). (Complete	e Part III.)									
10 🗔	An organizat	ion organized and op	perated exclusively to te	st for publ	lic safety. S	See secti o	on 509(a)(4	4).				
11 🗔	An organizat	ion organized and op	perated exclusively for the	he benefit	of, to perfo	orm the fu	nctions of	, or to carı	y out the	purposes c	f one	or
	more publicly	y supported organiza	ations described in secti	on 509(a)(1) or section	on 509(a)(a	2). See se e	ction 509((a)(3). Ch	eck the box	that	
	describes the	e type of supporting	organization and compl	lete lines 1	1e through	11h						
	a Type	I b T	/pell c T	ype III - Fu	inctionally	integrated	l (d 📖 Typ	e III - Noi	n-functionall	y integ	grated
e L	By checking	this box, I certify tha	nt the organization is not	controlled	d directly o	r indirectly	y by one o	r more dis	qualified	persons oth	er tha	n
	foundation m	nanagers and other t	han one or more publicly	y supporte	ed organiza	ations des	cribed in s	ection 50	9(a)(1) or	section 509	(a)(2)	
f	If the organiz	ation received a writ	ten determination from	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				
	supporting o	rganization, check th	nis box									
g	-		organization accepted ar									Γ——
	(i) A perso	n who directly or ind	irectly controls, either al	lone or tog	ether with	persons of	described	ın (ıı) and ((III) below,	,	Yes	No
	•	• •	upported organization?							11g(i)		
	• •	-	n described in (i) above?							11g(ii)		
			person described in (i)							11g(iii)		
h	Provide the f	ollowing information	about the supported or	ganization	(s)							
		·		I		T		(-2)	- 1 -			
(i) Name	of supported	(ii) EIN	(iii) i) po oi oi gameation		organization sted in your			i organizati	on in col.	(vii) Amount		netary
orga	anization				document?			(i) organiz U.S	red in the f	sup	port	
			(see instructions))	Yes	No	Yes	No	Yes	No			
				162	NO	162	NO	165	NO			
				· - ·		<u>-</u>		 	 			
					J ,			ļ]]			
				<u> </u>	-			_				
				 								
					1							
	·			 		<u> </u>			1 1			
						<u> </u>						

93-0762860 Page 2

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude any "unusual grants.")	9,148.	7,547.	7,170.	130,515.	5,687.	160,067.
2	Tax revenues levied for the organ-						
	ization'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			- 4-0	100 515	5.605	160 065
	Total. Add lines 1 through 3	9,148.	7,547.	7,170.	130,515.	5,687.	160,067.
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,						105 500
	column (f)						125,598.
	Public support. Subtract line 5 from line 4						34,469.
	ction B. Total Support				4 11 0044		(0 T-1-1
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
-	Amounts from line 4	9,148.	7,547.	7,170.	130,515.	5,687.	160,067.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	01 207	7 201	10 (17	E 002	40,502.	85,790.
	and income from similar sources	21,397.	7,281.	10,617.	5,993.	40,504.	65,790.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on					J	
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV)						245,857.
	Total support. Add lines 7 through 10			-		12	243,037.
	Gross receipts from related activities, First five years. If the Form 990 is for			l fourth or fifth to	l V vear as a section		- ,
13	organization, check this box and stop		inst, second, time	r, router, or mar to	ix year as a section	1301(0)(0)	
Sec	ction C. Computation of Publ	ic Support Per	rcentage		·	· · · · · · · · · · · · · · · · · · ·	<u> </u>
	Public support percentage for 2012 (I			olumn (f))		14	14.02 %
	Public support percentage from 2011			5.0.1 (1))	İ	15	18.03 %
	33 1/3% support test - 2012. If the co			line 13, and line 1	ا 14 is 33 1/3% or m		
iua	stop here. The organization qualifies					,	▶□
h	33 1/3% support test - 2011. If the co			ne 13 or 16a. and	line 15 is 33 1/3%	or more, check th	is box
U	and stop here. The organization quali						▶□
17:	10% -facts-and-circumstances test				13, 16a, or 16b. a	and line 14 is 10%	or more,
ı r a	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						►X
h	10% -facts-and-circumstances test					7a, and line 15 is	
IJ	more, and if the organization meets th						
	organization meets the "facts-and-circ						. •
18	Private foundation, If the organizatio						<u>.</u> ▶□

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to

section A. Public Support	elow, please com	plete Part II)				
	/-> 0000	(I-) 0000	(*) 2010	(-D 0011	(-) 0010	(O Total
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and	1					
membership fees received (Do not include any "unusual grants.")	ı					
• • •					 	
2 Gross receipts from admissions, merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the						1
organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ızation's benefit and either paid to						
or expended on its behalf						<u> </u>
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received						
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest,					Ü	
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)					501/-)(2)	
14 First five years. If the Form 990 is for	the organization's	s tirst, secona, tnir	a, tourth, or titth ta	ax year as a secu	on 50 I(c)(3) organiz	alion,
check this box and stop here Section C. Computation of Publi	o Support Po	rcontage		· · ·		
		···	(f)		145	0/
15 Public support percentage for 2012 (li			olumn (i))	•	15	<u>%</u>
16 Public support percentage from 2011 Section D. Computation of Inves					16	<u>%</u>
			12 askumn (f)		147	0/
17 Investment income percentage for 20			ie is, column (t))	•	17	<u>%</u>
18 Investment income percentage from 2				46	18	
19a 33 1/3% support tests - 2012. If the						/ IS HOT
more than 33 1/3%, check this box an						▶ ∟
b 33 1/3% support tests - 2011. If the						
line 18 is not more than 33 1/3%, chec						
20 Private foundation. If the organization	ı dıd not check a l	box on line 14, 19:	a, or 19b, check th	is box and see in	structions	P L

Schedule A (Form 990 or 990-EZ) 2012 CENTRAL LUTHERAN FOUNDATION	93-0762860 Page 4
Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, Iii	
and Part III, line 12 Also complete this part for any additional information. (See instructions).	
PART II, SECTION C, LINE 17A, FACTS AND CIRCUMSTANCES TEST	:
THE ORGANIZATION IS AFFILIATED WITH CENTRAL LUTHERAN CHURC	H AND WAS FORMED
TO HOLD AND MANAGE CONTRIBUTIONS INTENDED TO SUPPORT SCHOLA	ARSHIP PROGRAMS
AND TO MAKE GRANTS TO OTHER CHARITABLE ORGANIZATIONS, MOST	LY LOCAL.
INVESTMENT INCOME HAS BEEN SUBSTANTIAL IN RECENT YEARS DUE	TO SOME LARGE
BEQUESTS THAT ARE INVESTED WITH THE OREGON COMMUNITY FOUND	ATION, A
501(C)(3) ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION, A	ND OTHERS. THE
ORGANIZATION HAS AN ACTIVE PROGRAM OF SOLICITING CONTRIBUT	IONS FROM THE
CHURCH MEMBERSHIP. ALL OF THE NET EARNINGS ARE NORMALLY EX	XPENDED FOR
SCHOLARSHIPS AND GRANTS TO CHARITABLE ORGANIZATIONS. DUE TO	O INVESTMENT
ARRANGEMENTS THAT LIMIT THE AMOUNT RELEASED EACH YEAR, AND	RESTRICTIONS
IMPOSED BY DONORS, THE ABILITY OF THE ORGANIZATION TO DISBU	URSE PRINCIPAL
IS LIMITED.	

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

	CENTRAL LUTHERAN FO		93-0762860
Pa	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds or a	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		- Marian
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	vriting that the assets held in donor advised fu	nds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be used	only
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose confe	erring
	impermissible private benefit?		YesNo
Pai	t II Conservation Easements. Complete if the org	anization answered "Yes" to Form 990, Part IV	⁷ , line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all th <u>at a</u> pply).	
	Preservation of land for public use (e.g., recreation or e	ducation) Preservation of an historica	ally important land area
	Protection of natural habitat	Preservation of a certified I	nistoric structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ed conservation contribution in the form of a c	onservation easement on the last
	day of the tax year		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 8/17/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the orga	nization during the tax
	year ▶		
4	Number of states where property subject to conservation eas	sement is located >	
5	Does the organization have a written policy regarding the per	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and e	enforcing conservation easements during the y	ear ▶ \$
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)(4)(
	and section 170(h)(4)(B)(ii)?		└── Yes └── No
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organizat	ion's financial statements that describes the oi	ganization's accounting for
	conservation easements	Art Historical Transvers or Other	Cimilar Assats
Par			Similar Assets.
	Complete if the organization answered "Yes" to Form 9		
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public exh		r public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ		
þ	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, ed	lucation, or research in furtherance of public se	ervice, 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		> \$
2	If the organization received or held works of art, historical trea		, provide
	the following amounts required to be reported under SFAS 11	o (ADC 908) relating to these items	• ¢
	Revenues included in Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X	•	> \$

		LUTHERAN					<u>62860</u>	
Pa	rt III Organizations Maintaining (Collections of A	rt, Historical T	reasures, or	Other S	<u>imilar Asse</u>	ts (continue	ed)
3	Using the organization's acquisition, access	on, and other record	ds, check any of th	e following that a	are a signif	icant use of its	collection if	tems
	(check all that apply):							
а	Public exhibition	(Loan or ex	change program	ıs			
b	Scholarly research	6	e Dother					
С	Preservation for future generations							
4	Provide a description of the organization's continuous	ollections and expla	in how they further	the organization	's exempt	purpose in Par	t XIII	
5	During the year, did the organization solicit of	or receive donations	of art, historical tre	asures, or other	sımılar ass	ets		
	to be sold to raise funds rather than to be m	aintained as part of	the organization's	collection?			Yes	No_
Par	rt IV Escrow and Custodial Arran	gements. Compl	ete if the organizat	ion answered "Ye	es" to Forr	n 990, Part IV,	ine 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.					 -	
1a	Is the organization an agent, trustee, custod	an or other interme	diary for contribution	ons or other asse	ts not incli	uded		
	on Form 990, Part X?					. \square	Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:		_			
			_		ſ		Amount	
С	Beginning balance				ſ	1c		
d	Additions during the year				Γ	1d		
е	Distributions during the year		·		Γ	1e		
f	Ending balance	•			Ī	1f		
2a	Did the organization include an amount on F	orm 990, Part X, line	217	•	_		Yes	☐ No
	If "Yes," explain the arrangement in Part XIII			n provided in Pai	rt_XIII			
	rt V Endowment Funds. Complete							
		(a) Current year	(b) Prior year	(c) Two years b	ack (d) T	hree years back	(e) Four ye	ars back
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs					_		
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the curr	rent year end balanc	e (line 1g, column	(a)) held as				
а	Board designated or quasi-endowment		%					
b	Permanent endowment	%						
С	Temporarily restricted endowment ▶	 %						
	The percentages in lines 2a, 2b, and 2c shou	ıld equal 100%.						
За	Are there endowment funds not in the posse		ation that are held	and administered	d for the or	ganization		
	by	-					Ye	s No
	(i) unrelated organizations						3a(i)	
	(ii) related organizations						3a(ii)	
b	If "Yes" to 3a(II), are the related organizations	s listed as required o	n Schedule R?			-	3b	
4	Describe in Part XIII the intended uses of the	organization's endo	wment funds					
Par	t VI Land, Buildings, and Equipm	ent. See Form 990), Part X, line 10					
	Description of property	(a) Cost or o	ther (b) Cos	st or other	(c) Accum	nulated	(d) Book va	alue
		basis (investr	nent) basis	s (other)	depreci	ation		
1a	Land							
	Buildings							
	Leasehold improvements							
	Equipment							
	Other							
	Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (B), line	10(c).)		▶		0.

Schedule D (Form 990) 2012

liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

	edule D (Form 990) 2012 CENTRAL LUTHERAN FOUNDAT I		93-0762860 Page 4
Par	rt XI Reconciliation of Revenue per Audited Financial States	ments With Revenue	e per Return
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.		
а	Net unrealized gains on investments	2a	·
b	Donated services and use of facilities	2b	
С	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
С	Add lines 4a and 4b		4c
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5
Pai	rt XII Reconciliation of Expenses per Audited Financial State	ements With Expens	es per Return
1	Total expenses and losses per audited financial statements	•	1
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	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d	•	2e
3	Subtract line 2e from line 1		3
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 XIII)	4b	
С	Add lines 4a and 4b		4c
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5
Par	rt XIII Supplemental Information		
-	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Pai e 2, Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part		

SCHEDULE (Form 990) Name of the organization

Department of the Treasury Internal Revenue Service

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

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

OMB No 1545-0047

Open to Public 2012 Inspection Employer identification number

93-0762860 (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (d) Amount of cash grant (c) IRC section if applicable CENTRAL LUTHERAN FOUNDATION General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization or government Part Part

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

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

Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2012)

Part III

93-0762860

(f) Description of non-cash assistance Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) THAT ARE PUBLIC CHARITIES AND WELL KNOWN TO THE BOARD AND TO NATIONAL AND INTERNATIONAL ORGANIZATIONS THAT ARE ASSOCIATED WITH THE LUTHERAN CHURCH LINE 2: GRANTS ARE ONLY MADE TO LOCAL ORGANIZATIONS (d) Amount of non-cash assistance Ö AND MAKE INFORMATION ON THEIR ACTIVITIES PUBLICLY AVAILABLE 9 500 (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance PART I SCHEDULE I, SCHOLARSHIPS

Schedule I (Form 990) (2012)

SCHEDULE_O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2012

Open to Public Inspection

Name of the organization **Employer identification number** CENTRAL LUTHERAN FOUNDATION 93-0762860 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: FOUNDATION FUNDS MISSIONS, PROVIDES SCHOLARSHIPS AND MAKES GRANTS TO OTHER CHARITABLE ORGANIZATIONS. FORM 990, PART VI, SECTION B, LINE 11: FORM 990 IS REVIEWED BY THE PRESIDENT AND/OR TREASURER BEFORE SIGNING AND FILING. FORM 990, PART VI, SECTION C, LINE 18: THE ORGANIZATION MAKES ITS FORM 1023 AND FORM 990 AVAILABLE FOR INSPECTION BY THE PUBLIC ON REQUEST AT CENTRAL LUTHERAN CHURCH. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC ON REQUEST AT CENTRAL LUTHERAN CHURCH.

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2012

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
CHRISTOPHERSON TRUST	130,515.	125,598
		·
		1. / _ = ^ 1. L. · . · . · . · . · . · . · . · . · .
		·-,
		- 44-4
		· · · · · · · · · · · · · · · · · · ·
		<u> </u>
		105 500