Form 990

Department of the Treasury Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2012

**Open to Public Inspection**

**A For the 2012 calendar year, or tax year beginning 06-01-2012 , 2012, and ending 05-31-2013**

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
AUGSBURG COLLEGE

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
2211 RIVERSIDE AVENUE

City or town, state or country, and ZIP + 4
MINNEAPOLIS, MN 554541351

**D Employer identification number**
41-0694721

E Telephone number
(612) 330-1333

G Gross receipts $ 103,757,773

F Name and address of principal officer
PAUL PRIBBENOW
2211 RIVERSIDE AVENUE
MINNEAPOLIS,MN 554541351

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527

J **Website:** ▶ WWW AUGSBURG EDU

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1872

M State of legal domicile MN

## Part I Summary

**Activities & Governance**

1 Briefly describe the organization's mission or most significant activities
A PRIVATE LUTHERAN 4-YEAR COLLEGE LOCATED IN DOWNTOWN MINNEAPOLIS

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

| | | | |
|---|---|---|---|
| 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 | 33 |
| 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 32 |
| 5 | Total number of individuals employed in calendar year 2012 (Part V, line 2a) | 5 | 1,971 |
| 6 | Total number of volunteers (estimate if necessary) | 6 | 32 |
| 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 58,306 |
| b | Net unrelated business taxable income from Form 990-T, line 34 | 7b | -40,098 |

| | | | Prior Year | Current Year |
|---|---|---|---|---|
| Revenue | 8 | Contributions and grants (Part VIII, line 1h) | 11,798,813 | 9,229,161 |
| | 9 | Program service revenue (Part VIII, line 2g) | 90,153,963 | 89,700,828 |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d ) | 412,456 | 480,599 |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 1,547,547 | 1,517,241 |
| | 12 | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 103,912,779 | 100,927,829 |
| Expenses | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) | 25,886,238 | 26,350,736 |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | 0 | 0 |
| | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 47,736,023 | 46,419,045 |
| | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 81,199 | 126,330 |
| | b | Total fundraising expenses (Part IX, column (D), line 25) ▶2,018,109 | | |
| | 17 | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | 24,793,117 | 25,842,602 |
| | 18 | Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) | 98,496,577 | 98,738,713 |
| | 19 | Revenue less expenses Subtract line 18 from line 12 | 5,416,202 | 2,189,116 |

| | | | Beginning of Current Year | End of Year |
|---|---|---|---|---|
| Net Assets or Fund Balances | 20 | Total assets (Part X, line 16) | 127,453,234 | 128,938,582 |
| | 21 | Total liabilities (Part X, line 26) | 52,355,057 | 47,938,264 |
| | 22 | Net assets or fund balances Subtract line 21 from line 20 | 75,098,177 | 81,000,318 |

## Part II Signature Block

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

**Sign Here**

****** 2013-10-09
Signature of officer Date

TAMMY MCGEE CFO, VP FINANCE & ADMIN
Type or print name and title

**Paid Preparer Use Only**

| Print/Type preparer's name | Preparer's signature | Date | Check ☐ if self-employed | PTIN |
|---|---|---|---|---|
| XIAOYAN LUO | | | | P01305207 |

Firm's name ▶ CLIFTONLARSONALLEN LLP | Firm's EIN ▶ 41-0746749

Firm's address ▶ 220 SOUTH SIXTH STREET SUITE 300 MINNEAPOLIS, MN 55402 | Phone no (612) 376-4500

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

**Part III** **Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III . . . . . . . . . . . . . . ☑

**1** Briefly describe the organization's mission

AUGSBURG COLLEGE EDUCATES STUDENTS TO BE INFORMED CITIZENS, THOUGHTFUL STEWARDS, CRITICAL THINKERS, AND RESPONSIBLE LEADERS THE AUGSBURG EXPERIENCE IS SUPPORTED BY AN ENGAGED COMMUNITY THAT IS COMMITTED TO INTENTIONAL DIVERSITY IN ITS LIFE AND WORK AN AUGSBURG EDUCATION IS DEFINED BY EXCELLENCE IN THE LIBERAL ARTS AND PROFESSIONAL STUDIES, GUIDED BY THE FAITH AND VALUES OF THE LUTHERAN CHURCH, AND SHAPED BY ITS URBAN AND GLOBAL SETTINGS

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

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

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

If "Yes," describe these changes on Schedule O

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

**4a** (Code ) (Expenses $ 57,658,463 including grants of $ 26,350,736 ) (Revenue $ 80,122,356 )

POSTSECONDARY EDUCATION SET IN A VIBRANT NEIGHBORHOOD AT THE HEART OF THE TWIN CITIES, AUGSBURG COLLEGE OFFERS MORE THAN 50 UNDERGRADUATE MAJORS AND EIGHT GRADUATE DEGREES TO MORE THAN 4,000 STUDENTS OF DIVERSE BACKGROUNDS THE TRADEMARK OF AN AUGSBURG EDUCATION IS ITS EMPHASIS UPON DIRECT, PERSONAL EXPERIENCE AND ITS DEEP COMMITMENTS TO EDUCATING STUDENTS AT THE INTERSECTIONS OF FAITH, LEARNING, AND SERVICE AUGSBURG IS RECOGNIZED AS ONE OF THE COUNTRY'S LEADING INSTITUTIONS FOR COMMUNITY ENGAGEMENT, AS DEMONSTRATED THROUGH THE MANY AWARDS IT HAS WON FROM THE PRESIDENT'S HIGHER EDUCATION COMMUNITY SERVICE HONOR ROLL IN ADDITION, THE COLLEGE WAS AWARDED THE 2012 WILLIAM M BURKE PRESIDENTIAL AWARD FOR EXCELLENCE IN EXPERIENTIAL EDUCATION BY THE NATIONAL SOCIETY FOR EXPERIENTIAL EDUCATION AUGSBURG RANKS AMONG THE TOP PRODUCERS OF NATIONAL AND INTERNATIONAL STUDENT FELLOWSHIP AWARDEES AUGSBURG'S PASSION FOR ACCESS AND EXCELLENCE IN THE LIBERAL ARTS AND PROFESSIONAL STUDIES IS GUIDED BY THE FAITH AND VALUES OF THE LUTHERAN CHURCH WHICH CALLS THE COLLEGE TO EDUCATE STUDENTS TO BE INFORMED CITIZENS, THOUGHTFUL STEWARDS, CRITICAL THINKERS, AND RESPONSIBLE LEADERS

**4b** (Code ) (Expenses $ 21,394,898 including grants of $ 0 ) (Revenue $ 1,807,003 )

ACADEMIC SUPPORT AND STUDENT SERVICESAUGSBURG COLLEGE PROVIDES INNOVATIVE PROGRAMMING AND SUPPORT SERVICES TO A DIVERSE COMMUNITY OF MORE THAN 4,000 UNDERGRADUATE AND GRADUATE LEARNERS THE GAGE CENTER FOR STUDENT SUCCESS PROVIDES ADVISING, TUTORING, AND OTHER ACADEMIC SUPPORT SERVICES TO ALL UNDERGRADUATE AND GRADUATE STUDENTS THE GAGE CENTER INCLUDES CLASS ACADEMIC SPECIALISTS WHO PROVIDE INDIVIDUALIZED ACCOMMODATIONS FOR STUDENTS WITH COGNITIVE, LEARNING, AND PHYSICAL DISABILITIES THE GAGE CENTER ALSO OFFERS SUPPORT PROGRAMS FOR FIRST-GENERATION AND LOW-INCOME STUDENTS IN ADDITION, AUGSBURG'S STEPUP PROGRAM, AN INNOVATIVE RESIDENTIAL COLLEGE RECOVERY PROGRAM RECOGNIZED NATIONALLY FOR ITS SUCCESS AND LEADING MODEL, SUPPORTS MORE THAN 90 STUDENTS EACH YEAR WITH COUNSELING, SUBSTANCE-FREE HOUSING, AND LEADERSHIP DEVELOPMENT FINALLY, THROUGH THE INTEGRATED SERVICES OF THE ENROLLMENT CENTER, STUDENTS AND FAMILIES CAN RECEIVE COUNSELING AND SUPPORT WITH TUITION PAYMENT PLANS, SCHOLARSHIPS, FINANCIAL AID, AND REGISTRATION

**4c** (Code ) (Expenses $ 8,518,842 including grants of $ 0 ) (Revenue $ 9,182,483 )

AUXILIARY SERVICESAUGSBURG COLLEGE'S RESIDENTIAL LIFE PROGRAM SEEKS TO DEVELOP RESIDENTS WHO ARE BOTH STUDENTS AND NEIGHBORS IN AN URBAN COLLEGIATE SETTING WHILE BEING GROUNDED IN LIBERAL ARTS, INTENTIONAL DIVERSITY, AND FAITH THE COLLEGE HAS FIVE RESIDENCE HALLS AND THREE DINING VENUES DURING THE FALL OF 2012, AUGSBURG WAS HOME TO 999 STUDENTS, WITH 769 WHO PARTICIPATED IN STUDENT MEAL PLANS DURING SPRING SEMESTER 2013, 975 STUDENTS LIVED ON CAMPUS AND 728 PARTICIPATED IN STUDENT MEAL PLANS A'VIANDS DINING SERVICE STRIVES TO PROVIDE A WIDE VARIETY OF MEALS THAT MEET NUTRITIONAL AND CULTURAL REQUIREMENTS AND EDUCATE STUDENTS ABOUT NUTRITION AND SUSTAINABLE FOOD PRACTICES A CAMPUS BOOKSTORE SERVES STUDENTS, FACULTY, STAFF, AND THE GENERAL PUBLIC, OFFERING A VARIETY OF FAIR TRADE GOODS

**4d** Other program services (Describe in Schedule O )

(Expenses $ including grants of $ ) (Revenue $ )

**4e** **Total program service expenses** ▶ 87,572,203

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules** *(continued)*

| | | | Yes | No |
|---|---|---|---|---|
| 21 | Did the organization report more than $5,000 of grants 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 | | No |
| 22 | Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III* | 22 | Yes | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J* | 23 | Yes | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25* | 24a | Yes | |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | No |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | No |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | No |
| 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 | | No |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I* | 25b | | No |
| 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 | Yes | |
| 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 | | No |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | | |
| a | A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV* | 28a | | No |
| b | A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV* | 28b | | No |
| c | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV* | 28c | | No |
| 29 | Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M* | 29 | Yes | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M* | 30 | | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I* | 31 | | No |
| 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 | | No |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I* | 33 | | No |
| 34 | Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1* | 34 | Yes | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | Yes | |
| b | If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* | 35b | | No |
| 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 | | No |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI* | 37 | | No |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O | 38 | Yes | |

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response 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 | **1a** | 334 | | | |
| **b** | Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable | **1b** | 0 | | | |
| **c** | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | | | **1c** | | |
| **2a** | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | **2a** | 1,971 | | | |
| **b** | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | **2b** | Yes | |
| **3a** | Did the organization have unrelated business gross income of $1,000 or more during the year? | | | **3a** | Yes | |
| **b** | If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O* | | | **3b** | Yes | |
| **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** | Yes | |
| **b** | If "Yes," enter the name of the foreign country ▶MX , GT , ES , NU , WA<br>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** | | No |
| **b** | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | | **5b** | | No |
| **c** | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | | | **5c** | | |
| **6a** | Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | | | **6a** | | No |
| **b** | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | | **6b** | | |
| **7** | **Organizations that may receive deductible contributions under section 170(c).** | | | | | |
| **a** | Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor? | | | **7a** | Yes | |
| **b** | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | | **7b** | Yes | |
| **c** | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | | **7c** | | No |
| **d** | If "Yes," indicate the number of Forms 8282 filed during the year | **7d** | | | | |
| **e** | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | | **7e** | | No |
| **f** | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | | **7f** | | No |
| **g** | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | | **7g** | | |
| **h** | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | | **7h** | | |
| **8** | **Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | | | **8** | | |
| **9** | **Sponsoring organizations maintaining donor advised funds.** | | | | | |
| **a** | Did the organization make any taxable distributions under section 4966? | | | **9a** | | |
| **b** | Did the organization make a distribution to a donor, donor advisor, or related person? | | | **9b** | | |
| **10** | **Section 501(c)(7) organizations.** Enter | | | | | |
| **a** | Initiation fees and capital contributions included on Part VIII, line 12 | **10a** | | | | |
| **b** | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | **10b** | | | | |
| **11** | **Section 501(c)(12) organizations.** Enter | | | | | |
| **a** | Gross income from members or shareholders | **11a** | | | | |
| **b** | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) | **11b** | | | | |
| **12a** | **Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041? | | | **12a** | | |
| **b** | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | **12b** | | | | |
| **13** | **Section 501(c)(29) qualified nonprofit health insurance issuers.** | | | | | |
| **a** | Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O | | | **13a** | | |
| **b** | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | **13b** | | | | |
| **c** | Enter the amount of reserves on hand | **13c** | | | | |
| **14a** | Did the organization receive any payments for indoor tanning services during the tax year? | | | **14a** | | No |
| **b** | If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* | | | **14b** | | |

**Part VI** **Governance, Management, and Disclosure** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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 . . . . . . . . . . . . . . . . ☑

## Section A. Governing Body and Management

| | | | | Yes | No |
|---|---|---|---|---|---|
| 1a | Enter the number of voting members of the governing body at the end of the tax year . . . . . . . . . . . . . . . . . . . . . . | 1a 33 | | | |
| | 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 32 | | | |
| 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 | | No |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . | | 3 | | No |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . . . . . . . . . . . . . . . . . . . . . . . . | | 4 | | No |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? . | | 5 | | No |
| 6 | Did the organization have members or stockholders? . . . . . . . . . . . . . . . . . | | 6 | | No |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . . . . . . . . . . . . . . . . . | | 7a | | No |
| 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 | | No |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | | | |
| a | The governing body? . . . . . . . . . . . . . . . . . . . . . . . . . . | | 8a | Yes | |
| b | Each committee with authority to act on behalf of the governing body? . . . . . . . . . . . . . | | 8b | Yes | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O* . . . . . . . | | 9 | | No |

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

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

## Section C. Disclosure

**17** List the States with which a copy of this Form 990 is required to be filed ▶MN

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

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

**19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization

▶TAMMY MCGEE 2211 RIVERSIDE AVENUE MINNEAPOLIS, MN (612) 330-1027

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

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

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| See Additional Data Table | | | | | | | | | | |
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**Part VII** **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
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| | | | | | | | | | | |
| **1b Sub-Total** ▶ | | | | | | | | | | |
| **c Total from continuation sheets to Part VII, Section A** ▶ | | | | | | | | | | |
| **d Total (add lines 1b and 1c)** ▶ | | | | | | | | 1,856,599 | 0 | 192,679 |

**2** Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶16

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

## Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|---|---|
| A'VIANDS LLC 1751 W COUNTY ROAD B STE 300 ROSEVILLE MN 55113 | FOOD SERVICE | 2,478,237 |
| CONTINUUM CONSTRUCTION INC 15214 EDGEWATER CIRCLE NE PRIOR LAKE MN 55372 | CONSTRUCTION | 760,372 |
| BARNES & NOBLE COLLEGE BOOKSELLERS 120 MOUNTAINVIEW BLVD BASKING RIDGE NJ 07920 | BOOKSTORE PROVIDER | 417,697 |
| BWBR ARCHITECTS INC 380 SAINT PETER ST STE 600 ST PAUL MN 55102 | ARCHITECTURAL DESIGN | 370,564 |
| INTEREUM 845 BERSHIRE LANE N PLYMOUTH MN 55441 | OFFICE FURNITURE | 269,723 |

**2** Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶28

**Part VIII** **Statement of Revenue**

Check if Schedule O contains a response to any question in this Part VIII . . . . . . . . . . . . . . . . ☐

| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
|---|---|---|---|---|---|---|---|
| **Contributions, Gifts, Grants and Other Similar Amounts** | **1a** Federated campaigns | **1a** | | | | | |
| | **b** Membership dues | **1b** | | | | | |
| | **c** Fundraising events | **1c** | 7,121 | | | | |
| | **d** Related organizations | **1d** | | | | | |
| | **e** Government grants (contributions) | **1e** | 3,078,537 | | | | |
| | **f** All other contributions, gifts, grants, and similar amounts not included above | **1f** | 6,143,503 | | | | |
| | **g** Noncash contributions included in lines 1a-1f $ | | 937,000 | | | | |
| | **h** **Total.** Add lines 1a-1f ▶ | | | 9,229,161 | | | |
| **Program Service Revenue** | | | Business Code | | | | |
| | **2a** TUITION AND FEES | | 611710 | 80,122,356 | 80,122,356 | | |
| | **b** AUXILIARY ENTERPRISES | | 711210 | 9,182,483 | 9,182,483 | | |
| | **c** EDUCATIONAL ACTIVITIES | | 611710 | 395,989 | 395,989 | | |
| | **d** | | | | | | |
| | **e** | | | | | | |
| | **f** All other program service revenue | | | | | | |
| | **g** **Total.** Add lines 2a–2f ▶ | | | 89,700,828 | | | |
| **Other Revenue** | **3** Investment income (including dividends, interest, and other similar amounts) ▶ | | | 576,380 | | -3,895 | 580,275 |
| | **4** Income from investment of tax-exempt bond proceeds ▶ | | | | | | |
| | **5** Royalties ▶ | | | | | | |
| | | (i) Real | (ii) Personal | | | | |
| | **6a** Gross rents | 809,829 | | | | | |
| | **b** Less rental expenses | 819,987 | | | | | |
| | **c** Rental income or (loss) | -10,158 | | | | | |
| | **d** Net rental income or (loss) ▶ | | | -10,158 | | -10,158 | |
| | | (i) Securities | (ii) Other | | | | |
| | **7a** Gross amount from sales of assets other than inventory | 1,861,078 | | | | | |
| | **b** Less cost or other basis and sales expenses | 1,928,319 | 28,540 | | | | |
| | **c** Gain or (loss) | -67,241 | -28,540 | | | | |
| | **d** Net gain or (loss) ▶ | | | -95,781 | | | -95,781 |
| | **8a** Gross income from fundraising events (not including $ 7,121 of contributions reported on line 1c) See Part IV, line 18 | **a** | 97,124 | | | | |
| | **b** Less direct expenses | **b** | 53,098 | | | | |
| | **c** Net income or (loss) from fundraising events ▶ | | | 44,026 | | | 44,026 |
| | **9a** Gross income from gaming activities See Part IV, line 19 | **a** | | | | | |
| | **b** Less direct expenses | **b** | | | | | |
| | **c** Net income or (loss) from gaming activities ▶ | | | | | | |
| | **10a** Gross sales of inventory, less returns and allowances | **a** | | | | | |
| | **b** Less cost of goods sold | **b** | | | | | |
| | **c** Net income or (loss) from sales of inventory ▶ | | | | | | |
| | Miscellaneous Revenue | | Business Code | | | | |
| | **11a** MISCELLANEOUS REVENUE | | 900099 | 1,483,373 | 1,411,014 | 72,359 | |
| | **b** | | | | | | |
| | **c** | | | | | | |
| | **d** All other revenue | | | | | | |
| | **e** **Total.** Add lines 11a–11d ▶ | | | 1,483,373 | | | |
| | **12** **Total revenue.** See Instructions ▶ | | | 100,927,829 | 91,111,842 | 58,306 | 528,520 |

**Part IX Statement of Functional Expenses**

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

Check if Schedule O contains a response to any question in this Part IX . . . . . . . . . . . . . . . . . . ☐

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|---|---|---|---|
| 1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21 | | | | |
| 2 Grants and other assistance to individuals in the United States See Part IV, line 22 | 25,352,611 | 25,352,611 | | |
| 3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 | 998,125 | 998,125 | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees . . . . | 1,365,655 | 300,249 | 756,701 | 308,705 |
| 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 | 37,315,747 | 33,079,993 | 3,320,021 | 915,733 |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . | 2,421,395 | 2,111,406 | 218,768 | 91,221 |
| 9 Other employee benefits . . . . . . . . | 2,815,900 | 2,407,431 | 297,687 | 110,782 |
| 10 Payroll taxes . . . . . . . . . . . . . | 2,500,348 | 2,133,790 | 267,049 | 99,509 |
| 11 Fees for services (non-employees) | | | | |
| a Management . . . . . . . | | | | |
| b Legal . . . . . . . . . . | 114,354 | | 114,354 | |
| c Accounting . . . . . . . . . . . . . | 119,652 | | 119,652 | |
| d Lobbying . . . . . . . . . . . . . | | | | |
| e Professional fundraising services See Part IV, line 17 | 126,330 | | | 126,330 |
| f Investment management fees . . . . . . . | 91,409 | | 91,409 | |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . . . . . . . | 4,635,140 | 4,094,719 | 506,297 | 34,124 |
| 12 Advertising and promotion . . . . | 494,084 | 264,322 | 229,762 | |
| 13 Office expenses . . . . . . . . | 2,830,972 | 2,545,519 | 188,551 | 96,902 |
| 14 Information technology . . . . . . . | 1,262,944 | 1,100,534 | 121,641 | 40,769 |
| 15 Royalties . . | | | | |
| 16 Occupancy . . . . . . . . . . . . . | 3,546,086 | 3,249,907 | 296,179 | |
| 17 Travel . . . . . . . . . . . . . . . | 2,843,208 | 2,510,467 | 263,723 | 69,018 |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . . . | | | | |
| 19 Conferences, conventions, and meetings . . . . | 1,443,367 | 1,105,882 | 299,748 | 37,737 |
| 20 Interest . . . . . . . . . . . . . | 1,365,800 | 1,186,566 | 179,234 | |
| 21 Payments to affiliates . . . . . . . . | | | | |
| 22 Depreciation, depletion, and amortization . . . . . | 4,073,457 | 3,551,153 | 522,304 | |
| 23 Insurance . . . . . . . . . . . . . . . . . | 776,690 | 676,905 | 99,785 | |
| 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O ) | | | | |
| a DUES AND FEES | 998,987 | 386,292 | 584,626 | 28,069 |
| b REFERENCE MATERIALS | 509,526 | 499,411 | 7,289 | 2,826 |
| c BAD DEBT EXPENSE | 390,693 | 9,303 | 325,249 | 56,141 |
| d EMPLOYEE TRAINING/RECRT | 239,235 | 6,723 | 232,382 | 130 |
| e All other expenses | 106,998 | 895 | 105,990 | 113 |
| 25 **Total functional expenses.** Add lines 1 through 24e | 98,738,713 | 87,572,203 | 9,148,401 | 2,018,109 |
| 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) | | | | |

**Part X Balance Sheet**

Check if Schedule O contains a response to any question in this Part X . . . . . . . . . . . . . . . . . . . ☐

| | | | | | (A) Beginning of year | | (B) End of year |
|---|---|---|---|---|---|---|---|
| Assets | 1 | Cash—non-interest-bearing | | | 8,144,042 | 1 | 7,576,637 |
| | 2 | Savings and temporary cash investments | | | 926,890 | 2 | 4,297,953 |
| | 3 | Pledges and grants receivable, net | | | 3,594,352 | 3 | 2,132,303 |
| | 4 | Accounts receivable, net | | | 2,607,311 | 4 | 2,420,167 |
| | 5 | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L | | | 271,128 | 5 | 317,616 |
| | 6 | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L | | | | 6 | |
| | 7 | Notes and loans receivable, net | | | 5,835,846 | 7 | 5,693,382 |
| | 8 | Inventories for sale or use | | | 37,523 | 8 | 44,834 |
| | 9 | Prepaid expenses and deferred charges | | | 895,781 | 9 | 650,696 |
| | 10a | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 10a | 118,990,048 | | | |
| | b | Less accumulated depreciation | 10b | 53,443,033 | 67,917,241 | 10c | 65,547,015 |
| | 11 | Investments—publicly traded securities | | | 21,696,292 | 11 | 25,473,068 |
| | 12 | Investments—other securities See Part IV, line 11 | | | 11,937,263 | 12 | 11,247,023 |
| | 13 | Investments—program-related See Part IV, line 11 | | | | 13 | |
| | 14 | Intangible assets | | | | 14 | |
| | 15 | Other assets See Part IV, line 11 | | | 3,589,565 | 15 | 3,537,888 |
| | 16 | **Total assets.** Add lines 1 through 15 (must equal line 34) | | | 127,453,234 | 16 | 128,938,582 |
| Liabilities | 17 | Accounts payable and accrued expenses | | | 9,393,698 | 17 | 7,548,781 |
| | 18 | Grants payable | | | | 18 | |
| | 19 | Deferred revenue | | | 2,237,439 | 19 | 1,682,970 |
| | 20 | Tax-exempt bond liabilities | | | 32,900,000 | 20 | 31,415,000 |
| | 21 | Escrow or custodial account liability Complete Part IV of Schedule D | | | 371,373 | 21 | 345,340 |
| | 22 | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L | | | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | | 1,150,000 | 23 | 1,010,000 |
| | 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 | | | 6,302,547 | 25 | 5,936,173 |
| | 26 | **Total liabilities.** Add lines 17 through 25 | | | 52,355,057 | 26 | 47,938,264 |
| Net Assets or Fund Balances | | **Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.** | | | | | |
| | 27 | Unrestricted net assets | | | 32,819,493 | 27 | 34,528,754 |
| | 28 | Temporarily restricted net assets | | | 14,350,038 | 28 | 17,833,446 |
| | 29 | Permanently restricted net assets | | | 27,928,646 | 29 | 28,638,118 |
| | | **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 | |
| | 31 | Paid-in or capital surplus, or land, building or equipment fund | | | | 31 | |
| | 32 | Retained earnings, endowment, accumulated income, or other funds | | | | 32 | |
| | 33 | Total net assets or fund balances | | | 75,098,177 | 33 | 81,000,318 |
| | 34 | Total liabilities and net assets/fund balances | | | 127,453,234 | 34 | 128,938,582 |

**Part XI** **Reconcilliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI . . . . . . . . . . . . . . . . ☑

| | | | |
|---|---|---|---|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 100,927,829 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 98,738,713 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | 2,189,116 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 75,098,177 |
| 5 | Net unrealized gains (losses) on investments | 5 | 4,549,682 |
| 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 | -836,657 |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 81,000,318 |

**Part XII** **Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII . . . . . . . . . . . . . . . . ☐

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

## Additional Data

**Software ID:**
**Software Version:**
**EIN:** 41-0694721
**Name:** AUGSBURG COLLEGE

### Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| PAUL PRIBBENOW<br>PRESIDENT | 40 00 | X | | X | | | | 254,173 | 0 | 37,619 |
| JODI HARPSTEAD<br>CHAIR | 2 00 | X | | X | | | | 0 | 0 | 0 |
| PAUL MUELLER<br>VICE CHAIR | 2 00 | X | | X | | | | 0 | 0 | 0 |
| DAN ANDERSON<br>TREASURER | 2 00 | X | | X | | | | 0 | 0 | 0 |
| DAVID TIEDE<br>SECRETARY | 2 00 | X | | X | | | | 0 | 0 | 0 |
| ANDRA ADOLFSON<br>BOARD MEMBER | 2 00 | X | | | | | | 0 | 0 | 0 |
| ANN ASHTON-PIPER<br>BOARD MEMBER | 2 00 | X | | | | | | 0 | 0 | 0 |
| JENNIE CARLSON<br>BOARD MEMBER | 2 00 | X | | | | | | 0 | 0 | 0 |
| KAREN DURANT<br>BOARD MEMBER | 2 00 | X | | | | | | 0 | 0 | 0 |
| MATT ENTENZA<br>BOARD MEMBER | 2 00 | X | | | | | | 0 | 0 | 0 |
| MARK EUSTIS<br>BOARD MEMBER | 2 00 | X | | | | | | 0 | 0 | 0 |
| ANTHONY GENIA<br>BOARD MEMBER | 2 00 | X | | | | | | 0 | 0 | 0 |
| ALEXANDER GONZALEZ<br>BOARD MEMBER | 2 00 | X | | | | | | 0 | 0 | 0 |
| MICHAEL GOOD<br>BOARD MEMBER | 2 00 | X | | | | | | 0 | 0 | 0 |
| NORMAN HAGFORS<br>BOARD MEMBER | 2 00 | X | | | | | | 0 | 0 | 0 |
| ROLF JACOBSON<br>BOARD MEMBER | 2 00 | X | | | | | | 0 | 0 | 0 |
| ERIC JOLLY<br>BOARD MEMBER | 2 00 | X | | | | | | 0 | 0 | 0 |
| TOBY PIPER LABELLE<br>BOARD MEMBER | 2 00 | X | | | | | | 0 | 0 | 0 |
| LAJUNE THOMAS LANGE<br>BOARD MEMBER | 2 00 | X | | | | | | 0 | 0 | 0 |
| ANDRE LEWIS<br>BOARD MEMBER | 2 00 | X | | | | | | 0 | 0 | 0 |
| JENNIFER MARTIN<br>BOARD MEMBER | 2 00 | X | | | | | | 0 | 0 | 0 |
| MARIE MCNEFF<br>BOARD MEMBER | 2 00 | X | | | | | | 0 | 0 | 0 |
| PAM MOKSNES<br>BOARD MEMBER | 2 00 | X | | | | | | 0 | 0 | 0 |
| JEFFREY NODLAND<br>BOARD MEMBER | 2 00 | X | | | | | | 0 | 0 | 0 |
| LISA NOVOTNY<br>BOARD MEMBER | 2 00 | X | | | | | | 0 | 0 | 0 |

## Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| PETER ROGNESS<br>BOARD MEMBER | 2 00 | X | | | | | | 0 | 0 | 0 |
| CURT SAMPSON<br>BOARD MEMBER | 2 00 | X | | | | | | 0 | 0 | 0 |
| GARY TANGWALL<br>BOARD MEMBER | 2 00 | X | | | | | | 0 | 0 | 0 |
| HAROLD USGAARD<br>BOARD MEMBER | 2 00 | X | | | | | | 0 | 0 | 0 |
| NORMAN WAHL<br>BOARD MEMBER | 2 00 | X | | | | | | 0 | 0 | 0 |
| BONNIE WALLACE<br>BOARD MEMBER | 2 00 | X | | | | | | 0 | 0 | 0 |
| STEVE WEHRENBERG<br>BOARD MEMBER | 2 00 | X | | | | | | 0 | 0 | 0 |
| MARK WILHELM<br>BOARD MEMBER | 2 00 | X | | | | | | 0 | 0 | 0 |
| TAMMY MCGEE<br>VP FINANCE AND ADMINISTRATION, CFO | 40 00 | | | X | | | | 163,943 | 0 | 9,047 |
| LEIF ANDERSON<br>VP INFORMATION TECHNOLOGY, CIO | 40 00 | | | X | | | | 123,349 | 0 | 17,406 |
| JULIE EDSTROM<br>VP ENROLLMENT MANAGEMENT | 40 00 | | | X | | | | 126,096 | 0 | 16,978 |
| BARBARA FARLEY<br>VP ACADEMIC AFFAIRS AND DEAN | 40 00 | | | X | | | | 160,725 | 0 | 21,545 |
| ANN GARVEY<br>VP STUDENT AFFAIRS | 40 00 | | | X | | | | 105,106 | 0 | 14,126 |
| REBECCA JOHN<br>VP MARKETING AND COMMUNICATION | 40 00 | | | X | | | | 126,334 | 0 | 9,021 |
| CHRISTINE SZAJ<br>VP AND CHIEF OF STAFF | 40 00 | | | X | | | | 198,308 | 0 | 16,382 |
| HEATHER RIDDLE<br>VP INSTITUTIONAL ADVANCEMENT | 40 00 | | | X | | | | 35,546 | 0 | 3,034 |
| MARK ENGEBRETSON<br>PHYSICS PROFESSOR | 40 00 | | | | | X | | 122,763 | 0 | 414 |
| CASSIDY TITCOMB<br>ASSISTANT VP DEVELOPMENT | 40 00 | | | | | X | | 115,337 | 0 | 7,666 |
| THOMAS MORGAN<br>EXECUTIVE DIRECTOR, CENTER FOR FAITH AND LEARNING | 40 00 | | | | | X | | 111,368 | 0 | 19,720 |
| ANDREA TURNER<br>ASSISTANT VP HUMAN RESOURCES | 40 00 | | | | | X | | 110,795 | 0 | 7,400 |
| MILO SCHIELD<br>BUSINESS PROFESSOR | 40 00 | | | | | X | | 102,756 | 0 | 12,321 |

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# SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

## Public Charity Status and Public Support

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

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

OMB No 1545-0047

2012

**Open to Public Inspection**

**Name of the organization**
AUGSBURG COLLEGE

**Employer identification number**
41-0694721

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☑ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state ____________

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II )

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

**a** ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Non-functionally integrated

**e** ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

**f** If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

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

| | | Yes | No |
|---|---|---|---|
| **(i)** A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? | **11g(i)** | | |
| **(ii)** A family member of a person described in (i) above? | **11g(ii)** | | |
| **(iii)** A 35% controlled entity of a person described in (i) or (ii) above? | **11g(iii)** | | |

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

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

**Part II** **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)** (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

## Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
|---|---|---|---|---|---|---|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") | | | | | | |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 **Total.** Add lines 1 through 3 | | | | | | |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 **Public support.** Subtract line 5 from line 4 | | | | | | |

## Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
|---|---|---|---|---|---|---|
| 7 Amounts from line 4 | | | | | | |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV ) | | | | | | |
| 11 **Total support** (Add lines 7 through 10) | | | | | | |

12 Gross receipts from related activities, etc (see instructions) | 12 |

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . ▶☐

## Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) | 14 |

15 Public support percentage for 2011 Schedule A, Part II, line 14 | 15 |

16a **33 1/3% support test—2012.** 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—2011.** 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—2012.** 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—2011.** 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 ▶☐

**Part III** **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

## Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
|---|---|---|---|---|---|---|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 **Total.** Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 **Public support** (Subtract line 7c from line 6 ) | | | | | | |

## Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
|---|---|---|---|---|---|---|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV ) | | | | | | |
| 13 **Total support.** (Add lines 9, 10c, 11, and 12 ) | | | | | | |

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

## Section C. Computation of Public Support Percentage

| | | |
|---|---|---|
| 15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) | 15 | |
| 16 Public support percentage from 2011 Schedule A, Part III, line 15 | 16 | |

## Section D. Computation of Investment Income Percentage

| | | |
|---|---|---|
| 17 Investment income percentage for **2012** (line 10c, column (f) divided by line 13, column (f)) | 17 | |
| 18 Investment income percentage from **2011** Schedule A, Part III, line 17 | 18 | |

19a **33 1/3% support tests—2012.** 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—2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶☐

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

| Facts And Circumstances Test |
| --- |
| |

| Explanation |
| --- |
| |
| |
| |
| |

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# SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

# Political Campaign and Lobbying Activities

**For Organizations Exempt From Income Tax Under section 501(c) and section 527**

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.
▶ See separate instructions.

OMB No 1545-0047

**2012**

**Open to Public Inspection**

**If the organization answered "Yes" to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

**If the organization answered "Yes" to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

**If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then**

- Section 501(c)(4), (5), or (6) organizations Complete Part III

| Name of the organization | **Employer identification number** |
|---|---|
| AUGSBURG COLLEGE | 41-0694721 |

## Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ $ 0

3 Volunteer hours 0

## Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $ 0

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $ 0

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

## Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

| **(a)** Name | **(b)** Address | **(c)** EIN | **(d)** Amount paid from filing organization's funds If none, enter -0- | **(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0- |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

**Part II-A** **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

**A** Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

**B** Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply

| **Limits on Lobbying Expenditures** (The term "expenditures" means amounts paid or incurred.) | **(a)** Filing organization's totals | **(b)** Affiliated group totals |
|---|---|---|
| **1a** Total lobbying expenditures to influence public opinion (grass roots lobbying) | | |
| **b** Total lobbying expenditures to influence a legislative body (direct lobbying) | | |
| **c** Total lobbying expenditures (add lines 1a and 1b) | | |
| **d** Other exempt purpose expenditures | | |
| **e** Total exempt purpose expenditures (add lines 1c and 1d) | | |
| **f** Lobbying nontaxable amount Enter the amount from the following table in both columns | | |

| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: |
|---|---|
| Not over $500,000 | 20% of the amount on line 1e |
| Over $500,000 but not over $1,000,000 | $100,000 plus 15% of the excess over $500,000 |
| Over $1,000,000 but not over $1,500,000 | $175,000 plus 10% of the excess over $1,000,000 |
| Over $1,500,000 but not over $17,000,000 | $225,000 plus 5% of the excess over $1,500,000 |
| Over $17,000,000 | $1,000,000 |

| | (a) | (b) |
|---|---|---|
| **g** Grassroots nontaxable amount (enter 25% of line 1f) | | |
| **h** Subtract line 1g from line 1a If zero or less, enter -0- | | |
| **i** Subtract line 1f from line 1c If zero or less, enter -0- | | |

**j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

**4-Year Averaging Period Under Section 501(h)**
**(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)**

**Lobbying Expenditures During 4-Year Averaging Period**

| Calendar year (or fiscal year beginning in) | **(a)** 2009 | **(b)** 2010 | **(c)** 2011 | **(d)** 2012 | **(e)** Total |
|---|---|---|---|---|---|
| **2a** Lobbying nontaxable amount | | | | | |
| **b** Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | |
| **c** Total lobbying expenditures | | | | | |
| **d** Grassroots nontaxable amount | | | | | |
| **e** Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | |
| **f** Grassroots lobbying expenditures | | | | | |

**Part II-B** **Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

| *For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.* | | (a) Yes | (a) No | (b) Amount |
|---|---|---|---|---|
| 1 | During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of | | | |
| a | Volunteers? | | No | |
| b | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | No | |
| c | Media advertisements? | | No | |
| d | Mailings to members, legislators, or the public? | | No | |
| e | Publications, or published or broadcast statements? | | No | |
| f | Grants to other organizations for lobbying purposes? | | No | |
| g | Direct contact with legislators, their staffs, government officials, or a legislative body? | | No | |
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | No | |
| i | Other activities? | Yes | | 190,222 |
| j | Total Add lines 1c through 1i | | | 190,222 |
| 2a | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | No | |
| b | If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| c | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| d | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |

**Part III-A** **Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Were substantially all (90% or more) dues received nondeductible by members? | 1 | | |
| 2 | Did the organization make only in-house lobbying expenditures of $2,000 or less? | 2 | | |
| 3 | Did the organization agree to carry over lobbying and political expenditures from the prior year? | 3 | | |

**Part III-B** **Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

| | | | |
|---|---|---|---|
| 1 | Dues, assessments and similar amounts from members | 1 | |
| 2 | Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).** | | |
| a | Current year | 2a | |
| b | Carryover from last year | 2b | |
| c | Total | 2c | |
| 3 | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | 3 | |
| 4 | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | 4 | |
| 5 | Taxable amount of lobbying and political expenditures (see instructions) | 5 | |

**Part IV** **Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information

| Identifier | Return Reference | Explanation |
|---|---|---|
| EXPLANATION OF LOBBYING ACTIVITIES | PART II-B, LINE 1 | AUGSBURG COLLEGE IS A MEMBER OF THE MINNESOTA PRIVATE COLLEGE COUNCIL ACTIVITIES CONDUCTED BY THE MPCC INCLUDE ALL PUBLIC RELATIONS AND ADVOCACY WORK, LEGISLATIVE LOBBYING, SERVING AS A FISCAL AGENT IN LIMITED CIRCUMSTANCES, CONDUCTING RESEARCH, AND PROVIDING A VEHICLE FOR COLLABORATION OF MEMBER INSTITUTIONS ADDITIONAL ACTIVITIES PROVIDED BY THE ORGANIZATION INCLUDE HANDLING ALL SHARED FUNDRAISING FOR THE BENEFIT OF THE MEMBERS, RECEIVING GRANTS FOR AND CARRYING OUT SPECIAL PROJECTS, AND PROVIDING A VEHICLE FOR COLLABORATION AMONG THE MEMBER INSTITUTIONS |

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**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

**2012**

**Open to Public Inspection**

**Name of the organization**
AUGSBURG COLLEGE

**Employer identification number**
41-0694721

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

| | | **(a)** Donor advised funds | **(b)** Funds and other accounts |
|---|---|---|---|
| 1 | Total number at end of year | | |
| 2 | Aggregate contributions to (during year) | | |
| 3 | Aggregate grants from (during year) | | |
| 4 | Aggregate value at end of year | | |

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ **Yes** ☐ **No**

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ **Yes** ☐ **No**

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

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

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶________

4 Number of states where property subject to conservation easement is located ▶________

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ **Yes** ☐ **No**

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶________

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ ________

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ **Yes** ☐ **No**

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

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

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

**(i)** Revenues included in Form 990, Part VIII, line 1 ▶ $ ________

**(ii)** Assets included in Form 990, Part X ▶ $ ________

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ ________

b Assets included in Form 990, Part X ▶ $ ________

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

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

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other

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

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

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

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

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

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

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

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

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

| | | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|---|---|---|---|---|---|
| 1a | Beginning of year balance | 29,778,094 | 33,268,035 | 28,641,054 | 26,221,137 | 33,692,462 |
| b | Contributions | 1,021,877 | 741,606 | 1,307,888 | 426,000 | 577,905 |
| c | Net investment earnings, gains, and losses | 4,776,803 | -3,039,472 | 4,286,424 | 3,754,289 | -6,911,549 |
| d | Grants or scholarships | 1,008,737 | 1,084,164 | 1,009,119 | 1,029,258 | 998,887 |
| e | Other expenditures for facilities and programs | 111,410 | 137,110 | 91,473 | 731,114 | 138,794 |
| f | Administrative expenses | 96,003 | 29,199 | 49,685 | | |
| g | End of year balance | 34,552,630 | 29,778,094 | 33,268,035 | 28,641,054 | 26,221,137 |

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

a Board designated or quasi-endowment ▶ 0 %

b Permanent endowment ▶ 81 390 %

c Temporarily restricted endowment ▶ 18 610 %

The percentages in lines 2a, 2b, and 2c should equal 100%

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

| | | | Yes | No |
|---|---|---|---|---|
| | (i) unrelated organizations | 3a(i) | Yes | |
| | (ii) related organizations | 3a(ii) | | No |
| b | If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | | |

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

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|---|---|---|---|
| 1a Land | | 3,530,439 | | 3,530,439 |
| b Buildings | | 68,737,043 | 27,470,564 | 41,266,479 |
| c Leasehold improvements | | 33,976,378 | 18,546,944 | 15,429,434 |
| d Equipment | | 10,761,545 | 7,425,525 | 3,336,020 |
| e Other | | 1,984,643 | | 1,984,643 |
| **Total.** Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶ | | | | 65,547,015 |

**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 |
|---|---|---|
| (1)Financial derivatives | | |
| (2)Closely-held equity interests | | |
| (3)Other<br>(A) CSV LIFE INSURANCE | 213,675 | F |
| (B) ALTERNATIVE INVESTMENTS | 9,931,595 | F |
| (C) PROPERTY HELD FOR RESALE | 1,101,753 | F |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| **Total.** *(Column (b) must equal Form 990, Part X, col (B) line 12 )* | 11,247,023 | |

**Part VIII Investments—Program Related.** See Form 990, Part X, line 13.

| (a) Description of investment type | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
|---|---|---|
| | | |
| | | |
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| | | |
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| | | |
| | | |
| **Total.** *(Column (b) must equal Form 990, Part X, col (B) line 13 )* | | |

**Part IX Other Assets.** See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| **Total.** *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . . . . . . . . . | |

**Part X Other Liabilities.** See Form 990, Part X, line 25.

| 1 (a) Description of liability | (b) Book value |
|---|---|
| Federal income taxes | |
| ANNUITIES PAYABLE | 822,393 |
| PERKINS LOAN GRANTS | 4,983,642 |
| PV CAPITAL LEASE OBLIGATIONS | 130,138 |
| | |
| | |
| | |
| | |
| | |
| | |
| **Total.** *(Column (b) must equal Form 990, Part X, col (B) line 25 )* | 5,936,173 |

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

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

| | | | | | |
|---|---|---|---|---|---|
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 74,319,021 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | | | |
| a | Net unrealized gains on investments | 2a | 4,549,682 | | |
| b | Donated services and use of facilities | 2b | | | |
| c | Recoveries of prior year grants | 2c | | | |
| d | Other (Describe in Part XIII ) | 2d | 481,601 | | |
| e | Add lines **2a** through **2d** | | | 2e | 5,031,283 |
| 3 | Subtract line **2e** from line **1** | | | 3 | 69,287,738 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line **1** | | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 91,409 | | |
| b | Other (Describe in Part XIII ) | 4b | 31,548,682 | | |
| c | Add lines **4a** and **4b** | | | 4c | 31,640,091 |
| 5 | Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12 ) | | | 5 | 100,927,829 |

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

| | | | | | |
|---|---|---|---|---|---|
| 1 | Total expenses and losses per audited financial statements | | | 1 | 73,198,193 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | | | |
| a | Donated services and use of facilities | 2a | | | |
| b | Prior year adjustments | 2b | | | |
| c | Other losses | 2c | | | |
| d | Other (Describe in Part XIII ) | 2d | 901,625 | | |
| e | Add lines **2a** through **2d** | | | 2e | 901,625 |
| 3 | Subtract line **2e** from line **1** | | | 3 | 72,296,568 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line **1:** | | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 91,409 | | |
| b | Other (Describe in Part XIII ) | 4b | 26,350,736 | | |
| c | Add lines **4a** and **4b** | | | 4c | 26,442,145 |
| 5 | Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18 ) | | | 5 | 98,738,713 |

**Part XIII Supplemental Information**

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

| Identifier | Return Reference | Explanation |
|---|---|---|
| | PART IV, LINE 2B | FUNDS HELD IN CUSTODY FOR OTHERS RELATES TO AGENCY FUNDS THAT AUGSBURG COLLEGE HELPS TO ADMINISTER THERE ARE APPROXIMATELY 20 AGENCIES THAT AUGSBURG COLLEGE CURRENTLY WORKS WITH IN THIS TYPE OF RELATIONSHIP |
| DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS | PART V, LINE 4 | THE COLLEGE ENDOWMENT CONSISTS OF APPROXIMATELY 350 INDIVIDUAL FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES BASED ON DONOR RESTRICTIONS AND BOARD DESIGNATIONS |
| DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48 | PART X, LINE 2 | THE COLLEGE HAS RECEIVED A DETERMINATION LETTER FROM THE INTERNAL REVENUE SERVICE INDICATING IT IS A TAX-EXEMPT ORGANIZATION UNDER SECTION 501 (C)(3) OF THE INTERNAL REVENUE CODE AND IS SUBJECT TO FEDERAL AND STATE INCOME TAX ONLY ON NET UNRELATED BUSINESS INCOME THE COLLEGE ENGAGES IN ACTIVITIES THAT ARE CONSIDERED UNRELATED TO ITS EXEMPT PURPOSE THESE ACTIVITIES ARE SUBJECT TO FEDERAL AND STATE INCOME TAXES SUCH ACTIVITIES GENERATED A LOSS POSITION IN FISCAL 2013 AND 2012 FURTHER, THE COLLEGE HAS A NET OPERATING LOSS CARRYFORWARD AVAILABLE TO OFFSET ANY TAXABLE INCOME FROM THESE UNRELATED ACTIVITIES ACCORDINGLY, NO FEDERAL OR STATE TAX PROVISION IS REQUIRED THE NET OPERATING LOSSES BEGIN TO EXPIRE IN 2020 THE COLLEGE ADOPTED ACCOUNTING STANDARDS FOR CONTINGENCIES IN EVALUATING UNCERTAIN TAX POSITIONS AND FILES AS A TAX EXEMPT ORGANIZATION NO ADJUSTMENTS TO THE FINANCIAL STATEMENTS WERE REQUIRED AS A RESULT OF THE IMPLEMENTATION OF THIS STANDARD THE COLLEGE HAS NO CURRENT OBLIGATION FOR UNRELATED BUSINESS INCOME TAX THE COLLEGE TAX RETURNS ARE SUBJECT TO REVIEW AND EXAMINATION BY FEDERAL AUTHORITIES SHOULD THAT STATUS BE CHALLENGED IN THE FUTURE, THE TAX RETURNS FOR THE YEARS 2010 THROUGH 2012 ARE SUBJECT TO REVIEW BY FEDERAL AUTHORITIES |
| PART XI, LINE 2D - OTHER ADJUSTMENTS | | ADJUSTMENT OF ACTUARIAL LIABILITY 15,865 CHANGE IN ALLOWANCE FOR UNCOLLECTIBLE PLEDGES -407,349 SPECIAL EVENT EXPENSES 53,098 RENTAL EXPENSES 819,987 |
| PART XI, LINE 4B - OTHER ADJUSTMENTS | | SCHOLARSHIPS AND GRANTS 26,350,736 LOSS ON DISPOSAL OF FIXED ASSETS -25,840 ENDOWMENT INCOME AND GAINS 403,895 ENDOWMENT GAINS 4,819,891 |
| PART XII, LINE 2D - OTHER ADJUSTMENTS | | SPECIAL EVENT EXPENSES 53,098 RENTAL EXPENSES 819,987 LOSS ON DISPOSAL OF FIXED ASSETS 28,540 |
| PART XII, LINE 4B - OTHER ADJUSTMENTS | | SCHOLARSHIPS AND GRANTS 26,350,736 |

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

Department of the Treasury
Internal Revenue Service

# Schools

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

OMB No 1545-0047

**2012**

**Open to Public Inspection**

Name of the organization
AUGSBURG COLLEGE

**Employer identification number**
41-0694721

## Part I

| | | | YES | NO |
|---|---|---|---|---|
| 1 | Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? | 1 | Yes | |
| 2 | Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? | 2 | Yes | |
| 3 | Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II | 3 | Yes | |
| 4 | Does the organization maintain the following? | | | |
| a | Records indicating the racial composition of the student body, faculty, and administrative staff? | 4a | Yes | |
| b | Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? | 4b | Yes | |
| c | Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? | 4c | Yes | |
| d | Copies of all material used by the organization or on its behalf to solicit contributions? | 4d | Yes | |
| | If you answered "No" to any of the above, please explain If you need more space, use Part II | | | |
| 5 | Does the organization discriminate by race in any way with respect to | | | |
| a | Students' rights or privileges? | 5a | | No |
| b | Admissions policies? | 5b | | No |
| c | Employment of faculty or administrative staff? | 5c | | No |
| d | Scholarships or other financial assistance? | 5d | | No |
| e | Educational policies? | 5e | | No |
| f | Use of facilities? | 5f | | No |
| g | Athletic programs? | 5g | | No |
| h | Other extracurricular activities? | 5h | | No |
| | If you answered "Yes" to any of the above, please explain If you need more space, use Part II | | | |
| 6a | Does the organization receive any financial aid or assistance from a governmental agency? | 6a | Yes | |
| b | Has the organization's right to such aid ever been revoked or suspended? | 6b | | No |
| | If you answered "Yes" to either line 6a or line 6b, explain on Part II | | | |
| 7 | Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II | 7 | Yes | |

**Part II Supplemental Information.** Complete this part to provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable Also complete this part to provide any other additional information (see instructions)

| Identifier | Return Reference | Explanation |
|---|---|---|
| EXPLANATION OF NONDISCRIMINATORY POLICY PUBLICATION | SCHEDULE E, PART I, LINE 3 | THE STATEMENT IS PUBLISHED AT VARIOUS TIMES THROUGHOUT THE YEAR IN REGIONAL NEWSPAPERS ANNOUNCING REGISTRATION DATES AND PROGRAMS OFFERED THE COLLEGE FOLLOWS A NONDISCRIMINATORY POLICY REGARDING ALL PROGRAMS ENROLLMENT OF STUDENTS IS WITHOUT DISCRIMINATION AS TO RACE, RELIGION, SEX, COLOR OR NATIONAL ORIGIN RECRUITMENT PROCEDURES ARE DESIGNED AND CARRIED OUT TO REACH STUDENTS OF ALL RACIAL SEGMENTS IN THE GEOGRAPHICAL AREA SERVED |
| EXPLANATION OF GOVERNMENT FINANCIAL ASSISTANCE | SCHEDULE E, PART I, LINE 6 | THE COLLEGE RECEIVES SUPPORT FROM THE STATE OF MINNESOTA AND FROM THE UNITED STATES GOVERNMENT IN CONNECTION WITH STUDENT AID PROGRAMS SUCH AS FEDERAL AND MINNESOTA COLLEGE WORK-STUDY PROGRAMS, PELL GRANTS, SUPPLEMENTAL EDUCATIONAL OPPORTUNITY GRANTS AND PERKINS LOAN FUNDS THE COLLEGE ALSO RECEIVES VARIOUS OTHER FEDERAL AND STATE EDUCATIONAL AND RESEARCH GRANTS OR SUBSIDIES |

**SCHEDULE F (Form 990)**

Department of the Treasury
Internal Revenue Service

# Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

**2012**

**Open to Public Inspection**

Name of the organization
AUGSBURG COLLEGE

**Employer identification number**
41-0694721

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

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

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States.

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

| | (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in region | (d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for and investments in region |
|---|---|---|---|---|---|---|
| | CENTRAL AMERICA AND THE CARIBBEAN - | 3 | 11 | PROGRAM SERVICES | INSTRUCTION | 1,282,033 |
| | CENTRAL AMERICA AND THE CARIBBEAN | 0 | 0 | INVESTMENTS | INSTRUCTION | 4,858 |
| | EUROPE (INCLUDING ICELAND & GREENLAND) - | 0 | 0 | PROGRAM SERVICES | INSTRUCTION | 13,003 |
| | NORTH AMERICA - CANADA AND MEXICO, BUT | 1 | 8 | PROGRAM SERVICES | INSTRUCTION | 661,932 |
| | NORTH AMERICA | 0 | 0 | INVESTMENTS | INSTRUCTION | 180,285 |
| | SOUTH AMERICA | 0 | 0 | PROGRAM SERVICES | INSTRUCTION | 115,205 |
| | SUB-SAHARAN AFRICA | 1 | 10 | PROGRAM SERVICES | INSTRUCTION | 687,465 |
| | SUB-SAHARAN AFRICA | 0 | 0 | INVESTMENTS | INSTRUCTION | 268,551 |
| | EUROPE (INCLUDING ICELAND & GREENLAND) | 0 | 0 | PROGRAM SERVICES | ACADEMIC SUPPORT | 485 |
| | EAST ASIA AND THE PACIFIC | 0 | 0 | PROGRAM SERVICES | INSTITUTIONAL SUPPORT | 32,630 |
| | EUROPE (INCLUDING ICELAND & GREENLAND) - | 0 | 0 | PROGRAM SERVICES | INSTITUTIONAL SUPPORT | 12,145 |
| | MIDDLE EAST AND NORTH AFRICA | 0 | 0 | PROGRAM SERVICES | INSTITUTIONAL SUPPORT | 57,519 |
| | EUROPE (INCLUDING ICELAND & GREENLAND) | 0 | 0 | PROGRAM SERVICES | STUDENT SERVICES | 2,250 |
| | SUB-SAHARAN AFRICA | 0 | 0 | PROGRAM SERVICES | STUDENT SERVICES | 1,228 |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 3a | Sub-total | 5 | 29 | | | 3,213,332 |
| b | Total from continuation sheets to Part I | 0 | 0 | | | 106,257 |
| c | **Totals** (add lines 3a and 3b) | 5 | 29 | | | 3,319,589 |

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

| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|---|---|---|---|---|---|---|---|---|
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2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . ▶

3 Enter total number of other organizations or entities . . . . . . . . . . . . . . . . . . . . . . . ▶

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

| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of non-cash assistance | (g) Description of non-cash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|---|---|---|---|---|---|---|---|
| TUITION ASSISTANCE AND SCHOLARSHIPS | CENTRAL AMERICA AND THE CARIBBEAN - | 1 | 40,764 | OTHER CHARGES | 0 | N/A | N/A |
| TUITION ASSISTANCE AND SCHOLARSHIPS | EAST ASIA AND THE PACIFIC - | 23 | 357,429 | OTHER CHARGES | 0 | N/A | N/A |
| TUITION ASSISTANCE AND SCHOLARSHIPS | EUROPE (INCLUDING ICELAND & GREENLAND) - | 28 | 242,917 | OTHER CHARGES | 0 | N/A | N/A |
| TUITION ASSISTANCE AND SCHOLARSHIPS | MIDDLE EAST AND NORTH AFRICA - | 4 | 110,924 | OTHER CHARGES | 0 | N/A | N/A |
| TUITION ASSISTANCE AND SCHOLARSHIPS | NORTH AMERICA | 1 | 21,905 | OTHER CHARGES | 0 | N/A | N/A |
| TUITION ASSISTANCE AND SCHOLARSHIPS | RUSSIA & THE NEWLY INDEPENDENT STATES - | 1 | 24,400 | OTHER CHARGES | 0 | N/A | N/A |
| TUITION ASSISTANCE AND SCHOLARSHIPS | SOUTH AMERICA - ARGENTINA, BOLIVIA, | 1 | 3,912 | OTHER CHARGES | 0 | N/A | N/A |
| TUITION ASSISTANCE AND SCHOLARSHIPS | SOUTH ASIA - AFGHANISTAN, BANGLADESH, | 3 | 43,625 | OTHER CHARGES | 0 | N/A | N/A |
| TUITION ASSISTANCE AND SCHOLARSHIPS | SUB-SAHARAN AFRICA - ANGOLA, | 7 | 152,249 | OTHER CHARGES | 0 | N/A | N/A |

## Part IV Foreign Forms

1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes,"the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☑ Yes ☐ No

2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organizationmay be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* ☐ Yes ☑ No

3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)* ☑ Yes ☐ No

4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* ☐ Yes ☑ No

5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)* ☐ Yes ☑ No

6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).* ☐ Yes ☑ No

**Part V Supplemental Information**

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

| Identifier | ReturnReference | Explanation |
|---|---|---|
| PROCEDURE FOR MONITORING GRANTS OUTSIDE THE U S | | SCHEDULE F, PART I, LINE 2 THE MAJORITY OF EXPENDITURES RELATE TO WIRE TRANSFERS MADE TO FOREIGN OFFICES TO COVER PAYMENTS MADE DIRECTLY OUT OF THESE OFFICES FOR EXPENDITURES INCURRED FOR INSTRUCTION OF STUDENTS WHILE ATTENDING COURSES AT THESE LOCATIONS REMAINING EXPENDITURES RELATE TO PAYMENTS MADE DIRECTLY TO VENDORS FOR SERVICES PROVIDED TO THE COLLEGE BY FOREIGN VENDORS ALL REQUESTS FOR PAYMENTS/WIRES ARE REVIEWED AND APPROVED BY APPROPRIATE SUPERVISORS OF THE RELATED DEPARTMENT AUGSBURG COLLEGE OFFERS SCHOLARSHIPS AND GRANTS TO QUALIFIED STUDENTS TO HELP REDUCE THEIR OUT-OF-POCKET TUITION COSTS STUDENTS RECEIVING FINANCIAL ASSISTANCE OF THIS FORM MUST MEET SPECIFIC CRITERIA SUCH AS ACADEMIC ACHIEVEMENT, FINANCIAL NEED AND OTHER SIMILAR STANDARDS WHETHER PUT IN PLACE BY THE COLLEGE OR BY DONORS |
| METHOD USED TO ACCCOUNT FOR EXPENDITURES | | SCHEDULE F, PART I, LINE 3 ACCRUAL |

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493287008233

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

Department of the Treasury
Internal Revenue Service

# Supplemental Information Regarding Fundraising or Gaming Activities

**Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a. Form 990-EZ filers are not required to complete this part.**

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

OMB No 1545-0047

**2012**

**Open to Public Inspection**

Name of the organization
AUGSBURG COLLEGE

**Employer identification number**
41-0694721

**Part I Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

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

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

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

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

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? Yes | No | (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 |
|---|---|---|---|---|---|---|
| JOHNSON GROSSNICKLE & ASSOCIATES INC 29 SOUTH PARK BLVD GREENWOOD, IN 46143 | CAMPAIGN COUNSEL | | No | 0 | 119,624 | 0 |
| GLENN THIEL & ASSOCIATES 813 E 96TH ST BLOOMINGTON, MN 55420 | GIFT PLANNING CONSULTANT | | No | 0 | 6,706 | 0 |
| | | | | | | |
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| | | | | | | |
| **Total** . . . . . . . . . . . . . . . . . ▶ | | | | | 126,330 | |

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

MN

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

| | | (a) Event #1 A-CLUB GOLF TOURNAMENT (event type) | (b) Event #2 STEP-UP GOLF TOURNAMENT (event type) | (c) Other events 3 (total number) | (d) Total events (add col (a) through col (c)) |
|---|---|---|---|---|---|
| Revenue | 1 Gross receipts . . . | 41,078 | 32,378 | 30,789 | 104,245 |
| | 2 Less Contributions . . | 0 | 0 | 7,121 | 7,121 |
| | 3 Gross income (line 1 minus line 2) . . . | 41,078 | 32,378 | 23,668 | 97,124 |
| Direct Expenses | 4 Cash prizes . . . | 209 | 0 | 380 | 589 |
| | 5 Noncash prizes . . | 9,495 | 2,800 | 9,101 | 21,396 |
| | 6 Rent/facility costs . . | 5,577 | 8,841 | 6,093 | 20,511 |
| | 7 Food and beverages . | 4,966 | 0 | 3,377 | 8,343 |
| | 8 Entertainment . . . | 0 | 0 | 0 | |
| | 9 Other direct expenses . | 0 | 2,000 | 259 | 2,259 |
| | 10 Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶ | | | | (53,098) |
| | 11 Net income summary Combine line 3, column (d), and line 10 . . . . . ▶ | | | | 44,026 |

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

| | | (a) Bingo | (b) Pull tabs/Instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col (a) through col (c)) |
|---|---|---|---|---|---|
| Revenue | 1 Gross revenue . . . . | | | | |
| Direct Expenses | 2 Cash prizes . . . . | | | | |
| | 3 Non-cash prizes . . . | | | | |
| | 4 Rent/facility costs . . . | | | | |
| | 5 Other direct expenses . . | | | | |
| | 6 Volunteer labor . . . | ☐ Yes ____ ☐ No | ☐ Yes ____ ☐ No | ☐ Yes ____ ☐ No | |
| | 7 Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶ | | | | |
| | 8 Net gaming income summary Combine lines 1 and 7 in column (d) . . . . . ▶ | | | | |

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

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

b If "No," explain ____

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

b If "Yes," explain ____

Does the organization operate gaming activities with nonmembers? . . . . . . . . . . . . . . . . . . . . . ☐ Yes ☐ No

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

**13** Indicate the percentage of gaming activity operated in

| | | |
|---|---|---|
| **a** The organization's facility . . . . . . . . . . . . . . . . . . . . . . . | **13a** | |
| **b** An outside facility . . . . . . . . . . . . . . . . . . . . . . . . . . | **13b** | |

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

Name ▶

Address ▶

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

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

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

Name ▶

Address ▶

**16** Gaming manager information

Name ▶

Gaming manager compensation ▶ $

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

**17** Mandatory distributions

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

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

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

| Identifier | Return Reference | Explanation |
|---|---|---|

**Schedule I (Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

**2012**

**Open to Public Inspection**

Name of the organization
AUGSBURG COLLEGE

**Employer identification number**
41-0694721

## Part I General Information on Grants and Assistance

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

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

## Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
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2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶

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

**Part III** **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---|---|---|---|---|---|
| (1) TUITION ASSISTANCE AND SCHOLARSHIPS | 2145 | 25,352,611 | | N/A | N/A |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

**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

| Identifier | Return Reference | Explanation |
|---|---|---|
| PROCEDURE FOR MONITORING GRANTS IN THE U S | PART I, LINE 2 | SCHEDULE I, PART I, LINE 2 AUGSBURG COLLEGE OFFERS SCHOLARSHIPS AND GRANTS TO QUALIFIED STUDENTS TO HELP REDUCE THEIR OUT-OF-POCKET TUITION COSTS STUDENTS RECEIVING FINANCIAL ASSISTANCE OF THIS FORM MUST MEET SPECIFIC CRITERIA SUCH AS ACADEMIC ACHIEVEMENT, FINANCIAL NEED AND OTHER SIMILAR STANDARDS WHETHER PUT IN PLACE BY THE COLLEGE OR BY DONORS OF RESTRICTED FUNDS |

**Schedule J** (Form 990)

Department of the Treasury
Internal Revenue Service

# Compensation Information

**For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**
**▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.**
**▶ Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

**2012**

**Open to Public Inspection**

Name of the organization
AUGSBURG COLLEGE

**Employer identification number**
41-0694721

## Part I Questions Regarding Compensation

| | | | Yes | No |
|---|---|---|---|---|
| **1a** | Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items<br>☐ First-class or charter travel ☑ Housing allowance or residence for personal use<br>☐ Travel for companions ☐ Payments for business use of personal residence<br>☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees<br>☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef) | | | |
| **b** | If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | **1b** | Yes | |
| **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** | Yes | |
| **3** | Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III<br>☐ Compensation committee ☐ Written employment contract<br>☑ Independent compensation consultant ☑ Compensation survey or study<br>☐ Form 990 of other organizations ☑ Approval by the board or compensation committee | | | |
| **4** | During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization | | | |
| **a** | Receive a severance payment or change-of-control payment? | **4a** | Yes | |
| **b** | Participate in, or receive payment from, a supplemental nonqualified retirement plan? | **4b** | | No |
| **c** | Participate in, or receive payment from, an equity-based compensation arrangement?<br>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III | **4c** | | No |
| | **Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.** | | | |
| **5** | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of | | | |
| **a** | The organization? | **5a** | | No |
| **b** | Any related organization?<br>If "Yes," to line 5a or 5b, describe in Part III | **5b** | | No |
| **6** | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of | | | |
| **a** | The organization? | **6a** | | No |
| **b** | Any related organization?<br>If "Yes," to line 6a or 6b, describe in Part III | **6b** | | No |
| **7** | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III | **7** | | No |
| **8** | Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III | **8** | | No |
| **9** | If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)? | **9** | | |

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported as deferred in prior Form 990 |
|---|---|---|---|---|---|---|---|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| (1)PAUL PRIBBENOW PRESIDENT | (i) | 249,122 | 0 | 5,051 | 25,313 | 12,306 | 291,792 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| (2)TAMMY MCGEE VP FINANCE AND ADMINISTRATION, CFO | (i) | 163,307 | 0 | 636 | 8,207 | 840 | 172,990 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| (3)BARBARA FARLEY VP ACADEMIC AFFAIRS AND DEAN | (i) | 159,531 | 0 | 1,194 | 16,461 | 5,084 | 182,270 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| (4)CHRISTINE SZAJ VP AND CHIEF OF STAFF | (i) | 197,629 | 0 | 679 | 10,180 | 6,202 | 214,690 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

## Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II
Also complete this part for any additional information

| Identifier | Return Reference | Explanation |
|---|---|---|
| | PART I, LINE 1A | PAUL PRIBBENOW - RESIDENCE FOR PERSONAL USE - NO AMOUNT WAS REPORTED AS TAXABLE INCOME - THE HOUSE IS OWNED BY THE COLLEGE AND IS USED TO HOST COLLEGE FUNCTIONS |
| | PART I, LINE 4A | DURING THE YEAR THE COLLEGE MADE A SEVERANCE PAYMENT OF $31,111 TO CHRISTINE SZAJ AS A RESULT OF HER POSITION BEING ELIMINATED |

**Schedule K (Form 990)**

Department of the Treasury
Internal Revenue Service

# Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

**2012**

**Open to Public Inspection**

Name of the organization
AUGSBURG COLLEGE

**Employer identification number**
41-0694721

## Part I Bond Issues

| | (a) Issuer name | (b) Issuer EIN | (c) CUSIP # | (d) Date issued | (e) Issue price | (f) Description of purpose | (g) Defeased Yes | (g) Defeased No | (h) On behalf of issuer Yes | (h) On behalf of issuer No | (i) Pool financing Yes | (i) Pool financing No |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| A | MINNESOTA HIGHER EDUCATION FACILITIES AUTHORITY | 41-0988525 | 60416HEM2 | 04-13-2005 | 6,938,389 | PAY OFF SERIES 4 F-1 AND 4-W BONDS | | X | | X | | X |
| B | MINNESOTA HIGHER EDUCATION FACILITIES AUTHORITY | 41-0988525 | 60416HHR8 | 07-26-2006 | 15,644,110 | CONSTRUCTION OF OREN GATEWAY CENTER | | X | | X | | X |
| C | MINNESOTA HIGHER EDUCATION FACILITIES AUTHORITY | 41-0988525 | 60416HHS6 | 07-26-2006 | 5,000,000 | MULTIPLE FACILITIES | | X | | X | | X |
| D | MINNESOTA HIGHER EDUCATION FACILITIES AUTHORITY | 41-0988525 | 60416HUF9 | 10-13-2010 | 8,936,602 | REFINANCE SERIES 4-Y BONDS | | X | | X | | X |

## Part II Proceeds

| | | A | B | C | D |
|---|---|---|---|---|---|
| 1 | Amount of bonds retired | 1,645,000 | 1,645,000 | 1,500,000 | 1,735,000 |
| 2 | Amount of bonds legally defeased | | | | |
| 3 | Total proceeds of issue | 6,938,389 | 15,644,110 | 5,000,000 | 8,936,602 |
| 4 | Gross proceeds in reserve funds | 700,303 | 1,040,750 | | 837,609 |
| 5 | Capitalized interest from proceeds | 11,607 | 56,532 | | |
| 6 | Proceeds in refunding escrows | 6,125,437 | | | 8,294,681 |
| 7 | Issuance costs from proceeds | 134,932 | 267,315 | 99,000 | 172,187 |
| 8 | Credit enhancement from proceeds | 26,500 | | 26,500 | |
| 9 | Working capital expenditures from proceeds | | | | |
| 10 | Capital expenditures from proceeds | 14,336,045 | 14,336,045 | 4,874,500 | |
| 11 | Other spent proceeds | 8,294,681 | | | 8,294,681 |
| 12 | Other unspent proceeds | | | | |
| 13 | Year of substantial completion | 2008 | 2008 | 2008 | |

| | | A Yes | A No | B Yes | B No | C Yes | C No | D Yes | D No |
|---|---|---|---|---|---|---|---|---|---|
| 14 | Were the bonds issued as part of a current refunding issue? | | X | | X | | X | X | |
| 15 | Were the bonds issued as part of an advance refunding issue? | X | | | X | | X | X | |
| 16 | Has the final allocation of proceeds been made? | X | | X | | X | | X | |
| 17 | Does the organization maintain adequate books and records to support the final allocation of proceeds? | X | | X | | X | | X | |

## Part III Private Business Use

| | | A Yes | A No | B Yes | B No | C Yes | C No | D Yes | D No |
|---|---|---|---|---|---|---|---|---|---|
| 1 | Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? | | X | | X | | X | | X |
| 2 | Are there any lease arrangements that may result in private business use of bond-financed property? | | X | | X | | X | | X |

## Part III Private Business Use *(Continued)*

| | | A | | B | | C | | D | |
|---|---|---|---|---|---|---|---|---|---|
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 3a | Are there any management or service contracts that may result in private business use of bond-financed property? | | X | | X | | X | | X |
| b | If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? | | | | | | | | |
| c | Are there any research agreements that may result in private business use of bond-financed property? | | X | | X | | X | | X |
| d | If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any 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 ▶ | | % | | % | | % | | % |
| 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 ▶ | | % | | % | | % | | % |
| 6 | Total of lines 4 and 5 | | % | | % | | % | | % |
| 7 | Does the bond issue meet the private security or payment test? | | X | | X | | X | | X |
| 8a | Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? | | X | | X | | X | | X |
| b | If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of | | % | | % | | % | | % |
| c | If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2? | | | | | | | | |
| 9 | Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2? | | X | | X | | X | | X |

## Part IV Arbitrage

| | | A | | B | | C | | D | |
|---|---|---|---|---|---|---|---|---|---|
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 | Has the issuer filed Form 8038-T? | X | | X | | X | | X | |
| 2 | If "No" to line 1, did the following apply? | | | | | | | | |
| a | Rebate not due yet? | | | | | | | | |
| b | Exception to rebate? | | | | | | | | |
| c | No rebate due? | | | | | | | | |
| | If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed | | | | | | | | |
| 3 | Is the bond issue a variable rate issue? | | X | | X | X | | | X |
| 4a | Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? | | X | | X | | X | | X |
| b | Name of provider | | | | | | | | |
| c | Term of hedge | | | | | | | | |
| d | Was the hedge superintegrated? | | | | | | | | |
| e | Was a hedge terminated? | | | | | | | | |

**Part IV Arbitrage** *(Continued)*

| | | A | | B | | C | | D | |
|---|---|---|---|---|---|---|---|---|---|
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 5a | Were gross proceeds invested in a guaranteed investment contract (GIC)? | | X | | X | | X | | X |
| b | Name of provider | | | | | | | | |
| c | Term of GIC | | | | | | | | |
| d | Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? | | | | | | | | |
| 6 | Were any gross proceeds invested beyond an available temporary period? | | X | | X | | X | | X |
| 7 | Has the organization established written procedures to monitor the requirements of section 148? | | X | | X | | X | | X |

**Part V Procedures To Undertake Corrective Action**

| | | A | | B | | C | | D | |
|---|---|---|---|---|---|---|---|---|---|
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 | Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations? | | X | | X | | X | | X |

**Part VI Supplemental Information.** Complete this part to provide additional information for responses to questions on Schedule K (see instructions).

| Identifier | Return Reference | Explanation |
|---|---|---|

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**Schedule L**
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

# Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

**2012**

**Open to Public Inspection**

Name of the organization
AUGSBURG COLLEGE

**Employer identification number**
41-0694721

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

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

| 1 (a) Name of disqualified person | (b) Relationship between disqualified person and organization | (c) Description of transaction | (d) Corrected? Yes | No |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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

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

## Part II Loans to and/or From Interested Persons.

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

| (a) Name of interested person | (b) Relationship with organization | (c) Purpose of loan | (d) Loan to or from the organization? To | From | (e) Original principal amount | (f) Balance due | (g) In default? Yes | No | (h) Approved by board or committee? Yes | No | (i) Written agreement? Yes | No |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| (1) WILLIAM FRAME | FORMER OFFICER | LOAN AGAINST LIFE INSURANCE POLICY | | X | 194,965 | 317,616 | | No | Yes | | Yes | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Total | | | ▶ $ | | | 317,616 | | | | | | |

## Part III Grants or Assistance Benefitting Interested Persons.

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

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of assistance | (d) Type of assistance | (e) Purpose of assistance |
|---|---|---|---|---|
| | | | | |
| | | | | |
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## Part IV Business Transactions Involving Interested Persons.

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

| **(a)** Name of interested person | **(b)** Relationship between interested person and the organization | **(c)** Amount of transaction | **(d)** Description of transaction | **(e)** Sharing of organization's revenues? | |
|---|---|---|---|---|---|
| | | | | **Yes** | **No** |
| | | | | | |
| | | | | | |
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| | | | | | |

## Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

| Identifier | Return Reference | Explanation |
|---|---|---|

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**SCHEDULE M (Form 990)**

Department of the Treasury
Internal Revenue Service

# Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

OMB No 1545-0047

**2012**

**Open to Public Inspection**

Name of the organization
AUGSBURG COLLEGE

**Employer identification number**
41-0694721

## Part I Types of Property

| | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|---|---|---|---|---|
| 1 Art—Works of art | | | | |
| 2 Art—Historical treasures | | | | |
| 3 Art—Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | | | | |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities—Publicly traded | X | 29 | 901,290 | STOCK MARKET QUOTES |
| 10 Securities—Closely held stock | | | | |
| 11 Securities—Partnership, LLC, or trust interests | | | | |
| 12 Securities—Miscellaneous | | | | |
| 13 Qualified conservation contribution—Historic structures | | | | |
| 14 Qualified conservation contribution—Other | | | | |
| 15 Real estate—Residential | | | | |
| 16 Real estate—Commercial | | | | |
| 17 Real estate—Other | | | | |
| 18 Collectibles | X | 1 | 4,198 | APPRAISAL VALUE |
| 19 Food inventory | | | | |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other ▶ ( SILENT AUCTION ITEMS ) | X | 149 | 18,889 | ESTIMATED FMV |
| 26 Other ▶ ( MCGYAN REACTOR ) | X | 1 | 500 | ESTIMATED FMV |
| 27 Other ▶ ( GIFTS IN KIND ) | X | 8 | 5,485 | ESTIMATED FMV |
| 28 Other ▶ ( LAB EQUIPMENT ) | X | 1 | 6,638 | ESTIMATED FMV |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . | **29** | 0

| | | Yes | No |
|---|---|---|---|
| **30a** During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? | **30a** | | No |
| **b** If "Yes," describe the arrangement in Part II | | | |
| **31** Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? | **31** | Yes | |
| **32a** Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? | **32a** | Yes | |
| **b** If "Yes," describe in Part II | | | |
| **33** If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II | | | |

**Part II** **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

| Identifier | Return Reference | Explanation |
|---|---|---|
| METHOD FOR DETERMINING NUMBER OF CONTRIBUTORS | PART I, COLUMN (B) | THE NUMBER OF ITEMS CONTRIBUTED WAS THE BASIS FOR THE ESTIMATED NUMBER OF CONTRIBUTORS EXCEPT IN THE CASE OF SECURITIES, WHICH REPRESENTS THE NUMBER OF INDIVIDUALS THAT DONATED SECURITIES |
| THIRD PARTY USE | PART I, LINE 32B | THE COLLEGE USED A REALTOR FOR THE SALE OF PROPERTY |

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**SCHEDULE O**
**(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

**2012**

**Open to Public Inspection**

Name of the organization
AUGSBURG COLLEGE

**Employer identification number**
41-0694721

| Identifier | Return Reference | Explanation |
|---|---|---|
| | FORM 990, PART VI, SECTION A, LINE 1 | THE EXECUTIVE COMMITTEE CONSISTS OF THE CHAIR AND OTHER OFFICERS, PLUS AT LEAST FOUR OTHER MEMBERS ELECTED BY THE BOARD OF REGENTS THE EXECUTIVE COMMITTEE HAS THE AUTHORITY OF THE BOARD OF REGENTS IN THE MANAGEMENT OF THE BUSINESS OF THE COLLEGE IN THE INTERVAL BETWEEN MEETINGS OF THE BOARD OF REGENTS, AND THE EXECUTIVE COMMITTEE IS AT ALL TIMES SUBJECT TO THE CONTROL AND DIRECTION OF THE BOARD OF REGENTS |
| | FORM 990, PART VI, SECTION B, LINE 11 | THE DRAFT VERSION OF THE FORM 990 IS PROVIDED TO THE FINANCE COMMITTEE FOR THEIR REVIEW AND APPROVAL FOR SUBMISSION A COPY OF THE FORM 990 IS PROVIDED TO THE BOARD OF REGENTS PRIOR TO SUBMISSION |
| | FORM 990, PART VI, SECTION B, LINE 12C | AUGSBURG COLLEGE HAS A CONFLICT OF INTEREST POLICY THAT COVERS THE BOARD OF REGENTS AND ALSO A CONFLICT OF INTEREST POLICY INCLUDED IN THE EMPLOYEE HANDBOOK THE ENTIRE BOARD OF REGENTS IS REQUIRED TO ANNUALLY SUBMIT A SIGNED STATEMENT OF COMPLIANCE INTENDED TO ASSIST IN IDENTIFYING AND HANDLING POTENTIAL OR ACTUAL CONFLICTS OF INTEREST THAT MAY BE ENCOUNTERED BY REGENTS IN THEIR SERVICE TO AUGSBURG COLLEGE EACH INSTANCE OF A POTENTIAL CONFLICT IS THEN DISCUSSED INDIVIDUALLY WITH THAT REGENT BY THE BOARD CHAIR THIS CONVERSATION INCLUDES THE APPROPRIATE ACTION BY THE REGENT TO TAKE IF SUCH A CONFLICT OF INTEREST DOES MATERIALIZE IN THE PERFORMANCE OF HIS/HER DUTIES AS A REGENT PRIOR TO BOARD OR COMMITTEE ACTION ON A CONTRACT OF TRANSACTION INVOLVING A CONFLICT OF INTEREST, A REGENT OR COMMITTEE MEMBER HAVING A CONFLICT OF INTEREST AND WHO IS IN ATTENDANCE AT THE MEETING IS REQUIRED TO DISCLOSE ALL FACTS MATERIAL TO THE CONFLICT OF INTEREST SUCH DISCLOSURE IS REFLECTED IN THE MINUTES OF THE MEETING A PERSON WHO HAS A CONFLICT OF INTEREST MAY NOT PARTICIPATE IN OR BE PERMITTED TO HEAR THE REGENT'S OR COMMITTEE'S DISCUSSION OF THE MATTER EXCEPT TO DISCLOSE MATERIAL FACTS AND TO RESPOND TO QUESTIONS THE PERSON HAVING A CONFLICT OF INTEREST MAY NOT VOTE ON THE CONTRACT OR TRANSACTION AND MUST NOT BE PRESENT IN THE MEETING ROOM WHEN THE VOTE IS TAKEN, UNLESS THE VOTE IS BY SECRET BALLOT SUCH PERSON'S INELIGIBILITY TO VOTE IS REFLECTED IN THE MINUTES OF THE MEETING IT IS THE COLLEGE'S INTENT TO AVOID CONFLICTS BETWEEN THE PERSONAL INTERESTS OF EMPLOYEES AND THE INTERESTS OF THE COLLEGE IN THE EVENT AN EMPLOYEE, OR THEIR FAMILY MEMBER, MAY HAVE A FINANCIAL, PERSONAL OR PROFESSIONAL INTEREST THAT COULD POTENTIALLY CREATE A CONFLICT OF INTEREST IN ANY DECISION OR TRANSACTION INVOLVING THE COLLEGE, THE EMPLOYEE MUST DISCLOSE CLEARLY AND FULLY IN WRITING TO THE APPROPRIATE DIVISION VICE PRESIDENT THE NATURE OF THE DECISION OR TRANSACTION AND THE POTENTIAL CONFLICT OF INTEREST AND REFRAIN FROM PARTICIPATING IN THE COLLEGE'S CONSIDERATION OF THE TRANSACTION OR THE PROCESSING OF THE TRANSACTION |
| | FORM 990, PART VI, SECTION B, LINE 15A | THE PRESIDENT'S COMPENSATION IS REVIEWED, AND ADJUSTED IF NECESSARY, ANNUALLY BY THE BOARD OF REGENTS EXECUTIVE COMMITTEE HUMAN RESOURCES PROVIDES SURVEY DATA FROM THE COLLEGE AND UNIVERSITY PROFESSIONAL ASSOCIATION FOR HUMAN RESOURCES (CUPA-HR) THIS INFORMATION IS BASED ON OVER 150 SCHOOLS THAT COMPARE TO AUGSBURG REGARDING ENROLLMENT SIZE, UNDERGRADUATE AND GRADUATE PROGRAMS, AS WELL AS OTHER ELCA COLLEGES THIS INFORMATION IS SENT TO THE EXECUTIVE COMMITTEE EACH SUMMER AND THEN THE REVIEW OCCURS DURING THE NEXT FEW MONTHS BEFORE BEING COMMUNICATED TO THE PRESIDENT IN FALL BY THE BOARD CHAIR IF A SALARY INCREASE IS APPROVED BY THE BOARD, A PERSONNEL ACTION REQUEST FORM IS SUBMITTED THIS PROCESS WAS LAST UNDERTAKEN IN JANUARY 2013 FOR THE PRESIDENT AND THE PROVOST THE INDEPENDENT REVIEW OF SALARY AND BENEFITS WAS CONDUCTED BY AN EXTERNAL FIRM, SULLIVAN COTTER AND ASSOCIATES THE PRESIDENT ANNUALLY REVIEWS THE COMPENSATION FOR ALL CABINET MEMBERS HE DETERMINES THE COMPENSATION FOR HIS DIRECT REPORTS, BUT LEAVES THE FINAL DECISION TO THE APPROPRIATE VICE PRESIDENT FOR KEY EMPLOYEES THAT DO NOT REPORT DIRECTLY TO HIM HUMAN RESOURCES PROVIDES SURVEY DATA FROM THE COLLEGE AND UNIVERSITY PROFESSIONAL ASSOCIATION FOR HUMAN RESOURCES (CUPA-HR), AS WELL AS INDUSTRY SPECIFIC COMPENSATION INFORMATION FOR CERTAIN POSITIONS THE CUPA-HR SALARY INFORMATION IS BASED ON APPROXIMATELY 150 MIDWEST COLLEGES AND UNIVERSITIES WITH SIMILAR STUDENT ENROLLMENT AND DEGREE OFFERINGS, AS WELL AS OTHER ELCA COLLEGES HUMAN RESOURCES PROVIDES THIS INFORMATION TO THE PRESIDENT IN THE WINTER EACH YEAR, AND THE REVIEW OCCURS DURING THE NEXT FEW MONTHS THE HUMAN RESOURCES DIRECTOR THEN COMMUNICATES THE COMPENSATION TO THE APPROPRIATE CABINET MEMBER AND ENSURES A PERSONNEL ACTION REQUEST FORM IS COMPLETED THIS REVIEW LAST OCCURRED IN SPRING 2013 |
| | FORM 990, PART VI, SECTION C, LINE 19 | THE COLLEGE MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST |
| CHANGES IN NET ASSETS OR FUND BALANCES | FORM 990, PART XI, LINE 9 | ADJUSTMENT OF ACTUARIAL LIABILITY 15,864 CHANGE IN ALLOWANCE FOR UNCOLLECTIBLE PLEDGES -407,349 NET GAINS ON ENDOWMENT INVESTMENTS -445,172 |

**SCHEDULE R (Form 990)**

Department of the Treasury
Internal Revenue Service

# Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

**2012**

**Open to Public Inspection**

Name of the organization
AUGSBURG COLLEGE

**Employer identification number**
41-0694721

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

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|---|---|---|---|---|---|
| | | | | | |
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## Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? Yes | No |
|---|---|---|---|---|---|---|---|
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**Part III** **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income(related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproprtionate allocations? Yes | (h) No | (i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? Yes | (j) No | (k) Percentage ownership |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | |
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**Part IV** **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512 (b)(13) controlled entity? Yes | (i) No |
|---|---|---|---|---|---|---|---|---|---|
| **(1)** ZEBRA INVESTMENTS SIX LIMITED<br><br>FIVE SIMPSON STREET<br>WINDHOEK, WEST<br>WA | FOREIGN CAMPUS | WA | AUGSBURG COLLEGE | C | 126,859 | 465,046 | 100 000 % | Yes | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
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**Part V** **Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

| | | Yes | No |
|---|---|---|---|
| **Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule | | | |
| **1** During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | | |
| **a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity | **1a** | | No |
| **b** Gift, grant, or capital contribution to related organization(s) | **1b** | | No |
| **c** Gift, grant, or capital contribution from related organization(s) | **1c** | | No |
| **d** Loans or loan guarantees to or for related organization(s) | **1d** | | No |
| **e** Loans or loan guarantees by related organization(s) | **1e** | | No |
| **f** Dividends from related organization(s) | **1f** | | No |
| **g** Sale of assets to related organization(s) | **1g** | | No |
| **h** Purchase of assets from related organization(s) | **1h** | | No |
| **i** Exchange of assets with related organization(s) | **1i** | | No |
| **j** Lease of facilities, equipment, or other assets to related organization(s) | **1j** | | No |
| **k** Lease of facilities, equipment, or other assets from related organization(s) | **1k** | | No |
| **l** Performance of services or membership or fundraising solicitations for related organization(s) | **1l** | | No |
| **m** Performance of services or membership or fundraising solicitations by related organization(s) | **1m** | | No |
| **n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | **1n** | | No |
| **o** Sharing of paid employees with related organization(s) | **1o** | | No |
| **p** Reimbursement paid to related organization(s) for expenses | **1p** | | No |
| **q** Reimbursement paid by related organization(s) for expenses | **1q** | | No |
| **r** Other transfer of cash or property to related organization(s) | **1r** | | No |
| **s** Other transfer of cash or property from related organization(s) | **1s** | | No |

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

| **(a)** Name of other organization | **(b)** Transaction type (a-s) | **(c)** Amount involved | **(d)** Method of determining amount involved |
|---|---|---|---|
| | | | |
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**Part VI** **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

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

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under section 512-514) | (e) Are all partners section 501(c)(3) organizations? | | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproprtionate allocations? | | (i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | Yes | No | | | Yes | No | | Yes | No | |
| | | | | | | | | | | | | | |
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## Additional Data

Return to Form

**Software ID:**
**Software Version:**
**EIN:** 41-0694721
**Name:** AUGSBURG COLLEGE



**Part VII Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

| Identifier | Return Reference | Explanation | |
|---|---|---|---|

-->

# TY 2012 Itemized Other Current Liabilities Schedule

**Name:** AUGSBURG COLLEGE

**EIN:** 41-0694721

| Corporation Name | Corporation EIN | Description | Beginning Amount | Ending Amount |
|---|---|---|---|---|
| ZEBRA INVESTMENTS SIX (PROPRIETARY) LIMI | | DEFERRED REVENUE | 12,390 | 4,512 |
| | | CURRENT INTERCOMPANY PAYABLE | 234,579 | 51,554 |

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|---|---|---|

# TY 2012 Other Deductions Schedule

**Name:** AUGSBURG COLLEGE

**EIN:** 41-0694721

| Description | Foreign Amount (should only be used when attached to 5471 Schedule C Line 16) | Amount |
|---|---|---|
| PROJECT EXPENSES | 4,934,625 | 561,278 |