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Form 990

Return of Organization Exempt From Income Tax

2016
Open to PublicInspection

Department of the Treasury Internal Revenue Service

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

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

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

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

<u>A</u>	For th	e 2016 c	alendar year, or tax year beginning $07/01/16$, and ending $06/30/1$	17			
B Check if applicable C Name of organization THE LUTHERAN SCHOLARSHIP GRANTING D Employer Identification number							
	Address	change	ORGANIZATION OF INDIANA, INC.				
\Box	Name ch	ange	Doing business as THE LUTHERAN SGO			356406	
呂		_	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephone	=	
님	Initial retu Final retu		1145 BARR STREET City or town, state or province, country, and ZIP or foreign postal code		200-2	203-4509	
Ш	terminate					0 477 104	
П	Amended	return	FORT WAYNE IN 46802 F Name and address of principal officer	<u> </u>	G Gross recei	ots \$ 2,477,184	
Ħ	Applicatio	on pending		H(a) Is this a gro	up return for sub	ordinates? Yes X No	
ш	тфрисаци	or pending	W. RANDALL KAMMEYER		·	ed? Yes No	
			1145 BARR STREET	H(b) Are all sub			
			FORT WAYNE IN 46802	II "No,"	' attach a list (s	ee instructions)	
1_	Tax-exe	mpt status	X 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527	_			
<u>J</u>	Website	. <u> </u>	WW.LUTHERANSGO.ORG	H(c) Group exe			
K		organization		ear of formation 2	012	M State of legal domicile IN	
黨	?art l	<u></u> Sι	ımmary				
	1	Briefly de	scribe the organization's mission or most significant activities				
به	1	SEE	SCHEDULE O				
Ę	1						
Ë	1						
Š≅	1 2	Check the	s box > if the organization discontinued its operations or disposed of more than 25%	of its not assets	2		
Activities & Governance	1 2		of voting members of the governing body (Part VI, line 1a)	Oi its het asset	3 3	5	
_్లు	1 3					5	
¥.ĕ	4		of independent voting members of the governing body (Part VI, line 1b)		4		
≦	5	Total nun	nber of individuals employed in calendar year 2016 (Part V, line 2a)		5	0	
- <u>S</u>	6	Total nun	nber of volunteers (estimate if necessary)		6	5	
	, "	Total unre	elated business revenue from Part VIII, column (C), line 12		7a	0	
	b	Net unrel	ated business taxable income from Form 990-T, line 34		7b	0	
				Prior Ye		Current Year	
	8	Contribut	ions and grants (Part VIII, line 1h)	1,87	6 , 789	2,208,675	
	9	Program	service revenue (Part VIII, line 2g)			0	
Recentation	10		nt income (Part VIII, column (A), lines 3, 4, and 7d)		1,893	5,740	
	'l ₁₁		enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0	
	1		enue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1 87	8,682	2,214,415	
_	1		nd similar amounts paid (Part IX, column (A), lines 1–3)		7,825	1,893,528	
	1		paid to or for members (Part IX, column (A), line 4)	<u> </u>	1,023	0	
	1 45						
Expenses	15		other compensation, employee benefits (Part IX, column (A) lines 5-10) (Y - 1-1	<u></u>		0	
ens	16a	Professio	nal fundraising fees (Part IX, column (A), line 11e)			U	
×	b b	Total fund	draising expenses (Part IX, column (D), line 25) ▶ 🌼 0 € 7 1 68⁄357 🖂				
ш	17	Other exp	draising expenses (Part IX, column (D), line 25) ► (Q) (CT 1 68/3)57 Penses (Part IX, column (A), lines 11a–11d, 11f–24e)		<u>6,807</u>	154,114	
	18	Total exp	enses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,91	4,632	2,047,642	
	19	Revenue	less expenses Subtract line 18 from line 12	<u>.l3</u>	5,950	<u>166,773</u>	
Net Assets or Fund Balances	3			Beginning of Cu		End of Year	
seta	20	Total ass	ets (Part X, line 16)	1,47	0,674	1,634,278	
AB	21	Total liabi	lities (Part X, line 26)		824	<u> 2,601</u>	
훒	22	N <u>et asset</u>	s or fund balances Subtract line 21 from line 20	1,46	9,850	1,631,677	
	art II	Sic	gnature Block				
			perjury, I declare that I have examined this return, including accompanying schedules and stateme	nts and to the he	st of my know	vledge and helief it is	
			omplete Pedaration of preparer (other than officer) is based on all information of which preparer h			nougo and bonon, mio	
			M. Kaul Willer			8-17	
o:.		1 2	ignature of officer		Date		
Sig			•	DELLE	Date		
He	re	-	W. RANDALL KAMMEYER PRESI	DENT	_		
		ļ <u> </u>	ype or print name and title		<u></u>		
		Print/Type	preparer's name Preparer's signature	Date	Check	If PTIN	
Paid	d	BRIAN	D. BOWMAN, CPA DWO DOWN CON	_ 9 119	17 self-emp	P00540295	
Pre	parer	Firm's nar	DADDIE GAGE GGINDOND IIG		Firm's EIN	35-1939627	
Use	Only		6920 POINTE INVERNESS WAY #300	· · · · · · · · · · · · · · · · · · ·			
	-	Firm's add	. FORE CANAD THE ACOUATION	I.	Phone no	260-422-2551	
May	the IP		s this return with the preparer shown above? (see instructions)		TIONS NO	X Yes No	
			, and retern with the property and Mil above : tace manacholisi				

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Form 990 (2016)

om 9 Par	till S	tatement of Program Serv		45-4856406	Page 2
	Bnefly descri	neck if Schedule O contain: the the organization's mission EDULE O	s a response or note to any	line in this Part III	Δ
3 E 3 S 11 4 E	onor Form 99 If "Yes," descool the organiservices? If "Yes," descool the expenses. So	90 or 990-EZ? cribe these new services on Scheonization cease conducting, or make cribe these changes on Schedule (organization's program service ac	e significant changes in how it condi O ecomplishments for each of its three anizations are required to report the	ucts, any program largest program services, as	
TH PR IN	ROVIDE IDIANA	ANIZATON EXISTS T SCHOLARSHIP FUND CHRISTIAN SCHOOL	393,528 including grants of CO RAISE FUNDS FRODS TO ALL ELIGIBLE OF THEIR CHOICE. THE AND CHRISTIAN C	M INDIVIDUALS STUDENTS WAN' THE EFFORTS (AND BUSINESSES TO TING TO ATTEND AN OF THE ORGANIZATION
4b (Code) (Expenses \$	including grants of	\$) (Revenue \$
4c ((Code.) (Expenses \$	including grants of	\$) (Revenue \$
	Other progra	m services (Describe in Schedule	O) luding grants of \$) (Revenue \$	
		n service expenses	1,893,528	/ (1.030mac w	Form 990 (2016

Part IV		
		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
- 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?
- 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
- 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
- Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III
- 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
- 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
- 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D. Part III
- 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
- 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
- 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable
- a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI
- b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII
- 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
- **d** Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX
- e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X
- f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X
- 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII
 - 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
- 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 14a Did the organization maintain an office, employees, or agents outside of the United States?
 - 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
- 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
- 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
- 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)
- 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
- 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

	Yes	No
	v	
2	X	
3	_	<u>X</u> _
4		X
5		X
6		X
7		X X X
		v
8		
9_		X
40		v
10		
11a		ì
446		X
11b		
11c		X X X
11d		X
11e		X
11f	Х	
12a	Х	
12b		Х
13		X
14a		X
14b		X
15		Х
16		X
17		X
18		Х
 19		<u>x</u>
Fo	m 99 ((2016)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
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	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	_X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the		i 1	
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K If "No," go to line 25a	24a		_X
b	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		
þ	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	<u>25</u> a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	<u>25</u> b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	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		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions).			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		_X
þ	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	i		
	Schedule L, Part IV	28b		Х
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		Χ
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		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31]	Χ
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		Х
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		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Χ
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		Χ
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38	X	
			- 23	

14a

14b

13c

C

Enter the amount of reserves on hand

Did the organization receive any payments for indoor tanning services during the tax year?

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

а	The organization's CEO, Executive Director, or top management official	15a	Χ	
b	Other officers or key employees of the organization	15b		_X_
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
6a	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		X
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		
Sec	tion C. Disclosure			
7	List the states with which a copy of this Form 990 is required to be filed ▶ IN			
8	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
	available for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website X Upon request Other (explain in Schedule O)			
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
	financial statements available to the public during the tax year.			
0	State the name, address, and telephone number of the person who possesses the organization's books and records:			
EF	RIC TRAUNER 1145 BARR STREET			
FC	ORT WAYNE IN 46802 2	60-20	3-4	<u>509</u>
AA		For	m 99 0	(2016)

Part VIII 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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee (F) (A) Name and Title Average Position Reportable Reportable Estimated hours per (do not check more than one compensation compensation from amount of related other week box, unless person is both an from compensation flist any officer and a director/trustee) the organizations (W-2/1099-MISC) from the hours for organization (W-2/1099-MISC) organization related nstitutional trustee and related omanizations employee idual trustee organizations below dotted line) (1) KARL DAVIS 1.00 Χ 0 DIRECTOR 0.00 (2) MARCIA HAAFF 1.00 0.00 0 0 0 DIRECTOR (3) W. RANDALL KAMMEYER 1.00 PRESIDENT 0.00 Χ X 0 0 0 (4) BETH KITSON 1.00 0 0 VICE PRESIDENT 0.00 X (5) ERIC TRAUNER 1.00 0.00 0 0 0 TREASURER/SECRETARY (6) (7) (8) (9) (10)(11)

Part	Section A. Officers	, Directors, Trus	stees	s, Ke	y Er	nplo	yees	s, ar	nd Highest Compensated	Employees (continued)		
(A) Name and trite		(B) Average hours per week (list any	bo of	x, unle ficer a	Pos check ess pe	rson	than o	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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	(W-2/1099-MISC)	(44-21033-41130)	organization and related organizations	
							-					
								-				
			_				_					
						_		_				
							_					
c 7	Sub-total Fotal from continuation shee Fotal (add lines 1b and 1c)	ets to Part VII, S	ectio	on A				▶ ▶				
	Total number of individuals (inc eportable compensation from t			to th	ose	liste	d abo	ove)	who received more than \$1	00,000 of		
4 F	Old the organization list any for employee on line 1a? If "Yes," of For any individual listed on line organization and related organi andividual	complete Schedu 1a, is the sum of	<i>ile J</i> f rep	for s ortab	uch le co	<i>indiv</i> ompo	ridual ensat	tion	and other compensation from		Yes No 3 X	
5 [Did any person listed on line 1a or services rendered to the org n B. Independent Contractor	anızatıon? <i>If "Ye</i>								dıvidual	5 X	
1 (Complete this table for your five compensation from the organizer	e highest comper										
		(A) business address							Descrip	(B) tion of services	(C) Compensation	
	C LUTHERAN SCHOOL RT WAYNE		[P 4	68		160)1 S 		INT JOE RIVER DRI ADMINISTRATIVE		104,165	
					· 							
2 1	otal number of independent co	ontractors (includ	ding t	out n	ot lin	nited	to the	nose	e listed above) who	1		
DAA	mail mail \$100,000 to	. John perioditoff			yal					<u> </u>	Form 990 (2016)	

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax (A) Total revenue (C) Unrelated exempt function business revenue under sections 512-514 revenue 1a Federated campaigns 1a b Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 2,208,675 1f 262,769 g Noncash contributions included in lines 1a-1f 2,208,675 h Total. Add lines 1a-1f Program Service Revenue Busn Code 2a b f All other program service revenue ▶ g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 5,488 5,488 Income from investment of tax-exempt bond proceeds Royalties (ı) Real (II) Personal 6a Gross rents **b** Less rental exps c Rental inc or (loss) d Net rental income or (loss) (i) Secunties (II) Other sales of assets 263,021 other than inventor b Less cost or other 262,769 basis & sales exps 252 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 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 b b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Busn. Code 11a b C d All other revenue • Total. Add lines 11a-11d 5,488 2,214,415 252 Total revenue. See instructions

Form **990** (2016)

DAA

Seci	tion 501(c)(3) and 501(c)(4) organizations must co Check if Schedule O contains a respo			iete column (A)	
Do r	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	1,893,528	1,893,528		
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	ļ			
5	Compensation of current officers, directors,				ļ
6	trustees, and key employees				
6	Compensation not included above, to disqualified			ļ	į
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	ļ			
7	Other salanes and wages			 	
8	Pension plan accruals and contributions (include			 	
Ů	section 401(k) and 403(b) employer contributions)			ļ	ļ
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal	51		51	
С	Accounting	12,944		12,944	
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)	105,000		104,165	835
12	Advertising and promotion	7,291		7,291	
13	Office expenses		 	ļ	ļ
14	Information technology			ļ	ļ
15	Royalties			2 600	ļ
16	Occupancy	3,600		3,600	
17	Travel	ļ			
18	Payments of travel or entertainment expenses				
19	for any federal, state, or local public officials 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				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
а	BANK FEES	14,526		14,526	
b	DUES AND SUBSCTIPTIONS	7,316		7,316	
С	MISCELLANEOUS	2,636		2,636	
d					
е	All other expenses				
25_	Total functional expenses. Add lines 1 through 24e	2,047,642	1,893,528	153,279	835
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here If following SOP 98-2 (ASC 958-720)				

Part X

Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 475,647 335,314 Cash-non-interest bearing 995.027 1,298,964 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 5 Complete Part II of Schedule L 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 6 organizations (see instructions). Complete Part II of Schedule L Notes and loans receivable, net 7 8 Inventones for sale or use Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D b Less accumulated depreciation 10b 10c Investments—publicly traded securities 11 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 15 Other assets See Part IV, line 11 1,470,674 1,634,278 16 Total assets. Add lines 1 through 15 (must equal line 34) 824 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 Deferred revenue 19 20 Tax-exempt bond liabilities 21 21 Escrow or custodial account liability Complete Part IV of Schedule D 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 parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 824 601 26 Total liabilities. Add lines 17 through 25 26 |X| and Organizations that follow SFAS 117 (ASC 958), check here ▶ Balances complete lines 27 through 29, and lines 33 and 34. 80,091 27 Unrestricted net assets 389,759 Temporanly restricted net assets or Fund 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Net Assets Capital stock or trust principal, or current funds 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds 32 469, 850 1,631,677 33 Total net assets or fund balances 1,634,278 470. 674 Total liabilities and net assets/fund balances

	990 (2016) THE LUTHERAN SCHOLARSHIP GRANTING 45-4856406		Page 12
Pa	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	2,214,415
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,047,642
3	Revenue less expenses Subtract line 2 from line 1	3	166,773
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,469,850
5	Net unrealized gains (losses) on investments	5	<u>-4,946</u>
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Pnor penod 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	1 1	
	33, column (B))	10	1,631,677
Pa	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 X
	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 X
	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		
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight		
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c X
	If the organization changed either its oversight process or selection process during the tax year, explain in		
	Schedule O		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		
	the Single Audit Act and OMB Circular A-133?		3a X
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
			50m 990 (2015)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

OMB No 1545-0047

▶ Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name	of th	e organization		SCHOLARSHIP OF INDIANA,		NG	Employer ident	ufication number		
EP.	art l	Reas				complete	this part.) See instruction			
			a private foundation because				ins part.) Occ instruction	10.		
1	Ť		nvention of churches, or asso	` •		•	'AVi).			
2	H		cribed in section 170(b)(1)(A							
3	H		a cooperative hospital service) .			
4	H	-		•				oital's name.		
	4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state									
5										
	section 170(b)(1)(A)(iv). (Complete Part II)									
6			ate, or local government or go	•	in section 1	70(b)(1)(A)(v).			
7	X	-	on that normally receives a s section 170(b)(1)(A)(vi). (Co		rt from a gove	ernmental u	nit or from the general public			
8			trust described in section 1	•	Part II)					
9					•	ted in conju	nction with a land-grant college			
			or a non-land grant college of							
	_	university.								
10	Ш	•	•				s, membership fees, and gross			
		-	activities related to its exemp		•					
			gross investment income and the organization after June 30		•		Triax) from businesses			
11		•	ion organized and operated e	•		•	(a)(4).			
12	H	•	•	•	•		of, or to carry out the purposes			
	ш	-		•			9(a)(2). See section 509(a)(3)			
		Check the bo	ox in lines 12a through 12d tha	at describes the type of sup	pporting orga	nization and	complete lines 12e, 12f, and 12	2g.		
	а	Type I. A	A supporting organization ope	rated, supervised, or contr	olled by its su	pported org	anization(s), typically by giving			
			orted organization(s) the powing organization. You must co		•	y of the dired	ctors or trustees of the			
	b	Type II.	A supporting organization sup	ervised or controlled in co	nnection with	its supporte	ed organization(s), by having			
			-		•	sons that co	ntrol or manage the supported			
		\Box	tion(s) You must complete	•						
	С		functionally integrated. A si irted organization(s) (see insti				and functionally integrated with, A, D, and E.			
	d		· -		-		with its supported organization(s	s)		
					•		quirement and an attentiveness			
	_	_ `	ent (see instructions) You m	•		•				
	e		is box if the organization receilly integrated, or Type III non-				Type i, Type ii, Type iii			
	f		nber of supported organizatio							
	g	Provide the fo	ollowing information about the	supported organization(s))			<u> </u>		
(i) Nam	e of supported	(ii) EIN	(iii) Type of organization	(iv) Is	he organization	(v) Amount of monetary	(vi) Amount of		
	ori	ganization		(described on lines 1–10		your governing	• • • • • • • • • • • • • • • • • • • •	other support (see		
				above (see instructions))		ocument?	instructions)	instructions)		
<u></u>			 		Yes	No	 	 		
(A)										
/B\			 			_}				
(B)										
(C)			<u> </u>					 		
,~,			}	}	}			}		
(D)						 	 	 		
			<u> </u>				<u>}</u>			
(E)										
								 		
Tota	1									

45-4856406

Page 2

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	talls to qualify	unger the tests	listed below, p	lease complete	Part III)	
	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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	2,208,675	8,524,375
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	2,208,675	8,524,375
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)						389,607
6	Public support. Subtract line 5 from line 4					Jan C. and C. T. P. Special States and Control of the Control of t	8,134,768
Sec	tion B. Total Support						0,134,700
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	311,035				2,208,675	8,524,375
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	6	61	385		5,488	7,165
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
0	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	or disposition of the control of the			pont of one and one of the original days.		
1	Total support. Add lines 7 through 10						8,531,540
2	Gross receipts from related activities, etc. (s	•				12	
3	First five years. If the Form 990 is for the o	=	second, third, fourt	h, or fifth tax year a	s a section 501(c)(3)	. 🙃
-	organization, check this box and stop here						<u>▶</u> X
	tion C. Computation of Public Su						
4	Public support percentage for 2016 (line 6,	* *	•	(1))		14	<u> </u>
5 63	Public support percentage from 2015 Scheo 33 1/3% support test—2016. If the organiz			and line 44 is 22	1/20/ or mara shar	15	%_
0a	box and stop here . The organization qualifi				1/3% of more, chec	K UIIS	▶ □
b	33 1/3% support test—2015. If the organization	• •			s 33 1/3% or more	check	
~	this box and stop here . The organization qu				5 55 115 70 OF HIGHE,	5.100K	▶ □
7a	10%-facts-and-circumstances test—201				or 16b, and line 14	Is	٠ ـــ
	10% or more, and if the organization meets						
	Part VI how the organization meets the "fac		· ·		•		
	organization						▶ □
b	10%-facts-and-circumstances test—201	5. If the organization	on did not check a b	oox on line 13, 16a,	16b, or 17a, and lii	ne	
	15 is 10% or more, and if the organization n	=					
	Explain in Part VI how the organization mee	ts the "facts-and-ci	ircumstances" test	The organization of	qualifies as a public	ly	
	supported organization			-	•		▶ 🗌
8	Private foundation. If the organization did instructions	not check a box on	line 13, 16a, 16b,	17a, or 17b, check	this box and see		▶ 🗀

Schedule A (Form 990 or 990-EZ) 2016 THE LUTHERAN SCHOLARSHIP GRANTING

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

(Complete only if yo	u checked the box on line	10 of Part I or if the	e organization failed	to qualify under Part II
If the erganization for		بالمرينية والمساهدا الملا	and administration Dawl	1.1

	If the organization fails to						inaer	Part II.
	ction A. Public Support	_						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	<u> </u>	(f) Total
1	Grits, 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)							
Sec	tion B. Total Support							
Caler	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	;[(f) Total
9	Amounts from line 6							
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
С	Add lines 10a and 10b	 						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11,					1	1	
	and 12)	L	<u> </u>	L	L	L		
14	First five years. If the Form 990 is for the company than should the house of the company than the company t		second, third, fourt	h, or fifth tax year a	is a section 501(c)	(3)		. —
200	organization, check this box and stop here							
	tion C. Computation of Public Su							
15	Public support percentage for 2016 (line 8,			(†))		}	15	<u> </u>
16 Soci	Public support percentage from 2015 Scher						16	
3 <u>ec</u> 17	tion D. Computation of Investme						47 [
8	Investment income percentage for 2016 (In			olumn (1))		ŀ	17	<u> </u>
9a	Investment income percentage from 2015 S			IA and line 45 to m	ana than 22 4/20/	ل مصالحه	18	
Ja	33 1/3% support tests—2016. If the organ 17 is not more than 33 1/3%, check this box							▶ □
b	33 1/3% support tests—2015. If the organ	•		•				. [
	line 18 is not more than 33 1/3%, check this	=			· · · · · · · · · · · · · · · · · · ·			▶⊣
20	Private foundation. If the organization did	not check a box on	line 14, 19a, or 19	b, check this box a	nd see instructions	;		▶∐

Part IV Supporting

Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 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
- 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).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- 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
- c 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
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- 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
- c 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
- 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)
- **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?
- c 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.
- 7 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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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.
- 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.
- 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.
- 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.
 - 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)

	Vac	N) -
	Yes	No
1		
_		
_2		Section of the con-
3a		
3b		
3c		1
4a		5
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5b		<u> </u>
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9a 9b		
9a 9b 9c		
9a 9b 9c 10a		
9a 9b 9c 10a		

Sched	ule A (Form 990 or 990-EZ) 2016 THE LUTHERAN SCHOLARSHIP GRANTING 45-4856	5406		Page 5
Pa	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)			
h	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b	 -	
Sect	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	oxdot	
0000	On B. Type I Supporting Organizations		Yes	No.
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		res	No.
-	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	i di ilia di Antoni da bei	वे जिल्हे के लिल की रहे
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		
Sect	on C. Type II Supporting Organizations			
		Latitude Common or the Common	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			
Sect	the supported organization(s) on D. All Type III Supporting Organizations	1		
Occi	on B. All Type III Supporting Organizations		T V T	
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No_
-	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		
Secti	on 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,)		
a	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 instruc	tions)		
2 /	churchen Tool. American (a) and (b) b. d.			
	ctivities Test. Answer (a) and (b) below.		Yes	<u>No</u>
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.	20		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	2a		
~	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			
-	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
ь	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		ا المشاكسية

Schedule A (Form 990 or 990-EZ) 2016 THE LUTHERAN SCHOLARSHIP GRA			406 Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga			
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 2			
instructions. All other Type III non-functionally integrated supporting organizations must c	complet	e Sections A through E.	
Section A - Adjusted Net Income		(A) Pnor Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recovenes of pnor-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			
collection of gross income or for management, conservation, or			
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)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
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 Recovenes 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	Y 1/4 - 1 - 2 - 3 - 6 - 3 - 3	
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in pnor year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally integrated Type	pe III su		
instructions)		5 5	

	le A (Form 990 or 990-EZ) 2016 THE LUTHERAN SCHOL			406 Page 7
Par		ipporting Organizati	ons (continued)	
	on D - Distributions			Current Year
	Amounts paid to supported organizations to accomplish exempt purposes			
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 supporte	ed organizations		
4_	Amounts paid to acquire exempt-use assets		<u> </u>	
5	Qualified set-aside amounts (pnor IRS approval required)			
	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	n is responsive		
	(provide details in Part VI) See instructions			
9	Distributable amount for 2016 from Section C, line 6			· ·-
_10	Line 8 amount divided by Line 9 amount			,
		(i)	(ii)	(iii)
	Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
		Vonote standard in the electricates	Pre-2016	Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
	Underdistributions, if any, for years prior to 2016			
2	(reasonable cause required-explain in Part VI) See			
	Instructions A 2010			
3	Excess distributions carryover, if any, to 2016			
a				
<u>b</u>				
	From 2013			
	From 2014			
	From 2015			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
i	Remainder Subtract lines 3g, 3h, and 3i from 3f	Esta de Prof. 1915 - C. Martinia d'Accordina de Paris SA		
4	Distributions for 2016 from			
	Section D, line 7			
a	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			rabando sa filo a defi Artifica del calcardo na idad
<u>c</u>	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if			
	any Subtract lines 3g and 4a from line 2 For result			
	greater than zero, explain in Part VI See instructions			
6	Remaining underdistributions for 2016 Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c			
8	Breakdown of line 7.			
а				
b	Excess from 2013			
С	Excess from 2014			
d	Excess from 2015			
	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

THE LUTHERAN SCHOLARSHIP GRANTING

45-4856406

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 Name of the organization

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.

OMB No 1545-0047 2016

Employer identification number

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

Open to Public Inspection

	HE LUTHERAN SCHOLARSHIP GRANTING	ļ		
	RGANIZATION OF INDIANA, INC.			56406
P	Organizations Maintaining Donor Advised Fun	ds or Other Similar Funds or Ac	counts.	
	Complete if the organization answered "Yes" on F			
		(a) Donor advised funds	(b)	Funds 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			
5	Did the organization inform all donors and donor advisors in writing that the			
_	funds are the organization's property, subject to the organization's exclusi	_		∐ Yes ∐ No
6	Did the organization inform all grantees, donors, and donor advisors in wr			
	only for chantable purposes and not for the benefit of the donor or donor a	advisor, or for any other purpose		Yes No
D	conferring impermissible private benefit? Conservation Easements.			Yes No
<u>₽</u> .5.	Complete if the organization answered "Yes" on F	orm 990, Part IV, line 7.		
1	Purpose(s) of conservation easements held by the organization (check al	that apply)		
	Preservation of land for public use (e.g., recreation or education)	Preservation of a historically import	ant land a	rea
	Protection of natural habitat	Preservation of a certified historic s	tructure	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified conserva	tion contribution in the form of a conservation		
	easement on the last day of the tax year		验能 F	leld at the End of the Tax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
С	Number of conservation easements on a certified historic structure include	ed ın (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	, and not on a		
	historic structure listed in the National Register		2d	
3	Number of conservation easements modified, transferred, released, extin	guished, or terminated by the organization of	luring the	
	tax year ▶			
4	Number of states where property subject to conservation easement is loc			
5	Does the organization have a written policy regarding the periodic monitor	ring, inspection, handling of		☐ Yes ☐ No
c	violations, and enforcement of the conservation easements it holds?	rolations and automorphism accompanies	anta duma	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of v	iolations, and enforcing conservation easen	ienis duni	ig the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violati	ons, and enforcing conservation easements	dunna the	e vear
•	S	one, and emoraling conservation easements	ourng an	, you.
8	Does each conservation easement reported on line 2(d) above satisfy the	requirements of section 170(h)(4)(B)(i)		
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation easemen	ts in its revenue and expense statement, an	d	- -
	balance sheet, and include, if applicable, the text of the footnote to the org	ganization's financial statements that describ	oes the	
	organization's accounting for conservation easements			
<u></u> ₽	Organizations Maintaining Collections of Art, I		milar As	ssets.
	Complete if the organization answered "Yes" on F	orm 990, Part IV, line 8.		
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not	•		
	works of art, historical treasures, or other similar assets held for public ex		ce of	
	public service, provide, in Part XIII, the text of the footnote to its financial			
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to re	·		
	works of art, historical treasures, or other similar assets held for public ex	hibition, education, or research in furtherand	ce 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 ot	•	the	
_	following amounts required to be reported under SFAS 116 (ASC 958) re	lating to these items:		•
a	,,			\$
<u>D</u>	Assets included in Form 990, Part X			Φ

		<u>'HERAN SCHOLA</u>				<u>856406</u>		Page 2
Part III	Organizations Maintain							
3 Using t	ne organization's acquisition, acce	ssion, and other records,	check any of the follo	wing that are a	a significan	t use of its		
	on items (check all that apply).	_						
—	olic exhibition		Loan or exchange pro	ograms				
 1	olarly research	e	Other					
	servation for future generations							
	a description of the organization's	collections and explain h	now they further the or	ganızation's e	xempt purp	ose in Part		
XIII								
_	the year, did the organization solic				nılar		<u></u>	~
	to be sold to raise funds rather tha		t of the organization's	collection?			Yes	No
Part IV	Escrow and Custodial	_						
	Complete if the organiza	tion answered "Yes"	on Form 990, Pa	art IV, line s	, or repo	orted an amount	on Form	
do la tha a	990, Part X, line 21.							
	rganization an agent, trustee, cust	odian or other intermedia	ry for contributions or	other assets r	ot		□ v [_ "լ
	d on Form 990, Part X?						Yes [No
b it Yes,	explain the arrangement in Part A	(III and complete the folio	wing table.			[Amount	
• D	b-t						Amount	
_	ng balance					1c		
	ns during the year					1d		
	tions during the year					1e 1f		
f Ending		- Farm 000 Dark V line 0	d for an annual	d.al	-6-1-6-0	<u> </u>		
	organization include an amount or explain the arrangement in Part X				•		∐ Yes	- N°
Part V	Endowment Funds.	thi Check here is the exp	ianation has been pro	vided on Part	VIII			
Minimum of the committee	Complete if the organiza	tion answered "Yes"	on Form 990 Pa	art IV line 1	ın			
	Complete in the organiza	(a) Current year	(b) Pnor year	(c) Two ye		(d) Three years back	(e) Four years	e hack
1a Reginni	ng of year balance	(a) content year	(D) Thoryean	(0) 1#0 90	ars back	(b) Theo years buck	(c) roar your	3 Duck
b Contrib	* *		···	 				
	estment earnings, gains, and	<u> </u>		 				
losses	surient earnings, gains, and							
	or scholarships		 	+				
	xpenditures for facilities and		 	 				
progran	•						1	
	trative expenses	<u> </u>		 				
	ear balance			+		·		
-	the estimated percentage of the o	urrent year end halance	(line 1a, column (a)) h	eld as		<u> </u>		
	esignated or quasi-endowment		(iiiie 19, coldiiiii (a)) ii	ciu as				
	ent endowment	%						
	anly restricted endowment	%						
=	centages on lines 2a, 2b, and 2c s							
	e endowment funds not in the pos		on that are held and a	dministered fo	or the			
organiza		session of the organization	on that are new and a	diffillistered to	i tile		Yes	s No
•	elated organizations						3a(i)	/ 10
	ted organizations						3a(ii)	+
	on line 3a(ii), are the related organ	nizatione lieted ae regiure	d on Schedule P2				3b	+-
	e in Part XIII the intended uses of						<u> </u>	
Part VI	Land, Buildings, and E		ment rands					
	Complete if the organiza		on Form 990 Pa	ert IV line 1	la See	Form 990 Part	X line 10	
	Description of property	(a) Cost or other t	i '	other basis	. – –	Accumulated	(d) Book value	
		(investment)	1	her)		epreciation		
1a Land								
b Building	s							
_	old improvements				 			
d Equipme					 			
e Other					 			
	es 1a through 1e (Column (d) mus	st equal Form 990 Part Y	Column (B) line 10c	:)	L			
	o ta anough to (Oblanni (d) mas	A Cadari Cilli 330, i alt A	t, coluin (5), mie 100	· <u>/</u>				

chedule D (Form 990) 2016	THE	LUTHERAN	SCHOLARSHIP	GRANTING

45-4856406

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Page	-

Вацеуп	Complete if the organization answered "Yes" o	n Form 990 Part IV Ji	ne 11h See Form 000 Part Y line 12
	(a) Description of security or category	(b) Book value	(c) Method of valuation
	(including name of security)	(b) book value	Cost or end-of-year market value
(1) Financial o	denvatives		
	eld equity interests		
(3) Other	•		
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Columi	n (b) must equal Form 990, Part X, col. (B) line 12) ▶		
Part VIII	Investments—Program Related.		
	Complete if the organization answered "Yes" o	n Form 990, Part IV, li	ne 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	n (b) must equal Form 990, Part X, col (B) line 13) ▶		
Part IX	Other Assets.		
	Complete if the organization answered "Yes" o	n Form 990, Part IV, li	ne 11d See Form 990, Part X, line 15.
	(a) Description		(b) Book value
_(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column	(b) must equal Form 990, Part X, col. (B) line 15)		>
Part X	Other Liabilities.		
	Complete if the organization answered "Yes" of	on Form 990, Part IV, li	ne 11e or 11f. See Form 990, Part X,
	line 25.		
<u>1</u>	(a) Description of liability	(b) Book value	
(1) Federal i	ncome taxes		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	(h) must aqual Form 900 Part V col (R) line 25 1	- 	

Part XIII Supplemental Information.

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

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.

Part XIII Supplemental Information (continued)

EXAMPLES OF TAX POSITIONS INCLUDE THE TAX-EXEMPT STATUS OF THE ORGANIZATION AND VARIOUS POSITIONS RELATED TO THE POTENTIAL SOURCES OF UNRELATED BUSINESS TAXABLE INCOME. THE TAX BENEFITS RECOGNIZED IN THE FINANCIAL STATEMENTS FROM SUCH A POSITION ARE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50 PERCENT LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT. THERE WERE NO UNRECOGNIZED TAX BENEFITS IDENTIFIED OR RECORDED AS LIABILITIES FOR THE YEARS ENDED JUNE 30, 2017 AND 2016. THE ORGANIZATION BELIEVES IT IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS FOR YEARS PRIOR TO 2014.

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0	
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0	
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OMB No 1545-0047

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

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

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

THE LUTHERAN SCHOLARSHIP GRANTING

2016

Open to Public Inspection

Employer Identification number

2 □ (h) Purpose of grant or assistance Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form X Yes 45-4856406 noncash 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) Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (e) Amount of noncash assistance (d) Amount of cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) INC. General Information on Grants and Assistance (b) EIN OF INDIANA, Enter total number of other organizations listed in the line 1 table the selection criteria used to award the grants or assistance? (a) Name and address of organization ORGANIZATION or government Parti Part II <u>@</u> 6) ε <u>@</u> € 9 9 18 2

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

Schedule 1 (Form 990) (2016)

45-4856406 THE LUTHERAN SCHOLARSHIP GRANTING Schedule I (Form 990) (2016) Partill

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed

י מון זון למון בל מתחונים וו מתחונים אמר וז וובכתבת	חומו שלמרכ וש וובכחבת				
(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(e) Method of valuation (book, (f) Description of noncash assistance
	recipients	cash grant	noncash assistance	FMV, appraisal, other)	
1 SCHOLARSHIPS	1464	1,893,528			
2					
6					
4					
9					
9					
2					
Part IV Supplemental Information. Provide the information required in Part I. line 2. Part III. column (b): and any other additional information.	vide the information rec	uired in Part I, line 2:	Part III. column (b):	and any other additional in	formation.

PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

ı ~

PART I, LINE

THE ORGANIZATION VERIFIES THAT SCHOLARSHIP RECIPIENTS MEET THE

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

PROVIDE PROOF OF INCOME AND 2) SCHOOLS VERIFY CONTINUED ENROLLMENT

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

INDIANA RESIDENCY IS ALSO VERIFIED FOR EACH APPLICANT. ALL SCHOLARSHIP

PAYMENTS ARE MADE DIRECTLY TO THE SCHOOL.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

2016

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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.

THE LUTHERAN SCHOLARSHIP GRANTING

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

990. Inspection
Employer Identification number

-	ORGANIZA'	LION C	<u>)F INDIANA, I</u>	NC.		1 45-48	56406		
P	art I Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(C) Noncash contribution amounts reported on Form 990, Part VIII, line 1g		(d) Method of de noncash contribu	etermining		
1	Art — Works of art								
2	Art — Historical treasures								
3	Art — Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities — Publicly traded	X	14	262,769					
10	Securities Closely held stock								
11	Securities — Partnership, LLC, or trust interests								
12	Securites - Miscellaneous								
13	Qualified conservation								
	contribution — Historic	Ì							
	structures	L							
14	Qualified conservation	ł							
	contribution — Other						·		
15	Real estate — Residential	ļ							
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								
24	Archeological artifacts	<u> </u>				·			
25	Other ► (<u> </u>							
26	Other ►(
27	Other ► (
28	Other ► (L							
29	Number of Forms 8283 received by the	_							
	which the organization completed For	rm 8283, P	art IV, Donee Acknowledg	gement	29_	L		Yes	No
30a	During the year, did the organization	•	* * * *	· ·	_				
	28, that it must hold for at least three years from the date of the initial contribution, and which isn't required								
	to be used for exempt purposes for th		olding period?				30a		X
b	If "Yes," describe the arrangement in								
31	Does the organization have a gift acc	eptance po	olicy that requires the revie	ew of any nonstandard					v
	contributions?						31	 	X
32a	Does the organization hire or use thin	o parties of	r related organizations to s	solicit, process, or sell nonc	asn				\ \nu
•	contributions?						32a		X
b	If "Yes," describe in Part II			and a firm of the second second second	-L- 1				
33	If the organization didn't report an am describe in Part II	ount in coli	umn (c) for a type of prope	erry for which column (a) is	cneck	ea,			
	DESCRIPE ID MAIT II								A SECURE OF THE

Schedule M (Form 990) (2016)

THE LUTHERAN SCHOLARSHIP GRANTING

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Page 2

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.

OMB No 1545-0047

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Inspection

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.

▶ 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.

Employer identification number

Internal Revenue Service Name of the organization

Department of the Treasury

THE LUTHERAN SCHOLARSHIP GRANTING ORGANIZATION OF INDIANA, INC.

45-4856406

FORM 990 - ORGANIZATION'S MISSION

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

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

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

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL COMPENSATION IS DETERMINED AND APPROVED BY THE BOARD OF DIRECTORS. AT THE CURRENT TIME, ALL OFFICERS ARE VOLUNTEERS AND DO NOT RECEIVE COMPENSATION.

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

Page 2

Name of the organization

THE LUTHERAN SCHOLARSHIP GRANTING

Employer identification number 45-4856406

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

FORM 990, PART VII - ADDITIONAL INFORMATION

ADMINISTRATIVE SERVICES ARE CONTRACTED WITH THE LUTHERAN SCHOOL

PARTNERSHIP. THE SERVICES INCLUDE SCHOLARSHIP AND FUNDRAISING MANAGEMENT,

ADVERTISING, PROMOTION AND MARKETING. THE CONTRACT AMOUNT COVERS THE

PARTNERSHIP'S COSTS. ONE MEMBER OF THE LUTHERAN SCHOLARSHIP GRANTING

ORGANIZATION OF INDIANMA BOARD IS A REPRESENTATIVE OF THE BOARD OF THE

LUTHERAN SCHOOLS PARTNERSHIP.