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Department of the Treasury Internal Revenue Service

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

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047 2014 Open to Public Inspection

Form 990 (2014)

A.	For the 2	2014 calendar year, or tax year beginning $07/01/14$, and ending $06/30/1$.5									
В	Check if appli	icable C Name of organization THE LUTHERAN SCHOLARSHIP GRANTING	-	D Employer	dentification number							
	Address char											
Ħ	Name change	Doing business as		45-48	356406							
片	Marile Change	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephone	number							
	Initial return	1601 SAINT JOE RIVER DRIVE		260-2	<u>203-4509</u>							
	Final return/ terminated	City or town, state or province, country, and ZIP or foreign postal code										
\Box	Amended reti	FORT WAYNE IN 46805		G Gross recei	ots \$ 2,652,568							
님		r Name and address or principal officer	14-2 1- 45-5		ordinates? Yes X No							
	Application pe	ending W. RANDALL KAMMEYER	H(a) Is this a gro	oup return for suc	ordinates? Yes X No							
		SAME AS C ABOVE	H(b) Are all subs	ordinates include	ed? Yes No							
			If "No,"	'attach a list (se	ee instructions)							
ı	Tax-exempt	status X 501(c)(3) 501(c) () (Insert no) 4947(a)(1) or 527]									
J	Website·		H(c) Group exer	mption number	•							
ĸ	Form of orga		* * * * * * * * * * * * * * * * * * * *	010	State of legal domicile IN							
	art I	Summary	ar or iormaton	<u> </u>	or logar dominate							
<u></u> -	T	efly describe the organization's mission or most significant activities										
	Ι ,	SEE SCHEDULE O										
Activities & Governance	'	PEF 2CUEDOTE O										
a												
Ē												
Š	2 Ch	and the box	-6.444-									
တိ	2 Ch	eck this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of	of its net assets	1 1	_							
ᇮ	3 Nu	imber of voting members of the governing body (Part VI, line 1a)		3	_5							
es.	4 Nu	imber of independent voting members of the governing body (Part VI, line 1b)		4	5							
Ę	5 Tot	tal number of individuals employed in calendar year 2014 (Part V, line 2a)		5	0							
÷]			_								
Ä	6 Tot	tal number of volunteers (estimate if necessary)		6	5							
	7a Tot	tal unrelated business revenue from Part VIII, column (C), line 12		7a	0							
	b Ne	t unrelated business taxable income from Form 990-Triline 34		7b	0							
		RECEIVED	Prior Yea		Current Year							
	8 Co	intributions and grants (Part VIII, line 1h)		8,833	2,652,183							
ne		pogram service revenue (Part VIII, line 20)	1,100	3,033								
Revenue		[N] DEC 0 % 2015 [O] H			0							
9	10 Inv	restment income (Part VIII, column (A), lines 3, 4, and 70)	61	385								
œ	11 Oth	her revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c and 11e)			0							
	1	tal revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1.468	8,894	2,652,568							
	``	ants and similar amounts paid (Part IX, column (A), lines 1–3)		9,103	1,430,455							
		nefits paid to or for members (Part IX, column (A), line 4)	1,00.	7,100	0							
	1 4- 0.											
es	15 Sal	laries, other compensation, employee benefits (Part IX, column (A), lines 5–10)			0							
eus	16a Pro	ofessional fundraising fees (Part IX, column (A), line 11e)			0							
Expenses	b Tot	tal fundraising expenses (Part IX, column (D), line 25) ▶ 697										
ш	17 Oth	her expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	79	9,905	<u>161,171</u>							
	18 Tot	tal expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,169	9,008	1,591,626							
	19 Re	venue less expenses Subtract line 18 from line 12	299	9,886	1,060,942							
5 6	र्		Beginning of Curi		End of Year							
ets	20 Tot	tal assets (Part X, line 16)	445	5,148	1,509,104							
Ass	21 Tot	tal liabilities (Part X, line 26)		290	3,304							
Net Assets or Fund Balances	22 Not	t assets or fund balances Subtract line 21 from line 20	111	4,858	1,505,800							
	art II	Signature Block		1,030	1,303,000							
												
U.	nder penalt	ties of perjury. I declare that I have examined this return, including accompanying schedules and statement	s, and to the bes	t of my know	edge and belief, it is							
	ue, correct,	, and complete Declaration of freperal (other than officer) is based on all information of which preparer has	any knowledge									
1		1/1/Kany Minny Tresident		16	-9-15							
Sig	an 📙	Signature of officer		Date								
_		W. RANDALL KAMMEYER PRESID	FNT									
Нe	'	Type or print name and title	, D14 T									
Pai			1		⊝ 1							
<u> </u>	.	Print/Type preparer's name Preparer signature	Date	Check	If PTIN							
		RIAN D. BOWMAN, CPA Dran Dowling	10 9	15 self-empk	pyed P00540295							
Ęŗe	parer F	im's name BADEN, GAGE & SCHROEDER, LLC	- ' - ' ' '	rm's EIN	35-1939627							
use		6920 POINTE INVERNESS WAY #300		3 C.IN F	00 100001							
TI V	Only				0.00 400 0551							
	F	ım's address ► FORT WAYNE, IN 46804-7926	Pt	hone no	<u> 260-422-2551</u>							
May	the IRS o	discuss this return with the preparer shown above? (see instructions)			Y Vos No							

430

			5-4856406	Page 2
		Service Accomplishments	D III	X
	Cribe the organization's mission	tains a response or note to any line in the	IS Part III	
	HEDULE O			
2 Did the ora	anization undertake any comific	cant program services during the year which were i	ant listed on the	
-	990 or 990-EZ?	ant program services during the year which were i	iot listed on the	Yes X No
•	scribe these new services on S	chedule O		
	anization cease conducting, or	make significant changes in how it conducts, any p	rogram	
services?	acaba thaca abangan an Caba	tulo O		Yes X No
	scribe these changes on Sched ne organization's program servi	ce accomplishments for each of its three largest pr	ogram services, as measured by	
		organizations are required to report the amount o		
the total ex	penses, and revenue, if any, fo	r each program service reported		
		1 420 455	420 455	
4a (Code THE ○RG		1,430,455 including grants of \$.,430,455) (Revenue \$)
		JNDS TO ALL ELIGIBLE STU		
		OOL OF THEIR CHOICE. THE		
SUPPORT	C ENROLLMENT GRO	OWTH AND CHRISTIAN OUTREA	CH TO FAMILIES.	
4b (Code) (Expenses \$	including grants of \$) (Revenue \$	
•	, , ,		, , , , , , , ,	,
4c (Code) (Expenses \$	including grants of \$) (Revenue \$)
				
, -	ram services (Describe in Sche	•	\ (D	
(Expenses	\$am service expenses ▶	including grants of \$ 1,430,455) (Revenue \$	
AA		1,100,100		Form 990 (2014)
				10111 200 (2014)

			res	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 (see instructions)?	2	X	<u> </u>
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)			37
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	_ 4		X
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,	-		v
6	Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	5		X
U	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	. 6	-	Λ
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Χ
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			Λ
•	complete Schedule D, Part III	8		Χ
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	8		Λ
•	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		Χ
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			- 11
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Χ
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]	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		Ī	
	complete Schedule D, Part VI	11a		Χ
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		Χ
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 169 if "Yes," complete Schedule D, Part VIII	11c		Χ
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		Χ
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Χ
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		ĺ	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Χ	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		1	
	Schedule D, Parts XI and XII	12a	Χ	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		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, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		_X_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
40	for any foreign organization? 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 other			* 7
17	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			v
10	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	_ 17		<u>X</u> _
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			3.7
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	,,		v
20~	If "Yes," complete Schedule G, Part III	19		<u>X</u> _
20a h	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a	\dashv	<u>X</u>
	in 765 to mis 254, as the organization attach a copy of its addited infancial statements to this fetuin.	20b	1	

Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		_	
	domestic government 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 or other assistance to or for domestic individuals 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		ļ	
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	<u> </u>	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than		i	
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	ŀ		١
	through 24d and complete Schedule K If "No," go to line 25a	24a	<u> </u>	_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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	<u> </u>	X
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?			3.7
20	If "Yes," complete Schedule L, Part I	25b		_ X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II			v
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	26		X
21	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		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	27		
20	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	200	1	v
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	28a		_X_
D	Schedule L, Part IV	28b		Χ
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		
ŭ	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Χ
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	-23		
	conservation contributions? If "Yes," complete Schedule M	30		Χ
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		_X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes."	<u> </u>		
	complete Schedule N, Part II	32		_X
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		Χ
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
	or IV, and Part V, line 1	34		Χ
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		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	35b		
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		Χ
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		Χ
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	Х	

<u> Page</u> **5**

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1	\mathbf{J}		U	J	U		v	U	

Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 0 Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 1a Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 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 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) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b 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)? Χ 4a If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, 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 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 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? ĥа 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). 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? Χ 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? b 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7с 7d d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? e 7e f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? g 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? h 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter а 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 а 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 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. Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 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 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O b 14b

<u> </u>	ction C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ▶ IN						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)						
	available for public inspection. Indicate how you made these available. Check all that apply						
	Own website Another's website X Upon request Other (explain in Schedule O)						
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and						
	financial statements available to the public during the tax year						
20	State the name, address, and telephone number of the person who possesses the organization's books and records						
E	RIC TRAUNER 1601 SAINT JOE RIVER DR						

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 safequard the

> 46805 IN

260-203-4509

16a

16b

FORT

WAYNE

with a taxable entity during the year?

organization's exempt status with respect to such arrangements?

orm 990 (2014)	THE	LUTHERAN	SCHOLARSHIP	GRANTING
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45-4856406

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

Check if Schedule O contains a response or note to any line in this Part VII

X

- 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, 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) Name and Title	(B) (C) Average Position hours per (do not check more box, unless persore officer and a direct control of the				sition more than one erson is both an director/trustee)			(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation	
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations	
(1) CHRIS GOEGLEIN											
	1.00						ĺ				
VICE PRESIDENT	0.00	X		X				0	0	0	
(2) MARCIA HAAFF					ł						
	1.00										
DIRECTOR	0.00	X	<u> </u>	<u> </u>		_		. 0	0	0	
(3)W. RANDALL KAMME											
	1.00							_			
PRESIDENT	0.00	X		Х				0	0	0	
(4) BETH KITSON	1 00										
	1.00	,,								_	
DIRECTOR	0.00	X						0	0	0	
(5) ERIC TRAUNER	1 00				ļ						
MDEACUDED (CECDEMARY	1.00			1,7						•	
TREASURER/SECRETARY	0.00	Х		X				0	0	0	
(6)											
(7)											
(8)					-						
(9)					_						
(10)											
(11)		-									

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4	\neg	- 4	ਲ	\neg	n	4	U	n	

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (F) Position Name and title Average Reportable Reportable Estimated (do not check more than one hours per compensation compensation from amount of week box, unless person is both an from related other officer and a director/trustee) (list any the organizations compensation hours for organization (W-2/1099-MISC) from the related institutional trustee Key employee (W-2/1099-MISC) organization ndividual trustee r director organizations and related below dotted organizations line) (12)(13)(14)(15)(16)(17)(18)(19)Sub-total Total from continuation sheets to Part VII, Section A Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes 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 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 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 Section B. Independent Contractors 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 (C) Compensation Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ DAA Form 990 (2014)

		Check if Sched	ule O contain	s a response o	r note to any line	in this Part VIII		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
នស	1a	Federated campaigns	1a			70701100		312-314
	b	Membership dues	1b					
ΣĚ	c	Fundraising events	1c					
ar F	d	Related organizations	1d					
S E	е	Government grants (contributions)	1e					
20.0	f	All other contributions, gifts, grants,						<u> </u>
캶		and similar amounts not included ab	ove 1f	2,652,183				
- O	g	Noncash contributions included in lin	nes 1a-1f \$	4,408				
contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f		>	2,652,183			
				Busn. Code				
ven	2a							
8	b							
<u>Vice</u>	С							
Ser	d							
E	е							
Program Service Revenue	f	All other program service i	revenue					
<u>~</u>	g	Total. Add lines 2a-2f						
	3	Investment income (includ	ling dividends, int	erest,				
		and other similar amounts)	>	385			385
	4	Income from investment o	f tax-exempt bon	d proceeds 🕨				
	5	Royalties		•				
		(ı) F	Real	(II) Personal				‡
	6a	Gross rents			1			‡
	b	Less rental exps						1
	С	Rental inc or (loss)						-
	d	Net rental income or (loss))					
	/a	7a Gross amount from sales of assets (i) Secunties (ii) Other						
		other than inventory						1
	b	Less cost or other						
		basis & sales exps						‡
	С	Gain or (loss)			1			1
	d	• , ,		<u> </u>				
ē	8a	Gross income from fundraising	g events		#			#
Other Revenue		(not including \$			1			•
Sev		of contributions reported on lin	ne 1c)		1			
er		See Part IV, line 18	a		I			
ᇊ		Less direct expenses	b [1			•
		Net income or (loss) from		s				
	9a	Gross income from gaming act	tivities		1			<u> </u>
		See Part IV, line 19	a		1			
		Less direct expenses	b		1			
		Net income or (loss) from	·				······································	
	10a	Gross sales of inventory, le	ess		1			
		returns and allowances	a		1			
		Less cost of goods sold	b		1			
	С	Net income or (loss) from						
		Miscellaneous Rev	enue	Busn. Code	1			
	11a							· · · · · · · · · · · · · · · · · · ·
	b					-		
	C			 				
	d	All other revenue						
	е	Total. Add lines 11a–11d		P				
	12	Total revenue. See instru-	ctions	▶ !	2,652,568	ΩI	0	385

Form 990 (2014) 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 or note to any line in this Part IX (A) Total expenses (B) Program service (C) Management and (D) Fundraising Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 1,430,455 individuals See Part IV, line 22 1,430,455 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits Payroll taxes 10 11 Fees for services (non-employees) Management 2,425 2,425 b Legal 13,497 497 Accounting d Lobbying Professional fundraising services See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 101,740 101,043 12,148 12,148 Advertising and promotion 13 Office expenses Information technology 14 Royalties 15 16 Occupancy Travel 17 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 750 750 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) 15,877 BANK FEES 15,877 а 13,569 13,569 DUES AND SUBSCTIPTIONS MISCELLANEOUS 1.165 1.165 c đ e All other expenses 1,591,626 1,430,455 160,474 697 25 Total functional expenses. Add lines 1 through 24e 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 ▶ following SOP 98-2 (ASC 958-720)

Page **11**

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year Cash-non-interest bearing 439,121 756,459 1 Savings and temporary cash investments 750,318 2 2 Pledges and grants receivable, net 6,027 3 3 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors. trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 750 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a b Less accumulated depreciation 10b 10c 11 Investments—publicly traded securities 11 Investments-other securities See Part IV, line 11 12 12 13 Investments-program-related See Part IV, line 11 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 445,148 509,104 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 Accounts payable and accrued expenses 290 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 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 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 290 Total liabilities. Add lines 17 through 25 26 3,304 Organizations that follow SFAS 117 (ASC 958), check here ▶ X and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 44,530 27 Unrestricted net assets 400,328 28 Temporanly restricted net assets 1,453,663 28 Permanently restricted net assets 29 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 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 32 1,505,800 33 Total net assets or fund balances 444,858 33 1,509,104

Form 990 (2014)

445.

Total liabilities and net assets/fund balances

orm	990 (2014) THE LUTHERAN SCHOLARSHIP GRANTING 45-4856406			Pa	age 12		
	ert XI Reconciliation of Net Assets				J		
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,6	52,	568		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,5	91,	626		
3	Revenue less expenses Subtract line 2 from line 1						
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4	444,85			
5	Net unrealized gains (losses) on investments	5					
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					
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line						
	33, column (B))	10	1,5	05,	800		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
				Yes	No		
1	Accounting method used to prepare the Form 990		l		Ī		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				Ī		
	Schedule O				1		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		<u>2a</u>	<u>.</u>	X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				I		
	reviewed on a separate basis, consolidated basis, or both				ŧ		
	Separate basis Consolidated basis Both consolidated and separate basis				1		
b	Were the organization's financial statements audited by an independent accountant?		<u>2b</u>	X	<u> </u>		
	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				ł		
	X Separate basis Consolidated basis Both consolidated and separate basis				Ī		
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight		į				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X			
	If the organization changed either its oversight process or selection process during the tax year, explain in		[l		
	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		X		
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		ļ				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b				

OMB No 1545-0047

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

THE LUTHERAN SCHOLARSHIP GRANTING

Employer idea

Employer identification number 45-4856406

ORGANIZATION OF INDIANA, INC. 45-4856

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

Pa	Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions									
The	orga	nization is not a	a private foundation because	it is (For lines 1 through 11, che	ck only or	ne box)				
1		A church, cor	vention of churches, or asso	ciation of churches described in	section 1	70(b)(1)(A)(i).			
2	П	A school desc	cribed in section 170(b)(1)(A	i)(ii). (Attach Schedule E)						
3	\sqcap	A hospital or	a cooperative hospital service	e organization described in secti	on 170(b))(1)(A)(iii)).			
4	П	A medical res	earch organization operated	in conjunction with a hospital des	scribed in	section '	170(b)(1)(A)(iii). Enter the hosp	ital's name,		
	_	city, and state								
5		An organizati	on operated for the benefit of	a college or university owned or	operated	by a gove	ernmental unit described in			
	ب	_	b)(1)(A)(iv). (Complete Part I	-	•	, ,				
6	\Box	•		vemmental unit described in sec	tion 170(b)(1)(A)(v	<i>(</i>).			
7	X	•		ubstantial part of its support from						
	ت	described in section 170(b)(1)(A)(vi). (Complete Part II)								
8	\Box	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)								
9	Ħ	-		more than 33 1/3% of its suppor	•	ntributions	s, membership fees, and gross			
	Ш	•	• • • •	ot functions—subject to certain ex			•			
				f unrelated business taxable inco		_				
		• •	-	, 1975 See section 509(a)(2). (•		•			
10				clusively to test for public safety	-		a)(4).			
11	П	An organization	on organized and operated ex	clusively for the benefit of, to pe	rform the	functions	of, or to carry out the purposes	of		
	ш	one or more p	publicly supported organizatio	ns described in section 509(a)(1) or sect	ion 509(a	a)(2). See section 509(a)(3). C	heck		
		the box in line	s 11a through 11d that descr	bes the type of supporting organ	nization ar	nd comple	ete lines 11e, 11f, and 11g			
а		Type I. A sup	porting organization operated	, supervised, or controlled by its	supporte	d organiza	ation(s), typically by giving			
		the supported	organization(s) the power to	regularly appoint or elect a majo	nty of the	directors	or trustees of the supporting			
		• •	You must complete Part IV		•					
b		Type II. A sup	porting organization supervis	sed or controlled in connection w	ith its sup	ported or	ganization(s), by having			
		• -		organization vested in the same p						
			You must complete Part							
С		Type III func	tionally integrated. A suppo	rting organization operated in co	nnection v	with, and t	functionally integrated with,			
		its supported	organization(s) (see instruction	ons) You must complete Part I	V, Sectio	ns A, D,	and E.			
d				upporting organization operated						
		that is not fun	ctionally integrated. The orga	nization generally must satisfy a	distributio	n require	ment and an attentiveness			
		requirement (see instructions) You must	complete Part IV, Sections A a	nd D, an	d Part V.				
е		Check this bo	x if the organization received	a written determination from the	IRS that	ıt ıs a Typ	e I, Type II, Type III			
		functionally in	tegrated, or Type III non-fund	tionally integrated supporting org	anization					
f	Ent	ter the number	of supported organizations							
g	Pro	vide the follow	ing information about the sup	ported organization(s)						
() Nam	e of supported	(II) EIN	(iil) Type of organization	1 ' '	organization	(v) Amount of monetary	(vi) Amount of		
	or	ganization		(described on lines 1–9	'	ur governing	support (see	other support (see		
				above or IRC section (see instructions))	docu	ment?	instructions)	instructions)		
				, , , , , , , , , , , , , , , , , , ,	Yes	No				
(A)										
(B)										
(C)										
(D)										
(E)				***	<u> </u>	-				
					1					

Page 2

45-4856406

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.)

tion A. Public Support						
dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")			311,035	1,468,833	2,654,183	4,434,051
Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
The value of services or facilities furnished by a governmental unit to the organization without charge						
Total. Add lines 1 through 3			311,035	1,468,833	2,654,183	4,434,051
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						
' ''						187,860
					1	4,246,191
	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
· · · · · · · · · · · · · · · · · · ·	(4) 2310	(2) 2011	· · · · · · · · · · · · · · · · · · ·			4,434,051
Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			511,033	61	385	4,434,031
Net income from unrelated business activities, whether or not the business is regularly carried on						
Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
Total support. Add lines 7 through 10	:					4,434,503
Gross receipts from related activities, etc. (s	see instructions)				12	
First five years. If the Form 990 is for the o	organization's first, s	second, third, fourt	h, or fifth tax year as	a section 501(c)(3))	
						▶ X
· · · · · · · · · · · · · · · · · · ·	• • • • • • • • • • • • • • • • • • • •				· 1 1	
-		-	(f))			%
•••						%
				3% or more, check	this	. □
•				20.4/00/		
• • • • • • • • • • • • • • • • • • • •				33 1/3% or more,		_
· · · · · · · · · · · · · · · · · · ·			~	r 16b and line 14 i		
·		•		•		> [
	-		•		e	
Explain in Part VI how the organization mee	ts the "facts-and-ci	rcumstances" test	The organization qui	alifies as a publicly		
supported organization Private foundation. If the organization did	not check a box on	line 13, 16a, 16b,	17a, or 17b, check th	nis box and see		•
instructions						▶ [
1	membership fees received (Do not include any "unusual grants") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicty supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 tion B. Total Support dar year (or fiscal year beginning in) ▶ Amounts from line 4 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 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. Add lines 7 through 10 Gross receipts from related activities, etc (see First five years. If the Form 990 is for the corganization, check this box and stop here tion C. Computation of Public Support percentage for 2014 (line 6, public support percentage from 2013 Scheous and stop here. The organization qualifies and stop here. The organization meets the "fact organization" part VI how the organization meets the "fact organization in Part VI how the organization meets the "fact organization in Part VI how the organization meets the "fact organization in Part VI how the organization meets upported organization. If the organization did the organization meets the fact organization in Part VI how the organization meets upported organization. If the organization did the organization	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 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) Public support. Subtract line 5 from line 4 tion B. Total Support Idar year (or fiscal year beginning in) ▶ (a) 2010 Amounts from line 4 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 carned on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. Add lines 7 through 10 Gross receipts from related activities, etc (see instructions) First five years. If the Form 990 is for the organization's first, sorganization, check this box and stop here tion C. Computation of Public Support Percent: Public support percentage for 2014 (line 6, column (f) divided by the column of Public support percentage for 2014 (line 6, column (f) divided by the column of Public support percentage from 2013 Schedule A, Part II, line of 2014 (line 6, column of 10 divided by 2014 (line 6, column of 10 divided	Gifs, grants, contributions, and membership fees received (Do not include any "unusual grants") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 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) Public support. Subtract line 5 from line 4 titon B. Total Support Idar year (or fiscal year beginning in) Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalities and income from similar sources Net income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. Add lines 7 through 10 Gross receipts from related activities, etc (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourt organization, check this box and stop here tion C. Computation of Public Support Percentage Public support percentage from 2013 Schedule A, Part II, line 14 33 1/3% support test—2014. If the organization did not check the box on line 13 box and stop here. The organization qualifies as a publicly supported organization 31 1/3% support test—2013. If the organization did not check a box on line 13 check this box and stop here. The organization qualifies as a publicly supported 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13 or check this box and stop here. The organization meets the "facts-and-circumstances" test. 10% or more, and if the organization meets the "facts-and-circumstances" test. 2014. If the organization did not check a box on line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test. 2014 in the organization of the progenization meets the "facts-and-circumstances" test. 2014	Giffs, grants, contributions, and membership fees received (Do not include any "unusual grants") Tax revenues levied for the organization's benefit and either pard to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicky supported organization) included on line 11 had exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 tion B. Total Support der year (or fiscal year beginning in) ▶ Amounts from line 4 Gross income from unrelated business activities, whether or not the business is regularly carned on Other income Do not include gain or loss from the sale of capital assets (Explain in Part V.) Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as organization, check this box and stop here. The organization did not check the box on line 13, and line 14 is 33 1/3% support test—2014. If the organization did not check a box on line 13, and line 15 is check this box and stop here. The organization did not check a box on line 13, and line 15 is check this box and stop here. The organization did not check a box on line 13, 16a, 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. The organization meets the "facts-and-circumstances" test, check this box and stop here. The organization meets the "facts-and-circumstances" test, check this box and stop here. The organization meets the "facts-and-circumstances" test, check this box and stop here. The organization meets the "facts-and-circumstances" test, check this box and stop here. The organization meets the "facts-and-circumstances" test, check this box and stop here. The organization meets the "facts-and-ci	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. The value of services or facilities furnished by a governmental unit to the organization without charge governmental unit or the organization without charge governmental unit or publicity supported organization without charge governmental unit or publicity supported organization without charge governmental unit or publicity supported organization) included on line 11 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 Tion B. Total Support dar year (or fiscal year beginning in) (a) 2010 (b) 2011 (c) 2012 (d) 2013 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, payments received on securities loans, payments received on securities loans, remts, royalises and income from similar sources Some from the sale of capital assets (Explain in Part VI) Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions) 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. Total Support test—2014. (line 6, column (f) divided by line 11, column (f)) Public support percentage from 2013 Schedule A, Part II, line 14 33 1/3% support test—2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2014. If the organization dud not check a box on line 13, 16a, or 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 VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Par	Grifs, grants, contributions, and membership fees received (Co not include any "unusual grants") Tax reverues levised for the organization's benefit and either paid to or expended on its behalf The value of services or facilities (misshed by a governmental unit to the organization without charge. Total, Add lines 1 through 3 The portion of fotal contributions by each person (John that a governmental unit or publicly supported organization) middle on line 1 that exceeds 2% of the amount shown on line 11, column (I) Public support. Subtract lines 5 from line 4 Gross income from interest, dividends, payments received on securities loans, rest, royaldes and income from similar sources Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rest, royaldes and income from similar sources Total Support. Add lines 7 through 10 Other income Do not include gain or loss from the asset of capital assets Cicphan in Part VI (In) Total support test—2014, If the organization (I) divided by line 11, column (II) Total support test—2014, If the organization (I) divided by line 11, column (II) Total support test—2014, If the organization (I) divided by line 11, column (II) Total support test—2014, If the organization (I) divided by line 11, column (II) Total support test—2014, If the organization (I) divided by line 11, column (II) Total support test—2014, 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 33 1/3% support test—2014, If the organization did not check the 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 VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a p

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Page 3

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

(Complete only if you checked the box on line 9 of Part I 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.)

500	tion A. Public Support	quality under tr	ie tests listed t	pelow, please c	ompiete Part II.	· <u>) </u>	
$\overline{}$	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	(a) 2010	(b) 2011	(6) 2012	(u) 2013	(e) 2014	(i) Total
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						
Ç	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
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, fourt	h, or fifth tax year a	s a section 501(c)(3)	
	organization, check this box and stop here		-			<u>. </u>	<u> </u>
<u>Sec</u>	tion C. Computation of Public Su			 ·			
15	Public support percentage for 2014 (line 8,	• • •	•	(f))		15	
<u>16</u>	Public support percentage from 2013 Sche						%_
	Investment income percentage for 2014 / lir			olumn (fl)		47	
17 18	Investment income percentage for 2014 (Investment income percentage from 2013 States)			olulliti (I))		17	<u> </u>
19a	33 1/3% support tests—2014. If the organ			4, and line 15 is mo	ore than 33 1/3%		70_
	17 is not more than 33 1/3%, check this box						▶ □
b	33 1/3% support tests—2013. If the organ		=		• • •		٠ ــا
	line 18 is not more than 33 1/3%, check this						▶ 🗍
20	Private foundation. If the organization did	not check a box on	line 14, 19a, or 19	b, check this box a	nd see instructions		•

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A. D. and E. If you checked 11d of Part I, complete Sections A and D. and complete Part V.)

Sect	Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and comion A. All Supporting Organizations	plete Part V.)		
1	Are all of the organization's supported organizations listed by name in the organization's governing		Yes	No
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain	1]	
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2)	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)			
	(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)	i		
	purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,			
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action			
	was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations, or (c) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
	Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial			
	contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent			
	controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	1		
	If "Yes," complete Part I of Schedule L (Form 990)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	ın section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
C	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f)		Ī	
	(regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting		1	
	organizations)? If "Yes," answer (b) below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			

determine whether the organization had excess business holdings)

Schedule A (Form 990 or 990-EZ) 2014 THE LUTHERAN SCHOLARSHIP GRANTING 45-4856406 Page 6 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E (B) Current Year Section A - Adjusted Net Income (A) Pnor Year (optional) Net short-term capital gain 1 2 Recovenes of prior-year distributions 2 3 Other gross income (see instructions) 3 4 Add lines 1 through 3 4 5 Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 Other expenses (see instructions) 7 8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (B) Current Year **Section B - Minimum Asset Amount** (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) a Average monthly value of securities 1a Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI) Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions) 4 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Multiply line 5 by 035 6 7 Recoveries of prior-year distributions 8 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount **Current Year** 1 Adjusted net income for prior year (from Section A, line 8, Column A)

2

3 4

5

Schedule A	(Form	990 or	990-F7\	201

2 Enter 85% of line 1

4 Enter greater of line 2 or line 35 Income tax imposed in prior year

instructions)

emergency temporary reduction (see instructions)

3 Minimum asset amount for pnor year (from Section B, line 8, Column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

				1108400
Sabad.	ule A (Form 990 or 990-EZ) 2014 THE LUTHERAN SCHO	OLARSHIP GRANTI	NG 45-4856	406 Page 7
Parl		•		rage r
-	on D - Distributions	ouppoining organization	one (continuou)	Current Year
1	Amounts paid to supported organizations to accomplish exempt purpo	ses		
2	Amounts paid to perform activity that directly furthers exempt purpose			
_	organizations, in excess of income from activity	, ,		
3	Administrative expenses paid to accomplish exempt purposes of supp	orted organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (pnor IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the organizations	ation is responsive		
	(provide details in Part VI) See instructions			
9	Distributable amount for 2014 from Section C, line 6		 	
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1_	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014			
а				
b				
<u></u>				
d				
ее	From 2013			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2014 from Section			
	D, line 7 \$			
	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2014, if			
	any Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions)			
6	Remaining underdistributions for 2014 Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	Instructions)			
7	Excess distributions carryover to 2015. Add lines 3j			
	and 4c	ı	l	t

Schedule A (Form 990 or 990-EZ) 2014

8 Breakdown of line 7

d Excess from 2013 e Excess from 2014

b

Schedule A (Form 990 or 990-EZ) 2014 THE LUTHERAN SCHOLARSHIP GRANTING

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Page 8

Supplemental Information. 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)

SCHEDULE D (Form 990)

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.

► Information about Schedule D (Form 990) and its instructions is at www.irs.qov/form990.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Open to Public Inspection

lame	of the organization	E	Employer	identification number	
_	HE LUTHERAN SCHOLARSHIP GRANTING				
0	RGANIZATION OF INDIANA, INC.			856406	
Pa	Organizations Maintaining Donor Advised Full Complete if the organization answered "Yes" to F	nds or Other Similar Funds or Acc Form 990, Part IV, line 6	ounts	5.	
		(a) Donor advised funds	((b) Funds and other accounts	5
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in writing that t	the assets held in donor advised			
	funds are the organization's property, subject to the organization's exclusive	sive legal control?		Yes	No
6	Did the organization inform all grantees, donors, and donor advisors in w	rnting 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
Pa	ert II Conservation Easements.				
	Complete if the organization answered "Yes" to F	Form 990, Part IV, line 7.			
1	Purpose(s) of conservation easements held by the organization (check a	all that apply)			
	Preservation of land for public use (e g , recreation or education)	Preservation of a historically importa	nt land	area	
	Protection of natural habitat	Preservation of a certified historic str	ucture		
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualified conserv	ation contribution in the form of a conservation	ار		
	easement on the last day of the tax year		ļ	Held at the End of the	Tax Year
а	Total number of conservation easements		2a		
b	Total acreage restricted by conservation easements		2b		
C	Number of conservation easements on a certified historic structure include		2c		
d	Number of conservation easements included in (c) acquired after 8/17/06	6, and not on a			
	historic structure listed in the National Register		2d		
3	Number of conservation easements modified, transferred, released, extir	nguished, or terminated by the organization du	iring the	;	
	tax year >				
4	Number of states where property subject to conservation easement is loc				
5	Does the organization have a written policy regarding the periodic monitor	oring, inspection, nandling of		□ v	
	violations, and enforcement of the conservation easements it holds?	an apparation apparate during the con-		Yes	∐ NO
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing	ig conservation easements during the year			
7	Amount of expenses incurred in monitoring, inspecting, and enforcing co	propertion occoments during the year			
'	S	inservation easements during the year			
R	Does each conservation easement reported on line 2(d) above satisfy the	e requirements of section 170(h)(4)(R)(i)			
Ŭ	and section 170(h)(4)(B)(ii)?			Yes	□ No
9	In Part XIII, describe how the organization reports conservation easemer	ats in its revenue and expense statement, and			
-	balance sheet, and include, if applicable, the text of the footnote to the or				
	organization's accounting for conservation easements				
Pa	rt III Organizations Maintaining Collections of Art,		nilar A	Assets.	-
	Complete if the organization answered "Yes" to F	orm 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	e sheet		
	works of art, historical treasures, or other similar assets held for public ex	xhibition, 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 r	report in its revenue statement and balance sh	eet		
	works of art, historical treasures, or other similar assets held for public ex	xhibition, 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 or	ther similar assets for financial gain, provide th	ne		
	following amounts required to be reported under SFAS 116 (ASC 958) re	elating to these items			
а	Revenue included in Form 990, Part VIII, line 1		>	\$	
b	Assets included in Form 990, Part X		•	\$	

Sche	<u>dule D (Form 990) 2014 </u>	ERAN SCHOL	<u>ARSHI</u>	<u>P GRAN'</u>	<u> PING</u>	45-4	856406		P	age 2
Pa	ert III Organizations Maintainin	g Collections of	Art, His	storical Tr	easures,	or Othe	r Similar Assets	(continu		
3	Using the organization's acquisition, accessi collection items (check all that apply)							`		
а	Public exhibition	d 🗍	Loan or e	exchange pro	grams					
b	Scholarly research	e	Other		g					
c	Preservation for future generations	ــا								
4	Provide a description of the organization's co	ollections and explain	how they f	orther the ord	nanization's e	exempt pur	nose in Part			
•	XIII	modicine and explain		u	,ameanon o c	Monipi poi	p000 m r an			
5	During the year, did the organization solicit o	r receive donations of	fart histor	rcal treasures	or other sin	nılar				
	assets to be sold to raise funds rather than to		•		•				es 🗆	No
Pa	art IV Escrow and Custodial Ar		07 1.10 0	garnzation	00110011011				<u> </u>	
	Complete if the organization	_	" to Forr	n 990. Par	t IV. line 9	or repo	rted an amount o	n Form		
	990, Part X, line 21.				- · · · , · · · · - ·	,				
1a	Is the organization an agent, trustee, custodi	an or other intermedia	arv for con	tributions or c	ther assets i	not		-	-	
	included on Form 990, Part X?		,					☐ Y	es	No
b	If "Yes," explain the arrangement in Part XIII	and complete the follo	owing table	9						
		•	J					Amour	t	
С	Beginning balance						1c		_	
	Additions during the year						1d			
e	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on F	orm 990, Part X, line 2	21, for esc	row or custod	lial account li	ability?			es	No
	If "Yes," explain the arrangement in Part XIII					-				
	rt V Endowment Funds.							•		
	Complete if the organization	n answered "Yes	" to Forr	n 990, Par	t IV, line 1	0				
		(a) Current year	(b)	Pnor year	(c) Two ye	ars back	(d) Three years back	(e) Fou	ır years b	ack
1a	Beginning of year balance									
	Contributions									
C	Net investment earnings, gains, and									
	losses									
d	Grants or scholarships							<u> </u>		
	Other expenditures for facilities and									
	programs		1				Ì			
f	Administrative expenses									
g	End of year balance							1		
2	Provide the estimated percentage of the curr	ent year end balance	(line 1g, c	olumn (a)) he	ld as					
а	Board designated or quasi-endowment ▶	%		, ,,						
	Permanent endowment ▶ %									
С	Temporanly restricted endowment ▶	%								
	The percentages in lines 2a, 2b, and 2c should	uld equal 100%								
3a	Are there endowment funds not in the posse	ssion of the organizati	on that are	e held and ad	ministered fo	r the				
	organization by								Yes	No
	(i) unrelated organizations							3a(i)		
	(ii) related organizations							3a(ii)		
b	If "Yes" to 3a(II), are the related organizations	s listed as required on	Schedule	R?				3b		
4	Describe in Part XIII the intended uses of the	organization's endow	ment fund	ls						
Pa	ert VI Land, Buildings, and Equ	ipment.								
	Complete if the organization	n answered "Yes"	to Forn	n 990, Parl	t IV, line 1	1a See	Form 990, Part X	, line 10	l	
	Description of property	(a) Cost or other		(b) Cost or o	_		Accumulated	(d) Book		
_		(investment)	<u> </u>	(othe	er)	de	epreciation			
1a	Land									
b	Buildings									
	Leasehold improvements								-	
	Equipment							<u> </u>		
	Other	_								
	Add lines 1s through 1s. (Column (d) must s	aual Form 000 Part)	/ column	(B) line 10a)						

	om 990) 2014 THE LUTHERAN SCHOLAR	SHIP GRANTING	45-4856406	Page
Part VII	Investments—Other Securities. Complete if the organization answered "Yes" to	o Form 990 Port IV Jun	o 11h Soo Form 000 D	ort V. lino 12
	(a) Description of security or category	(b) Book value	(c) Method	
	(including name of security)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Cost or end-of-ye	
(1) Financial of	derivatives			
(2) Closely-he	eld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)		<u> </u>	<u> </u>	
	n (b) must equal Form 990, Part X, col (B) line 12)			
Part VIII	Investments—Program Related.	E 000 D (D)	44 0 = 000 =	
	Complete if the organization answered "Yes" to			
	(a) Description of investment	(b) Book value	(c) Method of Cost or end-of-ye	
/1)			Cost of end-of-ye	
(1)				
(3)		-		
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col (B) line 13)			
Part IX	Other Assets.		· · · · · · · · · · · · · · · · · · ·	
	Complete if the organization answered "Yes" to	Form 990, Part IV, line	e 11d. See Form 990, Pa	art X, line 15
	(a) Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)		<u></u>		
(8)				
(9)			 	
	n (b) must equal Form 990, Part X, col (B) line 15)		<u> </u>	
Part X	Other Liabilities.	- F 000 D11/ l	- 44 44t O = /	200 D 1 V
	Complete if the organization answered "Yes" to line 25	o Form 990, Part IV, IIn	e 11e or 11t. See Form s	990, Part X,
	(a) Description of liability	(h) Pask value		
1. (1) Federal		(b) Book value	_	
	income taxes		+	
(2)		<u> </u>	-	
(3)			1	
(4)			┥	
(6)			-	
(7)			1	
(8)			┪	
(9)		- 	†	
	(b) must equal Form 990, Part X, col. (B) line 25.)			

2. Liability for uncertain tax positions. 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

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

PART X - FIN 48 FOOTNOTE

Supplemental Information.

THE ORGANIZATION IS EXEMPT FROM INCOME TAXES UNDER THE PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE.

THE ACCOUNTING STANDARD WHICH PROVIDES GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ADDRESSES THE DETERMINATION OF WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE FINANCIAL STATEMENTS. UNDER THIS GUIDANCE, THE ORGANIZATION MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION. EXAMPLES OF TAX POSITIONS INCLUDE THE TAX-EXEMPT STATUS OF THE ORGANIZATION AND VARIOUS POSITIONS RELATED TO THE POTENTIAL SOURCES OF UNRELATED BUSINESS TAXABLE INCOME. THE TAX BENEFITS RECOGNIZED IN THE FINANCIAL STATEMENTS FROM SUCH A POSITION ARE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50 PERCENT LIKELIHOOD OF BEING REALIZED

Supplemental Information (continued)

UPON ULTIMATE SETTLEMENT. THERE WERE NO UNRECOGNIZED TAX BENEFITS IDENTIFIED OR RECORDED AS LIABILITIES FOR THE YEARS ENDED JUNE 30, 2015 AND 2014.

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SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. ▶ Attach to Form 990.

OMB No 1545-0047

Inspection

Open to Public 2014

ջ ____ Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, (h) Purpose of grant or assistance Employer Identification number X Yes 45-4856406 non-cash assistance (g) Description of Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (f) Method of valuation (book, FMV, appraisal, other) Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (e) Amount of noncash assistance (d) Amount of cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table THE LUTHERAN SCHOLARSHIP GRANTING (c) IRC section if applicable INC. General Information on Grants and Assistance (p) EIN OF INDIANA, Enter total number of other organizations listed in the line 1 table the selection criteria used to award the grants or assistance? (a) Name and address of organization ORGANIZATION or government Name of the organization Part II Part € **€** 3 3 9 9 9 8 6)

Schedule I (Form 990) (2014)

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

Page 2

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

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	(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(e) Method of valuation (book, (f) Description of non-cash assistance
		recipients	cash grant	non-cash assistance	FMV, appraisal, other)	
1 SCHOI	1 SCHOLARSHIPS	1319	1,430,455			
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Part IV	Supplemental Information. Provide the information req	ide the information req	urred in Part I, line 2,	, Part III, column (b),	lured in Part I, line 2, Part III, column (b), and any other additional information.	formation.

PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS ı PART I, LINE 2

THE ORGANIZATION VERIFIES THAT SCHOLARSHIP RECIPIENTS MEET THE

INCOME REQUIREMENTS THROUGH THE FOLLOWING MEANS: 1) ALL RECIPIENTS MUST

PROVIDE PROOF OF INCOME AND 2) SCHOOLS VERIFY CONTINUED ENROLLMENT

PRIOR TO ACCEPTING PAYMENTS FROM THE LUTHERAN SGO. HOUSEHOLD SIZE AND

INDIANA RESIDENCY IS ALSO VERIFIED FOR EACH APPLICANT. ALL SCHOLARSHIP

PAYMENTS ARE MADE DIRECTLY TO THE SCHOOL.

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.

2014

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

THE LUTHERAN SCHOLARSHIP GRANTING ORGANIZATION OF INDIANA, INC.

Employer identification number 45-4856406

FORM 990 - ORGANIZATION'S MISSION

THE MISSION OF THE LUTHERAN SCHOLARSHIP GRANTING ORGANIZATION OF INDIANA, INC. IS TO RAISE FUNDS FROM INDIVIDUALS AND BUSINESSES TO PROVIDE SCHOLARSHIP FUNDS TO ALL ELIGIBLE STUDENTS WANTING TO ATTEND AN INDIANA CHRISTIAN SCHOOL.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
THE 990 IS PREPARED BY OUR CPA FIRM AND A DRAFT OF THE 990 IS SENT TO ALL
BOARD MEMBERS FOR REVIEW AND COMMENT. A FINAL VERSION IS APPROVED AND
SUBMITTED.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
BOARD MEMBERS ARE REQUIRED TO REPORT ANY POTENTIAL CONFLICTS OF INTEREST
ANNUALLY. MEMBERS AND EMPLOYEES HAVE A CONTINUING, AFFIRMATIVE DUTY TO
REPORT ANY PERSONAL OWNERSHIP, INTEREST, OR OTHER RELATIONSHIP THAT MAY
AFFECT THE MEMBER'S ABILITY TO EXERCISE IMPARTIAL AND ETHICAL JUDGEMENTS IN
FUFILLING THEIR RESPONSIBILITIES. IF A BOARD MEMBER HAS A CONFLICT, THE
MEMBER WILL ABSTAIN FROM DISCUSSION AND VOTING ON THE CONFLICTED ITEM.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL COMPENSATION IS DETERMINED AND APPROVED BY THE BOARD OF DIRECTORS.

AT THE CURRENT TIME, ALL OFFICERS ARE VOLUNTEERS AND DO NOT RECEIVE COMPENSATION.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

Page 2

Name of the organization

THE LUTHERAN SCHOLARSHIP GRANTING

Employer identification number

45-4856406

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART VII - ADDITIONAL INFORMATION

ADMINISTRATIVE SERVICES ARE CONTRACTED WITH THE LUTHERAN SCHOOL

PARTNERSHIP. THE SERVICES INCLUDE SCHOLARSHIP AND FUNDRAISING MANAGEMENT,

ADVERTISING, PROMOTION AND MARKETING. THE CONTRACT AMOUNT COVERS THE

PARTNERSHIP'S COSTS.