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Return of Organization Exempt From Income Tax

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

OMB No 1545-0047 2015

Department of the Treasury Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Form 990 (2015)

<u>A</u>	For the 2015 c	alendar year, or tax yea	ar beginning C	07/01/15	, and ending)6/30/	16	_	
В	Check if applicable	C Name of organization	THE LUTHE	RAN SCHOLA	RSHIP GRAN'	TING		D Employe	r identification number
X	Address change		ORGANIZAT	ION OF IND	IANA, INC.				
一	Name change	Doing business as						45-4	856406
닏	Name change	Number and street (or P O		ed to street address)			Room/suite	E Telephon	e number
	Initial return	1145 BARR ST						260-	203-4509
	Final return/ terminated	City or town, state or province	ce, country, and ZIP or f	oreign postal code					
		FORT WAYNE		IN 46802				G Gross red	eipts \$1,878,682
	Amended return	F Name and address of princip	pal officer						
	Application pending	W. RANDALL	KAMMEYEF	₹			H(a) is this a	group return for s	ubordinates? $igwedge$ Yes $igwedge X$ No
		1145 BARR		•			H(b) Are all	subordinates inclu	ided? Yes No
		ł		TNI /	16802				(see instructions)
_		FORT WAYNE				7	┨ "	vo, andara not	,555 11150 1150 1151
1_	Tax-exempt status			(insert no)	4947(a)(1) or	527	4		
J	Website· ► W	WW.LUTHERANS	<u> 3GO.ORG</u>					xemption numbe	· -
K	Form of organization	X Corporation Tru	ist Association	Other -		L_Y	ear of formation	2012	M State of legal domicile IN
F	Part I Su	ummary							
		escribe the organization's	mission or most s	ignificant activitie	es				
	CDD	SCHEDULE O		3					
2		Benebobb 0							
<u>a</u>									
e.									
š	2 Check th	is box ▶ if the organ	nization discontinu	ed its operations	or disposed of mo	re than 25%	of its net ass	ets	
ကြောင်	3 Number	of voting members of the	aovernina bodv (F	Part VI. line 1a)				3	5
2 0 2016 Activities & Governance	4 Number	of independent voting me			VI line 1h)			4	5
~ :≗	5 Total aum	•	-					5	0
⊝ ₹	5 Total nun	nber of individuals emplo	•	ar 2015 (Paπ V,	line 2a)				
S S	6 Total nun	nber of volunteers (estim	ate if necessary)					6	5
-	7a Total unr	elated business revenue	from Part VIII, col	umn (C), line 12				7a	0
ට 	b Net unrel	lated business taxable inc	come from Form 9	90-T, line 34				7b	0
							Prior	/ear	Current Year
	8 Contribut	ions and grants (Part VIII	I, line 1h)				2,6	52,183	1,876,789
Z 2	9 Program	service revenue (Part VI						•	0
Z 9	10 Invoctmo	ent income (Part VIII, colu	-	and 7d)	-			385	1,893
% &	10 investine	enue (Part VIII, column (/A) " 5 04 0-	ALL RE	CENT	_ }			1,055
SCANNED Revenue	11 Otner rev					一 ト		52 , 568	1 070 600
95		12 Total revenue – add lines 8 through 11 (must equal Part Vill, column (A), line 12)							1,878,682
	13 Grants ar	nd similar amounts paid ((Part IX, column (A	(),/lines 1-3)(T	A1 2000) 	1,4	30 , 455	1,807,825
	14 Benefits	paid to or for members (F	art IX, column (A)	, line/4)	0 4 2016 8	ර්/ L			0
(0	15 Salaries	other compensation, em	plovee benefits (P	art IX. column (A	\~lines 5_10\ / 0	δl Γ			0
Expenses		nal fundraising fees (Par		L_{140} UGD	EN, UT	≨i [0
e E	1			25)	=14, 01	la t			
ᅜ	ľ	draising expenses (Part I				<i>⁴</i>		61 171	106 007
_	1	penses (Part IX, column (}-		61,171	106,807
	18 Total exp	enses Add lines 13-17 ((must equal Part IX	C, column (A), line	e 25)			91,626	1,914,632
	19 Revenue	less expenses Subtract	line 18 from line 1	2				60,942	-35,950
Net Assets or Fund Balances						-	Beginning of (End of Year
sets	20 Total ass	ets (Part X, line 16)				L.	1,5	09,104	<u>1,470,674</u>
Š.	21 Total liab	ılıtıes (Part X, line 26)						3,304	824
ž	22 Net asset	ts or fund balances Subt	ract line 21 from li	ne 20		Ī	1,5	05,800	1,469,850
		gnature Block					•		
		perjury, I declare that I have					4- 0-44-45-1		uladaa aad babat da
U tr	nger penalties of p	perjury, I declare that I have complete. Declaration of preg	examined this return off	in, including according in a	npanying schedules	h preparer ha	is, and to the t	restormy kno-	wiedge and belief, it is
	ue, correct, and co	mplete decidated of the	The Court dian on		ii iii omaacii oi wiii	11/	.,,		9-23-16
	-	_////Xall	Kny			TOBIACK	T		1-65-16
Sig	gn 📗 s	signature of officer						Date	
He	re 👠	W. RANDALL	KAMMEYÆR			PRESI	DENT		
		ype or print name and title				<u> </u>			
		preparer's name		Preparer's signature	e ()		Date	Check	rf PTIN
Pai	.			1 · 2 · .	~¥		9/2		□ "
	DIVIAN	BRIAN B. Bonizary Co.						+	
Preparer Firm's name BADEN, GAGE & SCHROEDER, LLC								Firm's EIN	35-1939627
Use	Only				WAY #300				
	Firm's add	tress FORT	WAYNE, IN	46804-	7926			Phone no	260-422-2551
May	 _	this return with the prep		? (see instruction	ns)				X Yes No

			4856406	Page 2
	-	rvice Accomplishments ins a response or note to any line in this	Part III	X
Bnefly describ	e the organization's mission	no a response service to any mio in this		
SEE SCHE	DULE O			
2 Did the organii prior Form 990	· ·	t program services during the year which were not		Yes X No
	be these new services on Sch	edule O.	لبا	Tes A No
B Did the organia services?	zation cease conducting, or ma	lke significant changes in how it conducts, any pro		Yes X No
If "Yes," descr	be these changes on Schedul		_	103 [25] 110
expenses. Sec	ction 501(c)(3) and 501(c)(4) or	accomplishments for each of its three largest programments are required to report the amount of gramments are required to report the amount of gramments.	-	
the total exper	nses, and revenue, if any, for e			
PROVIDE :	NIZATON EXISTS SCHOLARSHIP FUN CHRISTIAN SCHOO	807,825 including grants of \$ 1, TO RAISE FUNDS FROM INDIDS TO ALL ELIGIBLE STUDE LOF THEIR CHOICE. THE ETH AND CHRISTIAN OUTREACT	NTS WANTING TO ATTEND AFFORTS OF THE ORGANIZA	NΑ
SUPPORT	ENROLLMENT GROW	IH AND CHRISIIAN OUIREAC	H TO FAMILIES.	
b (Code:) (Expenses \$	including grants of \$) (Revenue \$)
c (Code) (Expenses \$	including grants of \$) (Revenue \$)
d Other program	services (Describe in Schedul	e O)		
(Expenses \$	<u>ır</u>	cluding grants of \$	(Revenue \$)	
le Total program s	service expenses	1,807,825		orm 990 (2015)

,,,,,				
Part IV Ch	neck <u>list of l</u>	Required	Schedules	

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	_3_		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,		ì	
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.		•	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			17
	complete Schedule D, Part VI	11a		<u>X</u>
þ	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	1		v
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u>X</u>
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	44.		v
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		_X
a	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	444	·	v
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e		<u>X</u>
	Did the organization report an amount for other liabilities in Part X, line 25% in Test, complete 3d leduie B, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		Λ_
T	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
120	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	 ' ''		
124	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	124		
U	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
. 0 14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
_	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or		Ī	
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
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		_X_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on		T	
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Χ
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		_X_
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		X
			000	

<u> </u>	art IV Checklist of Required Schedules (continued)		Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	res	No X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	<u> </u>	1
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		\vdash	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	1	X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		<u> </u>	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated		•	
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b		1	
	through 24d and complete Schedule K. If "No," go to line 25a	24a	ĺ	Х
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			_
•	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	1	
-	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	1 2.5		
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior		<u> </u>	<u> </u>
-	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			İ
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			1
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
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		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete		<u> </u>	
-	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
•	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
••	conservation contributions? If "Yes," complete Schedule M	30		Χ
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		Х
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
	or IV, and Part V, line 1	34		Χ
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			

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

DAA

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۲a	Check if Schedule O contains a response or note to any line in this Part	,				
	Officer if Ochequie O Contains a response of note to any line in this rait v				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	2	F		1
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and					
	reportable gaming (gambling) winnings to prize winners?			1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		1			
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	0			•
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	?		2b		<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				1	•
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?				\perp	X
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	\perp	<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other au	thonty				ŀ
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	icial				
	account)?			<u>4a</u>	 	X
þ	If "Yes," enter the name of the foreign country					ŧ
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Acc	counts				ŧ
	(FBAR)					١
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	_		_ <u>5a</u>	+-	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	n7		5b	+	X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			<u>5c</u>	\vdash	
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 chantable contributions?			<u> 6a</u>	\vdash	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions	о г		C.		
_	gifts were not tax deductible?			6b	$\vdash \vdash \vdash$	<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).	nde				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good and services provided to the payor?	JUS		7a	1 1	Х
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7 <u>a</u> 7b		<u> </u>
p	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			75	+	
С	required to file Form 8282?			7c	li	Х
d	reme to the second seco	7d		10		<u> </u>
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit conf			7e	1 1	Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract			7f	1 1	Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form		s required?	7g		Х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization				ΤΤ	Х
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
	sponsoring organization have excess business holdings at any time during the year?			8] [ĺ
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a	$oxed{oxed}$	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		<u> </u>
0	Section 501(c)(7) organizations. Enter	, ,	ì			İ
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				į
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter	, ,	•	•]	Ė
а	Gross income from members or shareholders	11a			1 1	
b	Gross income from other sources (Do not net amounts due or paid to other sources				1	
	against amounts due or received from them)	11b				ŀ
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		†	12a	 	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		———		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			<u></u>	 	<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	ایمدا				
	the organization is licensed to issue qualified health plans	13b				
C	Enter the amount of reserves on hand	13c			 	
4a	Did the organization receive any payments for indoor tanning services during the tax year?			14a	 	<u>X</u>
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule C			14b	<u>. </u>	12045
)AA				ro	JJU	/ (ZUID)

tina	incial statements available to the public during the tax yea	ar.								
20 Sta	State the name, address, and telephone number of the person who possesses the organization's books and records. ►									
ERIC	TRAUNER	1601	SAINT	JOE	RIVER DR.					
FORT	WAYNE				IN	46805	260-203-4509			
DAA							Form 990 (2015)			

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and

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

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

X

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

(A) Name and Title	(B) Average hours per week (list any	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				s both r/truste	an e)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the	
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations	
(1)KARL DAVIS											
	1.00										
DIRECTOR	0.00	Х						0	0	0	
(2) MARCIA HAAFF											
	1.00										
DIRECTOR	0.00	X						0	0	0	
(3) W. RANDALL KAMME											
	1.00		ŀ								
PRESIDENT	0.00	X		Х				0	0	0	
(4) BETH KITSON			ŀ								
	1.00		ļ					_			
VICE PRESIDENT	0.00	X	_	X	ļ.,			0	0	0	
(5) ERIC TRAUNER	1 00		ļ								
	1.00	 ,,	•	,,	İ						
TREASURER/SECRETARY	0.00	Х		Х				0	0	0	
(6)					:						
(7)	<u> </u>										
(8)											
(9)											
(10)											
(11)											

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) Part VII (A) (D) (F) (B) Name and title Position Reportable Reportable Estimated Average hours per (do not check more than one compensation compensation from amount of box, unless person is both an from related other (list any officer and a director/trustee) the organizations compensation (W-2/1099-MISC) organization from the hours for Officer Individual trustee Institutional trustee (W-2/1099-MISC) related organization organizations and related employee st compensated yee below dotted organizations line) Sub-total 1b Total from continuation sheets to Part VII, Section A Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0 Yes No Did the organization list any former officer, director, or trustee, key employee, or highest compensated 3 employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such 4 Χ individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year (B) Description of services (A) Name and business address (C) Compensa Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0 Form 990 (2015)

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (A) Total revenue (C) Unrelated (D) Revenue (B) Related or excluded from tax exempt business under sections 512-514 function revenue revenue 1a Federated campaigns Program Service Revenue | Contributions, Giffs, Grants | Amounts 1a 1b **b** Membership dues 1c c Fundraising events 1d d Related organizations 1e e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 1,876,789 1f 74,495 \$ g Noncash contributions included in lines 1a-1f 1,876,789 h Total. Add lines 1a-1f Busn Code 2a b All other program service revenue Total. Add lines 2a-2f Investment income (including dividends, interest, 1,893 1,893 and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (ı) Real (II) Personal 6a Gross rents Less rental exps Rental inc or (loss) Net rental income or (loss) Gross amount from (i) Secunties (II) Other sales of assets other than inventory b Less cost or other basis & sales exps c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses \blacktriangleright c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances ь b Less cost of goods sold c Net income or (loss) from sales of inventory Busn Code Miscellaneous Revenue 11a b C All other revenue Total. Add lines 11a-11d 1,878,682 0 1,893 Total revenue. See instructions

om 990 (2015) THE LOTHERAN SCHOLARSHIF GRANTII

	IT IX Statement of Functional Exp				
<u>Secti</u>	on 501(c)(3) and 501(c)(4) organizations must co			e column (A)	
	Check if Schedule O contains a respo	nse or note to any line in this (A)		<u> </u>	(D)
	ot include amounts reported on lines 6b,	Total expenses	(B) Program service	(C) Management and	Fundraising
	b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
_	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic	1 007 005	1 007 025		
	individuals. See Part IV, line 22	1,807,825	1,807,825		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				 _
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal	450		450	
С	Accounting	17,830		17,830	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)	55,000		54,581	419
12	Advertising and promotion	4,028		4,028	
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				· · · · · · · · · · · · · · · · · · ·
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	750		750	· · · · · · · · · · · · · · · · · · ·
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If	1		1	
	line 24e amount exceeds 10% of line 25, column	1		1	
	(A) amount, list line 24e expenses on Schedule O)			•	
а	DUES AND SUBSCTIPTIONS	15,134		15,134	
a b	BANK FEES	12,939		12,939	-
	MISCELLANEOUS	676		676	
c d	LILUCELLAMECOD	0,0		- 0,0	
	All other evenence	-			
	All other expenses	1,914,632	1,807,825	106,388	419
25 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	1,314,032	1,001,023	100,300	419
20	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)	<u> </u>			

Form 990 (2015)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 475,647 756,459 Cash-non-interest bearing 1 750,318 Savings and temporary cash investments 995,027 2 1,577 3 Pledges and grants receivable, net 3 Accounts receivable, net 4 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 7 Notes and loans receivable, net Inventories for sale or use 8 750 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment, cost or other basis Complete Part VI of Schedule D 10a 10b b Less accumulated depreciation 10c 11 11 Investments—publicly traded securities 12 Investments-other securities See Part IV, line 11 12 13 Investments-program-related See Part IV, line 11 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 1,509,104 470. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 304 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 3,304 26 824 Total liabilities. Add lines 17 through 25 X and Organizations that follow SFAS 117 (ASC 958), check here ▶ Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 52,137 27 80,091 27 Unrestricted net assets 453,663 1,389,759 28 Temporarily restricted net assets 28 Permanently restricted net assets 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. 30 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund 31 31 32 Retained earnings, endowment, accumulated income, or other funds 32 1,469,850 1,470,674 1,505,800 Total net assets or fund balances 33

509,104

34

Total liabilities and net assets/fund balances

orm	990 (2015) THE LUTHERAN SCHOLARSHIP GRANTING 45-4856406			Pa	ige 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,8	78,	682
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,9	14,	632
3	Revenue less expenses Subtract line 2 from line 1	3		35,	950
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,5	05,	800
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	1,4	69,	850
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Χ	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both.				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		_2c	Χ	
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O			1	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		Χ
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Fon	n 990	(2015)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

Open to Public

OMB No 1545-0047

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.

THE LUTHERAN SCHOLARSHIP GRANTING

Employer Idea

ORGANIZATION OF INDIANA,

Employer Identification number 45-4856406

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives. (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s). (v) Amount of monetary (iv) Is the organization (i) Name of supported (II) EIN (iii) Type of organization (vi) Amount of (described on lines 1-9 listed in your governing support (see other support (see organization document? above (see instructions)) instructions) instructions) Yes No (B) (C) (D)

(E)

Total

45-4856406

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

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

Sec	tion A. Public Support						
Calen	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 received (Do not include any "unusual grants.")		311,035	1,468,833	2,654,183	1,881,649	6,315,700
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		311,035	1,468,833	2,654,183	1,881,649	6,315,700
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)						348,956
6	Public support. Subtract line 5 from line 4						5,966,744
	tion B. Total Support	() 2044	(1) 2010	(=) 2042	(4) 2014	(5) 2045	10 T-1-1
	idar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4		311,035	1,468,833	2,654,183	1,881,649	6,315,700
8	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties and income from similar sources		6	61	385	1,225	1,677
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	Total support. Add lines 7 through 10						6,317,377
12	Gross receipts from related activities, etc. (12	
13	First five years. If the Form 990 is for the	organization's first,	second, third, fourth,	or fifth tax year as	a section 501(c)(3))	
	organization, check this box and stop here						> X
Sec	tion C. Computation of Public Su					, , , , , , , , , , , , , , , , , , , 	
14	Public support percentage for 2015 (line 6,)		14	<u>%</u>
15	Public support percentage from 2014 Sche					15	<u>%</u>
16a	33 1/3% support test—2015. If the organi				3% or more, check	this	. □
_	box and stop here. The organization qualif		· ·		00.4400/		
þ	33 1/3% support test—2014. If the organi				33 1/3% or more,		▶ □
4	check this box and stop here . The organiz				r 16h and Ino 14 i		
17a	10%-facts-and-circumstances test—201						
	10% or more, and if the organization meets Part VI how the organization meets the "fac						
		as-and-circumstant	es lest the organia	zation qualifies as a	publicly supported		▶ □
.	organization 10%-facts-and-circumstances test—201	A If the organization	on did not check a ho	v on line 13 16a 1	6h or 17a and line	a	
b	15 is 10% or more, and if the organization is					-	
	Explain in Part VI how the organization mee						
	supported organization	JU UIC IAUS-AIIU-C	a camatances test 1	organization qu	oo do a pabiloly		▶ □
18	Private foundation. If the organization did	not check a box on	line 13, 16a, 16b, 1	7a. or 17b. check th	nis box and see		ابا ،
10	Instructions	GIOGN & DOX OII		and the state of the second of the			▶ □

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support	<u> </u>					
Caler	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	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						·
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b		<u> </u>				
8	Public support. (Subtract line 7c from line 6)						
	ction B. Total Support			<u> </u>	T	,	
Cale	ndar 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						
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)			Bassass			
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)		<u> </u>				··· -
14	First five years. If the Form 990 is for the organization, check this box and stop here		second, third, four	th, or fifth tax year a	as a section 501(c)((3)	▶ [
Sec	ction C. Computation of Public Su	ipport Percent	tage				
15	Public support percentage for 2015 (line 8,	column (f) divided	by line 13, column	(f))		15	%
<u>16</u>	Public support percentage from 2014 Sche					16	%
Sec	ction D. Computation of Investme		•				
17	Investment income percentage for 2015 (lin	ne 10c, column (f)	divided by line 13, o	column (f))		17	%
18	Investment income percentage from 2014					18_	%_
19a	33 1/3% support tests—2015. If the organ						
	17 is not more than 33 1/3%, check this bo		▶ []				
b	33 1/3% support tests—2014. If the organ						
	line 18 is not more than 33 1/3%, check this						P
20	Private foundation if the organization did	not check a hox o	n line 14, 19a, or 19	9h check this hox a	ind see instructions	1	▶

Supporting Organizations

Section A. All 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.)

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain	1_		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below.	3a	_	
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	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		

- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- 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).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 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.
- 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.
- 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.
- 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.
 - 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)

	1		
	2		
	3a_		
	25		
	3b		
	3с		
	4a		
	4b		
	4c		<u></u>
	5a		
	5b 5c		<u></u>
	-50		
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	7		
	8		
	0-		
	9a		
	9b		
	0-		
	9с		
	10a		
i	10b		
		i J	

	ule A (Form 990 or 990-EZ) 2015 THE LUTHERAN SCHOLARSHIP GRANTING 45-48564(<u> </u>		Page 5
Par	t IV 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)			
	below, the governing body of a supported organization?	11a		<u> </u>
b	A family member of a person described in (a) above?	11b		
	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		L
Sect	ion B. Type I Supporting Organizations			
		F	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	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	2		
<u>Sect</u>	ion C. Type II Supporting Organizations			
		ç	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	_1_		
<u>Sect</u>	ion 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)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	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		
<u>Sect</u>	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 instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.	ـــــــا	Yes	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			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		T	
	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.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		1	
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
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	[

1đ

2

3

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			
Sect	Section C - Distributable Amount				
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				
en	nergency temporary reduction (see instructions)	6			
7	7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see				

Schedule A (Form 990 or 990-EZ) 2015

d Total (add lines 1a, 1b, and 1c)

factors (explain in detail in Part VI)

Subtract line 2 from line 1d

instructions)

see instructions)

Discount claimed for blockage or other

2 Acquisition indebtedness applicable to non-exempt-use assets

Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,

	ule A (Form 990 or 990-EZ) 2015 THE LUTHERAN SCHO			0406 Page 7
Par		Supporting Organizati	ons (continued)	γ
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purpos			
2	Amounts paid to perform activity that directly furthers exempt purposes	of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of suppo	rted organizations		
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.			
	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the organization	ion is responsive		
	(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			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	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	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)			
i	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2015 from Section			
	D, line 7:			.
a	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			
a				
b				
С	Excess from 2013			
d	Excess from 2014			
		. 1		T

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 THE LUTHERAN SCHOLARSHIP GRANTING

<u>45-4</u>856406

Page 8

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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.

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

OMB No 1545-0047 2015

Open to Public Inspection

	of the organization	_ E	mployer	identification number
\mathbf{T}	HE LUTHERAN SCHOLARSHIP GRANTING			
0	RGANIZATION OF INDIANA, INC.			856406
Pa	Organizations Maintaining Donor Advised Fur Complete if the organization answered "Yes" on F		ounts	S.
	Complete if the organization anothered Tree on t	(a) Donor advised funds		(b) Funds and other accounts
_	Tatal acception at and of cons	(a) Donor advised funds		b) runds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year	La a a a de la decima de la constante de la co		
5	Did the organization inform all donors and donor advisors in writing that t			П. П.
	funds are the organization's property, subject to the organization's exclus			Yes No
6	Did the organization inform all grantees, donors, and donor advisors in w	-		
	only for charitable purposes and not for the benefit of the donor or donor	advisor, or for any other purpose		
	conferring impermissible private benefit?			Yes No
₽₽	Conservation Easements.	Torm 000 Port IV line 7		
	Complete if the organization answered "Yes" on F			
1	Purpose(s) of conservation easements held by the organization (check a			
	Preservation of land for public use (e g , recreation or education)	Preservation of a historically importar		area
	Protection of natural habitat	Preservation of a certified historic str	ucture	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified conserve	ation contribution in the form of a conservation	ا	
	easement on the last day of the tax year			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
C	Number of conservation easements on a certified historic structure include	ded ın (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	S, and not on a		
	historic structure listed in the National Register		2d	<u></u>
3	Number of conservation easements modified, transferred, released, extir	nguished, or terminated by the organization du	ring the	e
	tax year ▶			
4	Number of states where property subject to conservation easement is loc	cated ▶		
5	Does the organization have a written policy regarding the periodic monitor	oring, inspection, handling of		
	violations, and enforcement of the conservation easements it holds?			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of v	violations, and enforcing conservation easeme	nts dur	ing the year
	>			
7	Amount of expenses incurred in monitoring, inspecting, handling of violat	ions, and enforcing conservation easements d	luring ti	he year
	▶ \$			
8	Does each conservation easement reported on line 2(d) above satisfy the	e requirements of section 170(h)(4)(B)(i)		
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation easemer	nts in its revenue and expense statement, and		
	balance sheet, and include, if applicable, the text of the footnote to the or	ganization's financial statements that describe	s the	
	organization's accounting for conservation easements			
Pa	rt 掛 Organizations Maintaining Collections of Art,		ilar A	\ssets.
	Complete if the organization answered "Yes" on I	orm 990, Part IV, line 8		
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not	to report in its revenue statement and balance	sheet	
	works of art, historical treasures, or other similar assets held for public ex	chibition, education, or research in furtherance	of	
	public service, provide, in Part XIII, the text of the footnote to its financial	statements that describes these items.		
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to r	eport in its revenue statement and balance sho	eet	
	works of art, historical treasures, or other similar assets held for public ex	chibition, education, or research in furtherance	of	
	public service, provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1		>	\$
	(ii) Assets included in Form 990, Part X		>	\$
2	If the organization received or held works of art, historical treasures, or o	ther similar assets for financial gain, provide th	ie	
	following amounts required to be reported under SFAS 116 (ASC 958) re			
а	Revenue included on Form 990, Part VIII, line 1		>	\$
	Assets included in Form 990, Part X		▶	\$

Sche		ERAN SCHOLA				856406	Pag	je '
Pa	rt III Organizations Maintainir						ets (continued)	
3	Using the organization's acquisition, accessicollection items (check all that apply)	on, and other records,	check any of the follow	ving that are	a significar	nt use of its		
а	Public exhibition	d 🔲	Loan or exchange pro	grams				
b	Scholarly research	е 🗌	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explain h	now they further the org	ganization's e	xempt pur	pose in Part		
	XIII							
5	During the year, did the organization solicit of	or receive donations of	art, historical treasures	s, or other sin	nılar			
	assets to be sold to raise funds rather than t	o be maintained as pai	rt of the organization's	collection?			Yes	No
Pa	art IV Escrow and Custodial A							
	Complete if the organization	on answered "Yes'	' on Form 990, Pa	rt IV, line 9	e, or repo	orted an amo	unt on Form	
	990, Part X, line 21.							
1a	Is the organization an agent, trustee, custod	ian or other intermedia	ry for contributions or o	other assets i	not			
	included on Form 990, Part X?						Yes I	No
þ	If "Yes," explain the arrangement in Part XIII	and complete the follo	wing table					_
							Amount	_
С	Beginning balance					1c		_
d	Additions during the year					1d		
е	Distributions during the year					1e		_
f	Ending balance					1f		_
	Did the organization include an amount on F						Yes I	No
	If "Yes," explain the arrangement in Part XIII	Check here if the exp	lanation has been prov	vided on Part	XIII			_
₽ä	ert V Endowment Funds.	1 45 6 3						
	Complete if the organization		1"			_		
		(a) Current year	(b) Pnor year	(c) Two ye	ars back	(d) Three years b	pack (e) Four years back	<u>k</u>
1a	Beginning of year balance							
þ	Contributions			<u> </u>				
C	Net investment earnings, gains, and							
	losses							
	Grants or scholarships							_
е	Other expenditures for facilities and							
	programs							_
f	Administrative expenses		 	-				
g	End of year balance		l	1				
2	Provide the estimated percentage of the cur		(line 1g, column (a)) he	eld as				
	Board designated or quasi-endowment	%						
	Permanent endowment ▶ %							
С	Temporarily restricted endowment ▶	%						
_	The percentages on lines 2a, 2b, and 2c sho			4 4 4	41			
3a	Are there endowment funds not in the posse	ession of the organizati	on that are held and ac	iministered to	or the		[Var.]	_
	organization by							10
	(i) unrelated organizations						3a(i)	
	(ii) related organizations		4 O-5-4-4- DO				3a(ii)	_
D	If "Yes" on line 3a(ii), are the related organiz	· · · · · · · · · · · · · · · · · · ·					3b	
4	Describe in Part XIII the intended uses of the		ment tunas					
**	Land, Buildings, and Equ		on Form 000 Pa	rt IV/ line 1	110 800	Form 000 P	art V. lina 10	
	Complete if the organization				I			
	Description of property	(a) Cost or other I (investment)			, , ,	Accumulated epreciation	(d) Book value	
	No. of the second secon	(maeadhent)		,	 	:		_
	Land	-			 			
	Buildings				 			
	Leasehold improvements				-			_
	Equipment							
	Other 1. Add lines 1a through 1e (Column (d) must	ogual Form 000, Bod S	(column (B) line 10s	```	I			
rota	i. Add lines ta through Te (Column (d) must	equal Fulfil 990, Part /	v, columnit (D), illie 100	,		•	i	

chedule D (Form 990) 2015 THE LUTHERAN SCHOLARSHIP GRANTI	ING	- 4
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45-4856406 Page 3 Part VII Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (b) Book value (c) Method of valuation (including name of security) Cost or end-of-year market value (1) Financial derivatives (2) Closely-held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶ Investments—Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 15 (a) Description (b) Book value (1) (2) (3) (5) (6) (7) (8) Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)

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

Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶

Sche	edule D (Form 990) 2015 THE LUTHERAN SCHOLARSHIP GRANTING 45-485	6406	Page 4
Pa	Reconciliation of Revenue per Audited Financial Statements With Revenue pe	r Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	1,882,342
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities 2b 3,	660	
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII)		
е	Add lines 2a through 2d	2e	3,660
3	Subtract line 2e from line 1	3	1,878,682
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII)		
С	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	1,878,682
Pa	Reconciliation of Expenses per Audited Financial Statements With Expenses	er Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	1,918,292
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities 2a 3,	660	
b	Prior year adjustments 2b		
C	Other losses 2c		
d	Other (Describe in Part XIII)		
е	Add lines 2a through 2d	2e	3,660
3	Subtract line 2e from line 1	3	1,914,632
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		
b	Other (Describe in Part XIII)		
С	Add lines 4a and 4b	4c	
5	Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1.914.632

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

PART X — FIN 48 FOOTNOTE

Supplemental Information.

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

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

Part XIII Supplemental Information (continued)

UNRELATED BUSINESS TAXABLE INCOME. THE TAX BENEFITS RECOGNIZED IN THE FINANCIAL STATEMENTS FROM SUCH A POSITION ARE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50 PERCENT LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT. THERE WERE NO UNRECOGNIZED TAX BENEFITS IDENTIFIED OR RECORDED AS LIABILITIES FOR THE YEARS ENDED JUNE 30, 2016 AND 2015.

THE ORGANIZATION FILES TAX RETURNS IN THE U.S. FEDERAL JURISDICTION AND THE STATE OF INDIANA. THE ORGANIZATION HAS BEEN IN EXISTENCE FOR THREE FILING YEARS, AND BELIEVES IT IS STILL SUBJECT TO INCOME TAX EXAMINATION FOR THE THREE FILING YEARS.

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2015

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.

SCHEDULE I (Form 990)

Schedule I (Form 990) (2015) 2 _ Open to Public Inspection (h) Purpose of grant or assistance Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form Employer Identification number X Yes 45-4856406 non-cash assistance (g) Description of 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (e) Amount of noncash assistance ▶ Attach to Form 990. (d) Amount of cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table SCHOLARSHIP GRANTING (c) IRC section if applicable INC. General Information on Grants and Assistance (p) EIN For Paperwork Reduction Act Notice, see the Instructions for Form 990. OF INDIANA, Enter total number of other organizations listed in the line 1 table the selection criteria used to award the grants or assistance? (a) Name and address of organization THE LUTHERAN ORGANIZATION or government Department of the Treasury Internal Revenue Service Name of the organization Part !! Part ε 3 | ଚ 3 3 9 8 8 6

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Page 2 (f) Description of non-cash assistance. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. (e) Method of valuation (book, FMV, appraisal, other) non-cash assistance 1,807,825 (c) Amount of cash grant Part III can be duplicated if additional space is needed (b) Number of recipients 1436 (a) Type of grant or assistance 1 SCHOLARSHIPS Schedule I (Fo 40 7 က 9

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

Part IV

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

THE ORGANIZATION VERIFIES THAT SCHOLARSHIP RECIPIENTS MEET THE

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

PROVIDE PROOF OF INCOME AND 2) SCHOOLS VERIFY CONTINUED ENROLLMENT

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

RESIDENCY IS ALSO VERIFIED FOR EACH APPLICANT. ALL SCHOLARSHIP INDIANA

PAYMENTS ARE MADE DIRECTLY TO THE SCHOOL.

Schedule I (Form 990) (2015)

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

2015

Open To Public

► 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.

Inspection Employer Identification number

Internal Revenue Service Name of the organization

Department of the Treasury

THE LUTHERAN SCHOLARSHIP GRANTING ORGANIZATION OF INDIANA, INC.

45-4856406

	itti Types of Property		_	T				
		(a) Check if applicable	(b) Number of contributions or items contributed	(C) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amo	-		
1	Art — Works of art							
2	Art — Historical treasures						_	
3	Art — Fractional interests							
4	Books and publications							
5	Clothing and household							
3	=							
•	goods Cars and other vehicles		<u></u>			_		
6					· · · · · · · · · · · · · · · · · · ·			
7	Boats and planes Intellectual property		<u> </u>					
8		X	15	74,495			_	
9	Securities — Publicly traded			74,400				
10	Securities — Closely held stock							
11	Securities — Partnership, LLC,							
40	or trust interests							
12	Securities — Miscellaneous							
13	Qualified conservation							
	contribution — Historic							
	structures							
14	Qualified conservation							
4-	contribution — Other					-		
15	Real estate — Residential							
16	Real estate — Commercial							
17	Real estate — Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy	-						
22	Historical artifacts							
23	Scientific specimens	<u> </u>						
24	Archeological artifacts	ļ			·····			
25	Other ► (
26	Other ►(<u> </u>						
27	Other ►(-						
28	Other ►(<u> </u>						
29	Number of Forms 8283 received by the	•	•					
	which the organization completed For	m 8283, Pa	an IV, Donee Acknowled	gement (29			
						F	Yes	No
30a	During the year, did the organization i							
	28, that it must hold for at least three			tribution, and which is not re	equirea		1	į ,,
	to be used for exempt purposes for th		lding period?			30a		X
b	If "Yes," describe the arrangement in							
31	Does the organization have a gift acc	eptance po	licy that requires the revi	ew of any non-standard				į
	contributions?					31		X
32a	Does the organization hire or use third	d parties or	related organizations to	solicit, process, or sell nonc	ash			
	contributions?					32a	ļ	X
b	If "Yes," describe in Part II							Ĺ
33	If the organization did not report an ai	mount in co	lumn (c) for a type of pro	perty for which column (a) is	s checked,			ĺ
	describe in Part II					ŧ .		<u> </u>

Schedule M (Form 990) (2015) THE LUTHERAN SCHOLARSHIP GRANTING

45-4856406

Page 2

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

SCHEDULE O (Form 990 or 990-EZ) Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047
2015

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Name of the organization

THE LUTHERAN SCHOLARSHIP GRANTING ORGANIZATION OF INDIANA, INC.

Employer Identification number 45-4856406

FORM 990 - ORGANIZATION'S MISSION

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

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

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

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

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

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

Name of the organization

THE LUTHERAN SCHOLARSHIP GRANTING

Employer identification number 45-4856406

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

FORM 990, PART VII - ADDITIONAL INFORMATION

ADMINISTRATIVE SERVICES ARE CONTRACTED WITH THE LUTHERAN SCHOOL

PARTNERSHIP. THE SERVICES INCLUDE SCHOLARSHIP AND FUNDRAISING MANAGEMENT,

ADVERTISING, PROMOTION AND MARKETING. THE CONTRACT AMOUNT COVERS THE

PARTNERSHIP'S COSTS.