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CHANGE OF ACCOUNTING PERIOD

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Democrate contents		A F	or the	2012 calendar year, or tax year beginning JAN 1, 2013 and ending	JUN 3	0, 2013					
Doug Bursness As Doug Bursness As 23 - 70 31377		B C	heck if oplicable	C Name of organization	D Em	ployer identifi	cation number				
Number of and street (or Po to cit made is not delivered to street address) Rosm/Sute E Telephone number 701-235-7389			Addres:	FIRST LUTHERAN CHURCH FOUNDATION							
Content and sarried (see 1) of the first state, and ZIP code Gamma and address of principal officer-BYRON TROCHMAN FARGO, ND 58102-492 Help is this a group return for affiliates? Ves XIN to SAME AS C ABOVE SAME AS C ABOVE Formation of principal officer-BYRON TROCHMAN Formation of principal officer-BYR			Name change	Doing Business As							
Crypt cown, or post office, state, and ZiP code Garden Company Garde		F	Jretum]Termin-		suite E Tele						
Figure and address of principal officer BYRON TROCHMAN SAME AS C ABOVE Tax-exempt status: X 501(c)(3) 501(c)(1) (msart no) 4947(s)(1) or 527 (hg) Are all affiliates includor? Ves No If 'No.' attach a list. (see instructions) Mebalter. N / A X Corporation Trust Association Other L year of formation Trust Group seemgton number. Part I Summary Sum			Amendo return	City, town, or post office, state, and ZIP code	s receipts \$	699,658.					
Tax-exempt status				FARGO, ND 58102-4492	H(a) Is	this a group re					
Tox-exempt status:			pending		h .						
Websites N/A Mebsites N/A Melo Group exemption number No. Mesonic No. Mesonic No. Mesonic No. Mesonic No. Mesonic No.											
Part Summary											
Burnmary 1 Briefly describes the organization's mession or most significant activities: TO EXPAND THE WITNESS AND MISSION OF THE FIRST LUTHERAN CHURCH IN THE COMMUNITY, REGION AND											
MISSION OF THE FIRST LUTHERAN CHURCH IN THE COMMONITY, REGION AND Value of Voting members of the governing body (Part VI, line 1a) 3 9			rt I	Summary							
MISSION OF THE FIRST LUTHERAN CHURCH IN THE COMMONITY, REGION AND Value of Voting members of the governing body (Part VI, line 1a) 3 9		0	1 E	Briefly describe the organization's mission or most significant activities: ${ m TO}$ EXPAN	ID THE	WITNESS	AND				
B Net unrelated business taxable income from Form 990-T, line 34 8 Contributions and grants (Part VIII, line 1h) 9 Priory mservice revenue (Part VIII, line 2h) 10 Investment income (Part VIII, line 2h) 11 Other revenue (Part VIII, line 2h) 12 Total revenue - add lines 8 through T1 must-equal Part VIII, column (A), line 12) 13 Grants and similar and parts (Part X, column (A) lines 1-3) 14 Benefits paid to or for members (Part IX, column (A) lines 1-3) 15 Salaries, other compensation, propose benefits (Part X, column (A), lines 5-10) 16 Professional fundrasing expenses (Part IX, column (A), lines 5-10) 17 Other expenses (Part IX, column (A), lines 11-11d, 11f-24e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 20 Net assets (Part X, line 16) 21 Total albabities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Part II Signature Block Under penalties of penjury, 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 Part II Signature Block Under penalties of penjury, 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 Part II Signature Block Under penalties of penjury, 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 prepar		auc	Ī	4ISSION OF THE FIRST LUTHERAN CHURCH IN THE	COMMUN	ITY, RE	GION AND				
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8 Contributions and grants (Part Vill, line 1h) 9 Program service revenue (Part Vill, line 2b) 10 Investment income (Part Vill, column (A), line 2c) 11 Other revenue (Part Vill, column (A), line 2b) 12 Total ravenue - add lines 8 through 11 must-equal Part Vill, column (A), line 12) 13 Grants and similar and parts (Part X, column (A), lines 1a) 14 Benefits paid to or for implies (Part X, column (A), lines 1a) 15 Salaries, other compensation, approve benefits (Part X, column (A), lines 5-10) 16 Professional fundrasing expenses (Part IX, column (A), lines 1a) 17 Other expenses (Part IX, column (A), lines 1a) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total assets (Part X, line 16) 22 Net assets (Part X, line 16) 23 Net assets of pruny. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is frue, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Part II Signature Block Under penalties of penyry. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is frue, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Part II Signature Block Under penalties of penyry. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is frue, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Part II Signature Block Part II Signature Part IX Column (A) Firms Elin PTIN State Part IX Column (A) Firms address PTIN State Part IX State Pa		<u>`</u> ≩				_					
8 Contributions and grants (Part VIII, line 1h)		۲		• •							
8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, pelymitty)-fines.3.4, and 7d) 11 Other revenue (Part VIII, pelymitty)-fines.3.4, and 7d) 12 Total revenue - add lines 1 through 11 timest equal Part VIII, column (A), lines 12) 13 Grants and similar and progress pallogical (X ₂ column (A), lines 1-3) 13 Grants and similar and progress (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part X, column (A), lines 1-3) 15 Salaries, other compensation, employee-benefits (Part X, column (A), lines 5-10) 16 Professional fundrasing ebse (Part X, column (A), lines 5-10) 17 Other expenses (Part IX, column (A), line 25) 18 Total fundrasing expenses (Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net sayers of fund balances. Subtract line 21 from line 20 23 Total assets or fund balances. Subtract line 21 from line 20 24 Part II Signature Block Under penalties of penjury, 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 Primi's name FIEBIGER, SWANSON, WEST & CO, PLLP Firm's name FIEBIGER, SW	~~			to the state of th	Pric	r Year	Current Year				
10 Investment income (Part VIII. polymor th) Heas 3. 4, and 7d) 67, 499 72, 264 11 Other revenue (Part VIII. column (A) [InvestS 64] 80, 9c, 10c, and 11e) 1,529 230 1,529 230 1,529 230 1,529 230 1,529 230 1,529 230 1,529 1	933		8 (Contributions and grants (Part VIII, line 1h)		54,232.	74,844.				
11 Other revenue (Part VIII, column (A), Lines 15, d, 80, 90, 100, and 11e) 12 3, 260 147, 338 14 12 123, 260 147, 338 14 13 Grants and similar amounts paid(lines of the part VIII, column (A), lines 13 36,000 35,227 14 15 14 15 15 15 15 1	~	nua	9 F	Program service revenue (Part VIII, line 2g)							
11 Other revenue (Part VIII, column (A), Lines 15, d, 80, 90, 100, and 11e) 12 3, 260 147, 338 14 12 123, 260 147, 338 14 13 Grants and similar amounts paid(lines of the part VIII, column (A), lines 13 36,000 35,227 14 15 14 15 15 15 15 1		ě	10 I	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)							
13 Grants and similar and one space (Part IX, column (A), line 4) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, amployee-benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising teles (Part IX, column (A), lines 11e) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Part II Signature Block Under penalties of penury, 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 Part II Signature Block Part II Signature Block Under penalties of penury, 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 Part II Signature Block Part II Signature Block Firm's name FileBiger, Swanson, West & Co, PLLP Firm's address 2537 S UNIVERSITY DR, STE 200 Phone no 701–280–2100		-	11 (Other revenue (Part VIII, column 🔊 Ines 5,60,80, 9c, 10c, and 11e)							
14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part X, column (A), lines 5-10) 16a Professional fundraising feet (Part X, column (A), lines 5-10) 17 Other expenses (Part IX, column (A), line 25) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 10 Total assets (Part X, line 16) 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Net assets or fund balances. Subtract line 21 from line 20 24 Dart 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 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 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 Part II Signature Block Firm's address Signature Files IGER, SWANSON, WEST & CO, PLLP Firm's address Signature Files IGER, SWANSON, WEST & CO, PLLP Firm's address Signature Files IGER, SWANSON, WEST & CO, PLLP Firm's address Signature Files IGER, SWANSON, WEST & CO, PLLP Firm's address Signature Files IGER, SWANSON, WEST & CO, PLLP Firm's address Signature Files IGER, SWANSON, WEST & CO, PLLP Files IGENTIC	Ä	\dashv	12 7	otal revenue · add lines of through 11 (must-equal Part VIII, column (A), line 12)	1						
15 Salaries, other compensation, employee benefits (Part X, column (A), lines 5-10) 16a Professional fundratising expenses (Part IX, column (A), line 1 ie) b Total fundratising expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total lassets (Part X, line 16) 21 Total labilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 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 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 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 Part II Signature Block Prim's perparer's name Proparer's signature Prim's name FIEBIGER, SWANSON, WEST & CO, PLLP Firm's address 2537 S UNIVERSITY DR, STE 200 Phone no 701-280-2100			13 (Grants and similar amounts paid (Part IX, column (A) Indes 1-3)							
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 58, 126. 40, 896. 65, 134. 106, 442.				1(6)							
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 58, 126. 40, 896. 65, 134. 106, 442.	靎	Ses				 -					
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18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 58, 126. 40, 896. 65, 134. 106, 442.	<u> </u>	ŭ				10,126.	5,669.				
19 Revenue less expenses. Subtract line 18 from line 12 106,442.	હ્ય	'		·							
21 Total liabilities (Part X, line 26) 0. 0.						65,134.	106,442.				
21 Total liabilities (Part X, line 26) 0. 0.		Sor									
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 BYRON TROCHMAN, CHAIR Type or print name and title Print/Type preparer's name RALPH HANSEN, CPA Firm's name FIEBIGER, SWANSON, WEST & CO, PLLP Firm's saddress 2537 S UNIVERSITY DR, STE 200 FARGO, ND 58103 Phone no 701–280–2100		Sset		·	2,0		2,196,684.				
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 BYRON TROCHMAN, CHAIR Type or print name and title Print/Type preparer's name RALPH HANSEN, CPA Firm's name FIEBIGER, SWANSON, WEST & CO, PLLP Firm's saddress 2537 S UNIVERSITY DR, STE 200 FARGO, ND 58103 Phone no 701–280–2100				·	3 0		2 106 694				
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Sign Here BYRON TROCHMAN, CHAIR Type or print name and title Print/Type preparer's name Preparer's signature Date Print/Type preparer's name Preparer's signature Print/Type preparer Print/Type preparer's name Preparer's signature Print/Type preparer's name Print/Type preparer's name Preparer's signature Print/Type preparer's name Print/Type preparer's name Print/Type preparer's name Preparer's signature Print/Type preparer's name Print/Type preparer's n					tatements and	to the best of m	v knowledge and belief it is				
Sign Here BYRON TROCHMAN, CHAIR Type or print name and title Print/Type preparer's name RALPH HANSEN, CPA Firm's name FIEBIGER, SWANSON, WEST & CO, PLLP Firm's address Firm's address Firm's address FARGO, ND 58103 Pate Date Check PTIN PTIN PTIN PTIN PTIN PTIN PTIN PTIN			-				y momocyc and some it is				
Sign Here BYRON TROCHMAN, CHAIR Type or print name and title Print/Type preparer's name RALPH HANSEN, CPA Preparer Use Only Firm's address Preparer Firm's address 2537 S UNIVERSITY DR, STE 200 FARGO, ND 58103 Phone no 701–280–2100		*****			<u> </u>		2013				
Here BYRON TROCHMAN, CHAIR Type or print name and title Print/Type preparer's name RALPH HANSEN, CPA Firm's name FIEBIGER, SWANSON, WEST & CO, PLLP Firm's address 2537 S UNIVERSITY DR, STE 200 FARGO, ND 58103 Phone no 701-280-2100		Sign	,	Mymature of Officer							
Print/Type preparer's name RALPH HANSEN, CPA Preparer Use Only Print/Type preparer's name RALPH HANSEN, CPA Firm's name FIEBIGER, SWANSON, WEST & CO, PLLP Firm's address 2537 S UNIVERSITY DR, STE 200 FARGO, ND 58103 Phone no 701-280-2100											
Paid RALPH HANSEN, CPA Freparer Use Only Firm's address 2537 S UNIVERSITY DR, STE 200 FARGO, ND 58103 Firm's name Principle P00010050 Fargo, ND 58103 Firm's principle P00010050 Firm's EIN 41-6134264 Phone no 701-280-2100				Type or print name and title	I Data	· · · · · · · · · · · · · · · · · · ·					
Preparer Use Only Firm's name FIEBIGER, SWANSON, WEST & CO, PLLP Firm's EIN 41-6134264 Firm's address 2537 S UNIVERSITY DR, STE 200 FARGO, ND 58103 Phone no 701-280-2100											
Use Only Firm's address 2537 S UNIVERSITY DR, STE 200 FARGO, ND 58103 Phone no 701-280-2100			- 1	······································	1/1-6-						
FARGO, ND 58103 Phone no 701-280-2100		-				Firm's EIN 41-6134264					
		US8 I	unry			Phone no 7	01-280-2100				
May the IRS discuss this return with the preparer shown above? (see instructions)		Max	the IP			Trunia no 1	X Yes No				

_	1990 (2012) FTRST LUTHERAN CHURCH FOUNDATION 23-7031377 Page
_	Check if Schedule O contains a response to any question in this Part III
	Briefly describe the organization's mission:
	TO EXPAND THE WITNESS AND MISSION OF THE FIRST LUTHERAN CHURCH IN THE
	COMMUNITY, REGION AND WORLD.
-	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
	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.
	(Code) (Expenses \$ 23,727. including grants of \$ 23,727.) (Revenue \$
	FOUNDATION FUNDS TOTALING \$8,727 WERE DISBURSED IN SUPPORT OF FIRST
	LUTHERAN CHURCH PROGRAMS INCLUDING THE MEXICO MISSION TRIP AND LUTHER
	CREST SUMMER BIBLE CAMP. IN ADDITION, FUNDS TOTALING \$15,000 WERE
	DISBURSED TO FIRST LUTHERAN CHURCH TO PURCHASE SOUND/PROJECTION
	EQUIPMENT.
	11 500
	(Code) (Expenses \$ 11,500. including grants of \$ 11,500.) (Revenue \$
	AS PART OF THE COMMUNITY OUTREACH OF THE FOUNDATION, IT ALSO
	DISTRIBUTED \$1,000 DIRECTLY TO UNIVERSITY LUTHERAN CENTER - NDSU,
	\$6,000 TO CHURCHES UNITED FOR THE HOMELESS, \$1,000 TO LUTHERAN CAMPUS MINISTRIES - MSUM, \$500 TO PARK RIVER BIBLE CAMP, AND \$3,000 TO MOUNT
	CARMEL BIBLE CAMP. THESE EXPENSES ARE SUPPORTED BY FIRST LUTHERAN
	CHURCH.
	CHORCH.
_	
	(Code) (Expenses \$) (Revenue \$)
	Other program services (Describe in Schedule O.)
	Other program services (Describe in Schedule O.) (Expenses \$ Including grants of \$) (Revenue \$) Total program service expenses \$ 35,227.

Form 990 (2012) FIRST LUTHER

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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u>X</u>
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		<u>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	1		
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			3,7
_	Schedule D, Part III	- 8		X
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?	_		Х
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	10	;	Х
11	endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10		<u></u>
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
_	Part VI	11a		X
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		X
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		<u>X</u>
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		<u>X</u>
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		_X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u>X</u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			v
	Schedule D, Parts XI and XII	12a		<u>X</u>
В	Was the organization included in consolidated, independent audited financial statements for the tax year?	406		X
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1.70		<u> </u>
_	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		Х
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		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
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	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>X</u>
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		<u>X</u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
<u> </u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	990 (2012)
		LOUD	3 3U (ZU 12)

Form	n 990 (2012) FIRST LUTHERAN CHURCH FOUNDATION 23-7031	<u>.377</u>	Р	age 4
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27	ļ	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Ì	Х

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete

34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

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 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M

director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

Did the organization liquidate, terminate, or dissolve and cease operations?

sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

contributions? If "Yes," complete Schedule M

If "Yes," complete Schedule R, Part V, line 2

Note. All Form 990 filers are required to complete Schedule O

If "Yes," complete Schedule N, Part I

Schedule N, Part II

Part V, line 1

35b

28c

29

30

31

32

33

34

35a

Х

Х

Х

X

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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?

36 Х Х 37 Х 38

X

Form 990 (2012)

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32

Page 5

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V			ᆜ
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			l
ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	İ I		l
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
2 a	Enter the number of employees reported on Form W·3, Transmittal of Wage and Tax Statements,			l
	filed for the calendar year ending with or within the year covered by this return 2a 2			l
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			1
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country: ►			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
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		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
þ	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			۱
	to file Form 8282?	7c		X
d	,			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 <u>g</u>		
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:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities [10b]			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
	Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against			
D				ļ
120	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	i	ĺ
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1.20		i
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
a	Note. See the instructions for additional information the organization must report on Schedule O.			
ь	Enter the amount of reserves the organization is required to maintain by the states in which the			ĺ
~	organization is licensed to issue qualified health plans .			
c	Enter the amount of reserves on hand			ĺ
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
			990	(2012)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response to any question in this Part VI					X					
Sec	tion A. Governing Body and Management										
			1		Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		9							
	If there are material differences in voting rights among members of the governing body, or if the governing			ŀ							
	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_		9							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with	any other			v					
	officer, director, trustee, or key employee?			2	-	X					
3	Did the organization delegate control over management duties customarily performed by or under the	he direc	ct supervision			v					
	of officers, directors, or trustees, or key employees to a management company or other person?			3_	l	X					
4	Did the organization make any significant changes to its governing documents since the prior Form		as filed?	4		X					
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		X					
6	Did the organization have members or stockholders?			6	-	<u> </u>					
7a	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	├─	X					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockh	olders, or			x					
	persons other than the governing body?		. 4.11 1	7b	ļ						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ear by th	e tollowing:		Х						
	The governing body?			8a		X					
	Each committee with authority to act on behalf of the governing body?		. 4. 41	8b	 						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	acned	at the	9		x					
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		- 0- 4-)	1 8							
sec.	tion B. Policies (This Section B requests information about policies not required by the Internal F	tevenue	9 Code.)		Yes	No					
40-	Did the expeniented have level shorters branches or affiliates?			10a	1.03	X					
	Did the organization have local chapters, branches, or affiliates?	hanter	e affiliates	1.00	<u> </u>						
D	b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,										
112	and branches to ensure their operations are consistent with the organization's exempt purposes? In the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?										
	 b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 2a Did the organization have a written conflict of interest policy? If "No," go to line 13 										
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to con	flicts?	12a 12b	X						
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "										
	In Schedule O how this was done	,		12c	Х						
13	Did the organization have a written whistleblower policy?			13	X						
14	Did the organization have a written document retention and destruction policy?			14	X						
15	Did the process for determining compensation of the following persons include a review and approx	al by ir	ndependent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision										
а	The organization's CEO, Executive Director, or top management official			15a	X						
	Other officers or key employees of the organization			15b	<u> </u>	X					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement v	vith a								
	taxable entity during the year?			16a	ļ	X					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate										
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	anızatıc	on's								
	exempt status with respect to such arrangements?			16b		<u> </u>					
<u>Sec</u>	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed ► NONE										
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990	·T (Sec	tion 501(c)(3)s onl	y) availa	ble						
	for public inspection. Indicate how you made these available. Check all that apply.		to the C								
	Own website Another's website X Upon request Other (explain		•		•						
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, or	conflict	of interest policy,	and fina	ncial						
	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 are applied to the person who possesses the books are applied to the person who possesses the books are applied to the person who possesses the books are applied to the person who possesses the books are applied to the person who possesses the books are applied to the person who possesses the books are applied to the person who possesses the books are applied to the person who possesses the books are applied to the person who possesses the books are applied to the person who possesses the books are applied to the person who possesses the books are applied to the person who possesses the books are applied to the person who possesses the books are applied to the person who possesses the books are applied to the person who possesses the books are applied to the person who person	and rec	oras of the organ	zauon: I	_						
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23200				Fa	~ 000	(2012)					

12-10-12

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

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

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

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

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

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

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

(A)	(B)		(C)		(D)	(E)	(F)			
Name and Title	Average	(do	Position (do not check more than one box, unless person is both an			than	one	Reportable	Reportable	Estimated
	hours per week	box	c, unle cer ar	ss pe	erson Irrecto	is bot or/trus	th an tee)	compensation from	compensation from related	amount of other
	(list any	Z.						the	organizations	compensation
	hours for	o di	, e			ajed		organization	(W-2/1099-MISC)	from the
	related	LS ES	Institutional frustee Officer Key employee Highest compensated employee Former		(W-2/1099-MISC)		organization			
	organizations below) Jag	foral	١.	olde	S at Col	Ĺ			and related organizations
	line)	Individual trustee or director	Institutional trustee	ja Jage	Key employee	E Se Pe	Former			organizations
(1) LARRY AUDETTE	1.00									
DIRECTOR		X						0.	0.	0.
(2) RORY BEIL	1.00									
DIRECTOR		X					<u> </u>	0.	0.	0.
(3) BRAD KELLER	1.00					ļ				
DIRECTOR		X						0.	0.	0.
(4) JANIE OLSON	1.00									_
DIRECTOR		X	<u> </u>		ļ		_	0.	0.	0.
(5) EVELYN QUIGLEY	1.00	ļ								•
DIRECTOR	1 00	X			_		_	0.	0.	0.
(6) LOREN STAHL	1.00	١.,					1			•
DIRECTOR	1 00	X		<u> </u>	<u> </u>		_	0.	0.	0.
(7) BYRON TROCHMAN	1.00	١.,								0
CHAIR	1.00	X	 	X		-		0.	0.	0.
(8) JON AARSVOLD	1.00	X		U				0.	0.	0
VICE CHAIR	1.00	^	├	X		 		0.	0.	0.
(9) MARY CARLSON	1.00	X		X		i		0.	0.	0.
SECRETARY		^	├	^	 	 —	┢	<u> </u>		
		1								
	<u> </u>	-		-		 				
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Form 990 (2012)

Pa	* VII Section A. Officers, Directors, Trus	toos Key Em									<u> </u>	5 , ,		age
(4 40)	(A)	(B)	picy	ees	, and ((<u>0 m</u> 2)	gne	<u> </u>	(D)	(E)			(F)	
	Name and title	Average	Position (do not check more than one						Reportable	Reportable		E	stimat	ed
		hours per week	box	, unle	ss pe	rson	is bot or/trus	h an	compensation from	compensation from related	١	aı	nount other	
		(list any	director						the	organizations	,	con	npensa	
		hours for related	P P	88			D age		organization	(W-2/1099-MIS	C)		rom th	
		organizations	trustee or	a trust		8	moent The contract of the cont		(W-2/1099-MISC)				janizat d relat	
		below	Individual	Institutional trustee	₹	Key employee	Highest compensated employee	36					anızat	
		line)	를	<u>₹</u>	O#Cet	Ş.	골통	Ē						
														
					<u> </u>									
			<u> </u>											
1 b	Sub-total Sub-total		L						0.		0.			0 .
	Total from continuation sheets to Part VI	I, Section A							0.		0.			0
<u>d</u> 2	Total (add lines 1b and 1c) Total number of Individuals (including but n	ot limited to th		liete	d al	2016	<u> </u>		0.	000 of reportable	0.			0.
	compensation from the organization	Ot minited to th	036	11316		JOV6	3) VV I	10 10		,,000 of reportable	'			(
_											1		Yes	No
3	Did the organization list any former officer,		ıste	e, ke	у еп	nplo	yee,	or i	highest compensated e	mployee on		3		х
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su		le co	ompe	ensa	ation	and	d oti	her compensation from	the organization				
	and related organizations greater than \$150											4		Х
5	Did any person listed on line 1a receive or a	accrue comper	nsat	on f	rom	any	unr	elat	ed organizatıon or ındıvı	idual for services				
	rendered to the organization? If "Yes," com tion B. Independent Contractors	plete Schedul	e J f	or su	ıch	pers	on					5	<u> </u>	X
1	Complete this table for your five highest co	mnensated inc	dene	ende	nt c	ontr	acto	ors t	hat received more than	\$100,000 of com	nens	ation :	from	
	the organization. Report compensation for										, , , ,			
	(A) Name and business	address	NIC	ONE					(B) Description of s	envices			C) nsatio	.n
	Walle and Booliness		140)[VI					Booting.ion or o		<u> </u>			
								4						
								\dashv						
														
								\perp	 					
	Total number of independent contractors (i \$100,000 of compensation from the organic		ot lii	mite	a to	tho:	_	stec	above) who received m	nore than				

Form **990** (2012)

Pai	T V	111	Check if Schedule O cont		nee to	any question i	n this Part VIII			
- 1711.			Check ii Schedule O com	airis a respoi	iise to	any question	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts si	1	 a	Federated campaigns	1a						
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues	1b						
B, B			Fundraising events	1c						
# i			Related organizations	1d						
S, E			Government grants (contribut	tions) 1e						
ion		f	All other contributions, gifts, gran	nts, and						
를			similar amounts not included abo	ve 1f		74,844.				
들이		g	Noncash contributions included in lines	3 1a-1f \$						
<u>8</u> &		h	Total. Add lines 1a-1f			•	74,844.			
					В	usiness Code				
8	2	а	****		_					
او ڇَ		b								
Program Service Revenue		C			_					
e a		ď			_					
<u> </u>		e			_				· · · · · ·	
۱ ۳	,		All other program service rev	enue	L					
-		9	Total. Add lines 2a-2f				·			
	3		Investment income (including	i dividends, ir	nteresi	_	35,366.			35,366.
			other similar amounts)			• • • • • • • • • • • • • • • • • • •	33,300.			33/3001
	4		Income from investment of ta	x-exempt boi	na pro	ceeas	230.			230.
	5		Royalties	(i) Book		(ii) Paragol	230			2000
	_	_	Crees roots	(i) Real		(ii) Personal				
1			Gross rents Less: rental expenses							
			Rental income or (loss)							
			Net rental income or (loss)	L		•				
			Gross amount from sales of	(i) Securiti	201	(ii) Other				
	•	a	assets other than inventory	589,21		(ii) Other				
		h	Less: cost or other basis							
		•	and sales expenses	552,32	0.					
		c	Gain or (loss)	36,89	8.					
			Net gain or (loss)				36,898.			36,898.
			Gross income from fundraising	ng events (no	t [
Other Revenu			including \$	of						
lev			contributions reported on line	e 1c). See						
F.			Part IV, line 18		a					
Ě		þ	Less: direct expenses		ь∟					
•		C	Net income or (loss) from fun	draisıng even	nts _	<u> </u>				
	9	а	Gross income from gaming a	ctivities. See						
			Part IV, line 19		a					
			Less: direct expenses		b L					
			Net income or (loss) from gar		s r					
	10	a	Gross sales of inventory, less	returns						
		_	and allowances		a					
			Less: cost of goods sold		ь					
	_	c	Net income or (loss) from sale			<u> </u>				
	44	_	Miscellaneous Reven			Business Code				1
	11				- -	·- · · - · · · · · · · · · · · · · · ·				
		b			-					-
		d	All other revenue		— -			 		
		e	Total. Add lines 11a-11d		_					
	12	-	Total revenue. See instructions				147,338.	0.	0.	72,494.
23200										Form 990 (2012)

Secti	on 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respon			omplete column (A).	
	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and	25 227	25 227		
_	organizations in the United States See Part IV, line 21	35,227.	35,227.		
2	Grants and other assistance to individuals in				
_	the United States See Part IV, line 22			······	
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B) Other salaries and wages				
7 8	Pension plan accruals and contributions (include				
0	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):		·-		
''а	Management				
b	Legal				
c	Accounting	1,110.		1,110.	
ď	Lobbying	,			
e	Professional fundraising services See Part IV, line 17		**************************************	····	
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O)				
12	Advertising and promotion				
13	Office expenses	25.		25.	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				-
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance .				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	FIDUCIARY FEES	4,534.		4,534.	
b					
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	40,896.	35,227.	5,669.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	Check here If following SOP 98-2 (ASC 958-720)			<u> </u>	<u> </u>

2,196,684. Form 990 (2012)

2,196,684.

33

2,096,749.

2,096,749.

34

Total net assets or fund balances

Total liabilities and net assets/fund balances

Form	FIRST LUTHERAN CHURCH FOUNDATION	23-70	31377	Pag	ge 12					
	rt XI Reconciliation 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	147	7,3	38.					
2	Total expenses (must equal Part IX, column (A), line 25)	2			96. 42.					
3										
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,096	5,7	49.					
5	Net unrealized gains (losses) on investments	5	-6	5,5	07.					
6	Donated services and use of facilities	6								
7	Investment expenses	7								
8	Prior period adjustments	8								
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.					
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,									
-	column (B))	10	2,196	5,6	84.					
Pa	rt XIII Financial Statements and Reporting									
	Check if Schedule O contains a response to any question in this Part XII									
1	Accounting method used to prepare the Form 990: X Cash Accrual Other			Yes	No					
_	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			х					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a							
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a								
	separate basis, consolidated basis, or both:									
	Separate basis Consolidated basis Both consolidated and separate basis				х					
b	Were the organization's financial statements audited by an independent accountant?		2b							
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,								
	consolidated basis, or both:									
	Separate basis Consolidated basis Both consolidated and separate basis									
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audn,								
	review, or compilation of its financial statements and selection of an independent accountant?		2c							
ο-	If the organization changed either its oversight process or selection process during the tax year, explain in Sch									
Ja	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngie Audit			х					
	Act and OMB Circular A-133?	خراما بما اماسا	3a							
D	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits?	irea audit	2.							
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b Form	000	(2012)					
			LOUD :	J J U	(2012)					

12-10-12

SCHEDULE A (Form 990 or 990-EZ)

Name of the organization

Public Charity Status and Public Support

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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.

Inspection

Employer identification number

23-7031377

		FIRST L	UTHERAN CHUR	CH FO	UNDAT	ION			2	<u>3-7031377 </u>
Part I	Reason	for Public Char	ity Status (All organiz	ations mu:	st complet	e this part	.) See inst	ructions.		
he organ	ization is not a	private foundation	because it is: (For lines 1	through 1	11, check	only one b	ox.)			
1	A church, cor	nvention of churche	s, or association of churc	ches desc	ribed in se	ction 170	(b)(1)(A)(i)			
2 🔲			'0(b)(1)(A)(ii). (Attach Sc							
з 🔲	A hospital or	a cooperative hospi	tal service organization o	described	ın section	170(b)(1)((A)(iii).			
4	A medical res	search organization	operated in conjunction	with a hos	pital desci	1bed in se	ction 170	(b)(1)(A)(ii	i). Enter	the hospital's name,
	city, and stat									
5	An organizati	on operated for the	benefit of a college or ur	niversity ov	wned or op	erated by	a governi	mental unr	t describ	ed in
	section 170	(b)(1)(A)(iv). (Compl	ete Part II.)							
6 🔲	A federal, sta	te, or local governm	ent or governmental unit	described	d in sectio	n 170(b)(1)(A)(v).			
7 🔲	An organizati	on that normally rec	eives a substantial part	of its supp	ort from a	governme	ntal unit c	r from the	general	public described in
	=	b)(1)(A)(vi). (Comple								
8 🔲			ection 170(b)(1)(A)(vi). ((Complete	Part II.)					
9 🔲	An organizati	on that normally rec	eives: (1) more than 33 1	1/3% of its	support fi	rom contri	butions, m	nembershij	p fees, a	nd gross receipts from
	activities rela	ted to its exempt ful	nctions - subject to certa	ın exceptio	ons, and (2	2) no more	than 33 1	/3% of its	support	from gross investment
	income and u	inrelated business t	axable income (less sect	ion 511 ta	x) from bu	sinesses a	cquired b	y the orga	nızatıon	after June 30, 1975.
	See section	509(a)(2). (Complete	e Part III.)							
10 🖂	An organizati	on organized and o _l	perated exclusively to tes	st for publi	ic safety. S	See sectio	n 509(a)(4	I).		
11 X	An organizati	on organized and op	perated exclusively for th	e benefit d	of, to perfo	rm the fur	nctions of,	or to carry	y out the	purposes of one or
	more publicly	supported organiza	ations described in section	on 509(a)(1	1) or sectio	n 509(a)(2). See sec	ction 509(a	a)(3). Ch	eck the box that
			organization and comple							
	a X Type I				nctionally i					n-functionally integrated
e X	By checking t	this box, I certify tha	at the organization is not	controlled	directly o	r indirectly	by one or	r more disc	qualified	persons other than
	foundation m	anagers and other t	han one or more publicly	/ supporte	d organiza	tions desc	onbed in s	ection 509	(a)(1) or	section 509(a)(2).
f	If the organization	ation received a writ	ten determination from t	he IRS tha	at it is a Ty	pe I, Type	II, or Type	e III		
		rganization, check ti								X
9	_		organization accepted an			-				
		•	lirectly controls, either al	one or tog	ether with	persons d	lescribed i	ın (II) and (İ	iii) below	
	-	- •	upported organization?							11g(i) X 11g(ii) X
	• •	•	n described in (i) above?							
	• -	•	person described in (i) o							11g(iii) X
h	Provide the fo	ollowing information	about the supported org	ganization	(s).					
-			<u> </u>					(vi) to	the	
	of supported	(ii) EIN	(iii) Type of organization		organization sted in your	organizat		(vi) Is organizatio	on in col. I	(vii) Amount of monetary
orga	anization		(described on lines 1-9 above or IRC section		document?	(i) of your		(I) organiz U S	ed in the	support
			(see instructions))	Yes	No	Yes	No	Yes	No	
IRST										
		45-0231178	3	x		Х		x		23,727.
	141, 0110	10 02011.0								
									1	
		-		1						
	 -									
otal	1								<u> </u>	23,727.
	Paperwork Re	duction Act Notice	, see the Instructions f	or	***************************************			Schedul	e A (For	m 990 or 990-EZ) 2012

232021 12-04-12

Form 990 or 990-EZ.

LHA For Paperwork Reduction Act Notice, see the Instructions for

Page 2 Schedule A (Form 990 or 990-EZ) 2012 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 (a) 2008 Calendar year (or fiscal year beginning in) (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 (f) Total Calendar year (or fiscal year beginning in) (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 7 Amounts from line 4 8 Gross income from interest. dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) 14 % 15 % 15 Public support percentage from 2011 Schedule A, Part II, line 14 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

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	<u> </u>		l
	Schedule A (Form 990 or	990-F7\ 2	2012	>

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

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

meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Schedule A (Form 990 or 990-EZ) 2012 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 organizatio	n failed to qualify under Part II. If the organization fails to
qualify up dow the tests listed below places complete Part II.)	

qualify under the tests listed be	iow, please com	plete Part II.)				
Section A. Public Support		T #1.0000		100044	4 3 0040	(0 T-4-1
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.")						
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 bus- iness under section 513						
4 Tax revenues levied for the organ-						
ization'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					1	
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	(4) 2000	(3) 2000	(0, 20 .0		1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
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		1				
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. the	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organiz	zation,
check this box and stop here	.	,		•		▶□
Section C. Computation of Public	c Support Po	ercentage				
15 Public support percentage for 2012 (lin			column (fl)		15	9
16 Public support percentage from 2011			••••••		16	9
Section D. Computation of Inves						
17 Investment income percentage for 201					17	9
	=		10, 001011111 (1))		18	9
18 Investment income percentage from 2 19a 33 1/3% support tests - 2012. If the c			on line 14 and lin	e 15 is more then		
						
more than 33 1/3%, check this box an						and -
b 33 1/3% support tests - 2011. If the d						
line 18 is not more than 33 1/3%, chec						
20 Private foundation. If the organization	ala not check a	a DOX On line 14, 15	a, or 190, check t		hedule A (Form 99	00 or 000 EZ\ 201

Sche Pa l	dule A	Suppl	90 or 990-l lementa	l Infon	mation.	Comple	ete this i	part to	provide	the ex	planatio	ns requ	red by Part	2 (II, line 10;	3-7031377 Page - Part II, line 17a or 17b;
THE	INI		rt III, line 1 ATION	_										YEAR	BEGINNING
			2013												
							<u></u>					-	**	_	
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SCHEDULE 1 (Form 990)

Department of the Treasury internal Revenue Service
Name of the organization

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

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

Inspection

► Attach to Form 990.

Name of the organization	11110 144 4411	1100	TOM				Employer identification number
FIRST LUTHERAIN CE Part General Information on Grants and Assistance	FIRST LUTHERAIN CHURCH	RCH FOUNDALION	TOIN				1101001-07
- ×	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	stance, and the select	
criteria used to award the grants or assistance?	stance?						X Yes No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ocedures for monit	oring the use of grant	funds in the Unite	d States.			
Part # 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	Governments and	Organizations in the	• United States. C	complete if the orga	anization answered "Y	es" to Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization (b) EIN (c) IRC second or government from \$2,000. Part it can be duplicated (b) EIN (c) IRC second or government	b),000. Par II can	(c) IRC section if applicable	tion (d) Amount of (each of the cash grant)		(f) Method of valuation (book, EMV appraisal	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
				assistance	other)		
PIRST LUTHERAN CHURCH							
619 BROADWAY NORTH FARGO ND 58102	45-0231178	m	23,727.	0			CHURCH PROGRAMS
J	:						
INC 1901 1ST AVE NORTH -							FINANCIAL SUPPORT/DUES AS
MOORHEAD, MN 56560	41-1594892	3	6,000.	0.			A MEMBER CHURCH.
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	and government or	ganizations listed in th	ne line 1 table				2.
3 Enter total number of other organizations listed in the line 1 table LHA For Paperwork Reduction Act Notice, see the Instructions for Form	s listed in the line, s, see the Instruct	table ions for Form 990.					Schedule I (Form 990) (2012)

Schedule I (Form 990) (2012) (f) Description of non-cash assistance, Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) 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. LINE 2: THE BOARD OF DIRECTORS MONITORS THE USE OF (d) Amount of non-cash assistance 22 (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance SCHEDULE I, PART I, GRANT FUNDS 232102 12-18-12

Page 2

23-7031377

FIRST LUTHERAN CHURCH FOUNDATION

Schedule I (Form 990) (2012)

Part III Grants and Other

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047 Open to Public

Department of the Treasury ► Attach to Form 990 or 990-EZ. Inspection Internal Revenue Service **Employer identification number** Name of the organization FIRST LUTHERAN CHURCH FOUNDATION 23-7031377 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: WORLD. FORM 990, PART VI, SECTION A, LINE 8B: THERE IS NO COMMITTEE WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BOARD. FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS APPROVED BY THE BOARD MEMBERS AT A BOARD MEETING BEFORE IT IS FILED WITH THE IRS. FORM 990, PART VI, SECTION B, LINE 12C: THE CONFLICT OF INTEREST POLICY IS REVIEWED ANNUALLY. FORM 990, PART VI, SECTION B, LINE 15A: THE EXECUTIVE DIRECTOR'S COMPENSATION IS APPROVED BY THE BOARD OF DIRECTORS. FORM 990, PART VI, SECTION C, LINE 19: ALL FLC MEMBERS MAY REQUEST ANY INFORMATION REGARDING THE FOUNDATION. THE FOUNDATION FINANCIAL STATEMENTS ARE INCLUDED IN THE FLC ANNUAL REPORT, AND A SUMMARY OF FOUNDATION ACTIVITIES IS GIVEN AT THE FLC ANNUAL MEETING.

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Related Organizations and Unrelated Partnerships ▶ See separate instructions. ▶ Attach to Form 990. Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

2012 Open to Public Inspection

Open to Pu Open to Pu Inspectio mployer identification nu

FIRST LUTHERAN CHURCH FOUNDATION

Name of the organization

Employer identification number 23-7031377

Direct controlling entity

Parti	Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)	e if the organization answered "Yes" t	o Form 990, Part IV, line 33.)		_
	(a) Name, address, and EIN (if applicable)	(b) Primary activity	(c) Legal domicile (state or	(d) Total income	(e) End-of-year assets
i	of disregarded entity		foreign country)		
!					

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.) Part #

(g) Section 512(b)(13)		Ye		
	Direct controlling entity			
	Sta P	501(c)(3))		
(D)	Exempt Code section			
(c)	Legal domicile (state or foreign country)	Toreign country)		
(e)	Primary activity		BRING PEOPLE INTO A RELATIONSHIP WITH JESUS	
(e)	Name, address, and EIN of related organization	or related organization	PIRST LUTHERAN CHURCH - 45-0231178 619 BROADWAY NORTH	

For Paperwork Reduction Act Notice, see the Instructions for FOR CONTINUATIONS SEE PART VII FOR CONTINUATIONS

SEE FAKI VII FO

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Part ## organization 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.)

organizations trouved as par		,									
(e)	(Q)	②	<u>©</u>	⊚ —	-	ε	(6)	Ē	0	6	€.
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, excluded from tax under sections 512-514)		Share of total income	Share of end-of-year assets	Disproportionate allocations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		General or Percentage managing ownership partner?
		(Anima)			, ,						
										_	
									_		
					-						
				_							
Part IV Identification of Related Organizations Taxable as a Corporation organizations treated as a corporation or trust during the tax year.)	ganizations Taxable rporation or trust dur	as a Corpon as a C	ration or Trust (C	complete if th	e organization a	answered "Yes	• to Form 990, I	art IV, line 3.	tion or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related u.)	ne or more	related
(a)			(q)	(0)	(D)	(e)		(J)	(6)	Ξ	6
Name, address, and EIN of related organization	Z c	Pnm	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp., S corp, or trust)		Share of total income	Share of Per ond-of-year ow assets	Percentage ownership	512(b)(13) controlled entity? Yes No
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Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.) Part V

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	s No	
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more r	elated organizations listed	in Parts II-IV?		-	,
a Receipt of (i) interest (ii) annuties (iii) royalties or (iv) rent from a controlled entity				1a	×	
b Gift, grant, or capital contribution to related organization(s)				₽ X	-	
c Gift, grant, or capital contribution from related organization(s)				10	×	
d Loans or loan guarantees to or for related organization(s)				P	×	
 Loans or loan guarantees by related organization(s) 				9	×	
f Dividends from related organization(s)				=	×	
g Sale of assets to related organization(s)				19	×	
h Purchase of assets from related organization(s)				ŧ	×	
i Exchange of assets with related organization(s)				Ę	×	
j Lease of facilities, equipment, or other assets to related organization(s)				; -	×	
k Lease of facilities, equipment, or other assets from related organization(s)				+	×	
I Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			=	×	
m Performance of services or membership or fundraising solicitations by related organization(s)	ınızation(s)			Ę	×	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ion(s)			5	×	
o Sharing of paid employees with related organization(s)				10	×	
 P Reimbursement paid to related organization(s) for expenses 				10	×	
				19	×	
r Other transfer of cash or property to related organization(s)				<u>-</u>	×	
				18	×	
s for inform	yho must complete t	his line, including covered	nation 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	nvolved		
(1) FIRST LUTHERAN CHURCH	В	23,727.	FAIR MARKET VALUE			
(2)						
(2)						,
(4)						
(5)						
(9)						1
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Part 时 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.

Iliat was flot a related digafilization. See filstinctions regarding excusion to certain investment parties inpo-	Structions regarding excit	Sign for certain inv	earmein parmeiamba.	3			3	15	6	100
	(a)		3	Are all		3	<u> </u>	1	>	<u> </u>
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	(related, unrelated, 501(c)(3)	501(c)(3) Ords.	Share of total	Share of end-of-year	Urspropor- tonate allocations?	Uspropor Code V-UBI General or Percentage boats amount in box 20 managing ownership	General managi partner	orPercentage
			under section 512-514)	Yes No	Income	assets	Yes No	(Form 1065)	Yes No	0
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Part VII Supplemental Information
Complete this part to provide additional information for responses to questions on Schedule R (see instructions).
PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:
NAME OF RELATED ORGANIZATION:
FIRST LUTHERAN CHURCH
PRIMARY ACTIVITY: BRING PEOPLE INTO A RELATIONSHIP WITH JESUS AND HELP
THEM GROW IN FAITH