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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

DLN: 93493295011358 OMB No 1545-0047

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

Open to Public Department of the Treasur ▶ Information about Form 990 and its instructions is at www IRS gov/form990 Internal Revenue Service Inspection For the 2017 calendar year, or tax year beginning 06-01-2017 , and ending 05-31-2018 C Name of organization AUGSBURG UNIVERSITY D Employer identification number ☐ Address change 41-0694721 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) 2211 RIVERSIDE AVENUE ☐ Amended return ☐ Application pending (612) 330-1000 City or town, state or province, country, and ZIP or foreign postal code MINNEAPOLIS, MN $\,\,554541351$ G Gross receipts \$ 123,635,354 F Name and address of principal officer **H(a)** Is this a group return for PAUL PRIBBENOW ☐Yes ☑No subordinates? 2211 RIVERSIDE AVENUE H(b) Are all subordinates MINNEAPOLIS, MN 554541351 ☐ Yes ☐No included? Tax-exempt status 4947(a)(1) or If "No," attach a list (see instructions) Website: ► WWW AUGSBURG EDU **H(c)** Group exemption number ▶ L Year of formation 1872 M State of legal domicile Summary 1 Briefly describe the organization's mission or most significant activities A PRIVATE LUTHERAN FOUR-YEAR UNIVERSITY LOCATED IN DOWNTOWN MINNEAPOLIS Activities & Governance Check this box 🕨 🗌 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 3 Number of independent voting members of the governing body (Part VI, line 1b) 1,948 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) . . 6 7a 230,410 7a Total unrelated business revenue from Part VIII, column (C), line 12 **7**b **b** Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 12,419,724 8 Contributions and grants (Part VIII, line 1h) . 11,714,004 **9** Program service revenue (Part VIII, line 2g) . . . 103,379,612 104,995,569 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 1,618,873 1,692,097 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -178,693 117,239,516 118,483,366 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . 38,191,232 40,174,459 14 Benefits paid to or for members (Part IX, column (A), line 4) . 48,060,950 46,815,317 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) **16a** Professional fundraising fees (Part IX, column (A), line 11e) 10,699 b Total fundraising expenses (Part IX, column (D), line 25) ▶2,730,932 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . 26,593,010 28,446,084 111,610,258 116,681,493 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 . 5,629,258 1,801,873 Assets or d Balances **Beginning of Current Year End of Year** 214,469,857 20 Total assets (Part X, line 16) . 216,659,242 21 Total liabilities (Part X, line 26) . 94,067,233 86.629.281 122,592,009 127,840,576 22 Net assets or fund balances Subtract line 21 from line 20 . Part III Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2018-10-11 Signature of officer Sign Here BETH REISSENWEBER VP FOR FINANCE AND ADMIN, CFO Type or print name and title Print/Type preparer's name KAREN GRIES Preparer's signature KAREN GRIES Date PTIN Check | If P00078514 Paid self-employed

May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions.

Firm's name CLIFTONLARSONALLEN LLP

Firm's address ▶ 220 SOUTH SIXTH STREET SUITE 300

MINNEAPOLIS, MN 55402

Preparer

Use Only

Form **990** (2017) Cat No 11282Y

✓ Yes 🗆 No

Firm's EIN ► 41-0746749

Phone no (612) 376-4500

Form	990 (2017)					Page 2								
Par	t IIII Statement	of Program Servi	ce Accomplis	hments										
	Check if Sche	dule O contains a resp	onse or note to	any line in this Part III		🗹								
1		organization's mission												
LEAD AND	ERS THE AUGSBURG E WORK AN AUGSBURG	EXPERIENCE IS SUPPO E EDUCATION IS DEFII	RTED BY AN ENG NED BY EXCELLE	GAGED COMMUNITY TH	UL STEWARDS, CRITICAL THINK HAT IS COMMITTED TO INTENTIO RTS AND PROFESSIONAL STUDIE TTINGS	NAL DIVERSITY IN ITS LIFE								
2	-		. 5	<i>z</i> ,	hich were not listed on	□yes ☑No								
	•	r 990-EZ?				∟Yes ⊻No								
_	•	ese new services on Sc												
3	_	<u>.</u> ,	nake significant	changes in how it cond	ucts, any program	□Yes ☑No								
	services?					∟ Yes ⊻ No								
	If "Yes," describe these changes on Schedule O Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses													
4	Section $501(c)(3)$ an		ons are required	to report the amount	largest program services, as mea of grants and allocations to others									
4a	(Code) (Expenses \$	74,685,692	ıncludıng grants of \$	40,174,459) (Revenue \$	93,503,390)								
	See Additional Data													
4b	(Code) (Expenses \$	22,483,501	including grants of \$	0) (Revenue \$	2,033,336)								
	See Additional Data													
4c	(Code) (Expenses \$	7,501,933	ıncludıng grants of \$	0) (Revenue \$	9,378,477)								
	See Additional Data													
4d	Other program service	ces (Describe in Sched	ule O)											
	(Expenses \$	ınd	luding grants of	\$) (Revenue \$)								
4e	Total program serv	vice expenses ►	104,671,1	26										

or X as applicable

Checklist of Required Schedules

assessments, or similar amounts as defined in Revenue Procedure 98-19?

to provide advice on the distribution or investment of amounts in such funds or accounts?

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

Yes

Page 3

No

Nο

Nο

Nο

Νo

Nο

No

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Nο

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5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,

Did the organization receive or hold a conservation easement, including easements to preserve open space,

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

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

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

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X 🔧

Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses

the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🛸

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🐒

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

ın Part X, lıne 16? *If "Yes," complete Schedule D, Part IX* 😼

b Was the organization included in consolidated, independent audited financial statements for the tax year?

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

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

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX,

the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🛸 🔒 Did the organization maintain collections of works of art, historical treasures, or other similar assets?

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛸

5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right

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12b

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Yes 6

Yes

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Form	990 (2017)			Page 4
Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
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		No
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	Yes	
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	Yes	
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	Yes	
Ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
4	To the organization aware that it engaged in an excess henefit transaction with a disqualified person in a prior year, and	1	(T	ſ

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35b

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Yes

Yes

Yes

Yes

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Yes

No

Νo

No

Νo

Nο

Nο

Nο

Nο

Nο

Nο

Nο

b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	No
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	No
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?

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

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

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

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

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

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

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

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

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 **

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🛸

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

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

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

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

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

contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

instructions for applicable filing thresholds, conditions, and exceptions)

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			Page 5
Гаг	Check if Schedule O contains a response or note to any line in this Part V			✓
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 447			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
32	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes	
b	If "Yes," enter the name of the foreign country ►MX , GT , ES , NU , WA See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services	,	V	
а	provided to the payor?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter			
11 a	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
D	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.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		<u> </u>

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Par	Governance, Management, and DisclosureFor each "Yes" response to lines 2 through 7b below, and for a "No" 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	·	nse to lı	nes 🗸
Se	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>	• •	
_			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 35			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 34			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code		
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	12-	V	
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13 </i>	12a	Yes	
	conflicts?	12b	Yes	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		No
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
	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		No
D	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		
Se	ction C. Disclosure	100		
<u> </u>	List the States with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records BETH REISSENWEBER 2211 RIVERSIDE AVENUE MINNEAPOLIS, MN 554541351 (612) 330-1000			

orm 990 (2	017)										Page 7
Part VII	Compensation of Officer and Independent Contra		Truste	es,	Key	En	ıploy	ees	, Highest Comp	ensated Employ	rees,
	Check if Schedule O contains a	response or no	te to an	y line	ın t	his	Part V	Ι.			<u> </u>
Section	A. Officers, Directors, Tru	stees, Key E	mploy	ees	, an	d H	lighe	st C	Compensated En	nployees	
ear	e this table for all persons require										-
of compensa	of the organization's current off tion Enter -0- in columns (D), (E), and (F) if no	compe	nsatı	on v	vas į	paid			-	
	of the organization's current key		•								
vho received organization	organization's five current high d reportable compensation (Box and any related organizations	5 of Form W-2	and/or E	Зох 7	of F	orm	1099	-MIS	SC) of more than \$1	00,000 from the	
of reportable	of the organization's former office compensation from the organiz	ation and any r	elated o	rganı	zatı	ons	-				
List all operation	of the organization's former dire , more than \$10,000 of reportab	ectors or trust le compensation	ees that n from t	t rece the or	gan	l, ın ızatı	the ca	paci any	ty as a former direc v related organization	tor or trustee of the ons	9
	in the following order individua d employees, and former such p		ectors, i	ınstıtı	utior	nal t	rustee	s, of	ficers, key employe	es, highest	
☐ Check t	his box if neither the organizatio	n nor any relate	ed orgar	nizatio	on c	omp	ensate	d ar	ny current officer, di	rector, or trustee	
	(A) Name and Title	(B) Average hours per week (list any hours for related		ne b	ox, ι n of or/t	t che unles ficer rust	s pers and a ee)	on	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former		MISC)	related organizations
See Additiona	al Data Table										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Page 8

	(A) Name and Title	(B) Average hours per week (list any hours	than o	one bo	ox, u an off	t che unles ficer	neck moss ss pers r and a tee)	son a	(D) Reportable compensation from the organization (W-		v-	Estima amount o compens from t	ated of other sation the	
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)		organizati relati organiza	ed	
See	Addıtıonal Data Table			+-	\forall	\vdash	 	+			+			
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	Sub-Total							<u></u>			Ľ			
_	Fotal from continuation sheets to Pa Fotal (add lines 1b and 1c) . . .	art VII, Section		٠.	• •	•	▶ _		1,495,692	(0		151,448	
2	Total number of individuals (including of reportable compensation from the o	but not limited	to thos		ed al	bov	e) who							
										Г		Yes	No	
3	Did the organization list any former of line 1a? <i>If "Yes," complete Schedule J</i>	I for such individ	dual .	٠	•	•		•	· · · · ·		3		No	
4	For any individual listed on line 1a, is organization and related organizations individual									n the	4	Yes		
5	Did any person listed on line 1a receiv services rendered to the organization					,			_	lividual for	5		No	
Se	ection B. Independent Contract	ors						_		<u> </u>				
1	Complete this table for your five higher from the organization Report comper	est compensate nsation for the c	d indepe calendar	ender r year	nt co end	ntra ling	actors to	that or wit	received more than thin the organizatio	n \$100,000 of com n's tax year	npen	isation		
		(A) and business addre				_				(B) Description of services				
MCGC	DUGH CONSTRUCTION INC								CONSTRUC			Compen 36,	,290,918	
	970 PO BOX 1450 EAPOLIS, MN 55485 NDS								FOOD SERV	/ICES		2	,686,384	
1751	W CTY RD B SUITE 300 VILLE, MN 55113													
BARN	ES & NOBLE COLLEGE								BOOKSTOR	E PROVIDER			809,963	
BASK	10UNTAINVIEW BLVD ING RIDGE, NJ 07920													
	OPOLITAN MECHANICAL CONTRACTOR								MECHANICA	AL CONTRACTOR			548,592	
EDEN	FLYING CLOUD DRIVE PRAIRIE, MN 55344								500					
	4 EDUCATION SOLUTIONS INGTON WOODS SUITE 201							ERP			485,135			
BURL	INGTON WOODS SOITE 201 INGTON, MA 01801 Fotal number of independent contractor		t not lim				listed	aho)	vo) who received m					

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

compensation from the organization ▶ 34

Part		I Statement of	Revenue									rage 3
				a respo	onse or note to any	line in thi	s Part VII	ι				🗆
						(A Total re)	Rela ex- fur	B) ted or empt ction enue	Un bu	(C) related isiness venue	(D) Revenue excluded from tax under sections 512-514
	1 a	a Federated campaigi	ns	1a				160	enue			312-314
tributions, Gifts, Grants Other Similar Amounts		b Membership dues		1b	<u> </u>							
ira 10 u		c Fundraising events		1c	498,698							
S. C. An		d Related organizatio			1							
單		_		1d	2 604 500							
S, E		e Government grants (co		1e	3,601,522							
ig is	1	 All other contributions, and similar amounts no 		1f	7,613,784							
out)		above			.,,							
重豆	9	g Noncash contribution in lines 1a-1f \$		778	,572							
Contributions, Gifts, Grants and Other Similar Amounts	h	Total Add lines 1a-1					114.004					
	_				Business	_	14,004					
휳	7 a	TUITION AND FEES				611710	93.5	503,390	93,50	3.390		
34 27	_	AUXILIARY ENTERPRISE	s			711210		378,477		8,477		
Service Revenue		OTHER STUDENT SERVI				900099	1,8	344,385	1,76	4,019	80,3	366
ž	d	EDUCATIONAL ACTIVITI	i ES			611710	2	269,317	26	9,317		
<i>ŏ</i>	e											
Program	_	All other program se	rvice revenue	<u> </u>								
ğ		Total.Add lines 2a-2f			104,	995,569						
		Investment income (ii			unterest and other	1						Π
		similar amounts) .			interest, and other	•	1,125,00	8			111	1,124,897
	4	Income from investme	ent of tax-exe	empt be	ond proceeds	•						
	5	Royalties			•	•						
	_		(ı) Rea	I	(II) Personal	4						
	6a	Gross rents		328,374								
	b	Less rental expenses		78,441		1						
						_						
	C	: Rental income or (loss)]	149,933								
	d	Net rental income o	r (loss)			┪	149,93	3			149,933	
			(ı) Securi	ties	(II) Other	1						
	7a	Gross amount from sales of assets other than inventory	4,8	378,216								
	b	Less cost or other basis and sales expenses	4,2	283,821	27,30	6						
	c	Gain or (loss)	ŗ	594,395	-27,30	6						
	d	Net gain or (loss) .			•]	567,08	9				567,089
Other Revenue	8a	Gross income from for (not including \$ contributions reporte See Part IV, line 18	498,698 ed on line 1c)	of	94,183							
Re	b	Less direct expense	s	b	162,420							
e	C	: Net income or (loss)	from fundrais	sing ev	ents		-68,23	7				-68,237
o#	9a	Gross income from g See Part IV, line 19		ies								
				а		_						
		Less direct expense: Net income or (loss)		b activit	ies							
		aGross sales of invent returns and allowand	ory, less	а								
	b	Less cost of goods s	sold	b								
	C	Net income or (loss)		invent								
-	11	Miscellaneous	Revenue		Business Code	4						
	11	.a										
	b)										
	c											
	·	•										
	d	All other revenue .										
	e	Total. Add lines 11a	-11d		•	1						
	12	! Total revenue. See	Instructions									
						[:	118,483,36	5	104,915,203	3	230,410	1,623,749 Form 990 (2017)

Form 990 (2017)				Page 10
Part IX Statement of Functional Expenses				
Section $501(c)(3)$ and $501(c)(4)$ organizations must complete all c	_	·	• •	
Check if Schedule O contains a response or note to any Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	'	expenses	general expenses	
2 Grants and other assistance to domestic individuals See Part IV, line 22	40,174,459	40,174,459		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,627,417	531,826	798,678	296,913
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	39,240,156	34,756,721	3,254,953	1,228,482
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	1,832,084	1,651,665	88,148	92,271
9 Other employee benefits	2,806,662	2,463,294	198,995	144,373
10 Payroll taxes	2,554,631	2,238,138	183,960	132,533
11 Fees for services (non-employees)				
a Management				
b Legal	202,098		202,098	
c Accounting	111,983		111,983	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	202,067		202,067	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	5,879,936	4,607,119	916,221	356,596
12 Advertising and promotion	480,705	277,147	199,913	3,645
13 Office expenses	2,236,923	2,073,957	183,001	-20,035
14 Information technology	1,549,690	1,383,677	148,968	17,045
15 Royalties				
16 Occupancy	3,897,236	3,641,883	255,328	25
17 Travel	2,606,913	2,110,679	298,115	198,119
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	2,023,091	1,352,071	409,051	261,969
20 Interest	1,695,096	1,567,740	127,356	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	4,373,342	4,024,304	346,839	2,199
23 Insurance	715,000	662,368	52,632	
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)				
a DUES AND FEES	1,210,639	622,815	556,178	31,646

666,235

482,860

112,270

116,681,493

638,777

6,566

99,608

9,279,435

45,089

473,671

12,503

104,671,126

-17,631

2,623

159

2,730,932

Form **990** (2017)

b MISCELLANEOUS EXPENSES

d EMPLOYEE TRAINING/RECRT

25 Total functional expenses. Add lines 1 through 24e

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)

c REFERENCE MATERIALS

e All other expenses

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28

29

31

32

33

34

Liabilities 22

Fund Balances

Assets or 30

Net

5,800,226

14.846.899

3,817,275

4,778,634

402,671

6.040.754

1.171.381

123,454,876

31,997,504

16.649.266

5,475,932

8,753,569

4,415,083

65,879,489

1.020.901

6.560.239

86,629,281

74.393.399

16,312,829

37,134,348

127,840,576

214.469.857

Form **990** (2017)

214,469,857

34,439

(B)

End of year

(A)

Beginning of year

8,443,227

18.631.575

2,965,233

5,807,974

383.305

5.893.738

20.997

600.920

103.402.667

30.055,658

16.104.225

24,349,723

216,659,242

14,639,610

4,381,231

69,091,605

175.474

5.779.313

94,067,233

73.881.840

14.422.423

34.287.746

122,592,009

216.659.242

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Page **11**

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

C		

Cash-non-interest-bearing .

Savings and temporary cash investments . . . Pledges and grants receivable, net . . . Accounts receivable, net .

Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part 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

II of Schedule L Assets

Part II of Schedule L . Notes and loans receivable, net . .

Investments—publicly traded securities .

Intangible assets

Grants payable . . .

Deferred revenue

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances .

Unrestricted net assets

Accounts payable and accrued expenses

Inventories for sale or use .

Prepaid expenses and deferred charges .

Investments—other securities See Part IV, line 11 . . .

Investments—program-related See Part IV, line 11 .

Other assets See Part IV, line 11

Tax-exempt bond liabilities

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

Total liabilities. Add lines 17 through 25 . .

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here

and complete lines 30 through 34.

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Total assets.Add lines 1 through 15 (must equal line 34) . . .

Escrow or custodial account liability Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties . . .

Unsecured notes and loans payable to unrelated third parties .

Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

10a Land, buildings, and equipment cost or other 10a basis Complete Part VI of Schedule D

183,913,651 60.458.775 Less accumulated depreciation 10b

☐ Cash ☑ Accrual ☐ Other

☐ Both consolidated and separate basis

☐ Both consolidated and separate basis

Page **12**

177,565

No

No

127,840,576

Yes

Yes

Yes

Yes

Yes Form 990 (2017)

2a

2b

2c

3a

3b

9

3	Revenue less expenses Subtract line 2 from line 1	3	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	

			_	_	,	•		,	,		٠,	,				
Net unrealized gains (losse	es) (on ir	rves	stme	ents										5	
Donated services and use	of f	acılıt	ties												6	
Investment expenses .															7	
Prior period adjustments															8	

10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis,

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

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

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

If the organization changed its method of accounting from a prior year or checked "Other," explain in

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?

audit or audits. explain why in Schedule O and describe any steps taken to undergo such audits

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

Other changes in net assets or fund balances (explain in Schedule O)

Financial Statements and Reporting

1 Accounting method used to prepare the Form 990

separate basis, consolidated basis, or both

Separate basis

consolidated basis, or both ✓ Separate basis

Audit Act and OMB Circular A-133?

Form 990 (2017)

Part XII

Schedule O

Additional Data

Software ID:

Software Version:

EIN: 41-0694721

Name: AUGSBURG UNIVERSITY

Form 990 (2017)

LEADERS

Form 990, Part III, Line 4a:

POSTSECONDARY EDUCATIONSET IN A VIBRANT NEIGHBORHOOD AT THE HEART OF THE TWIN CITIES, AUGSBURG UNIVERSITY OFFERS MORE THAN 50 UNDERGRADUATE MAJORS AND NINE GRADUATE DEGREES TO NEARLY 3,500 STUDENTS OF DIVERSE BACKGROUNDS THE TRADEMARKS OF AN AUGSBURG EDUCATION ARE AN EMPHASIS UPON DIRECT, PERSONAL EXPERIENCE AND OUR DEEP COMMITMENT TO EDUCATING STUDENTS AT THE INTERSECTIONS OF FAITH, LEARNING, AND SERVICE AUGSBURG

IS RECOGNIZED AS ONE OF THE COUNTRY'S LEADING INSTITUTIONS FOR COMMUNITY ENGAGEMENT BY THE PRESIDENT'S HIGHER EDUCATION COMMUNITY SERVICE HONOR ROLL IN ADDITION, THE UNIVERSITY WAS AWARDED THE 2012 WILLIAM M BURKE PRESIDENTIAL AWARD FOR EXCELLENCE IN EXPERIENTIAL EDUCATION BY THE NATIONAL SOCIETY FOR EXPERIENTIAL EDUCATION. AUGSBURG RANKS AMONG THE TOP PRODUCERS OF NATIONAL AND INTERNATIONAL STUDENT FELLOWSHIP. AWARDEES OUR PASSION FOR ACCESS AND EXCELLENCE IN THE LIBERAL ARTS AND PROFESSIONAL STUDIES IS GUIDED BY THE FAITH AND VALUES OF THE LUTHERAN CHURCH, WHICH CALL THE UNIVERSITY TO EDUCATE STUDENTS TO BE INFORMED CITIZENS, THOUGHTFUL STEWARDS, CRITICAL THINKERS, AND RESPONSIBLE

Form 990, Part III, Line 4b:

SUPPORT WITH TUITION PAYMENT PLANS, SCHOLARSHIPS, FINANCIAL AID, AND REGISTRATION

SUPPORT SERVICES TO ALL UNDERGRADUATE AND GRADUATE STUDENTS. THE GAGE CENTER INCLUDES CENTER FOR LEARNING AND ACCESSIBLE STUDENT SERVICES. (CLASS) ACADEMIC SPECIALISTS WHO PROVIDE INDIVIDUALIZED ACCOMMODATIONS FOR STUDENTS WITH COGNITIVE, LEARNING, AND PHYSICAL DISABILITIES THE

GAGE CENTER ALSO OFFERS SUPPORT PROGRAMS FOR FIRST-GENERATION AND LOW-INCOME STUDENTS IN ADDITION, STEPUP--AUGSBURG'S INNOVATIVE.

ACADEMIC SUPPORT AND STUDENT SERVICESAUGSBURG UNIVERSITY PROVIDES INNOVATIVE PROGRAMMING AND SUPPORT SERVICES TO A DIVERSE COMMUNITY OF NEARLY 3,500 UNDERGRADUATE AND GRADUATE LEARNERS THE GAGE CENTER FOR STUDENT SUCCESS PROVIDES ADVISING, TUTORING, AND OTHER ACADEMIC

NATIONALLY RECOGNIZED RESIDENTIAL COLLEGE RECOVERY PROGRAM -- SUPPORTS 100 STUDENTS EACH YEAR WITH COUNSELING, SUBSTANCE-FREE HOUSING, AND LEADERSHIP DEVELOPMENT FINALLY. THROUGH THE INTEGRATED SERVICES OF THE ENROLLMENT CENTER. STUDENTS AND FAMILIES CAN RECEIVE COUNSELING AND

AUXILIARY SERVICESAUGSBURG UNIVERSITY'S RESIDENCE LIFE PROGRAM SEEKS TO DEVELOP RESIDENTS WHO ARE BOTH STUDENTS AND NEIGHBORS IN AN URBAN COLLEGIATE SETTING THE UNIVERSITY HAS FIVE RESIDENCE HALLS AND THREE DINING VENUES DURING THE FALL OF 2017, AUGSBURG WAS HOME TO 875 STUDENTS, WITH MORE THAN 700 PARTICIPATING IN STUDENT MEAL PLANS A'VIANDS DINING SERVICE STRIVES TO PROVIDE A WIDE VARIETY OF MEALS THAT MEET NITRITIONAL AND CULTURAL REQUIREMENTS AND EDUCATE STUDENTS ABOUT NUTRITION AND SUSTAINABLE FOOD PRACTICES A CAMPUS BOOKSTORE OFFERS A VARIETY OF FAIR

Form 990, Part III, Line 4c:

TRADE GOODS FOR STUDENTS, FACULTY, STAFF, AND THE GENERAL PUBLIC

(A) (D) (E) (B) (C) (F) Position (do not check more Name and Title Reportable Reportable Estimated Average than one box, unless compensation hours per compensation amount of other person is both an officer week (list from the from related compensation

and Independent Contractors

ANDRA ADOLFSON

ANN ASHTON-PIPER

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BOARD MEMBER

BOARD MEMBER

STEVEN DELZER

BOARD MEMBER

MATT ENTENZA

BOARD MEMBER

BOARD MEMBER

NICHOLAS GANGESTAD

	any hours	and	a dır	ecto	r/tr	ustee)	organization	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
PAUL PRIBBENOW PRESIDENT	40 00	×		×				334,333	0	34,921	
JEFFERY NODLAND CHAIR	2 00	х		×				0	0	0	
DAVID TIEDE	2 00										

JEFFERY NODLAND	2 00	_×	$_{x}$		0	0	0
CHAIR		_ ^	^			0	0
DAVID TIEDE	2 00	v	V		0	0	0
VICE CHAIR		^				U	0
MARK EUSTIS	2 00	v	v		0	0	0
TREASURER		^	^		l	0	0

DAVID TIEDE	2 00		,				0	
VICE CHAIR		_ ^	^				0	
MARK EUSTIS	2 00	V	_			0	0	
TREASURER		^	^			l o	U	
KAREN DURANT	2 00							
		Ιx	ΙxΙ			l o	0	. 0

VICE CHAIR							
MARK EUSTIS	2 00	l ,	x		0	0	0
TREASURER		^				3	
KAREN DURANT	2 00		_		0	0	0
SECRETARY		^			0	0	0
ANDRA ADOLESON	2 00						

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(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation hours per compensation amount of other week (list person is both an officer from the from related compensation any hours and a director/trustee) organization organizations from the

	any hours and a director/trustee) organization organizations							from the		
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
AMIT GHOSH BOARD MEMBER	2 00	×						0	0	0
ALEXANDER GONZALEZ BOARD MEMBER	2 00	×						0	0	0
NORMAN HAGFORS BOARD MEMBER	2 00	x						0	0	0
JODI HARPSTEAD BOARD MEMBER	2 00	×						0	0	0

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JODI HARPSTEAD
BOARD MEMBER
MARLENE WHITERABBIT HELGEMO
BOARD MEMBER

BISHOP RICK HOYME

BOARD MEMBER

DIANE JACOBSON

BOARD MEMBER

ROLF JACOBSON

BOARD MEMBER

BOARD MEMBER

BOARD MEMBER

ERIC JOLLY

WAYNE JORGENSON

.......

and Independent Contractors

(A) (D) (E) (B) (C) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation hours per compensation amount of other week (list person is both an officer from the from related compensation from the

	any hours	1	. a dır	ectc		rustee)		organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	101	key employee	Highest compensated employee	Former	- (W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
CYNTHIA JONES BOARD MEMBER	2 00	1 1						0	0	0
DEAN KENNEDY BOARD MEMBER	2 00	X						0	0	0
TOBY LABELLE BOARD MEMBER	2 00	1 1						0	0	0
LAJUNE LANGE BOARD MEMBER	2 00	X						0	0	0
STEVE LARSON	2 00						\Box			

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STEVE LARSON BOARD MEMBER

KAROLYNN LESTRUD

......

BOARD MEMBER

BOARD MEMBER

PATRICIA LULL

BOARD MEMBER

DENNIS MEYER

BOARD MEMBER

PAM MOKSNES

BOARD MEMBER

ANDRE LEWIS

and Independent Contractors

(A) (D) (B) (C) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless compensation amount of other hours per compensation person is both an officer week (list from the from related compensation

	any hours		a dır	recto		ustee))	organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated	Former	(W- 2/1099- MISC)	organizations (W- 2/1099-MISC) 0	organization and related organizations
PAUL MUELLER BOARD MEMBER	2 00	×						0	0	0
LISA NOVOTNY BOARD MEMBER	2 00	х						0	0	0
RACHEL PRINGNITZ BOARD MEMBER	2 00	х						0	0	0
EARL SETHRE	2 00	×						0	0	0

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BOARD MEMBER
EARL SETHRE
BOARD MEMBER
DEAN SUNDQUIST
BOARD MEMBER

BISHOP ANN SVENNUNGSEN

BOARD MEMBER

BOARD MEMBER

VICKI TURNQUIST

BOARD MEMBER

NORMAN WAHL

BOARD MEMBER

MARK WILHELM

BOARD MEMBER

JILL THOMAS

and Independent Contractors

and Independent Contractors (A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation week (list person is both an officer from the from related compensation

	any hours	l	a dır	ecto	•	ustee	′	organization	organizations	from the	
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
NOYA WOODRICH BOARD MEMBER	2 00	×						0	0	0	
KAREN KAIVOLA PROVOST/CHIEF ACADEMIC OFFICER	40 00			х				218,387	0	16,559	
BETH REISSENWEBER VP FOR FINANCE ADMIN/CFO	40 00			x				215,249	0	22,450	
HEATHER RIDDLE VP-INSTITUTIONAL ADVANCEMENT	40 00					х		163,730	0	11,002	
THOMAS MORGAN PROFESSOR	40 00					х		133,938	0	13,581	

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LEIF ANDERSON

REBECCA JOHN

VP OF MARKETING

VP OF STUDENT AFFAIRS

VP/CHIEF STRATEGY OFFICER

22,182

16,217

14,536

151,326

143,863

134,866

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Х

Х

efil	e GR/	APHIC pri	nt - DO NO	T PROCESS	As Filed Data -			DLN: 9:	3493295011358				
SC	HED m 99	ULE A		Public (Charity Staturganization is a sect	ion 501(c)(3) d	organization o	ort	2017				
	,		▶ Inf	ormation abou	► Attach to Form It Schedule A (Form	990 or Form 99	0-EZ.	ections is at	Open to Public				
Interna	ıl Reyen	the Treasury		ormation abou	•	ov/form990.) and its instru		Inspection				
		he organiza INIVERSITY	tion					Employer identific	ation number				
Do	T	Doncon	for Dublic	Charity Ctat	ve (All organization	a must samala	to this part) (41-0694721					
	rt I rganız				us (All organization : it is (For lines 1 thro			see instructions.					
1		A church, c	onvention of	churches, or as	sociation of churches	described in sec t	tion 170(b)(1)	(A)(i).					
2	<u></u> ✓	A school de	scribed in se	ction 170(b)(1)(A)(ii). (Attach Sch	nedule E (Form 9	90 or 990-EZ))						
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).											
4		·	•	·	ed in conjunction with			•	nter the hospital's				
_		name, city,	and state _										
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170 (b)(1)(A)(iv). (Complete Part II)											
6		A federal, s	tate, or local	government or	governmental unit de	scribed in sectio	on 170(b)(1)(A	()(v).					
7				mally receives (vi). (Complete	a substantial part of it Part II)	s support from a	governmental u	init or from the genera	al public described in				
8					170(b)(1)(A)(vi)	(Complete Part I	I)						
9					escribed in 170(b)(1) ee instructions Enter				ege or university or a				
10		An organization that normally receives (1) more than 331/3% 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 331/3% 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)											
11		An organiza	ation organize	ed and operated	l exclusively to test fo	r public safety S	ee section 509	(a)(4).					
12		more public	ly supported	organizations of	dexclusively for the be described in section 5 the type of supporting	09(a)(1) or se d	ction 509(a)(2). See section 509(a	e purposes of one or)(3). Check the box				
a		Type I. A sorganization	supporting or n(s) the pow	ganızatıon oper	ated, supervised, or componit or elect a major	ontrolled by its s	upported organi	zation(s), typically by					
b		Type II. A manageme	supporting o nt of the sup	rganızatıon sup	ervised or controlled i								
С		Type III f	unctionally i	ntegrated. A s	supporting organizatio ons) You must com				ted with, its				
d		Type III n functionally	on-function integrated	ally integrate The organization	d. A supporting organi n generally must satis t IV, Sections A and	ization operated fy a distribution i	ın connection wi requirement and	th its supported orgar					
e		Check this	box if the org	anızatıon receiv	ved a written determir	nation from the II		pe I, Type II, Type II	functionally				
f	Enter			on-functionally l organizations	integrated supporting	organization							
g				-	ipported organization(s)							
		Name of supp organization	orted	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the orgain your govern		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)				
						Yes	No						
Tota	l		tion Act Not			Cat No 11285		 Schedule A (Form 9	<u> </u>				

instructions

(b)(1)(A)(ix)

	(Complete only if you ch III. If the organization fo						to qualify	y under Part
S	ection A. Public Support							
	Calendar year	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2	2017	(f) Total
1 2	(or fiscal year beginning in) ► Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant") Tax revenues levied for the	12,244,396	12,098,785	28,456,184	12,419,724	1:	1,714,004	76,933,09
•	organization's benefit and either paid to or expended on its behalf The value of services or facilities							
•	furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3	12,244,396	12,098,785	28,456,184	12,419,724	1:	1,714,004	76,933,09
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)							14,303,12
	Public support. Subtract line 5 from line 4							62,629,97
S	ection B. Total Support	T						
	Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c)2015	(d)2016	(e) 2	.017	(f)Total
7	Amounts from line 4	12,244,396	12,098,785	28,456,184	12,419,724	1:	1,714,004	76,933,09
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	480,167	484,371	265,671	1,225,499		1,125,008	3,580,71
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10								
11	10							80,513,80
	Gross receipts from related activities,					12		492,662,51
13	First five years. If the Form 990 is for	or the organization	's first, second, thir	d, fourth, or fifth	tax year as a sect	ion 501(c)(3) orga	nızatıon,
	check this box and stop here						<u> ▶ ⊔</u>	
	ection C. Computation of Publi							
	Public support percentage for 2017 (li			olumn (f))		14		77 790 %
	Public support percentage for 2016 Sc					15		75 720 %
16a	33 1/3% support test—2017. If the				14 is 33 1/3% or	more, cl	neck this b	
ь	and stop here. The organization qual 33 1/3% support test—2016. If the	ne organization did	not check a box or	line 13 or 16a, a	nd line 15 is 33 1/	'3% or m	ore, check	_
17a	box and stop here. The organization 10%-facts-and-circumstances tes is 10% or more, and if the organization in Part VI how the organization meets	t— 2017. If the orgon meets the "facts	ganization did not c -and-circumstances	heck a box on lines" test, check this	box and stop he	r e. Expla	iin	▶⊔
b	organization 10%-facts-and-circumstances tes 15 is 10% or more, and if the organization Explain in Part VI how the organization	zation meets the "f	acts-and-circumsta	nces" test, check	this box and stop	here.		▶□
	supported organization							ightharpoons

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Р	Support Schedule for						
	(Complete only if you cl the organization fails to						er Part II. If
Se	ection A. Public Support	quality under t	ine tests listed i	below, please co	ompiete Part II.,)	
	Calendar year	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
_	(or fiscal year beginning in) ▶	(a) 2013	(0) 2014	(6) 2015	(4) 2016	(e) 2017	(I) Iotai
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						
4	under section 513 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						
	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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
S	from line 6) ection B. Total Support						
	Calendar year						
	(or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9							
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
Ь	Unrelated business taxable income						
	(less section 511 taxes) from						
	businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is						
12	regularly carried on Other income Do not include gain or						
12	loss from the sale of capital assets						
	(Explain in Part VI)						
13	Total support. (Add lines 9, 10c,						
14	11, and 12) First five years. If the Form 990 is for	l r the organization	l 's first, second, th	L urd, fourth, or fift	l lax vear as a sec	ction 501(c)(3) o	l rganization.
	check this box and stop here			,,	,		▶ □
Se	ection C. Computation of Public S	Support Perce	ntage				
15	Public support percentage for 2017 (lin			column (f))		15	
16	Public support percentage from 2016 S	chedule A, Part II	II, line 15			16	
Se	ction D. Computation of Investr	nent Income	Percentage				
17	Investment income percentage for 201	7 (line 10c, colur	nn (f) divided by	lıne 13, column (f	·))	17	
18	Investment income percentage from 20	016 Schedule A, I	Part III, line 17			18	
	331/3% support tests—2017. If the	organization did n	ot check the box	on line 14, and lir	ne 15 is more than		e 17 is not
	more than 33 1/3%, check this box and s						ightharpoons
	33 1/3% support tests—2016. If the						. —
_	not more than 33 1/3%, check this box	-			· ·		ightharpoons
20	Private foundation. If the organization	-	-				ightharpoons

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

Yes

5b

5c

7

9b

9с

10a

10b

Schedule A (Form 990 or 990-EZ) 2017

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	İ	
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)			
	in section 309(a)(1) or (2)	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)			
	below	3a	İ	
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		

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	
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	3с	
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	4a	
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported		

				3.
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	-		
		3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you			
	checked 12a or 12b ın 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		$\overline{}$	
	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		$\overline{}$	
		4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and			

			, ,	
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	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		

6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing		
	organization's supported organizations? If "Yes," provide detail in Part VI.	6	
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)		

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

Substitutions only. Was the substitution the result of an event beyond the organization's control?

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

organization's organizing document?

10a

answer line 10b below

organization had an interest? If "Yes," provide detail in Part VI.

the organization had excess business holdings)

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)	8	
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as		i

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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 a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

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9a
Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting
```

Pa	rt IV Supporting Organizations (continued)			-9
			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		
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		
	ection B. Type I Supporting Organizations			
			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		
5	ection C. Type II Supporting Organizations			
	cetion c. Type 11 Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 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		
S	ection D. All Type III Supporting Organizations			
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?		Yes	No
		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		
s	ection 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 instruct The organization satisfied the Activities Test. Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see		ctions)	
2	Activities Test Answer (a) and (b) below.		Yes	No
	a 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 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 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? <i>If "Yes," describe in Part VI.</i> the role played by the organization in this regard	3b		

Schedule A (Form 990 or 990-EZ) 2017

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E (A) Prior Year (B) Current Year Section A - Adjusted Net Income (optional)

Page 6

Schedule A (Form 990 or 990-F7) 2017

1 Net short-term capital gain 1 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3 Depreciation and depletion 5 5 Portion of operating expenses paid or incurred for production or collection of gross 6 income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions)

Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (A) Prior Year (B) Current Year Section B - Minimum Asset Amount (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short 1 tax year or assets held for part of year) a Average monthly value of securities 1a **b** Average monthly cash balances **1**b c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI)

2 2 Acquisition indebtedness applicable to non-exempt use assets 3 Subtract line 2 from line 1d 3 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see 4 instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 6 Multiply line 5 by 035 7 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 8

Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, Column A) 1 2 Enter 85% of line 1 3 Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3 4 5 Income tax imposed in prior year 6

2 4 5 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

details in Part VI) See instructions Distributable amount for 2017 from Section C, line 6 (ii) (iii)

10 Line 8 amount divided by Line 9 amount Section E - Distribution Allocations (see (i) Underdistributions Distributable instructions) **Excess Distributions** Pre-2017 Amount for 2017 1 Distributable amount for 2017 from Section C, line

2 Underdistributions, if any, for years prior to 2017

(reasonable cause required-- explain in Part VI)

See instructions		
3 Excess distributions carryover, if any, to 2017		
a		
b From 2013		
c From 2014		
d From 2015		
e From 2016		
f Total of lines 3a through e		
g Applied to underdistributions of prior years		
h Applied to 2017 distributable amount		
 Carryover from 2012 not applied (see instructions) 		
j Remainder Subtract lines 3g, 3h, and 3i from 3f		
4 Distributions for 2017 from Section D, line 7		
<u> \$ </u>		
Applied to underdistributions of prior years		

b Applied to 2017 distributable amount c Remainder Subtract lines 4a and 4b from 4

Schedule A (Form 990 or 990-EZ) (2017)

5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI

6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI See instructions 7 Excess distributions carryover to 2018. Add lines

c Excess from 2015.

See instructions

d Excess from 2016. Excess from 2017.

31 and 4c 8 Breakdown of line 7 a Excess from 2013. **b** Excess from 2014.

Additional Data

Software ID: Software Version:

EIN: 41-0694721

Name: AUGSBURG UNIVERSITY

Page 8

Schedule A (Form 990 or 990-EZ) 2017 Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Part VI 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)

Facts And Circumstances Test

SCHEDULE C

(Form 990 or 990-

Department of the Treasury

Internal Revenue Service

EZ)

Political Campaign and Lobbying Activities

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

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

DLN: 93493295011358

Open to Public Inspection

• S	ection 501(c)(3) organizations Con	n Form 990, Part IV, Line 3, or Form 9 inplete Parts I-A and B Do not complete	e Part I-C	•			ies), the	n
		01(c)(3)) organizations Complete Part	s I-A and C below	Do not co	mplete Part I-I	В		
	Section 527 organizations Complet			47 (1 1				
		n Form 990, Part IV, Line 4, or Form 9 have filed Form 5768 (election under s						1
		have NOT filed Form 5768 (election under a						
		Form 990, Part IV, Line 5 (Proxy Ta						
(Pro	xy Tax) (see separate instructions Section 501(c)(4), (5), or (6) organiz	s), then	, ,		,	•	,	
Nar	ne of the organization	ations Complete Fart III			Employer id	entificat	ion num	ber
AUG	SSBURG UNIVERSITY				41-0694721			
Par	t I-A Complete if the organ	nization is exempt under section	on 501(c) or is	a sectio	n 527 orga	nizatio	۱.	
1	Provide a description of the organ "political campaign activities")	ızatıon's dırect and ındırect political car	mpaign activities i	n Part IV (s	ee instruction	s for defi	nition of	
2	Political campaign activity expend	itures (see instructions)			>	\$		0
3	Volunteer hours for political camp	aign activities (see instructions)						0
Par	t I-B Complete if the organ	nization is exempt under section	on 501(c)(3).					
1	Enter the amount of any excise ta	x incurred by the organization under s	ection 4955		>	\$		0
2	Enter the amount of any excise ta	x incurred by organization managers u	ınder section 4955	i	•	\$		0
3	If the organization incurred a sect	ion 4955 tax, did it file Form 4720 for	this year?				Yes	□ No
4a	Was a correction made?						Yes	□ No
b	If "Yes," describe in Part IV							
Par	t I-C Complete if the organ	nization is exempt under section	on 501(c), exc	ept secti	on 501(c)(3).		
1	Enter the amount directly expende	ed by the filing organization for section	527 exempt func	tıon actıvıtı	es 🕨	\$		
2	Enter the amount of the filing organization activities	anızatıon's funds contributed to other c	organizations for s	ection 527	exempt >	\$		
3	Total exempt function expenditure	es Add lines 1 and 2 Enter here and o	n Form 1120-POL	, lıne 17b	>	\$		
4	Did the filing organization file For	m 1120-POL for this year?					Yes	□ No
5	organization made payments For of political contributions received	employer identification number (EIN) of each organization listed, enter the am that were promptly and directly deliver se (PAC) If additional space is needed,	ount paid from the ed to a separate p	e filing orga political org	inization's fun anization, suc	ds Also e	enter the	
	(a) Name	(b) Address	(c) EIN	filing o	ount paid from organization's If none, enter -0-	cont ar dire	tributions nd promp ctly deliv eparate p	ered to a political If none,
1								
2								
3								
4								
5								
6								
For P	aperwork Reduction Act Notice, see t	he instructions for Form 990 or 990-EZ.	Cal	No 500849	Schedule	C (Form 9	90 or 990)-EZ) 2017

Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year (a) 2014 **(b)** 2015 (c) 2016 (d) 2017 (e) Total beginning in) 2a Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures

Grassroots nontaxable amount

Grassroots ceiling amount (150% of line 2d, column (e)) Grassroots lobbying expenditures Schedule C (Form 990 or 990-EZ) 2017

<u> </u>	Form 5768 (election under section 501(h)). each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(a)	(b)
ctiv		Yes	No	Am	ount
L	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
а	Volunteers?		No		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No		
c	Media advertisements?		No		
d	Mailings to members, legislators, or the public?		No		
e	Publications, or published or broadcast statements?		No		
f	Grants to other organizations for lobbying purposes?		No		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No		
i	Other activities?	Yes			141,83
j	Total Add lines 1c through 1i				141,83
a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No		
b	If "Yes," enter the amount of any tax incurred under section 4912				
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
'aı	t III-A Complete if the organization is exempt under section $501(c)(4)$, section $501(c)$	(5), o	r sectio	on	
	501(c)(6).			Ye	s No
L	Were substantially all (90% or more) dues received nondeductible by members?			1	140
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	+
3	Did the organization make only in house lobbying expenditures of \$2,000 of less Did the organization agree to carry over lobbying and political expenditures from the prior year?			3	+
	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)	(5) 0	r sectio	5 50 501	/c\/6\
ल	and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."				(0)
	Dues, assessments and similar amounts from members	1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).				
а	Current year	2a			
b	Carryover from last year	2b			
С	Total	2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4			
5	Taxable amount of lobbying and political expenditures (see instructions)	5			
P	art IV Supplemental Information	'			
Pro	vide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), tructions), and Part II-B, line 1 Also, complete this part for any additional information	Part II-	A, lines :	1 and 2 (see
	Return Reference Explanation				
	Explanation				

ACTIVITIES CONDUCTED BY THE MPCC INCLUDE ALL PUBLIC RELATIONS AND ADVOCACY WORK, LEGISLATIVE LOBBYING, SERVING AS A FISCAL AGENT IN LIMITED CIRCUMSTANCES, CONDUCTING RESEARCH, AND PROVIDING A VEHICLE FOR COLLABORATION OF MEMBER INSTITUTIONS ADDITIONAL ACTIVITIES PROVIDED FOR BY THE ORGANIZATION INCLUDE HANDLING ALL SHARED FUNDRAISING FOR

THE BENEFIT OF THE MEMBERS, RECEIVING GRANTS FOR AND CARRYING OUT SPECIAL PROJECTS, AND PROVIDING A VEHICLE FOR COLLABORATION AMONG THE MEMBER INSTITUTIONS A PORTION OF THIS AMOUNT, BUT NOT ALL OF IT, SUPPORTED ATTEMPTS TO INFLUENCE LEGISLATION WITHIN THE MEANING OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE ("LOBBYING") THE AMOUNT OF LOBBYING EXPENSES PAID FROM AUGSBURG UNIVERSITY'S DUES WAS SIGNIFICANTLY LESS THAN THAT AMOUNT Schedule C (Form 990 or 990EZ) 2017 efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE D**

Supplemental Financial Statements

OMB No 1545-0047

DLN: 93493295011358

Open to Public

Department of the Treasury Internal Revenue Service

(Form 990)

► 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.

Inspection

	BURG UNIVERSITY			Employer identification number
				41-0694721
لك	Organizations Maintaining Donor Adv			Accounts.
	Complete if the organization answered "Y	es" on Form 990, Part IV, line (a) Donor advised fun		(b)Funds and other accounts
7	otal number at end of year	(a) Donor advised full	ius	(b) Funds and other accounts
	ggregate value of contributions to (during year)			
	ggregate value of grants from (during year)			
	ggregate value of grants from (during year)			
	,		<u> </u>	
	Did the organization inform all donors and donor advis organization's property, subject to the organization's e	xclusive legal control?		☐ Yes ☐
	Did the organization inform all grantees, donors, and c charitable purposes and not for the benefit of the dono private benefit?	r or donor advisor, or for any oth	ner purpose co	nferring impermissible
	Conservation Easements. Complete if t	-	es" on Form	990, Part IV, line 7.
	Purpose(s) of conservation easements held by the orga	anızatıon (check all that apply)		
	Preservation of land for public use (e g , recreation	on or education) 🔲 Preser	rvation of an h	istorically important land area
	Protection of natural habitat	☐ Preser	rvation of a ce	rtified historic structure
	Preservation of open space			
	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	a qualified conservation contributi	ion in the form	n of a <u>conservation</u> Held at the End of the Year
	otal number of conservation easements			2a
-	otal acreage restricted by conservation easements			2b
ı	Jumber of conservation easements on a certified histor	ric structure included in (a)		2c
	lumber of conservation easements included in (c) acquitructure listed in the National Register	uired after 8/17/06, and not on a	historic	2d
	Number of conservation easements modified, transferr	ed, released, extinguished, or ter	rminated by th	ne organization during the
		on easement is located >		
	Does the organization have a written policy regarding and enforcement of the conservation easements it hold	the periodic monitoring, inspectio	n, handling of	violations,
	and emoreement of the conservation casements it has			_ 1C3 _ 110
	Staff and volunteer hours devoted to monitoring, inspe		enforcing con	servation easements during the year
		ecting, handling of violations, and	-	- ,
	Staff and volunteer hours devoted to monitoring, insperation Amount of expenses incurred in monitoring, inspecting	ecting, handling of violations, and	rcing conserva	ation easements during the year $O(h)(4)(B)(i)$
	Staff and volunteer hours devoted to monitoring, inspecting Amount of expenses incurred in monitoring, inspecting	ecting, handling of violations, and , handling of violations, and enfor) above satisfy the requirements servation easements in its revenue e footnote to the organization's fi	of section 170	O(h)(4)(B)(i) Yes No
rt	Amount of expenses incurred in monitoring, inspecting \$ Does each conservation easement reported on line 2(dand section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports concalance sheet, and include, if applicable, the text of the the organization's accounting for conservation easeme Organizations Maintaining Collections Complete if the organization answered "Y	ecting, handling of violations, and , handling of violations, and enform above satisfy the requirements servation easements in its revenue footnote to the organization's fints of Art, Historical Treasures" on Form 990, Part IV, line	of section 170 ue and expensionancial statem res, or Other	Tyes No se statement, and nents that describes The Similar Assets.
rt	Staff and volunteer hours devoted to monitoring, inspecting Amount of expenses incurred in monitoring, inspecting \$ Does each conservation easement reported on line 2(d and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports concalance sheet, and include, if applicable, the text of the organization's accounting for conservation easements. Organizations Maintaining Collections	ecting, handling of violations, and handling of violations, and enform handling of violations, and enform handling of violations, and enform handling above satisfy the requirements servation easements in its revenue footnote to the organization's fints of Art, Historical Treasures" on Form 990, Part IV, line of (ASC 958), not to report in its roublic exhibition, education, or	of section 170 ue and expensionancial statem es, or Othe e 8. s revenue statemesearch in full	etion easements during the year O(h)(4)(B)(i) Yes No se statement, and ments that describes r Similar Assets. ement and balance sheet works of
t	Amount of expenses incurred in monitoring, inspecting \$ \[\] Does each conservation easement reported on line 2(d) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports concalance sheet, and include, if applicable, the text of the organization's accounting for conservation easeme Organizations Maintaining Collections Complete if the organization answered "Y If the organization elected, as permitted under SFAS 1 art, historical treasures, or other similar assets held fo	ecting, handling of violations, and handling of violations, and enform handling of violations, and enform handling of violations, and enform handling above satisfy the requirements servation easements in its revenue footnote to the organization's fints of a fart, Historical Treasures" on Form 990, Part IV, line of (ASC 958), not to report in its revulation, or incial statements that describes the control of	of section 170 ue and expensionancial statem es, or Othe e 8. s revenue state research in ful hese items venue stateme	etion easements during the year O(h)(4)(B)(i) Yes No se statement, and hents that describes r Similar Assets. ement and balance sheet works of rtherance of public service, nt and balance sheet works of art,
t	Amount of expenses incurred in monitoring, inspecting \$ Does each conservation easement reported on line 2(deand section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports concalance sheet, and include, if applicable, the text of the organization's accounting for conservation easemet Organizations Maintaining Collections Complete if the organization answered "Y if the organization elected, as permitted under SFAS 1 art, historical treasures, or other similar assets held for pull instorical treasures, or other similar assets held for pull instorical treasures, or other similar assets held for pull	ecting, handling of violations, and handling of violations, and enform handling of violations, and enform handling of violations, and enform handling above satisfy the requirements servation easements in its revenue footnote to the organization's fints of a fart, Historical Treasures" on Form 990, Part IV, line of (ASC 958), not to report in its revulation, or incial statements that describes the control of	of section 170 ue and expensionancial statem es, or Othe e 8. s revenue state research in ful hese items venue stateme	etion easements during the year O(h)(4)(B)(i) Yes No se statement, and ments that describes r Similar Assets. ement and balance sheet works of rtherance of public service, ant and balance sheet works of art, rance of public service, provide the
r t	Amount of expenses incurred in monitoring, inspecting \$ Coes each conservation easement reported on line 2(deand section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports control organization and include, if applicable, the text of the organization's accounting for conservation easemed. Complete if the organization answered "Y if the organization elected, as permitted under SFAS 1 for ordinary in Part XIII, the text of the footnote to its final first organization elected, as permitted under SFAS 1 first organization elected, as permitted under SFAS 1 first organization elected, as permitted under SFAS 1 finistorical treasures, or other similar assets held for pulfollowing amounts relating to these items Revenue included on Form 990, Part VIII, line 1	ecting, handling of violations, and handling of violations, and enform handling of violations, and enform handling of violations, and enform handling above satisfy the requirements servation easements in its revenue footnote to the organization's fints of a fart, Historical Treasures" on Form 990, Part IV, line of (ASC 958), not to report in its revulation, or incial statements that describes the control of	of section 170 ue and expensionancial statem es, or Othe e 8. s revenue state research in ful hese items venue stateme	etion easements during the year O(h)(4)(B)(i) Yes No se statement, and ments that describes r Similar Assets. ement and balance sheet works of rtherance of public service, ant and balance sheet works of art, rance of public service, provide the
rt (i)	Amount of expenses incurred in monitoring, inspecting \$ Does each conservation easement reported on line 2(d and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports concalance sheet, and include, if applicable, the text of the organization's accounting for conservation easeme Organizations Maintaining Collections Complete if the organization answered "Y If the organization elected, as permitted under SFAS 1 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its final if the organization elected, as permitted under SFAS 1 instorical treasures, or other similar assets held for pulfollowing amounts relating to these items	ecting, handling of violations, and enform, handling of violations, and enform) above satisfy the requirements servation easements in its revenue footnote to the organization's fints of Art, Historical Treasures" on Form 990, Part IV, line 16 (ASC 958), not to report in its revenuel statements that describes the control of the control	of section 170 ue and expensionancial statem es, or Othe e 8. s revenue state research in further exerch in further arch in further	etion easements during the year O(h)(4)(B)(i) Yes No se statement, and seents that describes r Similar Assets. ement and balance sheet works of artherance of public service, nt and balance sheet works of art, rance of public service, provide the
rt (i)	Amount of expenses incurred in monitoring, inspecting \$ Coes each conservation easement reported on line 2(deand section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports concalance sheet, and include, if applicable, the text of the organization's accounting for conservation easemethe organization's accounting for conservation easemethe organizations Maintaining Collections Complete if the organization answered "Y if the organization elected, as permitted under SFAS 1 for the organization elected, as permitted under SFAS 1 instorical treasures, or other similar assets held for pulfollowing amounts relating to these items Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X If the organization received or held works of art, historical treasures.	ecting, handling of violations, and enform, handling of violations, and enform) above satisfy the requirements servation easements in its revenue footnote to the organization's fints of Art, Historical Treasures" on Form 990, Part IV, line 16 (ASC 958), not to report in its revenuel statements that describes the control of the control	of section 170 ue and expensionancial statem es, or Othe e 8. s revenue state research in further exerch in further arch in further	etion easements during the year O(h)(4)(B)(i) Yes No se statement, and shents that describes r Similar Assets. ement and balance sheet works of rtherance of public service, and and balance sheet works of art, rance of public service, provide the

 ${f c}$ Leasehold improvements

d Equipment

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)).

Sche	dule D (Form 990) 2017								Page 2
Par	Organizations Mai	ntaining Collections	of Art, Hi	istorical T	reas	ures, or Other	Similar A	ssets (con	tınued)
3	Using the organization's acquiritems (check all that apply)	sition, accession, and othe	r records, o	check any of	the fo	ollowing that are a	significant i	use of its co	llection
а	Public exhibition	Public exhibition d Loan or exchange programs							
b	☐ Scholarly research			e 🗌	Othe	er			
С	Preservation for future of	generations							
4	Provide a description of the or Part XIII	ganization's collections and	d explain h	ow they furt	her th	e organization's ex	empt purpo	se in	
5	During the year, did the organ assets to be sold to raise fund						, – –		□ No
Pa		dial Arrangements. anization answered "Yes	s" on Forn	n 990, Part	: IV,	ine 9, or reporte	ed an amou		m 990, Part
1a	Is the organization an agent, to included on Form 990, Part X7		ıntermedia	ary for contri	butior	ns or other assets I	not		☑ No
b	If "Yes," explain the arrangem	ent in Part XIII and compl	ete the foll	owing table			Δ	mount	
c	Beginning balance	ient in rait Am and Compi	ete the foli	owing table		1c	Amount		
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include a	n amount on Form 990. Pa	rt X. line 2	1. for escrov	v or cı	ustodial account lia	bility?	✓ Yes	 □ No
b	If "Yes," explain the arrangem	•	•	•			·		⊔ No
Pa	rt V Endowment Funds	s. Complete if the organ	nization ar	nswered "Y	es" o	n Form 990, Par	t IV, line 1	LO.	
	•	(a)Curre		(b)Prior yea		(c)Two years back	(d)Three year		Four years back
1a	Beginning of year balance .		3,878,362	39,412	-+	40,463,556		,330,460	34,552,630
b	Contributions		2,153,730	<u> </u>	0,310	1,639,418			1,042,234
	Net investment earnings, gains,	, and 103363	1,227,658	· · · · · · · · · · · · · · · · · · ·	1,966	-1,307,331			3,700,984
d	Grants or scholarships		1,586,233	1,66	1,460	1,364,011	1,129,614 1,078,		1,078,547
е	Other expenditures for facilities and programs		128,803			137,241	1 118,542 11		113,713
f	Administrative expenses		324,983		4,877	-118,278	8 -27,716 -2		-226,872
g	End of year balance	48	3,219,731	43,878	8,362	39,412,669	40,463,556 38,330,46		38,330,460
2	Provide the estimated percent	age of the current year en	d balance (line 1g, colu	mn (a	i)) held as			
а	Board designated or quasi-end	dowment ► 0 900 %							
b	Permanent endowment ▶	74 160 %							
c	Temporarily restricted endowr	ment ▶ 24 950 %							
	The percentages on lines 2a, 2	2b, and 2c should equal 10	0%						
3a	Are there endowment funds no organization by	ot in the possession of the	organizatio	on that are h	eld ar	nd administered for	r the		Yes No
	(i) unrelated organizations .							3a(i)	
_	(ii) related organizations .							3a(ii)) No
	If "Yes" on 3a(II), are the relat				.7			3b	
4	Describe in Part XIII the inten		on s endow	ment runas					
Pal		anization answered "Yes						•	
	Description of property	(a) Cost or other basis (investment)	(b) Cost o	r other basis (other)	(c) Accumulated of	lepreciation	(d) [Book value
1a	Land			3,9	60,439				3,960,439
	Buildings			130,0	41,977		32,184,330		97,857,647

31,351,139

15,369,798

3,190,298

11,856,235

7,401,064

2,379,491

123,454,876

19,494,904

7,968,734

810,807

Part VII Investments—Other Securities. Complete if the See Form 990, Part X, line 12.	the organiz	zation ansv	vered "Yes" on Fo	m 990, Part	IV, line 11b.
(a) Description of security or category (including name of security)	(b) Bo	ok value		Method of valuend-of-year m	
(1) Financial derivatives			Cost of	end-or-year m	arket value
(2) Closely-held equity interests		311,810		С	
(A) ALTERNATIVE INVESTMENTS		16,253,807		F	
(B) CSV LIFE INSURANCE		83,649		F	
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	<u> </u>	16,649,266			
Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on	Form 990.	. Part IV. lı	ne 11c. See Form	990. Part X.	line 13.
(a) Description of investment		Book value	(c)	Method of value of va	uation
(1)			Cost of	end-or-year m	arket value
(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 answere (a) Description		orm 990, Pa	art IV, line 11d See	Form 990, Par	t X, line 15 (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' on Fo		▶	1 f
See Form 990, Part X, line 25.					
1. (a) Description of liability (1) Federal income taxes		(0) 6	ook value		
ANNUITIES PAYABLE			758,557		
U S GOVERNMENT GRANTS REFUNDABLE			4,959,883		
PV CAPITAL LEASE OBLIGATIONS ENVIROMENTAL REMEDIATION			258,930 582,869		
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 2. Liability for uncertain tax positions In Part XIII, provide the text	of the footn	ote to the or	6,560,239 rganization's financia	statements †	hat reports the
organization's liability for uncertain tax positions under FIN 48 (ASC			_		

Part XI

2

3

4

b

c

Part XII

5

1

2

b

c

d

3

4

b

5

Part XIII

See Additional Data Table

Schedule D (Form 990) 2017

Page 4

4,123,175

71,732,927

46,750,439

118,483,366

77,145,828

840,861

76,304,967

40,376,526

116.681.493

Schedule D (Form 990) 2017

b	Donated services and use of facilities
С	Recoveries of prior year grants
d	Other (Describe in Part XIII)
е	Add lines 2a through 2d

Net unrealized gains (losses) on investments

Other (Describe in Part XIII)

Amounts included on line 1 but not on Form 990, Part IX, line 25

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . .

Add lines **4a** and **4b**

Add lines **4a** and **4b**

Donated services and use of facilities . . .

Other (Describe in Part XIII)

Supplemental Information

Add lines 2a through 2d . .

Return Reference

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Amounts included on Form 990, Part VIII, line 12, but not on line 1

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

2d Investment expenses not included on Form 990, Part VIII, line 7b .

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

4a

2a 2b

2c

2d

4a

4b

Explanation

2a

2b 2c

4b

2e 202,067 46,548,372 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)

840,861

202,067 40.174.459 2e

3

4c

5

3,269,129

854.046

3 4c 5 Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Page 5		Schedule D (Form 990) 2017
	ormation (continued)	Part XIII Supplemental Info
	Explanation	Return Reference

Schedule D (Form 990) 2017

Additional Data

Software Version: **EIN:** 41-0694721

Software ID:

Name: AUGSBURG UNIVERSITY

Supplemental Information

Return Reference

PART IV, LINE 2B

WITH IN THIS TYPE OF RELATIONSHIP

Explanation FUNDS HELD IN CUSTODY FOR OTHERS RELATES TO AGENCY FUNDS THAT AUGSBURG UNIVERSITY HELPS TO ADMINISTER THERE ARE APPROXIMATELY 11 AGENCIES THAT AUGSBURG UNIVERSITY CURRENTLY WORKS

Supplemental Information	
Return Reference	Explanation
PART V, LINE 4	THE UNIVERSITY ENDOWMENT CONSISTS OF APPROXIMATELY 350 INDIVIDUAL FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES BASED ON DONOR RESTRICTIONS AND BOARD DESIGNATIONS

-

Supplemental Information	
Return Reference	Explanation
PART X, LINE 2	THE UNIVERSITY HAS RECEIVED A DETERMINATION LETTER FROM THE INTERNAL REVENUE SERVICE INDIC ATING IT IS A TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS SUBJECT TO FEDERAL AND STATE INCOME TAX ONLY ON NET UNRELATED BUSINESS INCOME THE UNIVERSITY ENGAGES IN ACTIVITIES THAT ARE CONSIDERED UNRELATED TO ITS EXEMPT PURPOSE THE SE ACTIVITIES ARE SUBJECT TO FEDERAL AND STATE INCOME TAXES SUCH ACTIVITIES GENERATED A LOSS POSITION IN FISCAL 2018 AND A LOSS POSITION IN FISCAL 2017 FURTHER, THE UNIVERSITY HAS A NET OPERATING LOSS CARRY-FORWARD AVAILABLE TO OFFSET ANY TAXABLE INCOME FROM THESE UNR ELATED ACTIVITIES ACCORDINGLY, NO FEDERAL OR STATE TAX PROVISION IS REQUIRED THE NET OPE RATING LOSSES BEGIN TO EXPIRE IN 2034 THE UNIVERSITY ADOPTED ACCOUNTING STANDARDS FOR CON TINGENCIES IN EVALUATING UNCERTAIN TAX POSITIONS AND FILES AS A TAX-EXEMPT ORGANIZATION NO ADJUSTMENTS TO THE FINANCIAL STATEMENTS WERE REQUIRED AS A RESULT OF THE IMPLEMENTATION OF THIS STANDARD THE UNIVERSITY HAS NO CURRENT OBLIGATION FOR UNRELATED BUSINESS INCOME TO AX THE UNIVERSITY TAX RETURNS ARE SUBJECT TO REVIEW AND EXAMINATION BY FEDERAL AUTHORITIE S SHOULD THAT STATUS BE CHALLENGED IN THE FUTURE, THE TAX RETURNS FOR THE YEARS 2014 THRO UGH 2017 ARE SUBJECT TO REVIEW BY FEDERAL AUTHORITIES

Supplemental Information	
Return Reference	Explanation
	CHANGE IN ALLOWANCE FOR UNCOLLECTIBLE PLEDGES -14,121 SPECIAL EVENT EXPENSES 162,420 REN TAL EXPENSES 678,441 LOSS ON DISPOSAL OF FIXED ASSETS 27,306

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	SCHOLARSHIPS AND GRANTS 40,174,459 NON-OPERATING INVESTMENT INCOME 2,622,941 NON-OPERATING GIFTS AND GRANTS 3,750,972

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	SPECIAL EVENT EXPENSES 162,420 RENTAL EXPENSES 678,441

Sı

upplemental Information					
Return Reference	Explanation				
PART XII, LINE 4B - OTHER ADJUSTMENTS	SCHOLARSHIPS AND GRANTS 40,174,459				

S

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493295011358 OMB No 1545-0047 SCHEDULE E **Schools** (Form 990 or 990-▶ Complete if the organization answered "Yes" on Form 990, EZ) Part IV, line 13, or Form 990-EZ, Part VI, line 48. ▶ Attach to Form 990 or Form 990-EZ. Open to Public ▶ Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection Department of the Treasury Namel & the corporation **Employer identification number** AUGSBURG UNIVERSITY 41-0694721 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? 1 Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 2 Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II 3 Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c Yes d Copies of all material used by the organization or on its behalf to solicit contributions? 4d Yes If you answered "No" to any of the above, please explain If you need more space, use Part II Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Nο b Admissions policies? 5b Nο c Employment of faculty or administrative staff? 5c Nο d Scholarships or other financial assistance? 5d Nο e Educational policies? 5e No f Use of facilities? 5f Νo g Athletic programs? 5g Nο h Other extracurricular activities? 5h Nο If you answered "Yes" to any of the above, please explain If you need more space, use Part II 6a Does the organization receive any financial aid or assistance from a governmental agency? 6a Yes b Has the organization's right to such aid ever been revoked or suspended? 6b No If you answered "Yes" to either line 6a or line 6b, explain on Part II 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ. Schedule E (Form 990 or 990-EZ) (2017)

	AND PROGRAMS OFFERED THE UNIVERSITY FOLLOWS A NONDISCRIMINATORY POLICY REGARDING ALL PROGRAMS ENROLLMENT OF STUDENTS IS WITHOUT DISCRIMINATION AS TO RACE, RELIGION, SEX, COLOR OR NATIONAL ORIGIN RECRUITMENT PROCEDURES ARE DESIGNED AND CARRIED OUT TO REACH STUDENTS OF ALL RACIAL SEGMENTS IN THE GEOGRAPHICAL AREA SERVED
SCHEDULE E, PART I, LINE 6	THE UNIVERSITY RECEIVES SUPPORT FROM THE STATE OF MINNESOTA AND FROM THE UNITED STATES GOVERNMENT IN CONNECTION WITH

WORK-STUDY PROGRAMS, PELL GRANTS, SUPPLEMENTAL EDUCATIONAL OPPORTUNITY GRANTS AND PERKINS LOAN FUNDS. THE UNIVERSITY ALSO RECEIVES VARIOUS OTHER FEDERAL AND STATE EDUCATIONAL

AND RESEARCH GRANTS OR SUBSIDIES Schedule F (Form 990 or 990-F7) (2017)

efile GRAPHIC print - DO NOT PROCESS			As Filed Data -	•		DLN:	9349329501135
Statement of Activities Outside the United				ited St	tates	OMB No 1545-0047	
► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, ► Attach to Form 990.					ıne 14b, 15	5, or 16.	2017
Department of the Treasury Internal Revenue Service	► Informa	tion about Sche	dule F (Form 990) a	and its instructions is at wv	vw.irs.gov/	form990.	Open to Public Inspection
Name of the organization AUGSBURG UNIVERSITY						Employer iden 41-0694721	tification number
Part I General In Form 990, P			s Outside the U	Inited States. Comple	te if the		nswered "Yes" to
-	e grantees'	eligibility for t		substantiate the amount stance, and the selection	_		✓ Yes 🗆
-	Describe in		janization's proce	dures for monitoring the	use of its	grants and oth	
3 Activites per Region	(The following	ng Part I, line 3	table can be dupli	cated if additional space is	needed)		
(a) Region		(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	program spec	ity listed in (d) is a service, describe cific type of e(s) in region	(f) Total expenditure for and investments in region
See Add'l Data							
3a Sub-total b Total from continuation	n sheets to		3 9				2,062, 2,110,
Part I c Totals (add lines 3a a			5 26				4,172,
Part I	and 3b)		<u>-,</u>		No. 50082		

Part III can be du Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV,
							appraisal, other
		+ +					
		1					

Sche	dule F (Form 990) 2017		Page 4
Par	t IV Foreign Forms		
1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	✓ Yes	□No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)	☐Yes	✓ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)	✓ Yes	□No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	✓ Yes	□No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	☐Yes	✓ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)	☐Yes	✓ No

Schedule F (F	orm 990) 2017 Page 5
	Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).
Return Reference	Explanation
PART I, LINE 2	THE MAJORITY OF EXPENDITURES RELATE TO WIRE TRANSFERS MADE TO FOREIGN OFFICES TO COVER PAYMENTS MADE DIRECTLY OUT OF THESE OFFICES FOR EXPENDITURES INCURRED FOR INSTRUCTION OF STUDENTS WHILE ATTENDING COURSES AT THESE LOCATIONS REMAINING EXPENDITURES RELATE TO PAYMENTS MADE DIRECTLY TO VENDORS FOR SERVICES PROVIDED TO THE UNIVERSITY BY FOREIGN VENDORS ALL REQUESTS FOR PAYMENTS/WIRES ARE REVIEWED AND APPROVED BY APPROPRIATE SUPERVISORS OF THE RELATED DEPARTMENT AUGSBURG UNIVERSITY OFFERS SCHOLARSHIPS AND GRANTS TO QUALIFIED STUDENTS TO HELP REDUCE THEIR

OUT-OF-POCKET TUITION COSTS STUDENTS RECEIVING FINANCIAL ASSISTANCE OF THIS FORM MUST MEET SPECIFIC CRITERIA SUCH AS ACADEMIC ACHIEVEMENT, FINANCIAL NEED AND OTHER SIMILAR STANDARDS WHETHER PUT IN PLACE BY THE UNIVERSITY OR BY DONORS

Return Reference	Explanation
RT I, LINE 3	THE UNIVERSITY USES THE ACCRUAL METHOD TO REPORT EXPENDITURES ON SCHEDULE F

PAF

Additional Data

(a) Pegion

CENTRAL AMERICA &

CARIBBEAN

Software ID: Software Version:

EIN: 41-0694721

Name: AUGSBURG UNIVERSITY

N/A

123,753

Form 990 Schedule F Part I - Activities Outside The United States

(a) Negion	offices in the region	employees or agents in region	in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	is a program service, describe specific type of service(s) in region	for region
CENTRAL AMERICA & CARIBBEAN	3	9	PROGRAM SERVICES	INSTRUCTION	1,651,990

0 INVESTMENTS

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) EAST ASIA & THE PACIFIC 0 PROGRAM SERVICES IINSTRUCTION 10.336 EAST ASIA & THE PACIFIC 0 PROGRAM SERVICES IACADEMIC SUPPORT 123

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) EAST ASIA & THE PACIFIC 0 PROGRAM SERVICES STUDENT SERVICES 7.319 EUROPE 0 PROGRAM SERVICES INSTRUCTION 260,051

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) EUROPE 0 PROGRAM SERVICES INSTITUTIONAL SUPPORT 7.767 EUROPE 0 PROGRAM SERVICES IACADEMIC SUPPORT 915

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) FUROPE 0 PROGRAM SERVICES STUDENT SERVICES 288.832 NORTH AMERICA 9 PROGRAM SERVICES INSTRUCTION 840,896

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) 0 PROGRAM SERVICES INSTITUTIONAL SUPPORT 32.245 NORTH AMERICA NORTH AMERICA 0 PROGRAM SERVICES STUDENT SERVICES 547

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i e , is a program service, for region fundraising, program describe specific type of agents in region service(s) in region services, grants to region recipients located in the region) MIDDLE FAST & NORTH 0 PROGRAM SERVICES IINSTRUCTION 225 AFRICA MIDDLE EAST & NORTH 0 PROGRAM SERVICES INSTITUTIONAL SUPPORT 27.750 AFRICA

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or ın region (by type) (i e , is a program service, for region describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) MIDDLE EAST & NORTH 0 PROGRAM SERVICES ACADEMIC SUPPORT 2.355 **AFRICA** 8 PROGRAM SERVICES 917,557 SUB-SAHARAN AFRICA INSTRUCTION

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493295011358 OMB No 1545-0047 SCHEDULE G **Supplemental Information Regarding** (Form 990 or 990-EZ) **Fundraising or Gaming Activities** Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a Open to Public Department of the Treasury Attach to Form 990 or Form 990-EZ. Inspection Internal Revenue Service ▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www irs gov/form990. **Employer identification number** Name of the organization AUGSBURG UNIVERSITY 41-0694721 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations e Solicitation of non-government grants ☐ Solicitation of government grants Phone solicitations ☐ Special fundraising events In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (i) Name and address of individual (ii) Activity (iii) Did (iv) Gross receipts (v) Amount paid to (vi) Amount paid to or entity (fundraiser) fundraiser have from activity (or retained by) (or retained by) custody or fundraiser listed in organization control of col (i) contributions? Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat No 50083H Schedule G (Form 990 or 990-EZ) 2017

		(a)Event #1	(b) Event #2	(c)Other events	(d)
		STEPUP GALA (event type)	A-CLUB GOLF (event type)	(total number)	Total events (add col (a) through col (c))
	1 Gross receipts	516,244	56,430	20,207	592,88
	2 Less Contributions	457,883	32,250	8,565	498,69
- 3	Gross income (line 1 minus line 2)	58,361	24,180	11,642	94,18
4	4 Cash prizes				
	Noncash prizes		1,600	156	1,75
1 2	6 Rent/facility costs		5,016	4,534	9,55
. 7	7 Food and beverages	28,510	3,170	2,748	34,42
1	B Entertainment		7,520		7,52
9	Other direct expenses	104,691	2,330	2,145	109,16
:	10 Direct expense summary Add lines 4	through 9 in column (d)		•	162,42
	11 Net income summary Subtract line 10			•	-68,23
art	Gaming. Complete if the org on Form 990-EZ, line 6a.	anızatıon answered "Ye	s" on Form 990, Part I	V, line 19, or reported	more than \$15,000
		(a) Bıngo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
'					
- 1 -	1 Gross revenue				
- 1 -	1 Gross revenue				
- 1 -					
. 3	2 Cash prizes				
3	Cash prizes				
. 3	2 Cash prizes	☐ Yes %	☐ Yes %	☐ Yes %	
3	Cash prizes	☐ Yes % ☐ No	☐ Yes %	☐ Yes %	
3	Cash prizes	□ No	_		
3 4 9	Cash prizes	No	□ No	No	
	Cash prizes	through 5 in column (d) It line 7 from line 1, column Ion conducts gaming activities in each of	No	No	☐ Yes ☐ No
	Cash prizes	through 5 in column (d) It line 7 from line 1, column Ion conducts gaming activities in each of	No n (d)	No	☐ Yes ☐ No

Sche	dule G (Form 990 or 990-EZ) 2017					F	Page 3			
11	Does the organization conduct gaming	activities with nonmembers?			□Yes	□No				
12	Is the organization a grantor, beneficia formed to administer charitable gaming		per of a partnership or other entity		□Yes					
13	Indicate the percentage of gaming activ	vity conducted in								
а	The organization's facility			13a			%			
b	An outside facility			13b			%			
L4	Enter the name and address of the pers	son who prepares the organizatio	n's gaming/special events books and r	ecords						
	Name ►									
	Address ►									
	Does the organization have a contract virevenue?	. ,			□Yes	□No				
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$									
С	If "Yes," enter name and address of the	e third party								
	Name ►									
	Address ►									
.6	Gaming manager information									
	Name ▶									
	Gaming manager compensation ▶ \$									
	Description of services provided ▶									
	☐ Director/officer	☐ Employee	☐ Independent contractor							
.7	Mandatory distributions									
а	Is the organization required under state retain the state gaming license?	e law to make charitable distribut	ions from the gaming proceeds to		□Yes	Пио				
b	Enter the amount of distributions require in the organization's own exempt activities.		other exempt organizations or spent			0				
Par	t IV Supplemental Informatio	n. Provide the explanations r	equired by Part I, line 2b, columre. Also provide any additional info				 s).			
	Return Reference		Explanation							

Schedule G (Form 990 or 990-EZ) 2017

efile GRAPHIC print - DO NOT PROCESS As Filed Data DLN: 93493295011358 OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations,** (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization **Employer identification number** AUGSBURG UNIVERSITY 41-0694721 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and **✓** Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part III Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (c) IRC section (a) Name and address of (b) EIN (d) Amount of cash (e) Amount of non-(f) Method of valuation (h) Purpose of grant (q) Description of organization (if applicable) (book, FMV, appraisal, noncash assistance grant cash or assistance or government assistance other) (1) (3) (5) (6)(7) (8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2017

Page **2**

Schedule I (Form 990) 2017

(2) (3)

(4)

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

Schedule I (Form 990) 2017

(5) (6)

(7)

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

Part IV

Explanation

Return Reference AUGSBURG UNIVERSITY OFFERS SCHOLARSHIPS AND GRANTS TO QUALIFIED STUDENTS TO HELP REDUCE THEIR OUT-OF-POCKET TUITION COSTS STUDENTS

PART I, LINE 2 RECEIVING FINANCIAL ASSISTANCE OF THIS FORM MUST MEET SPECIFIC CRITERIA SUCH AS ACADEMIC ACHIEVEMENT, FINANCIAL NEED AND OTHER SIMILAR STANDARDS WHETHER PUT IN PLACE BY THE UNIVERSITY OR BY DONORS OF RESTRICTED FUNDS

efil	e GRAPHIC pr	int - DO NOT PROCESS As	Filed Dat	a - DLN: 93	49329	5011	1358
Schedule J		Com	OMB No 1545-0047				
(For	n 990)	For certain Officers,					
		Complete if the organi		ated Employees vered "Yes" on Form 990, Part IV, line 23.	20	17	7
		-	▶ Attach	n to Form 990.			
•	tment of the Treasury al Revenue Service	▶ Information about		(Form 990) and its instructions is at agov/form990.	Open i Insp	to Pui ectio	
	ne of the organiza			Employer identifica			
AUG	SBURG UNIVERSITY			41-0694721			
Pa	rt I Questi	ons Regarding Compensation	n				
						Yes	No
1a				f the following to or for a person listed on Form by relevant information regarding these items			
	First-class	or charter travel	$\overline{\mathbf{Z}}$	Housing allowance or residence for personal use			
	_	companions		Payments for business use of personal residence			
		nification and gross-up payments	✓	Health or social club dues or initiation fees			
	☐ Discretion	ary spending account	Ш	Personal services (e g , maid, chauffeur, chef)			
b		kes in line 1a are checked, did the o Il of the expenses described above?		ollow a written policy regarding payment or reimbursement oplete Part III to explain	1b	Yes	
2				or allowing expenses incurred by all	2	Yes	
	directors, truste	es, officers, including the CEO/Exec	utive Directo	r, regarding the items checked in line 1a?			
3				ed to establish the compensation of the			
		EO/Executive Director Check all tha d organization to establish compens		not check any boxes for methods CEO/Executive Director, but explain in Part III			
	·			•			
		ition committee ent compensation consultant	✓	Written employment contract Compensation survey or study			
		of other organizations	▽	Approval by the board or compensation committee			
		-					
4	During the year related organiza		, Part VII, Se	ection A, line 1a, with respect to the filing organization or a			
а	_	ance payment or change-of-control	navment?		4a		No
b		receive payment from, a suppleme		lified retirement plan?	4b		No
c	•	receive payment from, an equity-b	•	•	4c		No
	If "Yes" to any o	f lines 4a-c, list the persons and pre	ovide the app	olicable amounts for each item in Part III			
	- 1/ 1/-						
5), 501(c)(4), and 501(c)(29) or g ed on Form 990, Part VII, Section A,	=				
,		ontingent on the revenues of	illie 1a, ulu	the organization pay or accide any			
а	The organization	٦٦			5a		No
b	Any related orga	anization?			5b		No
	If "Yes," on line	5a or 5b, describe in Part III					
6		d on Form 990, Part VII, Section A, ontingent on the net earnings of	line 1a, did	the organization pay or accrue any			
а	The organization	٦٦			6 a		No
b	Any related orga				6b		No
	•	6a or 6b, describe in Part III					
7		d on Form 990, Part VII, Section A, escribed in lines 5 and 67 If "Yes," d		the organization provide any nonfixed art III	7		No
8				red pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," describe			N
9	If "Yes" on line 3	3, did the organization also follow th	ne rebuttable	presumption procedure described in Regulations section	8		No
For I	Danerwork Pedi	ction Act Notice, see the Instru	rtions for Ea	orm 990. Cat No 50053T Schedule		1 990)	2017

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.											
instructions, on row (ii) D	o no	ot list any individuals that	ted on Schedule J, report t are not listed on Form 99 dividual must equal the to	90, Part VII		_	·	t ındıvıdual			
(A) Name and Title		(B) Breakdown (i) Base compensation	of W-2 and/or 1099-MISO (ii) Bonus & incentive compensation	C compensation (iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(1)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990			
1 PAUL PRIBBENOW PRESIDENT	(i)	330,696	0	3,637	20,778	14,143	369,254	0			
	(ii)	0	0	0	0	0	0	0			
2 KAREN KAIVOLA PROVOST/CHIEF ACADEMIC	(i)	216,852	0	1,535	14,255	2,304	234,946	0			
OFFICER	(ii)	0	0	0	0	0	0	0			
3 BETH REISSENWEBER VP FOR FINANCE ADMIN/CFO	(i)	214,547	0	702	11,286	11,164	0				
	(ii)	0	0	0	0	0	0	0			
4 HEATHER RIDDLE VP-INSTITUTIONAL	(i)	163,534	0	196	0	11,002	174,732	0			
ADVANCEMENT	(ii)	0	0 0		0	0	0	0			
5 LEIF ANDERSON VP/CHIEF STRATEGY	(i)	150,755	0	571	12,798	9,384	173,508	0			
OFFICER	(ii)	0	0	0	0	0	0	0			
6 REBECCA JOHN VP OF MARKETING	(i)	143,798	0	65	11,538	4,679	160,080	0			
	(ii)	0	0	0	0	0	0	0			

Schedule J (Form 990) 2017 Page 3 Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information Return Reference Explanation PAUL PRIBBENOW - RESIDENCE FOR PERSONAL USE AND HEALTH OR SOCIAL CLUB DUES - NOT INCLUDIBLE IN TAXABLE INCOME PART I. LINE 1A

Schedule J (Form 990) 2017

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493295011358 OMB No 1545-0047 Schedule K **Supplemental Information on Tax-Exempt Bonds** (Form 990) ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI. ▶ Attach to Form 990. Department of the Treasury ▶Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service Employer identification number Name of the organization AUGSBURG UNIVERSITY 41-0694721 Part I **Bond Issues** (b) Issuer EIN (c) CUSIP # (d) Date issued (f) Description of purpose (g) Defeased (h) On (i) Pool (a) Issuer name (e) Issue price behalf of financing ıssuer Yes No Yes No Yes No MINNESOTA HIGHER 41-0988525 60416HHS6 07-27-2006 5,000,000 MULTIPLE FACILITIES Х Χ Х **EDUCATION FACILITIES AUTHORITY** MINNESOTA HIGHER 8,936,602 REFINANCE SERIES 4-Y BONDS 41-0988525 60416HUF9 10-13-2010 Χ Χ Χ **EDUCATION FACILITIES AUTHORITY** MINNESOTA HIGHER 41-0988525 60416HE42 07-30-2014 6,705,000 REFINANCE SERIES 6-C BONDS Χ Χ Х **EDUCATION FACILITIES AUTHORITY** MINNESOTA HIGHER 41-0988525 04-15-2015 12,400,000 REFINANCE SERIES 6-J1 BONDS Х Χ Х **EDUCATION FACILITIES AUTHORITY** Part II **Proceeds** C D 3,400,000 5,801,602 2,120,000 1,175,000 2 Total proceeds of issue. 3 5,000,000 8,936,602 6,705,000 12,400,000 4 505,928 5 6 7 Issuance costs from proceeds 99,000 172,187 134,100 90,613 8 26,500 9 10 4,874,500 11 8.764.415 6.064.972 12,309,387 12 13 2008 2010 2014 2015 Yes No Yes No Yes No Yes No Х Х Were the bonds issued as part of a current refunding issue? Χ 14 Were the bonds issued as part of an advance refunding issue? Χ Χ Χ 15 Χ Χ Х Χ Χ 16 Does the organization maintain adequate books and records to support the final allocation of Х Х Х Х Part III **Private Business Use** C D Α Yes No No No Yes Yes Yes No Was the organization a partner in a partnership, or a member of an LLC, which owned property Х Χ Χ Х Are there any lease arrangements that may result in private business use of bond-financed Χ Χ Χ Χ Schedule K (Form 990) 2017 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50193E

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Part IV

Arbitrage

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Schedule K (Form 990) 2017

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Are there any management or service contracts that may result in private business use of If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside

If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside

Enter the percentage of financed property used in a private business use by entities other than

counsel to review any research agreements relating to the financed property?

a section 501(c)(3) organization or a state or local government Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3)

organization, or a state or local government

Does the bond issue meet the private security or payment test? . . .

Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12

Has the organization established written procedures to ensure that all nonqualified bonds of

property?.........

Penalty in Lieu of Arbitrage Rebate? If "No" to line 1, did the following apply?

Rebate not due yet?

hedge with respect to the bond issue?

Exception to rebate?

If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed Is the bond issue a variable rate issue?

Was the hedge superintegrated? Was the hedge terminated?

No rebate due?

the issue are remediated in accordance with the requirements under

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

counsel to review any management or service contracts relating to the financed property? Are there any research agreements that may result in private business use of bond-financed Yes

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Yes

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requirements of section 148? . . .

Was the regulatory safe harbor for establishing the fair market value of

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

Procedures To Undertake Corrective Action

if self-remediation is not available under applicable regulations?

Schedule K (Form 990) 2017

period?

Part V

No

No

D

5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?	Х
b	Name of provider	
С	Term of GIC	

Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program

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No

Yes

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Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

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Yes

Yes

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Yes

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Yes

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Yes

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Schedule K (Form 990) 2017

No

Yes

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	dule K			lu f a was a til a was a s	. T		4 D	No vo el e				ОМВ	No 154	15-0047			
(Form	າ 990)			Information Of Swered "Yes" to Form					crintions		2017						
		Complete ii tii		s, and any additional i	nformatio			Piovide des	criptions,		2017						
	nt of the Treasury	▶Informatio	n about Schedule I	► Attach to Form 990 K (Form 990) and its		s is at w	www.ii	irs.aov/fori	n990.		Open to Public Inspection						
Name of th	evenue Service he organization	r zmormatio	ii about boileaule i	it (Form 550) and its	instruction	.5 15 at <u>.</u>		15190171011	. <u></u> .	Emplo	yer ıden		n numbe				
AUGSBUF	RG UNIVERSITY									41-06	94721						
Part I	Bond Issues									I							
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue	price	((f) Description	n of purpose	(g) De	efeased) On		Pool		
												alf of uer	finar	ncing			
										Yes	No	Yes	No	Yes	No		
EDU	A MINNESOTA HIGHER 41-0988525 EDUCATION FACILITIES AUTHORITY			12-01-2016	32,240,000 CS		CSBR FINANCING				Х		X		X		
B MIN	INESOTA HIGHER	41-0988525	60416H2T0	12-01-2016	13.6	580.000	CSBR	FINANCING			X		X		X		
EDU	JCATION FACILITIES				,	,					''						
AUT	THORITY																
Part II	I Proceeds	•	•	•													
				Į		A		Е		C				D			
	mount of bonds retired								1,305,000								
	mount of bonds legally defeas																
_	otal proceeds of issue					33,836,864 13,584,240											
	ross proceeds in reserve fund					2,611	· · · · · ·										
	apitalized interest from proce					1,328	3,839										
	oceeds in refunding escrows																
	suance costs from proceeds . edit enhancement from proce					366,737 155,614											
	orking capital expenditures fr																
	apital expenditures from proc				29,529,571 12,320,429												
	ther spent proceeds					29,329	9,571 12,320,429										
	ther unspent proceeds																
	ear of substantial completion				21	017		20	17								
	· ·				Yes	No	, +	Yes	No	Yes	No		Yes		No		
14 We	ere the bonds issued as part	of a current refunding	gıssue ⁷			Х			х								
15 We	ere the bonds issued as part	of an advance refund	ıng ıssue?			X			Х								
	as the final allocation of proce	eds been made? .			X			×									
	oes the organization maintain					1								+			
pro	oceeds?	<u> </u>			Х			Х									
Part II	Private Business U	se															
						A No		Vac		Vac	-	\perp		D	No.		
1 Wa	as the organization a partner nanced by tax-exempt bonds?	in a partnership, or a	a member of an LLC,	which owned property	Yes	No X		Yes	No X	Yes	No		Yes		No		
2 Are	e there any lease arrangeme operty?	nts that may result in	n private business us			X			Х								
For Bone	erwork Peduction Act Noti	co coo the Instruc	tions for Form 000			t No 50	11025				6.	shadul	o K (Ec	rm 000	1 2017		

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Part IV

Arbitrage

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No

Yes

Schedule K (Form 990) 2017

No

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Yes

If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? Are there any research agreements that may result in private business use of bond-financed property?......... If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside

Enter the percentage of financed property used in a private business use by entities other than

unrelated trade or business activity carried on by your organization, another section 501(c)(3)

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12

Has the organization established written procedures to ensure that all nonqualified bonds of

counsel to review any research agreements relating to the financed property?

a section 501(c)(3) organization or a state or local government Enter the percentage of financed property used in a private business use as a result of

organization, or a state or local government

Penalty in Lieu of Arbitrage Rebate? If "No" to line 1, did the following apply?

Rebate not due yet?

hedge with respect to the bond issue?

Exception to rebate?

If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed Is the bond issue a variable rate issue?

Was the hedge superintegrated? Was the hedge terminated?

No rebate due?

the issue are remediated in accordance with the requirements under

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

Does the bond issue meet the private security or payment test? . . .

Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were Were gross proceeds invested in a guaranteed investment contract

if self-remediation is not available under applicable regulations?

Schedule K (Form 990) 2017

Part VI

No

No

D

Yes

Schedule K (Form 990) 2017

Yes

_	(GIC)?	^	_ ^		i
b	Name of provider				
С	Term of GIC				
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?				
6	Were any gross proceeds invested beyond an available temporary	х	X		i

Yes

Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

6 Were any gross proceeds invested beyond an available temporary period?

7 Has the organization established written procedures to monitor the requirements of section 148?

No

Yes

Yes

Χ

Nο

No

Yes

Yes

No

No

Yes

No

7 Has the organization established written procedures to monitor the requirements of section 148? . . .

Part V Procedures To Undertake Corrective Action

Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program

efile GRAPHI	C print - DO	NOT PROCESS	As Fi	led Data -					DL	.N: 93	4932	950	11358
Schedule L (Form 990 or 990	·:	Trans		ns with Ir				5a. 2	25b. 26		МВ No	1545	-0047
			28b, or 28	c, or Form 99 h to Form 99	0-EZ, Part V,	, line 38a or 4		, .		, 	26	11	7
	▶I	nformation abo	ut Schedu	le L (Form 99	0 or 990-EZ		uctio	ns is	at				
Department of the Tre Internal Revenue Serv	I			www.irs.gov	<u>/10/111990</u> .					9			
Name of the org							Er	nplo	yer ide	ntifica	ition r	ıumb	er
							41	-069	4721				
		ansactions (se zation answered								ne 40h			
	a) Name of disqu			Relationship be	tween disqual			(c) [Descript	on of	(d) Cor	rected?
				C	organization			tr	ansactı	on	Y	es	No
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4958 3 Enter the a	mount of tax, if	urred by organiz	oove, reimb	oursed by the o				r sec	tion •	\$			
Co	mplete If the org	r From Intere anization answer : on Form 990, P	ed "Yes" on	Form 990-EZ,	Part V, line 3	8a, or Form 99	90, Pa	rt IV,	line 26	or If	the org	ganıza	tion
(a) Name of interested person	(b) Relationshi with organization	(c) Purpose of loan		to or from the nization?	(e)Original principal amount	(f) Balance due	(g) defa		Appro	d or			
			То	From			Yes	No	Yes	No	Yes		No
(1) WILLIAM FRAME	FORMER OFFICER	LOAN AGAINST LIFE INSURANCE POLICY		X	194,965	402,671		No	Yes		Yes		
 Total					<u> </u> ▶ \$	402.671							
	ants or Assist	ance Benefiti	ng Intere			402,671							
Cor	nplete if the oi	ganızatıon ans	wered "Ye	es" on Form 9	990, Part IV,								
(a) Name of inte		(b) Relationship nterested persor organizatio	n and the	(c) Amount o	of assistance	(d) Type (of assi	stand	ce	(e) Pu	rpose (of ass	stance
For Paperwork Re	duction Act Notice	see the Instruct	tions for For	-m 000 or 000-	7 C-	at No. 500564		C.1	hadrila '	/	. 000 =	000	F7\ 2017

Explanation

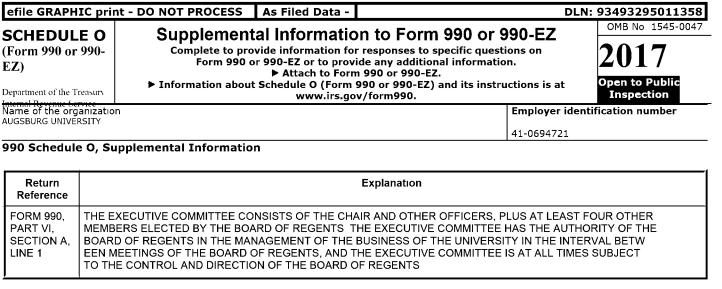
Schedule I (Form 990 or 990-F7) 2017

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493295011358 SCHEDULE M OMB No 1545-0047 **Noncash Contributions** (Form 990) 2017 ▶ 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 Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** AUGSBURG UNIVERSITY 41-0694721 **Types of Property** (b) (d) (a) (c) Check if Number of contributions or Noncash contribution Method of determining applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 1 Art—Works of art . . Art-Historical treasures Art—Fractional interests Books and publications Clothing and household goods Cars and other vehicles Boats and planes . . Intellectual property . . Χ 730,593 STOCK MARKET QUOTES Securities—Publicly traded . 10 Securities—Closely held stock . Securities—Partnership, LLC, or trust interests 12 Securities—Miscellaneous . Qualified conservation contribution—Historic structures 14 Qualified conservation contribution—Other . Real estate—Residential . 15 Real estate—Commercial . 17 Real estate—Other . . Collectibles 18 19 Food inventory . . . 20 Drugs and medical supplies . Taxidermy 21 22 Historical artifacts . 23 Scientific specimens . 24 Archeological artifacts . . 25 Other ▶ (Χ 194 47,979 ESTIMATED FMV AUCTION ITEMS) 26 Other ▶ (_____ 28 Number of Forms 8283 received by the organization during the tax year for contributions 0 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? 30a Nο **b** If "Yes," describe the arrangement in Part II 31 Yes Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 32a Nο b If "Yes," describe in Part II If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II Schedule M (Form 990) (2017) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 51227J

Schedule M (Form 990) (2017)	Page 2							
Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in I, column (b), the number of contributions, the number of items received, or a combination of both. Also compitation part for any additional information.								
Return Reference	Explanation							
	COLUMN (B) REPORTS THE NUMBER OF CONTRIBUTORS FOR PUBLICLY TRADED SECURITIES AND NUMBER OF ITEMS CONTRIBUTED FOR SPECIAL EVENT AUCTION ITEMS							
_	Schedule M (Form 990) (2017)							



Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE VOTING MEMBERS OF THE UNIVERSITY ARE THE GOVERNING MEMBERS THE GOVERNING MEMBERSHIP C ONSISTS OF (1) SEVENTY-SIX MEMBERS FROM THE FOLLOWING SYNODS OF THE EVANGELICAL LUTHERAN CHURCH IN AMERICA MINNEAPOLIS AREA SYNOD, SAINT PAUL AREA SYNOD, SOUTHEASTERN MINNESOTA S YNOD, AND NORTHWEST SYNOD OF WISCONSIN EACH SUCH SYNOD SHALL HAVE REPRESENTATION WHICH SHALL BE PROPORTIONATE TO ITS COMPARATIVE BAPTIZED MEMBERSHIP, (2) THE BISHOP, OR THE BISHOP 'S DESIGNEE, FROM EACH SUCH SYNOD, (3) TEN MEMBERS FROM THE BOARD OF REGENTS, (4) FOUR MEM BERS FROM THE FACULTY THE CHAIR OF THE FACULTY SENATE AND THE CHAIRS OF AUGSBURG UNIVERSI TY'S THREE DIVISIONS-FINE ARTS AND HUMANITIES, NATURAL AND SOCIAL SCIENCES, AND PROFESSION AL STUDIES, (5) THREE MEMBERS OF THE UNIVERSITY ADMINISTRATION DETERMINED IN THE DISCRETIO N OF THE PRESIDENT, AND (6) TWO CURRENT STUDENTS HOLDING ELECTED SEATS AS MEMBERS OF THE S TUDENT GOVERNMENT MEMBERS FROM EACH CONSTITUENT GROUP SHALL BE SELECTED BY PROCEDURES DET ERMINED BY THEIR PARTICULAR BODY UNLESS OTHERWISE SPECIFIED IN THESE BYLAWS

Return Explanation
Reference

FORM 990, PART VI, OMINATING COMMITTEE THE GOVERNING MEMBERS OF THE UNIVERSITY'S BOARD OF REGENTS AND THE N OMINATING COMMITTEE THE GOVERNING MEMBERSHIP ALSO ESTABLISHES AND ELECTS MEMBERS TO SUCH OTHER COMMITTEES IT DEEMS NECESSARY TO CONDUCT ITS BUSINESS

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	THE GOVERNING MEMBERSHIP MUST APPROVE AMENDMENTS TO THE ARTICLES OF INCORPORATION OR BYLAW S OF THE UNIVERSITY, TO MERGE OR CONSOLIDATE WITH ANOTHER CORPORATION, TO DISPOSE OF ALL O R SUBSTANTIALLY ALL THE ASSETS OF THIS UNIVERSITY, OR TO DISSOLVE THE UNIVERSITY THE GOVE RNING MEMBERSHIP RECEIVES REPORTS FROM THE BOARD OF REGENTS AND ADMINISTRATION OF THE UNIVERSITY AND GENERALLY ACQUAINTS ITSELF WITH THE PROGRESS AND NEEDS OF THE UNIVERSITY ITS O BJECTIVES ARE TO STRENGTHEN THE UNIVERSITY SPIRITUALLY AND ACADEMICALLY, TO PROMOTE THE UNIVERSITY IN APPROPRIATE FORUMS, AND TO PROVIDE WHATEVER OTHER FORMS OF ASSISTANCE IT MAY FIND FEASIBLE AND APPROPRIATE IT MAY MAKE RECOMMENDATIONS TO THE BOARD OF REGENTS AS IT DE EMS ADVISABLE

Return Explanation
Reference

FORM 990,	AN INDEPENDENT PUBLIC ACCOUNTING FIRM PREPARES THE FORM 990 BASED ON DATA SUPPLIED BY MANA
PART VI,	GEMENT OF THE UNIVERSITY THE DRAFT OF THE FORM 990 IS REVIEWED BY MANAGEMENT WITH ANY COR
SECTION B,	RECTIONS AND CHANGES BEING INCORPORATED INTO THE DOCUMENT THE UPDATED DRAFT OF THE FORM 9
LINE 11B	90 IS PROVIDED TO THE AUDIT COMMITTEE FOR THEIR REVIEW AND APPROVAL FOR SUBMISSION A PUBL
	IC INSPECTION COPY OF THE FORM 990 IS MADE AVAILABLE TO THE BOARD OF REGENTS PRIOR TO SUBM
	ISSION

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	AUGSBURG UNIVERSITY HAS BOTH A CONFLICT OF INTEREST POLICY SPECIFIC TO ITS BOARD OF REGENT S AND EMPLOYEES TO PROTECT AND SAFEGUARD THE INTERESTS OF AUGSBURG UNIVERSITY EACH YEAR, THE BOARD OF REGENTS ARE REQUIRED TO DISCLOSE ANY POTENTIAL OR ACTUAL CONFLICTS OF INTERES T IN THEIR SERVICE TO AUGSBURG UNIVERSITY SUCH FORMS ARE REVIEWED BY THE BOARD CHAIR, OR HIS/HER DESIGNEE, WITH APPROPRIATE ACTION TAKEN REGENTS ARE REQUIRED TO DISCLOSE ANY CONFLICT PRIOR TO DISCUSSION AT MEETINGS AND TO RECUSE THEMSELVES FROM VOTING, AS RECORDED IN THE MINUTES AUGSBURG UNIVERSITY ALSO SEEKS TO AVOID CONFLICTS BETWEEN THE PERSONAL INTERESTS OF EMPLOYEES AND THE INTERESTS OF THE UNIVERSITY IN THE EVENT AN EMPLOYEE OR THEIR FAMILY MEMBER MAY HAVE A FINANCIAL, PERSONAL, OR PROFESSIONAL INTEREST THAT COULD POTENTIALL Y CREATE AN ADVERSE CONFLICT OF INTEREST INVOLVING THE UNIVERSITY, THE EMPLOYEE IS REQUIRED TO PROVIDE WRITTEN DISCLOSURE TO THE APPROPRIATE VICE PRESIDENT. THE EMPLOYEE IS THEN REQUIRED TO REFRAIN FROM PARTICIPATING IN THE UNIVERSITY'S CONSIDERATION OR PROCESSING OF THE TRANSACTION TO AVOID ANY INFLUENCE UPON SUCH TRANSACTION.

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15A	THE PRESIDENT'S COMPENSATION IS REVIEWED, AND ADJUSTED IF NECESSARY, ANNUALLY BY THE BOARD OF REGENTS EXECUTIVE COMMITTEE. IN YEARS WHERE AN EXTERNAL FIRM IS NOT ENGAGED, HUMAN RES OURCES PROVIDES SURVEY DATA FROM THE COLLEGE AND UNIVERSITY PROFESSIONAL ASSOCIATION FOR HUMAN RESOURCES (CUPA-HR). THIS INFORMATION IS BASED ON OVER 150 SCHOOLS THAT COMPARE TO AU GSBURG REGARDING ENROLLMENT SIZE, ACADEMIC PROGRAMS, BUDGET SIZE, AS WELL AS OTHER ELCA CO LLEGES. THIS INFORMATION IS SENT TO THE EXECUTIVE COMMITTEE EACH SUMMER AND THEN THE REVIE WOCCURS DURING THE NEXT FEW MONTHS BEFORE BEING COMMUNICATED TO THE PRESIDENT IN FALL BY THE BOARD CHAIR IF A SALARY INCREASE IS APPROVED BY THE BOARD, A PERSONNEL ACTION REQUEST FORM IS SUBMITTED. THE INDEPENDENT REVIEW PROCESS WAS UNDERTAKEN FOR THE PRESIDENT IN 2017, WITH THE RESULTS BEING PRESENTED TO THE BOARD THE INDEPENDENT REVIEW OF SALARY AND BENEFITS WAS CONDUCTED BY AN EXTERNAL FIRM. THE REPORT WAS SUBMITTED TO THE BOARD OF REGENTS FOR THEIR REVIEW, THE BOARD DETERMINED THE SALARY CHANGE. THE PRESIDENT ANNUALLY REVIEWS THE COMPENSATION FOR ALL MEMBERS OF THE PRESIDENTS LEADERSHIP TEAM (PLT). HE DETERMINES THE COMPENSATION FOR HIS DIRECT REPORTS, BUT LEAVES THE FINAL DECISION TO THE APPROPRIATE VICE PRESIDENT FOR EMPLOYEES THAT DO NOT REPORT DIRECTLY TO HIM HUMAN RESOURCES PROVIDES SURVEY DATA FROM THE COLLEGE AND UNIVERSITY PROFESSIONAL ASSOCIATION FOR HUMAN RESOURCES (CUPA-HR), AS WELL AS INDUSTRY SPECIFIC COMPENSATION INFORMATION FOR CERTAIN POSITIONS. THE CUPA-HR SALARY INFORMATION IS BASED ON APPROXIMATELY 150 COLLEGES BOTH NATIONALLY AND ACROS THE MIDWEST AND INCLUDES INSTITUTIONS WITH SIMILAR STUDENT ENROLLMENT AND BUDGET SIZE, A SWELL AS OTHER ELCA COLLEGES. HUMAN RESOURCES PROVIDES THIS INFORMATION TO THE PRESIDENT EACH SPRING/SUMMER, AND THE REVIEW OCCURS DURING THE NEXT FEW MONTHS. THE PRESIDENT COMMUNICATES THE COMPENSATION INCREASE TO THE PLT MEMBER AND HUMAN RESOURCES ENSURES A PERSONNEL ACTION REQUEST FORM IS COMPLETED AN INDEPENDENT REVIEW BY AN EXTERN

Return Explanation
Reference

FORM 990, THE UNIVERSITY MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL PART VI, STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST SECTION C, LINE 19

Return Explanation

Reference	
FORM 990, PART XI,	ADJUSTMENT OF ACTUARIAL LIABILITY -65,441 CHANGE IN ALLOWANCE FOR UNCOLLECTIBLE PLEDGES 243,006
LINE 9	

efile GRAPHIC print - DO	NOT PROCESS As Filed Data -										DLN: 93493	295011	.358
SCHEDULE R (Form 990)	Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.											1545-004 17	17
Department of the Treasury Internal Revenue Service	▶ Information about So	hedule l				s is at <u>www</u>	.irs.gov/f	orm99(<u>2</u> .		Open to	o Public	
Name of the organization AUGSBURG UNIVERSITY								Emp	loyer identif	icatior	n number		
								41-0	694721				
Part I Identification	of Disregarded Entities Complete if the	ne organ	ızatıon answ	ered "Yes	" on Form	990, Part	IV, line 3	3.					
Name, address, and	(a) EIN (If applicable) of disregarded entity		(b) Primary a		Legal dom	c) nicile (state n country)	(d) Total inco	ome	(e) End-of-year as	sets	(f Direct co ent		
Part II Identification of related tax-exen	of Related Tax-Exempt Organizations npt organizations during the tax year.	Comple	ete if the org	anızatıon	answered	"Yes" on F	orm 990,	Part I\	/, line 34 be	cause	it had one or	more	
Name, address, an	(a) d EIN of related organization	Prim	(b) ary activity	Legal dom	c) ncile (state n country)	(d) Exempt Cod			(e) harity status on 501(c)(3))	Dii	(f) rect controlling entity	Section (13) cor enti	512(b) ntrolled ty?
												Yes	No
For Panerwork Reduction Ac	t Notice, see the Instructions for Form 99	<u></u>		Ca	t No 5013	357				Sche	edule R (Form	990) 20	17

<u> </u>														. age =	
Part III Identification of Related Organizations one or more related organizations treated	tions Taxable as a l ated as a partnership	Partnership during the ta	Complet x year.	e if the or	ganızatıoı	n ansv	wered "Ye	es" on Form	990,	Part I\	/, line 34 b	ecaus	se it h	ad	
(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predom Income(n unrela excluded tax ur sections	inant elated, ted, d from ider 512-	(f) Share of total incom		Disprop alloca	tions?	(I) Code V-UBI amount in boy 20 of Schedule K-1 (Form 1065)	parti	ral or aging ner?	(k) Percentage ownership	
								+	Yes	No		Yes	No		
Part IV Identification of Related Organiza							ation ans	wered "Yes	" on F	orm 9	90, Part IV	line	34		
because it had one or more related or	ganizations treated a	s a corporation	on or tru	st during t	ne tax ye	ar.									
(a) Name, address, and EIN of related organization	(b) Primary activity	Le dom (state o	c) gal nicile r foreign ntry)		(d) controlling entity	Type (C corp	(e) of entity p, S corp, trust)	(f) Share of total Income	Share	(g) of end-o year ssets	of- Perce	(h) Percentage ownership		Section 512(b (13) controlled entity?	
(1)ZEBRA INVESTMENTS SIX LIMITED	FOREIGN CAMPUS	w		AUGSE		С				311,8:	100 00	00 %		es NO	
FIVE SIMPSON STREET WINDHOEK WEST WA				UNIVE	RSITY										
													+		

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.		
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule	Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		T
a Receipt of (i) interest, (ii)annuities, (iii) royalties, or(iv) rent from a controlled entity	а	No
b Gift, grant, or capital contribution to related organization(s)	b	No
	c	No
d Loans or loan guarantees to or for related organization(s)	d	No
e Loans or loan guarantees by related organization(s)	e	No
f Dividends from related organization(s)	.f	No
g Sale of assets to related organization(s)	g	No
h Purchase of assets from related organization(s)	h	No
i Exchange of assets with related organization(s)	.i	No
j Lease of facilities, equipment, or other assets to related organization(s)	.j	No

е	Loans or loan guarantees by related organization(s)	1e		No
f	Dividends from related organization(s)	1f		No
g	Sale of assets to related organization(s)	1 g	\Box	No
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	\rightarrow	No
- 1	Performance of services or membership or fundraising solicitations for related organization(s)	11		No
n	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
_	Charges of facilities arranged mariling light or other cases with valetad arranged (a)	1n	-	No

i	Exchange of assets with related organization(s)	1i	No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	No
ı	Performance of services or membership or fundraising solicitations for related organization(s)	11	No
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	No
0	Sharing of paid employees with related organization(s)	10	No
р	Reimbursement paid to related organization(s) for expenses	1 p	No
q	Reimbursement paid by related organization(s) for expenses	1q	No
r	Other transfer of cash or property to related organization(s)	1r	No
s	Other transfer of cash or property from related organization(s)	1s	No
	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds		

I Exchange of assets with related organization(s)			•	+	NO	
${f j}$ Lease of facilities, equipment, or other assets to related organization(s) \ldots \ldots \ldots \ldots \ldots				1j	No	
k Lease of facilities, equipment, or other assets from related organization(s)				1k	No	
l Performance of services or membership or fundraising solicitations for related organization(s)				11	No	
f m Performance of services or membership or fundraising solicitations by related organization(s)				1m	No	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	No	
o Sharing of paid employees with related organization(s)				10	No	
p Reimbursement paid to related organization(s) for expenses				1p	No	
q Reimbursement paid by related organization(s) for expenses				1q	No	
r Other transfer of cash or property to related organization(s)				1r	No	
f s Other transfer of cash or property from related organization(s)				1s	No	
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line	e, including covered r	elationships and trar	nsaction thresholds	•		
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved			
	1					

Schedule R (Form 990) 2017

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

- See manaced organization See manaced on a regarding exclusion													
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)		(e) e all partners section 501(c)(3) ganizations?	(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)			(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
										Schedul	e R (Forn	1 99	0) 2017

Schedule R (Form 990) 2017 Part VII Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions) Schedule R (Form 990) 2017