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Return of Organization Exempt From Income Tax

OMB No 1545-0047

2015

Open to Public

Department of the Treasury

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.

Inte	rnal Reve	nue Service	► Informa	tion about	Form 990 and i	ts instructions is a	t www.irs.g	ov/form990).	Inspe	ection
Α	For the	e 2015 cale	ndar year, or tax year	beginning	07/01	, 2015,	and ending	06	30	, 20 16	
В	Checkı	f applicable	C Name of organization	AUGUSTAI	NA COLLEGE		_		D Employ	er identificatio	n number
	Address	s change	Doing business as							36-2166962	<u> </u>
$\overline{\Box}$	Name o	-	Number and street (or I	O box if ma	all is not delivered	to street address)	Room/suite		E Telepho	ne number	
\exists	Initial re	, i	639 38TH STREET			· · · · · · · · · · · · · · · · · · ·				(309) 794-74	99
H		um/terminated	City or town, state or pi	OVIDCA COUR	tny and ZIP or fore	aign postal code	<u> </u>	•		(000) 104-14	
జ			ROCK ISLAND, IL 612		ary, and zir or fore	ngii postai code			• •		404 000 000
H		ed return			r STEVEN B	AULC		I	G Gross re		184,660,358
ш	Applica	tion pending	F Name and address of p	rincipai onice	er SIEVEND/	чпьо				subordinates?	_
			SAME AS C ABOVE		 	<u></u>		- '		s included? L.J.	
١		mpt status	501(c)(3)	501(c) () ◀ (insert i	no) 4947(a)(1) or	□ 527	-		a list (see instru	Ctions)
7	Website		W AUGUSTANA EDU			· · · · · · · · · · · · · · · · · · ·			 	number > `	
K			Corporation Trust	Associa	tion	L Ye	ar of formatio	n 1860	M State	of legal domicil	le IL
	art I	Summ									
•	1		escribe the organizat		_						
nce			ANA COLLEGE, ROOT		LIBERAL ARTS	AND SCIENCES	AND A LUTH	IERAN EXP	RESSION	N OF THE	
Па			IUED ON SCHEDULE								
Ş.	2		is box ▶☐ if the org			•	isposed of	more than		ıts net asset	S.
ဖွ	3		of voting members o						3		37
න් ග	4		of independent votin	_	•	• • •			4		36
ij	5		nber of individuals er		•	•	e 2a)		5		2,736
Activities & Governance	6		nber of volunteers (e						6		250
Ă	7a	Total unre	elated business reve	nue from F	Part VIII, colum	ın (C), lıne 12			7a		42,017
	b	Net unrel	ated business taxab	le income	from Form 990)-T, line 34 .			7b		(2,817)
	l						L	Prior Ye	ear	Curren	t Year
<u>a</u>	8		tions and grants (Par					18	3,206,794		12,293,402
e	9	Program	service revenue (Par	t VIII, line :	^{2g)}	たり	· · <u>L</u>	109	,934,145		114,229,666
Revenue	10	Investme	nt income (Part VIA)	column (A)), lines 3, 4, an	a 7a) .		6	6,331,451		(1,631,210)
щ	11	Other rev	enuel(Part∀III, colur	nn (A), line	s 5, 6d, 8c, 9c	, 10c, and 11e)			684,972	·	(1,398)
	12	Total reve	enue-add lines 8 thre	ough 11 (m	nustequal Part	ሃዘኒ column (A), li	ne 12)	135	,157,362		124,890,460
	13	Grants ar	nd sımılar amounts2	å¶d 7 (Part I)	K, column (A), I	ines 1–3)		47	,744,952		51,415,017
	14	Benefits i	paid to or £b≠ me mbe	ers (Part IX	. column (A), lı	ne 4)					0
ģ	15	Salaries, o	other compensation, e	employeek	@@ERart IX	, column (A), lines	5–10)	40	,787,836		41,961,041
ıs	16a	Professio	nai tundraising tees	(Part IX, G	alumaday iline	FRG(e)			74,928		61,765
Expenses	b	Total fund	draising expenses	arki sel	ımn (D), line 25	5) ▶ 1,8	75,370				
Û	17		oenses (Part IX, colu					33	3,136,987		33,441,318
	18	Total exp	enses Add lines 13-	-17 (must o	equal Part IX, o	column (A), line 2	5)	121	,744,703		126,879,141
	19	Revenue	less expenses. Subt	ract line 18	8 from line 12			13	3,412,659		(1,988,681)
s or			· · · · · · · · · · · · · · · · · · ·				Ве	ginning of Cu	rrent Year	End of	Year
Sets	20	Total ass	ets (Part X, line 16)					323	3,161,094	;	319,668,265
Net Assets Fund Balanc	21		ilities (Part X, line 26)				73	3,707,031		72,757,538
_ <u>\$</u> 5	22		ts or fund balances		ne 21 from line	20		249	,454,063		246,910,727
P	art II	Signat	ture Block				<u> </u>				
Ur	der pena	alties of perju	ry, I declare that I have ex	amined this r	eturn, including ac	companying schedule	s and stateme	ents, and to t	he best of r	my knowledge	and belief, it is
tru	e, correc	ct, and compl	ete Declaration of prepare	r (other than	officer) is based or	n all information of wh	ich preparer h	as any knowl	edge ,	,	
			Muler						6/23	/2017	
Sig	gn	Signa	ature of officer					Da	te /		
He	re	I KIR	K ANDERSON, VP FO	R FINANCE	AND ADMINIS	TRATION					
		Туре	or print name and title								
Pa	id	Print/Typ	pe preparer's name		Preparer's signatu	ire	Date		Check	T if PTIN	
	epare	ar							self-em		
	se On		ame 🕨					Firm	n's EIN ▶		
5	J.II		ddress ▶					Pho	ne no		

6/23/2017 12:06 42 PM

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

1

For Paperwork Reduction Act Notice, see the separate instructions.

2015 Return AUGUSTANA COLLEGE- 36-2166962

Cat No 11282Y

Yes No Form **990** (2015)

Part	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission AUGUSTANA COLLEGE, ROOTED IN THE LIBERAL ARTS AND SCIENCES AND A LUTHERAN EXPRESSION OF THE
	CHRISTIAN FAITH, IS COMMITTED TO OFFERING A CHALLENGING EDUCATION THAT DEVELOPS QUALITIES OF MIND.
	SPIRIT, AND BODY NECESSARY FOR A REWARDING LIFE OF LEADERSHIP AND SERVICE IN A DIVERSE AND CHANGING
	WORLD
2	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.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$76,883,795 including grants of \$51,415,017) (Revenue \$91,046,120)
	HIGHER EDUCATION INSTRUCTION - INCLUDES 73 ACADEMIC MAJORS, FOREIGN STUDY PROGRAMS, HONORS
	PROGRAMS, AND OTHER EDUCATIONAL RELATED DEPARTMENTS SERVICING APPROXIMATELY 2,500 TOTAL STUDENTS AND
	STAFFED BY APPROXIMATELY 300 FACULTY MEMBERS (2,500 STUDENTS)
4b	(Code:) (Expenses \$13,945,068 including grants of \$) (Revenue \$1,968,756)
	HIGHER EDUCATION ACADEMIC SUPPORT - INCLUDES LIBRARY SUPPORT OF 160,000 TOTAL VOLUMES, AUDIOVISUAL
	MATERIALS AND EQUIPMENT, ART EXHIBITS, JAZZ, THEATER, BAND, CHOIR, INTERCOLLEGIATE ATHLETICS, AND
	RELATED ACTIVITIES SERVICING THE STUDENT AND THE COMMUNITY (2,500 STUDENTS)
	·
	•••••••••••••••••••••••••••••••••••••••
4c	(Code) (Expenses \$ 11,448,224 including grants of \$) (Revenue \$ 18,838,511)
	HIGHER EDUCATION: AUXILIARY ENTERPRISES - SERVES THE STUDENT COMMUNITY BY SELLING TEXTBOOKS AND
	OTHER INSTRUCTIONAL MATERIALS AND SUPPLIES, AND PROVIDES MEAL SERVICE AND HOUSING (2,500 STUDENTS)
4d	Other program services (Describe in Schedule O)
14	(Expenses \$ 10,093,348 including grants of \$ 0) (Revenue \$ 2,351,262)
4e	Total program service expenses 112,370,435

Part	Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	No
2 3	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I </i>	2	√	
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	3	✓	
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,			√
6	Part III	5 6		√
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	✓	_ `
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	✓	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		✓
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V .	10	✓	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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," complete Schedule D, Part VI	11a	✓	
b	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	✓	
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		✓
d	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		✓
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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	11e	√	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	\	
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		✓
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13	√	
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	√	
b	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	✓	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		✓
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		✓
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	✓	_
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		1
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		✓
		Forr	n 990	(2015)

Part	Checklist of Required Schedules (continued)			
			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		✓_
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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	_		,
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	21		✓
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	✓	
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		✓	
240	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23	•	
24a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	i		
	through 24d and complete Schedule K. If "No," go to line 25a	24a	✓	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		1
	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		✓
ď	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		1
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		✓
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	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	<u></u> -		<u> </u>
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	ļ		
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		✓
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		$\overline{\checkmark}$
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b	✓	
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	}		
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u> </u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	√	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	1	l
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	30	_	
-	Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			[
	complete Schedule N, Part II	32		✓
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
34	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		 ✓
U 7	or IV, and Part V, line 1	34		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
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		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
0 -	related organization? If "Yes," complete Schedule R, Part V, line 2	36		✓
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		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	 "	<u> </u>	
-	19? Note. All Form 990 filers are required to complete Schedule O.	38	✓	
			<u>_ aan</u>	(2015)

Form 99	00 (2015)		i	Page 5
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
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 5,925			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	✓	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2,736			
b	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) .			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	✓_	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, 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	✓	
b	If "Yes," enter the name of the foreign country. ▶ BD, CJ			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions? .	6a		✓_
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		✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		✓_
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </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. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.			
а	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	'		
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders		ĺ	
Ь	Gross income from other sources (Do not net amounts due or paid to other sources		}]]
	against amounts due or received from them.)	 		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		<u> </u>	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.	}		
b	Enter the amount of reserves the organization is required to maintain by the states in which	[
	the organization is licensed to issue qualified health plans		j	
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		V
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI	ee ins	tructi	ions.
Section	on A. Governing Body and Management		14	-
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O	:		
b 2	Enter the number of voting members included in line 1a, above, who are independent . 1b 36 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
3	any other officer, director, trustee, or key employee?	2		✓
4	supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	3		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		1
6	Did the organization have members or stockholders?	6		1
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		1
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	√	
b	Each committee with authority to act on behalf of the governing body?	8b	✓	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	9		√ _
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		<u> </u>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	✓	<u> </u>
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	√	├ ──
b b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12b	✓	_
13	describe in Schedule O how this was done	12c	✓	
14	Did the organization have a written document retention and destruction policy?	14	\	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	✓	
b	Other officers or key employees of the organization	15b	✓	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		1
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b	L	<u></u>
	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed AK, CO, IL, MA, NH, NV, WA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available.	501	(c)(3)s	only)
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.	erest	polic	y, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re KIRK ANDERSON, 639 38TH STREET, ROCK ISLAND, IL 61201, (309)794-7203	cords	•	

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

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

- Ta 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.

Check this box if neither the organization no	r any relate	d orga	anız	atio	n c	ompe	nsa	ted any curren	t officer, director	, or trustee.
	1			(0	C)			ļ		
(A)	(B)	١,,		Pos				(D)	(E)	(F)
Name and Title	Average					than in the second		Reportable	Reportable	Estimated
	hours per					or/trus		compensation	compensation from	amount of
	week (list any hours for	악方	ij	♀	<u>چ</u>	육포	딩	from the	related organizations	other compensation
	related	Individual trustee or director	stitu	Officer	Key employee	p ghee	Former	organization	(W-2/1099-MISC)	from the
	organizations below dotted	ctal	g	~	핥	ee C] =	(W-2/1099-MISC)	1	organization and related
	line)	`trus	altr		yee	ğ				organizations
	1	itee	Institutional trustee	Ì	"	Highest compensated employee	1			· ·
			ě		L	nt ed	<u> </u>			
(1) MARY E JUNCK	10									
VP OF BOARD	- 	1		1			}	0	0	0
(2) LEE SELANDER	10	广	 	Ė			†			
CHAIR OF THE BOARD		✓		1				0	o	0
(3) STEVEN BAHLS	55 0									
COLLEGE PRESIDENT	<u></u>	1		1				418,320	0	67,903
(4) KENNETH ABRAMS	10						1			
BOARD MEMBER	<u> </u>	✓		ĺ		Ĺ_		0	0	0
(5) BRENDA BARNES	10									
BOARD MEMBER		✓						0	0	0
(6) DONALD BERG	10				ļ				}	1:
BOARD MEMBER	ļ	✓		_	<u> </u>	L	<u> </u>	0	0	0
(7) CHRIS CULTER	10	l				ļ		}		!
BOARD MEMBER		✓			_	L	丄	0	0	0
(8) DEBRA-GAMMON	1.0	<u> </u>	<u> </u>	_	<u> </u>	<u> </u>	<u> </u>	<u> </u>		
BOARD MEMBER	<u> </u>	1	_	L	↓_	<u> </u>	<u> </u>	0	0	0
(9) REV TOM GREVLOS	10]	}		ļ	ļ]	ļ	
BOARD MEMBER	<u> </u>	/			<u> </u>		↓	0	0	0
(10) DR DIANE GRIFFIN	10	ì	{	}	ł	ł	ł	1	l i	
BOARD MEMBER	_	✓	$oxed{oxed}$		<u> </u>	<u> </u>		0	0	0
(11) REV DONALD HALLBERG	10	1			Ì	1			<u> </u>	
BOARD MEMBER		✓	<u> </u>	<u> </u>	<u> </u>	ـــــ	$oldsymbol{ol}}}}}}}}}}}}}}}}}}$	0	0	0
(12) JULIE HAMANN	10								1	
BOARD MEMBER		<u> </u>	igspace	L_	ļ	ļ	↓_	0	0	0
(13) DIANE HARRIS	10	1	ĺ	ĺ		1	ĺ			
BOARD MEMBER		1	_	_	<u> </u>	↓	\perp	0	0	0
(14) DR NILS HASSELMO	10			,	}]	}]	
BOARD MEMBER		<u> </u>		_		<u> </u>		0	0	0 Form 990 (2015)

Form **990** (2015)

Fprm 990 (2015)													age o
Part VII Section A. Officers, Directors, Trus	tees, Key E	mplo	yees			lighe	st C	compensated E	mployees (d	continue	d)		
		Ì			C)					Ì			
(A)	(B)	(do n	not ch		sition	e than d	one	(D)	(E)	[((F)	
Name and title	Average	٠.				is both		Reportable	Reportabl	- 1		mated	
	hours per	1	er and	dad	direct	or/trus	tee)	compensation	compensation related	from		ount of ther	
	week (list any hours for	Individual trustee or director	J.S.	오	₩	₽.E	Ş,	from the	organizatio	ns		inei ensatior	n
	related	d le	喜	Officer) œ	Peg	Former	organization	(W-2/1099-M			m the	
	organizations	ctal	g	[]	불	8 2	~	(W-2/1099-MISC)	ł	1		nization related	
	below dotted line)	ੋੜ੍ਹੋ	<u>a</u>		Key employee	ă			}			izations	3
	(i ë	Institutional trustee		"	ens:			(Ĭ	Ū		
)	ď	ļ)	Highest compensated employee				ļ			
(15) ROBERT KARLBLOM	10												
BOARD MEMBER		✓			Ĺ	_	_	0	l	0			0
(16) ZAC LARSON	10	J -											
BOARD MEMBER		✓_					<u> </u>	0		0			0
(17) DR LOIS LEVINE-MUNDIE	10				1		"						_
BOARD MEMBER		✓				<u> </u>	<u> </u>	0		0			0
(18) MARIE LIND	10												
BOARD MEMBER		✓				<u> </u>	L	0		0			0
(19) ERIC LINDBERG	10									l			
BOARD MEMBER		✓			1_		<u>_</u>	0	L	0			0
(20) JOHN LUCKEN	10				1								
BOARD MEMBER	<u> </u>	✓			<u> </u>		<u>L</u> _	0	L	0			0
(21) PAUL MCKINLEY	10)					1	ļ			
BOARD MEMBER		✓					L	0		0			0
(22) JOHN MURABITO	10	İ		1	1	1	l		ţ	1			
BOARD MEMBER	ļ	✓		_	_		L	0		0			0
(23) LYNETTE RASMUSSEN	10								Ì				
BOARD MEMBER		✓			↓_		<u> </u>	0		0			0
(24) MARK SCHWIEBERT	10					ļ			!				
BOARD MEMBER	ļ	✓		<u>_</u>	4_	<u> </u>	L	<u> </u>		0			0
(25) (SEE STATEMENT)	ļ					})	ļ]				
	<u> </u>	L	L_			<u> </u>	Ļ	 					
1b Sub-total					•		•	418,320		0			7,903
c Total from continuation sheets to Part	VII, Sectio	n A	٠	•	•	•		1,621,293	 				5,006
d Total (add lines 1b and 1c)	<u> </u>	·	<u>.</u>		<u>. </u>	•	<u> </u>	2,039,613	l	0 _		282	2,909
2 Total number of individuals (including bu			nose	e lis	ted	abov	e) w	/ho received m	ore than \$1	000,000	of		
reportable compensation from the organ	ization ► 2	2											Γ
O Dalaha arasa da la Garaga						1				4		Yes	No
3 Did the organization list any former of							emp	oloyee, or nigr	nest compe	nsated			
employee on line 1a? If "Yes," complete											3	V	ļ
4 For any individual listed on line 1a, is the) .		ĺ
organization and related organizations	greater th	an \$	150,	,000	ן יינ	t "Ye	·s,"	complete Sch	neaule J to	r such			
ındividual			٠								4	✓	<u> </u>
5 Did any person listed on line 1a receive of									zation or inc	lividual			
for services rendered to the organization	rir Yes, c	отр	ete	30	riea	uie J	ior s	such person	· · · ·	<u>·</u>	<u> 5</u>		✓
Section B. Independent Contractors										0400	000 1		
1 Complete this table for your five highest													
compensation from the organization Re	роп сотре	nsatio	on t	or t	ne c	aienc	ar y	year ending wi	in or within	me orga	anizatio	on's ta	ХE
year.							_						
(A)							1	(B)			(C)		

(A) Name and business address	(B) Description of services	(C) Compensation
BUSH CONSTRUCTION COMPANY, 5401 VICTORIA AVE, DAVENPORT, IA 52807-0000	CONSTRUCTION	6,082,111
HODGE CONSTRUCTION COMPANY INC, 767 52ND AVE, MOLINE, IL 61265-000	CONSTRUCTION	2,662,240
PERFORMANCE FOOD GROUP, 8001 TPC RD, ROCK ISLAND, IL 61201-0000	FOOD SERVICE DISTRIBUTOR	1,283,455
EIIA, 200 S WACKER DRIVE, CHICAGO, IL 60606	INSURANCE	846,981
STERLING COMMERCIAL ROOFING INC, 2711 LOCUST ST, STERLING, IL 61081	CONSTRUCTION	555,852
2 Total number of independent contractors (including but not limited to received more than \$100,000 of compensation from the organization ▶	those listed above) who	
		5 000 (0015)

<u>` </u>	VIII	Statement of Revenue					Page S
		Check if Schedule O contains a res	sponse or note to	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
ts	1a	Federated campaigns . 1a	T	+	revenue		512-514
Contributions, Giffs, Grants and Other Similar Amounts	b	Membership dues 1b	0				
ָבָּ יָבָּ	С	Fundraising events 1c					
ilar An	ď	Related organizations . 1d	0	1	}		
ا≅ني	е	Government grants (contributions) 1e	841,791			i	
ا ي ا	f	All other contributions, gifts, grants,					
휼		and similar amounts not included above 1f	11,451,611				
Contributions, and Other Sim	g	Noncash contributions included in lines 1a-1f \$	835,785	ł			
ခဲ့ င	h	Total. Add lines 1a-1f	•	12,293,402			
e n			Business Code				· · · · · ·
Ven	2a	TUITION AND FEES	611710	94,081,258	94,081,258	0	(
8	b	SALES AND SERVICES - AUXILIARY	722320	19,088,675	19,063,658	25,017	
je	С	SALES AND SERVICES - ED DEPT	611710	1,059,733	1,059,733	0	
Ser	d						
E	е						
Program Service Revenue	f	All other program service revenue.		0	0	0	(
ڇ	g	Total. Add lines 2a-2f .	<u>.</u> . >	114,229,666			
ł	3	Investment income (including divid	lends, interest,				
		and other similar amounts) .	▶ [3,345,637	0	0	3,345,637
- 1	4	Income from investment of tax-exempt b	ond proceeds ►	0	0	0	
	5	Royalties <u></u>	<u> </u>	0	0	0	
ľ		(ı) Real	(ii) Personal			Ì	
ľ	6a	Gross rents 313,666	+	į	į		
ı	b	Less: rental expenses 0				ĺ	
İ	С	Rental income or (loss) 313,666					
	_d	Net rental income or (loss)	•	313,666	0	17,000	296,666
	7a	Gross amount from sales of (i) Securities	(II) Other				
ľ		assets other than inventory 54,793,051	0				
	b	Less: cost or other basis		1			
i		and sales expenses . 59,769,898			ľ		
	C	Gain or (loss) . (4,976,847)		(4.070.045)			
i	d	Net gain or (loss)	<u> </u>	(4,976,847)	0	0	(4,976,847
nue	8a	Gross income from fundraising					
Š		events (not including \$					
æ		of contributions reported on line 1c).	1				
Other Revenu		See Part IV, line 18 a					
퓡	b	Less: direct expenses b			<u> </u> _		_
	С	Net income or (loss) from fundraising	events	0		0	
	—9a-	Gross income from gaming activities.	 				
l		See Part IV, line 19 a					
Į.	b	Less: direct expenses b					
	C	Net income or (loss) from gaming act	ivities .	0	0	0	
- {	10a	Gross sales of inventory, less	1	ł	l	Ì	
	_	returns and allowances a					
	b	Less: cost of goods sold b					
-	<u> </u>	Net income or (loss) from sales of inv		0	0	0	
ļ		Miscellaneous Revenue	Business Code				
	11a	DEPARTMENTAL DESIGNATED	611710	292,322	0	0	292,32
Į	b	FMV/PV ADJUSTMENTS	900001	(897,472)	0	0	(897,472
	C	ANNUITANT PAYMENTS	900001	(165,389)	0	0	(165,389
ŀ	d	All other revenue	900099	455,475	0	0	455,475
	e	Total. Add lines 11a-11d	🟲	(315,064)			
	12	Total revenue. See instructions.	▶]	124,890,460	114,204,649	42,017	(1,649,608)

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 respons				//////////////////////////////////////
Do no	t include amounts reported on lines 6b, 7b,	(A)		(C)	(D)
	o, and 10b of Part VIII.	Total expenses	(B) Program service expenses	(C) Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		опролось	general expenses	CAPCHISCS
	and domestic governments. See Part IV, line 21	0	0		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	51,415,017	51,415,017		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	2,039,613	849,275	992,331	198,007
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7	Other salaries and wages	30,273,159	26,474,467	2,761,832	1,036,860
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,831,250	2,438,097	268,465	124,688
9	Other employee benefits	4,657,544	539,032	4,108,612	9,900
10	Payroll taxes	2,159,475	1,833,165	244,117	82,193
11	Fees for services (non-employees):		1,000,100		
a	Management Legal	27,092	346	0 20 740	0
b	Accounting	137,556	10,000	26,746	0
c d	, ,, *	575	10,000	127,556 575	0
e	Professional fundraising services. See Part IV, line 17	61,765	- 0		61,765
f	Investment management fees	237,887	0	237,887	01,705
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	2,677,967	2,222,019	459,026	(3,078)
12	Advertising and promotion	225,562	153,235	72,327	0
13	Office expenses	2,208,540	1,781,321	304,173	123,046
14	Information technology	490,588	440,444	44,335	5,809
15	Royalties	5,499	5,499	0	0
16 17	Occupancy	6,038,017	5,196,274	841,743	0
18	Payments of travel or entertainment expenses	3,636,006	3,257,068	311,109	67,829
40	for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings .	350,874	189,603	133,112	28,159
20	Interest	1,786,837	1,768,969	17,868	0
21	Payments to affiliates	6 193 204	5 350 057	0)	0
22 23	Depreciation, depletion, and amortization .	6,182,304	5,250,957	931,347	0
			120,574	397,002	
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	MEMBERSHIP DUES	1,053,744	889,198	132,841	31,705
b	EQUIPMENT	780,912	750,052	29,995	865
С	BOOKSTORE & FOOD SERVICE FUNCTIONS	2,716,846	2,716,846	0	0
d	REPAIR & MAINTENANCE	1,183,297	1,169,080	14,217	0
e	All other expenses	3,183,639	2,899,897	176,120	107,622
25	Total functional expenses. Add lines 1 through 24e	126,879,141	112,370,435	12,633,336	1,875,370
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)				
					Form 990 (2015)

Part X Balance Sheet

	art X	Balance Sheet Check if Schedule O contains a response or note to any line in t	hie Part Y		
		Check it Schedule o contains a response or note to any line in t	(A)		
			Beginning of year		(B) End of year
	1	Cash non-interest-bearing	. 12,153,179	1	3,421,806
	2	Savings and temporary cash investments			897,231
	3	Pledges and grants receivable, net		3	13,000,052
	4	Accounts receivable, net		 	397,902
	5	Loans and other receivables from current and former officers, direc	tors.	<u> </u>	
		trustees, key employees, and highest compensated employ	rees.		
		Complete Part II of Schedule L		5	0
ध	6	Loans and other receivables from other disqualified persons (as defined under set 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers sponsoring organizations of section 501(c)(9) voluntary employees' benef organizations (see instructions). Complete Part II of Schedule L	s and liciary	6	0
Assets	7	Notes and loans receivable, net		_	0
As	8	Inventories for sale or use	374,507		410,600
	9	Prepaid expenses and deferred charges	. 594,013		953,538
	10a	Land, buildings, and equipment cost or	334,013	-	955,556
		other bests Consults Daisy (C.)	33,519	1	
	b	Less: accumulated depreciation		100	127,797,937
	11	Investments—publicly traded securities			
	12	Investments—other securities See Part IV, line 11	32,869,716		127,126,700 29,918,258
	13	Investments – program-related. See Part IV, line 11	3,281,130		3,328,077
	14	Intangible assets			3,326,077
	15	Other assets. See Part IV, line 11	. 13,757,819		12,416,164
	16	Total assets. Add lines 1 through 15 (must equal line 34)	323,161,094		319,668,265
	17	Accounts payable and accrued expenses	. 6,546,498		6,845,013
	18	Grants payable	0,040,430		0,843,013
	19	Deferred revenue			
	20	Tax-exempt bond liabilities		·	56,704,206
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		1	0
S	22	Loans and other payables to current and former officers, direct	tors	 - 	_ _
Liabilities		trustees, key employees, highest compensated employees,	and	1 1	
ᅙ		disqualified persons. Complete Part II of Schedule L	. 0	22	J
Ë	23	Secured mortgages and notes payable to unrelated third parties	0	23	
	24	Unsecured notes and loans payable to unrelated third parties .	. 0	_	
	25	Other liabilities (including federal income tax, payables to related to			
		parties, and other liabilities not included on lines 17-24). Complete Pa	art X 8,586,695	!	9,208,319
		of Schedule D	0,000,000	25	3,200,513
	26	Total liabilities. Add lines 17 through 25	. 73,707,031	26	72,757,538
		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑	and		12,707,000
Š		complete lines 27 through 29, and lines 33 and 34.			
ano	27	Unrestricted net assets	128,964,373	27	127,187,021
_ <u>B</u> _	-28	Temporarily restricted net assets		_	43,818,288
Ď	29	Permanently restricted net assets	75,340,895		75,905,418
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ complete lines 30 through 34.			
O S	30	Capital stock or trust principal, or current funds		30	
set	31	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	32	Retained earnings, endowment, accumulated income, or other funds	·	31	
et	33	Total net assets or fund balances	. 249,454,063	32	040 040 707
Z	34	Total liabilities and net assets/fund balances	323,161,094	33	246,910,727
—	 -	and not appoint and palatices	323, 101,094	34	319,668,265 Form 990 (2015)

За

3b

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

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.

Department of the Treasury Internal Revenue Service ► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Name of the organization

OMB No 1545-0047

2015

Open to Public Inspection

	Name of the organization								
	AUGUSTANA COLLEGE 36-2166962								
Pai							ns.		
The o	The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)								
1									
2	A school described in section								
3	A hospital or a cooperative ho								
4	A medical research organization		onjunction with a hos	pital desc	ribed in s	section 170(b)(1)(A)	(iii). Enter the		
-	hospital's name, city, and stat						:		
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)								
6	A federal, state, or local gover								
7	An organization that normally described in section 170(b)(1)	(A)(vi). (Complet	te Part II)		ı a gover	nmental unit or from	the general public		
8	A community trust described in	n section 170(b)(1)(A)(vi). (Complete	Part II.)					
9	☐ An organization that normally	receives: (1) mo	re than 331/3% of its	support	from con	tributions, members	hip fees, and gross		
	receipts from activities related	d to its exempt	functions-subject to	certain	exception	ns, and (2) no more	than 331/3% of its		
	support from gross investme						x) from businesses		
	acquired by the organization a					•			
10	An organization organized and								
11	An organization organized and	operated exclusi	vely for the benefit of,	to perfor	m the fun	ctions of, or to carry	out the purposes of		
	one or more publicly supported the box in lines 11a through 11	i organizations d d that describes	the type of supporting	09(a)(1) 0	r section	509(a)(2). See secti	on 509(a)(3). Check		
_							-		
а	☐ Type I. A supporting organiz the supported organization(s organization. You must com) the power to re	egularly appoint or ele	ct a majo	ority of the	ed organization(s), ty e directors or trustee	es of the supporting		
b				nection w	ith ite ein	nnorted organization	v(e) by baying		
-	control or management of th	e supporting ord	anization vested in th	ie same r	ersons th	nat control or manac	i(3), by having ie the supported		
	organization(s) You must co	mplete Part IV	Sections A and C	,			, o o oupportou		
С	☐ Type III functionally integra its supported organization(s)	i ted . A supportir	ng organization opera				y integrated with,		
d	☐ Type III non-functionally in						ed organization(s)		
	that is not functionally integr requirement (see instructions	ated. The organi	zation generally must	satisfy a	dıstrıbutı	on requirement and			
е	Check this box if the organiz functionally integrated, or Ty	ation received a	written determination	from the	IRS that	ıt ıs a Type I, Type I	I, Type III		
f	Enter the number of supported of		onany intogratou bapp	orang or	garnzano				
g	Provide the following information	_	orted organization(s)	•					
	(i) Name of supported organization	(II) EIN	· · · · · · · · · · · · · · · · · · ·	(ıv) İs the c	rganization	(v) Amount of monetary	(vi) Amount of		
		,.,	(described on lines 1-9	listed in you	ır governing	support (see	other support (see		
			above (see instructions))	docu	ment?	instructions)	instructions)		
				Yes	No				
/A)									
(A)									
(B)									
(D)									
(C)									
(D)									
·- <i>,</i>				<u> </u>			<u> </u>		
(E)									
				I	ı	i i			

Par							
	(Complete only if you checked the						alıfy under
Coot	Part III If the organization fails to	o quality unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
	ion A. Public Support	(-) 0044	T #1 0040	T () 0040	1 00011	1 () 0045	
Caler 1	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 Saati	Public support. Subtract line 5 from line 4.					<u> </u>	
	ion B. Total Support idar year (or fiscal year beginning in)	(a) 2011	(h) 2010	(=) 0010	(-1) 0014	(-) 0045	(0 T-+-1
7	Amounts from line 4	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)			:_			
11 12 13	Total support. Add lines 7 through 10 Gross receipts from related activities, etc. First five years. If the Form 990 is for the		•		. or fifth toy w	12	501(a)(2)
.0	organization, check this box and stop he i						on 50 1(c)(5) ► □
Secti	on C. Computation of Public Suppor				• • •		
14	Public support percentage for 2015 (line 6			1, column (f))		14	%
15	Public support percentage from 2014 Sch	nedule A, Part I	II, line 14 .			15	%
16a	331/3% support test—2015. If the organization qual				d line 14 is 33¹	/3% or more, c	.
——b-	-331/3%-support-test-2014. If the organ			-			
-	check this box and stop here. The organi						or infore, ▶ □
17a							
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizate Explain in Part VI how the organization m supported organization	ion meets the	"facts-and-ci	rcumstances"	test, check th	ns box and st	, and line op here.
18	Private foundation. If the organization districtions	d not check a l	box on line 13,	 , 16a, 16b, 17a 	a, or 17b, chec	k this box and	see

<u> </u>	le A (Form 990 or 990-EZ) 2015			 			Page 3
Part	Support Schedule for Organiza						
	(Complete only if you checked th						ier Part II.
Sacti	If the organization fails to qualify on A. Public Support	under the te	sis listed bei	ow, please co	inplete Fait		
	dar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees	(a) 2011	(b) 2012	(0) 2010	(0) 2014	(6) 2010	(i) Total
•	received. (Do not include any "unusual grants.")]			
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	-					
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year		_				
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)			,			
	on B. Total Support						,
	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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	·		<u> </u>		ļ	ļ
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 VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
	First five years If the Form 000 is for th		-1- fk	بالمستنبط المستنطلة			~ ED1(~\(0\

organization, check this box and stop here . . .

ection C.	Computation	of Public	Support	Percentage
COUCH OF	Comparation		Ouppo. c	

15	Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2014 Schedule A, Part III, line 15	16	9

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))		17	%
18	Investment income percentage from 2014 Schedule A, Part III, line 17	. [18	9

19a	support tests—2015. If the organization did not check the box on line 14, and line 15 is more than 35/3%, and line	
	17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization . • 🕨	3

b 331/3% support tests-2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization \blacktriangleright

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on 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.)

secu	on A. All Supporting Organizations		r	
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		
За	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)	30		
	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)			
_	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	ļ	
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?	5с		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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 .			
7		6_		ļ
•	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)			
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	7		
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	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			
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a	ļ	
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
С	Did a disqualified person (as defined in line 9a) 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 .	9с		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b 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)	10b	-	

Schedule A (Form 990 or 990-EZ) 2015

Spriedu	ile A (FORTH 990 OF 990-EZ) 2013			aye J
Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	440		
L	below, the governing body of a supported organization?	11a 11b		
b	A family member of a person described in (a) above? A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	ion B. Type I Supporting Organizations	1110		
	J. J. J. J. J. J. J. J. J. J. J. J. J. J		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	<u> </u>		
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
		1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	<u> </u>		
Socti	ion C. Type II Supporting Organizations	2		
Secti	on 6. Type if Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	[103	140
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	l		
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations	•		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?			
_		1_		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		<u> </u>	
3	By reason of the relationship described in (2), did the organization's supported organizations have a	2		
3	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	ion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instru	ction	s).
a	The organization satisfied the Activities Test Complete line 2 below.			-,
b	☐ The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
c	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in:	structi	ons).
2_	Activities Test. Answer (a) and (b) below.		Tes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined		ł	ļ
	that these activities constituted substantially all of its activities	2a		l
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		-	
_	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.		-	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		L	<u></u>
	trustees of each of the supported organizations? Provide details in Part VI.	За		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

2015 Return AUGUSTANA COLLEGE- 36-2166962

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V	gani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must co			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or	\Box		
collection of gross income or for management, conservation, or	1 1		
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			Í
instructions for short tax year or assets held for part of year).	<u> </u>		
a Average monthly value of securities	1a		<u> </u>
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI).			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 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		
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	·	
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount Subtract line 5 from line 4, unless subject to	1.		
emergency temporary reduction (see instructions)	6	<u> </u>	
7 Check here if the current year is the organization's first as a non-functional instructions).	ly-in	tegrated Type III support	ing organization (see
		Schedule A	(Form 990 or 990-EZ) 2015

1	on D - Distributions	•		Current Year				
				Current Year				
2								
	Amounts paid to perform activity that directly furthers exe	orted						
	organizations, in excess of income from activity							
3	Administrative expenses paid to accomplish exempt purp	ooses of supported orga	nızatıons					
4	Amounts paid to acquire exempt-use assets							
5	Qualified set-aside amounts (prior 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	h the organization is res	ponsive	· · · · · · · · · · · · · · · · · · ·				
	(provide details in Part VI). See instructions.		•					
9	Distributable amount for 2015 from Section C, line 6							
10	Line 8 amount divided by Line 9 amount							
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions	(iii) Distributable				
			Pre-2015	Amount for 2015				
	Distributable amount for 2015 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2015							
	(reasonable cause required-see instructions)							
3	Excess distributions carryover, if any, to 2015.							
а								
b								
С								
d	d From 2013							
е	From 2014							
f	Total of lines 3a through e							
g	Applied to underdistributions of prior years							
h	Applied to 2015 distributable amount							
i	Carryover from 2010 not applied (see instructions)							
j	Remainder Subtract lines 3g, 3h, and 3i from 3f.							
4	Distributions for 2015 from Section							
	D, line 7: \$							
а	Applied to underdistributions of prior years							
b	Applied to 2015 distributable amount							
С	Remainder. Subtract lines 4a and 4b from 4.							
5	Remaining underdistributions for years prior to 2015, if							
	any. Subtract lines 3g and 4a from line 2 (if amount							
	greater than zero, see instructions).							
6	Remaining underdistributions for 2015 Subtract lines 3h							
	and 4b from line 1 (if amount greater than zero, see							
	instructions).							
7	Excess distributions carryover to 2016 Add lines 3j							
	and 4c.							
-8	Breakdown of line 7:							
а								
b				····				
С	Excess from 2013 .							
	Excess from 2014							
	Excess from 2015			·				

Schedule A (Form 990 or 990-EZ) 2015

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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

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

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

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

	organization answered "Yes see separate instructions), tl	s," on Form 990, Part IV, line 5 (Proxy hen	Tax) (see separate	e instructions) or Form 990	-EZ, Part V, line 35c (Proxy
	ection 501(c)(4), (5), or (6) orga				
	of organization			Employer ider	ntification number
AUGU	STANA COLLEGE				36-2166962
Part	I-A Complete if the	e organization is exempt und	er section 501(d	c) or is a section 527 of	organization.
1	Provide a description of t	the organization's direct and indire	ct political campa	ign activities in Part IV	
2	Political expenditures	· · · · · · · · · · · · · · · · · · ·			
3	Volunteer hours .				
Part	I-B Complete if the	e organization is exempt und	er section 501(d	c)(3).	
1	Enter the amount of any	excise tax incurred by the organiza	tion under section	n 4955 ▶ \$	
2	•	excise tax incurred by organization	-		
3	-	ed a section 4955 tax, did it file For	m 4720 for this ye	ear?	∐ Yes ∐ No
4a	Was a correction made?				∐ Yes No
b	If "Yes," describe in Part		-1		
Part		e organization is exempt und			(c)(3).
1	activities	ly expended by the filing organiz		527 exempt function ▶ \$	
2		filling organization's funds contrib		· · · · · · · · · · · · · · · · · · ·	
_	527 exempt function acti		died to other org		
3	•	expenditures. Add lines 1 and 2	Enter here and	on Form 1120-PΩ	
	line 17b	•	Lines note and	> \$	
4	Did the filing organization	n file Form 1120-POL for this year?	?	· · · · · · · · · · · · · · · · · · ·	. Yes No
5		ses and employer identification nur		ection 527 political organi	
•		ents. For each organization listed,			
		ontributions received that were pro-			
	as a separate segregated	fund or a political action committe	ee (PAC). If additio	nal space is needed, prov	ide information in Part IV.
_	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	.,	, ,	, ,	filing organization's	contributions received and
				funds If none, enter -0-	promptly and directly delivered to a separate
					political organization If none, enter -0-
					Hone, enter -o-
(1)					
(2)					
(2)					
(3) 			·		
(4)					
(5)					
(6)	-				

Schedule C (Form 990 or 990-EZ) 2015

Cat No 50084S

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Fa	rt II-A Complete if the organization section 501(h)).	is exempt i	under section 5	01(c)(3) and file	d Form 5768 (ele	ction under
Ā	Check ► ☐ If the filing organization beloname, address, EIN, expen					oup member's
В	Check ▶ ☐ if the filing organization che	cked box A	and "limited con	trol" provisions a	apply.	
	Limits on Lobby	ing Expendit	ures		(a) Filing	(b) Affiliated
	(The term "expenditures" me	ans amounts	paid or incurred.	.)	organization's totals	group totals
1	a Total lobbying expenditures to influence	public opinion	(grass roots lobby	/ing)		
	b Total lobbying expenditures to influence	a legislative bo	dy (direct lobbyin	g)		
	c Total lobbying expenditures (add lines 1a	-				
	d Other exempt purpose expenditures					
	e Total exempt purpose expenditures (add	lines 1c and 1	d)			
	f Lobbying nontaxable amount. Enter t			table in both		
	columns		·		1	
	If the amount on line 1e, column (a) or (b) is:	The lobbying	nontaxable amoun	t is:		
	Not over \$500,000		nount on line 1e		1 1	
	Over \$500,000 but not over \$1,000,000		15% of the excess	over \$500,000)	
	Over \$1,000,000 but not over \$1,500,000		10% of the excess			
	Over \$1,500,000 but not over \$17,000,000		5% of the excess o		}	
	Over \$17,000,000	\$1,000,000	070 01 110 000000 0	VOI \$1,000,000		
	g Grassroots nontaxable amount (enter 259				 	
	h Subtract line 1g from line 1a If zero or les	•				
	Subtract line 1f from line 1c If zero or les	•				
	If there is an amount other than zero of	•	1h or line 1i, dic	 I the organization	file Form 4720	
	reporting section 4911 tax for this year?					☐ Yes ☐ No
	(Some organizations that made a sec	tion 501(h) ele	Period Under sec ection do not hav ructions for lines	e to complete all	of the five column	ns below.
_	Lobbying	Expenditures	During 4-Year A	veraging Period		
	Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2	a Lobbying nontaxable amount				-	
	b Lobbying ceiling amount (150% of line 2a, column (e))					
	c Total lobbying expenditures					
	d Grassroots nontaxable amount					
	e Grassroots ceiling amount (150% of line 2d, column (e))					
	f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2015

Part	II-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed	Form	า 5768	1
For e	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(;	a)		(b)
	ription of the lobbying activity.	Yes	No	A	mount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
a	Volunteers?		✓		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?	<u> </u>		 	
d	Mailings to members, legislators, or the public?		V		
e	Publications, or published or broadcast statements?		1		
f	Grants to other organizations for lobbying purposes?		✓		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	✓			575
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		✓		
i	Other activities?		✓		
j	Total Add lines 1c through 1i				575
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		✓		
b C	If "Yes," enter the amount of any tax incurred under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c))(5). (or se	ction	
	501(c)(6).	,,,,		00	
					Yes No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3	
Part	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," O answered "Yes.")(5), d R (b)	or se Part	ction III-A,	line 3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).	of	•		
а	Current year		2a		
b c	Carryover from last year		2b 2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of				
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobb	yıng			
	and political expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
Part					
2 (see	e the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated gro instructions); and Part II-B, line 1. Also, complete this part for any additional information. TATEMENT	up list	t); Par	t II-A, I 	ines 1 and
		· 			
					
		•••		· 	
		-			

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

Open to Public Inspection

OMB No 1545-0047

2015

Department of the Treasury Internal Revenue Service

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

Employer identification number

Name o	of the or	ganization		Employer i	identification number
AUGL	JSTANA	COLLEGE			36-2166962
Pai	rt I	Organizations Maintaining Donor Adv Complete if the organization answered			counts.
			(a) Donor advised funds	(k	b) Funds and other accounts
1	Total	number at end of year			
2	Aggr	egate value of contributions to (during year)			
3	Aggr	egate value of grants from (during year) .			
4	Aggr	egate value at end of year			
5		he organization inform all donors and donors are the organization's property, subject to the			nor advised Yes . No
6	only	he organization inform all grantees, donors, a for charitable purposes and not for the bene erring impermissible private benefit?	fit of the donor or donor advisor, or		
Par	t II	Conservation Easements.			
		Complete if the organization answered	'Yes" on Form 990, Part IV, line 7	' .	
1	Purp	ose(s) of conservation easements held by the	organization (check all that apply)		
	□ P	reservation of land for public use (e g , recrea	tion or education) 🔲 Preservation o	of a historic	cally important land area
	□ P	rotection of natural habitat	✓ Preservation of	of a certifie	d historic structure
	□ P	reservation of open space			
2	Com	plete lines 2a through 2d if the organization he	eld a qualified conservation contribut	ion in th <u>e f</u>	orm of a conservation
	ease	ment on the last day of the tax year			Held at the End of the Tax Year
а	Total	number of conservation easements		2	a
b	Total	acreage restricted by conservation easement	s	. 2	b
С		ber of conservation easements on a certified I		. 2	c
d	Num	ber of conservation easements included in	(c) acquired after 8/17/06, and not	t on a	
	histo	ric structure listed in the National Register .		2	d
3	Num tax y	ber of conservation easements modified, transear 0	sferred, released, extinguished, or ter	rminated b	y the organization during the
4	•	ber of states where property subject to conse	rvation easement is located ▶	1	
5		the organization have a written policy re		spection.	handling of
_		ions, and enforcement of the conservation ea			=
6	Staff	and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing	g conservation	
	>				
7		unt of expenses incurred in monitoring, inspectir	ig, handling of violations, and enforcing	g conservat	ion easements during the year
_	▶ \$	<u> </u>	04.0		170 (L) (A) (E) (E)
8		each conservation easement reported on line			
9		rt XIII, describe how the organization reports			
		nce sheet, and include, if applicable, the text of	_	inancial sta	atements that describes the
		nization's accounting for conservation easeme			
Par	t III	Organizations Maintaining Collection			Similar Assets.
		Complete if the organization answered			
1a		organization elected, as permitted under SF	,		
		s of art, historical treasures, or other similar			
	publi	c service, provide, in Part XIII, the text of the f	ootnote to its financial statements th	at describe	es these items
b	work	e organization elected, as permitted under S s of art, historical treasures, or other similar c service, provide the following amounts relat	assets held for public exhibition, e		
	(i) R	evenue included on Form 990, Part VIII, line 1			> \$
	• •				► \$. ► \$
2	If the	e organization received or held works of art wing amounts required to be reported under S	, historical treasures, or other simila	ar assets f	for financial gain, provide the
а		nue included on Form 990, Part VIII, line 1			▶ \$
b		ts included in Form 990. Part X		• •	► \$

Par	Organizations Maintaining	Collections of	Art, Historical 1	reasures, c	or Other	Similar Ass	ets (continued)
3	Using the organization's acquisition, collection items (check all that apply).	accession, and ot					
а	✓ Public exhibition		d 🗌 Loan	or exchange	programs	S	
b	Scholarly research		e 🗹 Other	r EDUCATION	N		
С	✓ Preservation for future generations						
4	Provide a description of the organiza XIII.	tion's collections a	and explain how t	hey further th	ie organiz	zation's exemp	ot purpose in Part
5	During the year, did the organization assets to be sold to raise funds rather						☐ Yes ☑ No
Part	IV Escrow and Custodial Arra	angements.				-	
	Complete if the organization 990, Part X, line 21.				•		
1a	Is the organization an agent, trustee included on Form 990, Part X?						☐ Yes ☐ No
b	If "Yes," explain the arrangement in P	art XIII and comple	ete the following to	able.			
						Am	ount
C	Beginning balance				1c		
d	5 -				1d		
е	Distributions during the year				1e		
f	Ending balance		· · · ·		1f		
2a	Did the organization include an amoun					-	
	If "Yes," explain the arrangement in P	art XIII. Check here	e if the explanation	n has been pr	rovided oi	n Part XIII .	<u> </u>
Par		anawarad "Vaa"	, on Earm 000 I	Dowt N. Line of	10		
	Complete if the organization	(a) Current year	(b) Prior year	(c) Two years b		Three years back	(e) Four years back
10	Beginning of year balance .	151,087,848	147,253,504			118,812,024	121,668,222
1a b	0 11 1	6,044,634	10,421,565			4,010,138	5,026,091
C	Net investment earnings, gains, and	0,044,034	10,421,303	3,555	5,100	4,010,136	5,020,091
·	losses	(2,692,246)	(74,046)	19,728	3 962	11,991,200	(2,869,872)
d	Grants or scholarships	3,273,932	3,174,682			2,896,194	2,725,513
e	Other expenditures for facilities and	0,270,002	0,174,002	2,500	5,054	2,030,134	2,720,010
	programs	3,144,538	3,338,493	2,683	3 969	2,297,971	2,286,904
f	Administrative expenses	0	0		0	0	0
g	End of year balance	148,021,766	151,087,848	147,253	3.504	129,619,197	118,812,024
2	Provide the estimated percentage of t	he current vear en					
а	Board designated or quasi-endowmen	•	٠ -	,, (-,,, -			
b		00 %	· -				
С	Temporarily restricted endowment ▶	17 00 %					
	The percentages on lines 2a, 2b, and		00%.				
За	Are there endowment funds not in the	e possession of th	e organization tha	at are held an	nd admini	stered for the	
	organization by:						Yes No
	(i) unrelated organizations						3a(i) ✓
	(ii) related organizations						3a(ii) ✓
—-b-	<u> If "Yes" on line 3a(แ), are the related o</u>	rganızations lısted	as required on So	chedule R?			3b
4	Describe in Part XIII the intended uses		on's endowment for	unds			
Part	, , ,						
	Complete if the organization				11a See	Form 990, F	
	Description of property	(a) Cost or other (investment)	1 ' '	or other basis other)	(c) Accur deprec		(d) Book value
1a	Land		0	5,796,173			5,796,173
b	Buildings			185,885,778		82,743,468	103,142,310
С	Leasehold improvements		0	12,107,739		5,503,220	6,604,519
d	Equipment		0	33,541,127	- 2	29,188,894	4,352,233
e	Other	<u>. </u>	0	7,902,702		0	7,902,702
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form 99	90, Part X, columr	n (B), line 10c)	▶	127,797,937

Schedule D (Form 990) 2015

Part VII	Investments - Other Securities.					
	Complete if the organization answ	vered "Yes" on For	<u>rm 990, F</u>	Part IV, line	e 11b. See Form	990, Part X, line 12.
	(a) Description of security or category (including name of security)		(b) Boo	ok value		hod of valuation -of-year market value
(1) Financial	derivatives					
(2) Closely-h	neld equity interests					
(3) Other						
(A) ALTER	NATIVE INVESTMENTS HEDGE FUNDS			17,812,624	END OF YEAR MAI	RKET VALUE
(B) EQUIT	Y MUTUAL FUNDS			7,972,041	END OF YEAR MAR	RKET VALUE
	NATIVE INVESTMENTS PRIVATE EQUIT	Υ			END OF YEAR MAR	
(D) US TR	EASURIES			274,500	END OF YEAR MAR	RKET VALUE
(E)						
(F)						
(G)						
(H)			ļ			
	o) must equal Form 990, Part X, col (B) line 12.) ▶		<u> </u>	29,918,258		
Part VIII	Investments—Program Related		000 [Daniel IV 15m.	- 11- C F	000 Dark V June 10
	Complete if the organization answ	vered Yes on For				
	(a) Description of investment		(b) Bo	ok value	. ,	hod of valuation -of-year market value
(1)					L-,	
(2)						
(3)						
(4)						
(5)						
(6)						
(7)			<u> </u>			
(8)						
(9)	o) must equal Form 990, Part X, col. (B) line 13.)		_			
Part IX	Other Assets.		<u> </u>		<u> </u>	
Partix	Complete if the organization answ	vered "Ves" on Fo	rm 990 E	Part IV Jun	e 11d See Form	990 Part X line 15
		Description	1111 330, 1	art IV, IIII	e i i a. dee i diiii	(b) Book value
(1)						
(1)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Colu	mn (b) must equal Form 990, Part X, co	l. (B) line 15.) .				
Part X	Other Liabilities.					
	-Complete if the organization answ	vered "Yes" on Fo	<u>rm 990, f</u>	Part IV, lın	<u>e 11e or 11f. Se</u>	e Form 990, Part X,
	line 25.					
1.	(a) Description of liability	(b) Book value				
(1) Federal ır						
(2) ANNUIT	Y PAYABLE	1,67	77,561			
(3) CONDIT	IONAL ASSET RETIREMENT	2,98	81,912			
	IT DEPOSITS	1,44	43,014			
	ERNMENT PAYABLE	3,10	05,832			
(6)						
(7)						
(8)						
(9)						ļ
	b) must equal Form 990, Part X, col. (B) line 25) ▶		08,319			_
	r uncertain tax positions. In Part XIII, provid					
organization'	s liability for uncertain tax positions under	FIN 48 (ASC 740). Che	eck nere if	me text of t	rie tootnote has bee	en provided in Part XIII

Part	· ·			Retu	rn.
	Complete if the organization answered "Yes" on Form 990,	Part I	v, line 12a.		
1	Total revenue, gains, and other support per audited financial statements			1	72,682,901
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.	1 _ 1			
a	Net unrealized gains (losses) on investments	_2a	(554,655)		
b	Donated services and use of facilities	2b	0		Ì
C	Recoveries of prior year grants	2c	(51.445.047)		
ď	Other (Describe in Part XIII)	2d	(51,415,017)		(54,000,070)
е	Add lines 2a through 2d	• •		_2e	(51,969,672)
3	Subtract line 2e from line 1			_3_	124,652,573
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		007.007		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	237,887		
þ	Other (Describe in Part XIII.)		0		007.007
c	Add lines 4a and 4b			4c 5	237,887
5 Dort					124,890,460
Part	Complete if the organization answered "Yes" on Form 990,			i ne	turn.
1	Total expenses and losses per audited financial statements		v, iiio 12a.	1	75,226,237
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	ol		
b	Prior year adjustments	2b	0		
c	Other losses	2c	0		
d	Other (Describe in Part XIII)	2d	0		
е	Add lines 2a through 2d	<u> </u>		2e	ĺ o
3	Subtract line 2e from line 1			3	75,226,237
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	237,887	ĺ	
b	Other (Describe in Part XIII.)	4b	51,415,017		İ
С	Add lines 4a and 4b			4c	51,652,904
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	ie 18.)		5_	126,879,141
Part					
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and				
2, Par	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to pro	ovide any additional in	torma	ation.
SEE S	TATEMENT				
				- -	
				·	
		 -			
					
		 -		-	
					
					

SCHEDÙLE E (Form 990 or 990-EZ)

Schools

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
AUGUSTANA COLLEGE

Part I

Department of the Treasury Internal Revenue Service

Employer identification number 36-2166962

			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	1	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?			
_		2	/	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program,			i
	in a way that makes the policy known to all parts of the general community it serves? If "Yes," please	!		
	describe. If "No," please explain. If you need more space, use Part II	3		
	ALL MAJOR PUBLICATIONS DEALING WITH STUDENT ADMISSIONS, PROGRAMS AND SCHOLARSHIPS,	-		
	INCLUDE OUR RACIALLY NONDISCRIMINATORY POLICY AS TO THE STUDENTS FURTHER, ALL WRITTEN	1 '		
	ADVERTISING GIVEN TO PROSPECTIVE STUDENTS CONTAINS OUR POLICY STATEMENT BECAUSE WE	į		
	CUSTOMARILY DRAW ABOUT 90% OF OUR STUDENTS FROM OUTSIDE THE GENERAL COMMUNITY, WE DO NOT			
	(CONTINUED ON SUPPLEMENTAL SECTION)			1
4	Does the organization maintain the following?	ļ	ļ	
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a_	<u> </u>	<u> </u>
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	1	Ì
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing	40	<u> </u>	
	with student admissions, programs, and scholarships?	4c	1	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	1	
	If you answered "No" to any of the above, please explain. If you need more space, use Part II.			
		ļ		
		l	Į.	[]
5	Does the organization discriminate by race in any way with respect to.	ļ		
a	Students' rights or privileges?	5a		
_	Total and the first leader to the first leader			 ` -
b	Admissions policies?	_5b_		1
С	Employment of faculty or administrative staff?	<u>5c</u>		-
ч	Scholarships or other financial assistance?	5d		1
u	Control of the maneral assistance:	3 u	 	
е	Educational policies?	5e	Ì	1
f_	Use of facilities?	5f		✓
		[
g	Athletic programs?	5g	├ ──	
h	Other extracurricular activities?	5h		1
••	If you answered "Yes" to any of the above, please explain If you need more space, use Part II.	-	 	
		1	{	
		1		
_			 	
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a	<u> </u>	 ,
b	Has the organization's right to such aid ever been revoked or suspended?	6b	 	1
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through			}
•	4.05 of Rev. Proc. 75-50, 1975-2 C.B 587, covering racial nondiscrimination? If "No," explain on Part II	7	1	

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

2015

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990. ▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Employer identification number

Name of the organization 36-2166962 **AUGUSTANA COLLEGE** General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐Yes ☐No For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (f) Total expenditures for and investments (c) Number of (d) Activities conducted in (e) If activity listed in (d) is (a) Region (b) Number of fices in the region region (by type) (e g , fundraising, program services, investments, employees, agents, and independent a program service, describe specific type of service(s) in region in region grants to recipients contractors located in the region) in region EAST ASIA AND THE PACIFIC PROGRAM SERVICES COURSE STUDY ABROAD (1) 0 0 641,564 **EUROPE (INCLUDING** PROGRAM SERVICES COURSE STUDY ABROAD (2) ICELAND AND GREENLAND) 0 0 843,450 CENTRAL AMERICA AND THE COURSE STUDY ABROAD PROGRAM SERVICES CARIBBEAN 0 0 137,989 SOUTH AMERICA PROGRAM SERVICES COURSE STUDY ABROAD (4) 0 0 3.353 CENTRAL AMERICA AND THE INVESTMENTS (5) CARIBBEAN 0 0 17,812,632 (6) (7) (8) (9) (10)(11) (12)(13)(14)(15)(16)(17)3a Sub-total . 0 0 19,438,988 Total from continuation sheets to Part I . . 0

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

0

Cat No 50082W

Schedule F (Form 990) 2015

19,438,988

Totals (add lines 3a and 3b)

0

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book FMV, appraisal, other)
								_ _
				ļ				
						}		
)								
)								
)								
)						 		
)					· · ·			

3 Enter total number of other organizations or entitle
--

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

(a) Type of grant or assistance	(b) Region	(c) Number of	(d) Amount of	(e) Manner of cash	(f) Amount of non-cash	(g) Description	(h) Method of valuation (book, FMV appraisal, other)
		recipients	cash grant	disbursement	assistance	of non-cash assistance	appraisal, other)
(1)							
(2)							
(3)					<u> </u>		
(4)					<u> </u>		
(5)							
(6)							
(7)							
(8)							
(9)						ļ	
(10)		-		-			
(11)							
(12)				<u> </u>			
(13)				ļ	<u> </u>		ļ
(14)							
(15)							
(16)					ļ	 	
(17)	. 				-		
(18)				<u> </u>	<u> </u>		hedule F (Form 990) 20

2015 Return AUGUSTANA COLLEGE- 36-2166962

Page	4

Part	IV	Foreign Forms		
1	the c	the organization a U.S transferor of property to a foreign corporation during the tax year? If "Yes," organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign coration (see Instructions for Form 926)	☑ Yes	□No
2	may Trus	the organization have an interest in a foreign trust during the tax year? If "Yes," the organization be required to separately file Form 3520, Annual Return To Report Transactions With Foreign is and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990).	☐ Yes	☑ No
3	the c	the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to ain Foreign Corporations (see Instructions for Form 5471)	 ✓ Yes	□ No
4	qual Infor	the organization a direct or indirect shareholder of a passive foreign investment company or a field electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, mation Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing I (see Instructions for Form 8621).	☐ Yes	☑ No
5	the d	the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain ign Partnerships (see Instructions for Form 8865)	☐ Yes	☑ No
6	"Yes	he organization have any operations in or related to any boycotting countries during the tax year? If ," the organization may be required to separately file Form 5713, International Boycott Report (see uctions for Form 5713; do not file with Form 990)	Yes	☑ No

Schedule F (Form 990) 2015

SCHEDULE G (Fòrm 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

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

Department of the Treasury Internal Revenue Service Name of the organization

AUGU	JSTANA COLLEGE					36-2	166962
Par	Fundraising Activities.	Complete if th	e organiza	ation answ	vered "Yes" on F	orm 990, Part IV, Ii	ne 17.
r ai	Form 990-EZ filers are r						
1	Indicate whether the organization	on raised funds t			-		
а	✓ Mail solicitations		_		on of non-govern	-	
b	Internet and email solicitation	ons	f ⊵		on of government	-	
C	✓ Phone solicitations		gĿ	'∐ Special t	fundraising events		
d	✓ In-person solicitations	41			da 1 (for all . alors as a \$6		
2a	Did the organization have a wri						
b	or key employees listed in Form If "Yes," list the ten highest paid		-				✓ Yes ☐ No tundraiser is to be
	compensated at least \$5,000 by			, ,	· ·		
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have or control of outlons?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		 	Yes	No	f		
1 RI	UFFALO NOEL LEVITZ 1025 KIRKWOOD KWY SW, CEDAR RAPIDS 52404-0000	(SEE STATEMENT)		1	133,602	55,782	77,820
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total				▶	133,602	55,782	77,820
3	List all states in which the orga- registration or licensing.	anization is regis	tered or lic	ensed to s	olicit contribution	s or has been notifie	d it is exempt from
AK, C	O II NIH MA NIV WA						
							
			·				
			·				
					••••		
-			-				

Ŗ	irt II	Fundraising Events. Con than \$15,000 of fundraising gross receipts greater that	ng event contributions			
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col (c))
e			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts				
<u>ж</u>	2	Less. Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
sesus	6	Rent/facility costs .				
Direct Expenses	7	Food and beverages .				
Direc	8	Entertainment				
	9	Other direct expenses .				
	10 11	Direct expense summary Ad Net income summary. Subtra				
Pa	rt III	Gaming. Complete if the than \$15,000 on Form 9	e organization answe			reported more
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Bè	1	Gross revenue .				
nses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs .				
	5	Other direct expenses .				
	6	Volunteer labor	☐ Yes% ☐ No	☐ Yes% ☐ No	☐ Yes% ☐ No	
	 _7 _	Direct expense summary. Ac	ld lines 2 through 5 in c	column (d)	>	
	8	Net gaming income summar	y Subtract line 7 from l	ıne 1, column (d)		
_	-	<u> </u>				<u></u>
g	a Is	iter the state(s) in which the or the organization licensed to co "No," explain"	-	s in each of these states	s?	☐ Yes ☐ No
10		ere any of the organization's g 'Yes," explain:		d, suspended or termina	-	? . ☐ Yes ☐ No
				-	Schedu	le G (Form 990 or 990-EZ) 2015

Schedu	le G (Form 990 or 990-EZ) 2015			Pa	ige $oldsymbol{3}$
11 12	Does the organization conduct gaming activities with nonmembers?		□ Y	′es 🗌	No
12	formed to administer charitable gaming?	-	□ Y	′es □	No
13	Indicate the percentage of gaming activity conducted in:				
а	The organization's facility	13a			%
b	An outside facility	13b			%
14	Enter the name and address of the person who prepares the organization's gaming/special events book	s and			
	records:				
	Name ►		-		 -
	Address ►	 _			
15a	Does the organization have a contract with a third party from whom the organization receives ga	amıng			
	revenue?		□ Y	′es 🗌	No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the	e			
	amount of gaming revenue retained by the third party ► \$				
С	If "Yes," enter name and address of the third party				
	Name ▶	- 	- 	·	
	Address►		_	 -	
16	Gaming manager information:				
	Name ►				
	Gaming manager compensation ► \$				
	Description of services provided ►		_	·	
	□ Director/officer □ Employee □ Independent contractor				
17 a	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceed retain the state gaming license?			∕es □	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organization		ш .	. ФФ 🗀	
-	spent in the organization's own exempt activities during the tax year ▶ \$				
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional instructions)	s (III) ai I infori	nd (v matic), and on (see	
	***************************************		_ _		
				·	
- -			·		
		- 			
·		 -			
	······································	·			
 -	······································	-	 -		
	Schedule	G (Form	990 o	r 990-EZ	2015

SCHEDULE I (Form 990)

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990

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

Open to Public Inspection

Tarrie of the organization						ĺ	Linploye	. identinoditori nam	
AUGUSTANA COLLEGE								36-2166962	
Part I General Information on	Grants and	Assistance							
 Does the organization maintain re the selection criteria used to awa 			nt of the grants or	assistance, the g	rantees' eligibility f	or the grants or a	ssistance	, and ☑ Yes	□No
2 Describe in Part IV the organization									
Part II Grants and Other Assistant Street St	990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed								
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book FMV, appraisal, other)	(g) Description non-cash assista		(h) Purpose of or assistan	
(1)				- -					
(2)									
(3)									
(4)		*							
(5)							_		
(6)	-								
(7)							_		
(8)									
(9)							-		
(10)							-		
(11)							·		
(12)									

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

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

Cat No 50055P

Schedule I (Form 990) (2015)

Schedule I (Form 990) (2015)

SCHEDULE J (Form 990)

OMB No 1545-0047 2015

Compensation Information

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

AUGUSTANA COLLEGE

Employer identification number

36-2166962

Part	Questions Regarding Compensation				
1a	Check the appropriate box(es) if the organization provided any	of the following to or for a person listed on Form	<u> </u>	Yes	No
	990, Part VII, Section A, line 1a. Complete Part III to provide any		-		
	_	ng allowance or residence for personal use			
	-	ents for business use of personal residence			
		n or social club dues or initiation fees			
	☐ Discretionary spending account ☐ Perso	nal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organiz or reimbursement or provision of all of the expenses de	escribed above? If "No," complete Part III to	-		
	explain	<u> 1</u>	b '	✓	
2	Did the organization require substantiation prior to reim directors, trustees, and officers, including the CEO/Executiva?		2 ,	✓	
3	Indicate which, if any, of the following the filing organization organization's CEO/Executive Director. Check all that apply related organization to establish compensation of the CEO/E	Do not check any boxes for methods used by a xecutive Director, but explain in Part III.			
		n employment contract		1	
		ensation survey or study			
	Form 990 of other organizations	oval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, organization or a related organization.	Section A, line 1a, with respect to the filing			
а	Receive a severance payment or change-of-control payment	?	а	-	1
b	Participate in, or receive payment from, a supplemental nonc		b		✓
С	Participate in, or receive payment from, an equity-based con		С		✓
	If "Yes" to any of lines 4a-c, list the persons and provide the	applicable amounts for each item in Part III			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizati	ons must complete lines 5–9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, of		-		
	compensation contingent on the revenues of.				
а	The organization?		а		√
b	· · · · · · · · · · · · · · · · · · ·		b		√
	If "Yes" to line 5a or 5b, describe in Part III				
_	Formand listed on Form 000 Port VIII Control A line 10	did the organization pay or agerus any			
-6-	For persons listed on Form 990, Part VII, Section A, line 1a, compensation contingent on the net earnings of.	and the organization pay or accrue any			
а	The organization?	6	a		1
b			b		✓
	If "Yes" on line 6a or 6b, describe in Part III				
7	For persons listed on Form 990, Part VII, Section A, line	1a, did the organization provide any non-fixed	\dashv		
	payments not described on lines 5 and 6? If "Yes," describe	in Part III	7		✓
8	Were any amounts reported on Form 990, Part VII, paid or a				
	to the initial contract exception described in Regulation	·	_		/
	ın Part III		8		✓
_	Market Barrell Control of the Contro		-		 —
9	If "Yes" to line 8, did the organization also follow the Regulations section 53 4958-6(c)?		م		

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

(B) Breakdown of W-2 and/or 1099-MISC compensation

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(F) Compensation in column (B) reported as deferred on prior (C) Retirement and other deferred (D) Nontaxable (i) Base (ii) Bonus & incentive (III) Other (A) Name and Title benefits (B)(i)-(D)reportable compensation compensation compensation Form 990 1 STEVEN BAHLS (i) 353,320 65,000 38,000 29,903 486,223 0 COLLEGE PRESIDENT (II) n n Λ 2 KENT BARNDS 55,000 (i) 175,831 20 692 265,332 13,809 0 EXECUTIVE VP ENROLLMENT AND COMMUNICATION PLANNING (II) 0 0 0 3 PAREENA LAWRENCE (ı) 181,215 20,000 235,583 0 21,209 13,159 0 DEAN OF THE COLLEGE (n) n 0 0 0 4 JULIE CROCKETT (i) 198,007 20,963 219,621 0 651 VP ADVANCEMENT (u) ō 0 0 0 0 5 EVELYN CAMPBELL (1) 151,982 0 16,718 6,025 174,725 0 DEAN AND VP STUDENT SERVICES (11) 0 (1) (n) (i) (u) (i) (II) (1) (n) (i) 10 (u) (i) 11 (II) 12 (i) (n) (i) 13 (n) (i) 14 (n)

Schedule J (Form 990) 2015

15

16

(ı)

(II)

(ı) (n)

SCHEDULE K (Form 990)

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" on Form 990, Part IV, line 24a Provide descriptions, explanations, and any additional information in Part VI ► Attach to Form 990

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

OMB No 1545-0047 2015

Open to Public Inspection

36-2166962

AUGUSTANA COLLEGE

Department of the Treasury Internal Revenue Service Name of the organization

Part I Bond Issues (c) CUSIP # (b) Issuer EIN (d) Date issued (a) Issuer name (e) Issue price (f) Description of purpose (g) Defeased ISSUE QUAD CITIES REGIONAL DEVELOPMENT (SEE STATEMENT) 36-3580390 74731RAV3 07/11/2012 38,702,767 Yes No Yes No Yes No AUTHORITY ILLINOIS EDUCATIONAL FACILITY 52-1297563 4520014E7 02/13/2003 7.090.000 CONSTRUCTION AND RENOVATION OF ATHLETIC FACILITIES, 2003B ISSUE QUAD CITIES REGIONAL DEVELOPMENT 36-3580390 74731RAB7 10/21/2005 15,000,000 CONSTRUCT NEW RES HALLS AND RENOVATIONS **AUTHORITY** C CONSTRUCT NEW APARTMENTS AND ILLINOIS FINANCE AUTHORITY 86-1091967 NONENONEN 06/28/2007 5,000,000 RENOVATE RES HALLS D Part II Proceeds Α В С D Amount of bonds retired 0 0 0 Amount of bonds legally defeased 0 0 0 Total proceeds of issue 38,702,767 15,000,000 7,090,000 5 000,000 Gross proceeds in reserve funds 847.244 0 0 Capitalized interest from proceeds 0 0 Proceeds in refunding escrows 0 0 Issuance costs from proceeds 658.033 49.007 300,000 100,000 Credit enhancement from proceeds 40,993 57,081 0 Working capital expenditures from proceeds 0 Capital expenditures from proceeds 10 7.004.189 7,000,000 14,642,919 4,900 000 11 Other spent proceeds 30 193,301 0 12 Other unspent proceeds 0 0 0 Year of substantial completion 13 2013 2004 2008 2010 Yes No Yes No Yes No Yes No 14 Were the bonds issued as part of a current refunding issue? 15 Were the bonds issued as part of an advance refunding issue? ✓ Has the final allocation of proceeds been made? 16 Does the organization maintain adequate books and records to support the final allocation of proceeds? Part III Private Business Use B -D Was the organization a partner in a partnership, or a member of an LLC, Yes No Yes No Yes No Yes No which owned property financed by tax-exempt bonds? Are there any lease arrangements that may result in private business use of

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

Cat No 50193E

Schedule K (Form 990) 2015

bond-financed property?

Part	III Private Business Use (Continued)								. 290 =
			Α	;	В	(С		D
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	Yes	No /	Yes	No /	Yes	No	Yes	No
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?		,		•				
C	Are there any research agreements that may result in private business use of bond-financed property?		/		1		1	-	
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		0 00 %		0 00 %		0 00 %		0 00 %
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government .		0 00 %		0 00 %	-	0 00 %		0 00 %
6	Total of lines 4 and 5		0 00 %		0 00 %		0 00 %		0 00 %
7	Does the bond issue meet the private security or payment test?		✓		✓	-	/		/
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		1	-	1	_	,		1
ь	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-27	,						,	
Part	IV Arbitrage		<u> </u>			-			
			A		В		C		D
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?	Yes	No /	Yes	No	Yes	No /	Yes	No
2	If "No" to line 1, did the following apply?		<u> </u>		<u>'</u>				
а	Rebate not due yet?		1		T 7				
b	Exception to rebate?		/		 		 		· · · · · · · · · · · · · · · · · · ·
C	No rebate due?				i i		<u> </u>		
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed					01/07	//2010	-	<u> </u>
3	Is the bond issue a variable rate issue?		✓			✓			· /
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		1		√	· · ·	1		
b	Name of provider		•				•		· · · · · · · · · · · · · · · · · · ·
С	Term of hedge								
d	Was the hedge superintegrated?								
е	Was the hedge terminated?								

Schedule K (Form 990) 2015

Schedule K (Form 990) 2015								Page 3
Part IV Arbitrage (Continued)								
		4		3			Ţ.)
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		✓		✓		✓ ✓		<u> </u>
b Name of provider								
c Term of GIC					<u>į</u>		<u> </u>	
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
Were any gross proceeds invested beyond an available temporary period?								
7 Has the organization established written procedures to monitor the								
requirements of section 148?	✓		<u> </u>		1	<u> </u>	1	
Part V Procedures To Undertake Corrective Action								
		4	<u> </u>	3	(
Has the organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	_ No	Yes	No
of federal tax requirements are timely identified and corrected through the								
voluntary closing agreement program if self-remediation is not available]		j			
under applicable regulations?		/		1		<u> </u>		
Part VI Supplemental Information. Provide additional information for res	ponses to	questions	on Schedu	le K (see ıı	nstructions	<u>) </u>		
SEE STATEMENT								
								
								
								
								
								
								
_								
<u> </u>								
				-				
	-	-						
					 -			
		_						
					<u>.</u>			
						_		

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.								Open To Public Inspection							
	the organization				550					yer iden					
AUGU	STANA COLLEGE										36-2	216696	62		
Part		enefit Tra	nsaction anization	s (section 501 answered "Ye	(c)(3), s" on	section 5	501(c)(4), a 0, Part IV, I	nd 50 ine 25	11(c)(29) organi 5a or 25b, or Fo	zations orm 990	only))-EZ,	Part \	V, line	40b.	
1	(a) Name of disquali			(b) Relationship be		disqualified			(c) Description					(d) Cor	rected?
(1)														Yes	No
(2)															
(3)			+												
(4)															
(5)		 .						 							
(6)								_							
3	Enter the amou under section 49 Enter the amour	958									ne ye.	ar			
Part	Complete	if the orga	anızation	ested Person answered "Ye ount on Form 9	s" on				938a or Form 9	90, Par	rt IV,	lıne 2	6; or	f the	
(a) Na	me of interested pers		elationship rganization	(c) Purpose of loan	fro	oan to or om the nization?	(e) Origir principal am		(f) Balance due	(g) In de	(g) In default?		proved pard or nittee?	or agreeme	
					То	From				Yes	No	Yes	No	Yes	No
(1)												<u> </u>	<u> </u>		<u> </u>
(2)										+		 		ļ	<u> </u>
(3)				<u> </u>								<u> </u>	<u> </u>	<u> </u>	├ ─
(4)									 	+		<u> </u>	ļ		
(5)									<u> </u>	+ -			 		├
(6)				ļ <u>.</u>	<u> </u>		ļ			+		-			├
(7)					<u> </u>							<u> </u>	├—	-	├—
(8)				ļ		_						 -			├ ─
(9)				 	├					+		├	├	├	├
(10) Total				L		Щ	L	. ▶	\$	+		├	<u> </u>	}	<u> </u>
Part				fiting Interest answered "Ye	ed Pe				·	<u> </u>		L		L	
(a) l	Name of interested pe	erson		ship between inter and the organization		(c) Amount	of assistance		(d) Type of assistar	nce	(e) Purpo	ose of a	ıssıstar ——	nce
(1)									·						
(2)															
(3)								ļ					_		
_(4)								<u> </u>		[
(5)															
(6)															
(7)								ļ							
(8)													_		
(9)												_			
(10)								<u> </u>							
For Pa	perwork Reduction	n Act Not	lice, see tl	he Instructions	for Fo	rm 990 or	990-EZ.	С	at No 50056A	Sched	dule L	(Form	990 oi	990-E	Z) 201

ı	a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organia rever	zatıoı
<u></u>					Yes	N
	STATEMENT)					<u> </u>
2)						├
))					+	┢
3) 4) 5)						t
5) 5)						f
7)						
3)						
9)						L
o) art V	Supplemental Information				l	<u> </u>
_ _ _	Provide additional information	n for responses to questions of	on Schedule L (see	instructions)		
						

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

2015

Open To Public Inspection
Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

AUGUSTANA COLLEGE

36-2166962

Part	Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Metho noncash o	(d) d of dete ontribution		
1	Art-Works of art ,	ļ —————						
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications .							
5	Clothing and household							
	goods							
6	Cars and other vehicles						_	
7	Boats and planes							
8	Intellectual property	<u></u>						
9	Securities—Publicly traded	✓	11	454,167	MARKET	/ALUE		
10	Securities—Closely held stock .							
11	Securities—Partnership, LLC, or trust interests							
12	Securities – Miscellaneous							
13	Qualified conservation	}						
	contribution – Historic structures .							
14	Qualified conservation							
17	contribution—Other							
15	Real estate—Residential		2	370,000	OPINIONS	OF EXE	ERTS	
16	Real estate—Commercial	`		370,000	OI IIIIOIIO	7 OI		
17	Real estate—Other					-		
18	Collectibles					-		
19	Food inventory							
20	Drugs and medical supplies .				-			
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts .							
25	Other ► (AIRTIME)	✓	22		MARKET			
26	Other ► (BOARD TRAVEL)	✓	4	1,618	MARKET	VALUE_		
27	Other ► ()							
28	Other ()	h			 			
29	Number of Forms 8283 received which the organization completed	Eorm 8083	ganization during the tax y	year for contributions for	00	_		
	Willett the organization completed	1 01111 0200	o, rantiv, bonee Acknowle	agement	29	2	Yes	No.
30a	During the year, did the organization	tion recons	by contribution any areas	orty reported in Bort I. Una-	1 throug	h [162	140
SUA	28, that it must hold for at least the							}
	to be used for exempt purposes					30a		-
h	If "Yes," describe the arrangemen		e note in g penetral in it.		•	302		
31	Does the organization have a		stance policy that require	es the review of any no	n-standar	a		
- •	contributions?					31	1	
32a	Does the organization hire or use				ell noncas		<u> </u>	
	contributions?					32a		1
b	If "Yes," describe in Part II.					T		1
33	If the organization did not report a	n amount in	column (c) for a type of pro	pperty for which column (a)	s checked	ı,		
	describe in Part II.			• • • • • • • • • • • • • • • • • • • •		1	}	

Schedule O (Form 990) Department of Treasury Internal Revenue Service

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

OMB No 1545-0047 2015 Open to Public Inspection

Name of the Organization AUGUSTANA COLLEGE

Employer Identification Number 36-2166962

Return Reference - Identifier	Explanation
FORM 990, PART I, LINE 1 - BRIEF MISSION	CHRISTIAN FAITH, IS COMMITTED TO OFFERING A CHALLENGING EDUCATION THAT DEVELOPS QUALITIES OF MIND, SPIRIT, AND BODY NECESSARY FOR A REWARDING LIFE OF LEADERSHIP AND SERVICE IN A DIVERSE AND CHANGING WORLD
FORM 990, PART III, LINE 4D - DESCRIPTION OF OTHER	(EXPENSES \$10,093,348 INCLUDING GRANTS OF)(REVENUE \$2,351,262)
PROGRAM SERVICES	HIGHER EDUCATION STUDENT SERVICES - SERVES THE STUDENT COMMUNITY BY PROVIDING REGISTRATION ASSISTANCE, COUNSELING, CAREER PLANNING, INTERNSHIPS, FINANCIAL ASSISTANCE, MULTICULTURAL PROGRAMMING, ORIENTATION AND ADVISING, INTRAMURAL SPORTS, AND OTHER RELATED PROGRAMS (2,500 STUDENTS)
	HIGHER EDUCATION PUBLIC SERVICES - INCLUDES A CENTER FOR COMMUNICATIVE DISORDERS, ART PROGRAMS, ALUMNI PROGRAMS, COMMUNITY SERVICE AND A NATIONAL PUBLIC RADIO STATION SERVING THE STUDENTS AND COMMUNITY (2500 STUDENTS) HIGHER EDUCATION RESEARCH - SUPPORTS EXTENSIVE OPPORTUNITIES FOR STUDENTS AND FACULTY TO CONDUCT RESEARCH ON AND OFF CAMPUS (2,500 STUDENTS)
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	THE FORM 990 IS PROVIDED TO THE FULL BOARD OF TRUSTEES FOR REVIEW AND COMMENT VIA A SECURE WEBSITE PRIOR TO FILING, THE AUDIT COMMITTEE OF THE BOARD APPROVES THE FORM 990 BEFORE FILING
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	THE COLLEGE HAS A CONFLICT OF INTEREST POLICY INCLUDED WITHIN ITS CODE OF CONDUCT WHICH IS DISTRIBUTED TO ALL EMPLOYEES VIA A PRINTED AND ELECTRONIC HANDBOOK THE CODE REQUIRES THAT CONFLICTS BE DISCLOSED TO AN EMPLOYEE'S SUPERVISOR, THE GENERAL COUNSEL, OR THE COLLEGE PRESIDENT THIS POLICY COVERS ALL EMPLOYEES AS WELL AS COLLEGE VISITORS, INCLUDING CONSULTANTS TO AVOID A CONFLICT, EMPLOYEES ARE PROHIBITED FROM ACCEPTING A POSITION WITH ANOTHER EMPLOYER WITHOUT SUPERVISORY APPROVAL ANY EMPLOYEE WISHING TO PERFORM CONSULTING SERVICES MUST OBTAIN PRIOR APPROVAL FROM THE PRESIDENT OF THE COLLEGE FINALLY, GIFTS ARE STRICTLY LIMITED AND MUST BE DISCLOSED TO THE PRESIDENT'S OFFICE IF VALUED OVER \$100 ADDITIONALLY, THE COLLEGE HAS A "SELF-STANDING" CONFLICT OF INTEREST POLICY WHICH IS REFERENCED IN THE CODE OF CONDUCT AND ALSO INCLUDED IN THE HANDBOOK COMPLIANCE WITH THIS POLICY IS AFFIRMED IN WRITING EACH YEAR BY EACH INDIVIDUAL MEMBER OF THE BOARD OF TRUSTEES THESE RESPONSES ARE REVIEWED BY THE GENERAL COUNSEL AND THE COLLEGE PRESIDENT, ANY POTENTIAL CONFLICTS WOULD ALSO BE REVIEWED BY THE AUDIT COMMITTEE AND EXECUTIVE COMMITTEE ULTIMATELY, THE AUDIT COMMITTEE WOULD DETERMINE THE EXISTENCE OF A CONFLICT AND THE APPROPRIATE REMEDY, AND REPORT THESE TO THE BOARD THE CONFLICT OF INTEREST POLICY PRECLUDES ANY INDIVIDUAL IN A CONFLICT OF INTEREST SITUATION FROM VOTING ON ANY PROPOSED TRANSACTION WHICH RELATES TO THE CONFLICT REMEDIES BEYOND ABSTENTION FROM VOTING WOULD BE DETERMINED ON A CASE BY CASE BASIS
FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	THE COLLEGE PRESIDENT AND THE COMPENSATION COMMITTEE, COMPRISED OF INDEPENDENT BOARD MEMBERS, REVIEWS COMPENSATION OF TOP MANAGEMENT POSITIONS AT THE COLLEGE AT LEAST ON AN ANNUAL BASIS THE COMPENSATION COMMITTEE REVIEWS THE COMPENSATION OF THE PRESIDENT OF THE COLLEGE IN THE ABSENCE OF THE PRESIDENT, ALSO ON AT LEAST AN ANNUAL BASIS MINUTES ARE TAKEN DURING THESE MEETINGS THE COMPENSATION COMMITTEE LAST MET IN JUNE 30, 2016 FOR THIS REPORTING PERIOD A VARIETY OF BENCHMARKING DATA IS REVIEWED BY THIS COMMITTEE IN DETERMINING APPROPRIATE COMPENSATION, INCLUDING BUT NOT LIMITED TO COMPARABILITY DATA MADE AVAILABLE BY CUPA, ELCA, AND THE CHRONICLE OF HIGHER EDUCATION THE COMPENSATION COMMITTEE HAS BEEN CHARGED BY THE BOARD WITH THE RESPONSIBILITY OF EXERCISING THE "AUTHORITY OF THE BOARD" WITH RESPECT TO TERMS AND CONDITIONS OF EMPLOYMENT OF THE PRESIDENT AND OF OTHER SENIOR ADMINISTRATIVE EMPLOYEES OF THE COLLEGE
FORM 990, PART VI, LINE 15B -	THESE POSITIONS WERE LAST REVIEWED FOR SALARY YEAR BEGINNING JUNE 30, 2016
PROCESS TO ESTABLISH COMPENSATION OF OTHER EMPLOYEES	COLLEGE PRESIDENT VICE PRESIDENT OF FINANCE AND ADMINISTRATION VICE PRESIDENT OF ENROLLMENT COLLEGE CHAPLAIN VICE PRESIDENT AND DEAN OF STUDENT SERVICES VICE PRESIDENT OF ADVANCEMENT DEAN OF THE COLLEGE GENERAL COUNSEL
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE IN HARD COPY AND ELECTRONICALLY UPON REQUEST FROM THE PUBLIC