DLN: 93493028006819 OMB No 1545-0047 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Department of the Treasur ▶ Information about Form 990 and its instructions is at www.irs.gov/form990 Inspection Internal Revenue Service For the 2017 calendar year, or tax year beginning 06-01-2017 , and ending 05-31-2018 **C** Name of organization LUTHER COLLEGE D Employer identification number B Check if applicable ☐ Address change 42-0680466 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated Number and street (or P O box if mail is not delivered to street address) 700 COLLEGE DRIVE E Telephone number ☐ Amended return ☐ Application pending (563) 387-1015 City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ 130,363,046 Name and address of principal officer H(a) Is this a group return for PAULA 1 CARLSON ☐Yes ☑No subordinates? 700 COLLEGE DRIVE H(b) Are all subordinates DECORAH, IA 52101 ☐ Yes ☐No included? Tax-exempt status 4947(a)(1) or 527 If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW LUTHER EDU L Year of formation 1865 M State of legal domicile IA Part I Summary 1 Briefly describe the organization's mission or most significant activities ON A CAMPUS OF MORE THAN 800 ACRES ALONG THE BANKS OF THE UPPER IOWA RIVER IN DECORAH, IOWA, LUTHER IS A TRUE RESIDENTIAL CAMPUS, WITH 91 PERCENT OF STUDENTS LIVING ON CAMPUS AND NEARLY 95 PERCENT OF FACULTY CHOOSING TO LIVE WITHIN FIVE MILES OF IT LUTHER'S STUDENT BODY INCLUDES 2,053 FTE MEN AND WOMEN (45 PERCENT AND 55 PERCENT, RESPECTIVELY) FROM 39 STATES AND NEARLY 74 FOREIGN COUNTRIES U.S. STUDENTS OF COLOR CONSTITUTE 10 8 PERCENT OF THE STUDENT BODY APPROXIMATELY 70 PERCENT OF LUTHER STUDENTS VOLUNTEER DURING THEIR TIME HERE, EXHIBITING THE HIGH SERVICE ETHIC INTRINSIC TO LUTHER CULTURE THE COLLEGE STRIVES TO BE A PLACE WHERE PEOPLE OF ALL CONVICTIONS CAN Activities & Governance REALIZE PERSONAL, INTELLECTUAL, AND SPIRITUAL GROWTH 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) 23 5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 2.814 1,086 6 Total number of volunteers (estimate if necessary) . Total unrelated business revenue from Part VIII, column (C), line 12 7a 21,040 **b** Net unrelated business taxable income from Form 990-T, line 34 7b 18,366 **Prior Year Current Year** 10,770,029 11,972,008 8 Contributions and grants (Part VIII, line 1h) . 9 Program service revenue (Part VIII, line 2g) . 106,642,500 102,233,838 4,153,761 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 18,113,092 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2,139,240 1,778,131 120,137,738 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 137,664,861 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 47,162,048 48,159,058 **14** Benefits paid to or for members (Part IX, column (A), line 4) 0 39,687,981 43,278,155 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 16a Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶3,677,405 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 39,593,947 31,712,013 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 126,443,976 123,149,226 11,220,885 -3,011,488 **19** Revenue less expenses Subtract line 18 from line 12 . Assets or displaying Beginning of Current Year End of Year 20 Total assets (Part X, line 16) . 297,663,231 299,231,197 Total liabilities (Part X, line 26) 55,803,908 51,638,646 Net assets or fund balances Subtract line 21 from line 20 . 241,859,323 247.592.551 Part II 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 2019-01-14 Signature of officer Sign Here ERIC RUNESTAD VP FOR FINANCE & ADMIN Type or print name and title Preparer's signature LAWRENCE H MOHR CPA Print/Type preparer's name Check | If P00447603 2019-01-14 LAWRENCE H MOHR CPA Paid Firm's name BAKER TILLY VIRCHOW KRAUSE LLP Firm's EIN ► 39-0859910 Preparer Firm's address ▶ 225 S 6TH ST 2300 Phone no (612) 876-4500 Use Only MINNEAPOLIS, MN 55402 ☑ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2017) Cat No 11282Y

Form	990 (20	17)					Page 2					
Par	t III	S tatement	of Program Servi	e Accomplis	hments							
		Check if Sched	dule O contains a resp	onse or note to a	any line in this Part III		🗹					
1			rganization's mission		•							
PREF BACK OF C	ROFESSI (GROUND ONSEQUI	ONAL PROGRA OS TO ENGAGE ENCE AT THE	AMS FOUNDED BY THE IN A WAY OF LEARN	E NORWEGIAN E ING THAT MOVE	EVANGELICAL LUTHERA S BEYOND IMMEDIATE	IG MORE THAN 90 MAJORS, MINC AN CHURCH IN 1861, LUTHER WE INTERESTS AND ENCOURAGES S IF THE WAY FAITH AND LEARNIN	LCOMES STUDENTS OF ALL STUDENTS TO BUILD A LIFE					
2	Dıd the	organization (undertake any significa	ant program serv	vices during the year w	hich were not listed on						
	the pric	or Form 990 or	990-EZ?				🗌 Yes 🗹 No					
	If "Yes," describe these new services on Schedule O											
3	Did the organization cease conducting, or make significant changes in how it conducts, any program											
	services	5?					🗌 Yes 🗹 No					
	If "Yes,	" describe the	se changes on Schedu	le O								
4	Section	501(c)(3) and		ons are required	to report the amount	largest program services, as me of grants and allocations to other						
4a	(Code) (Expenses \$	78,883,956	including grants of \$	48,159,058) (Revenue \$	82,118,960)					
	See Add	itional Data										
4b	(Code) (Expenses \$	17,688,725	including grants of \$) (Revenue \$	1,053,895)					
	See Add	itional Data										
4c	(Code) (Expenses \$	14,423,581	ıncludıng grants of \$) (Revenue \$	19,060,983)					
	See Add	itional Data										
	See Ad	ditional Data T	able									
4d			es (Describe in Sched									
	(Expen	ses \$	1,095,644 inc	luding grants of	\$) (Revenue \$)					
4e	Total p	rogram serv	ice expenses 🟲	112,091,9	06							

or X as applicable

Checklist of Required Schedules

Yes

1

2

Page 3

No

Nο

Nο

No

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 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, line 16? *If "Yes," complete Schedule D, Part IX* 😼

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,

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete

2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 👺 . . .

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 🛸

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?

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 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

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

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

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

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14b

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No No Yes

No

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35a

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Yes

Yes

Yes

Yes

Yes

Yes

Yes

Form 990 (2017)

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,"	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

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

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,

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 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

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

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

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

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

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

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			Page 5
Fell	Check if Schedule O contains a response or note to any line in this Part V			✓
	,		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 3,996			
	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?	1c	Yes	
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	
2-	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	3a 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 ►GM , IT , MT , UK 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
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	30		
	The rest, to line 3a of 3b, and the organization me form 5000 ft	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		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 provided to the payor?		Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	Yes	
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?	76 7f		No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	7.		
_	required?	7 g		
	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?	9 a		
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			
ь 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter			
	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		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
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		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	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		

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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		• •	
		\longrightarrow	Yes	No
la	Enter the number of voting members of the governing body at the end of the tax year 1a 24			
	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 23			
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?	7 b		No
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 Revenu	<u>∍ Code</u>		
10-	Did the example have local chapters, branches, or affiliates?	10a	Yes	No No
	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			NO
112	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the	10b		
	form?	11a	Yes	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	<u> </u>		
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	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?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	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	Yes	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes	
Se	ction C. Disclosure	100	163	
17	List the States with which a copy of this Form 990 is required to be filed▶			
18	MD , MI , NH 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			
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest			
20	policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records			
	▶ERIC RUNESTAD 700 COLLEGE DRIVE DECORAH, IA 52101 (563) 387-1015			n (2017)

orm 990 (2	017)										Page 7	
Part VII			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											-	
of compensa	tion Enter -0- in columns (D), (E), and (F) if no	compe	nsatı	on v	vas į	paid			-		
	•		•									
vho received organization	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	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	
			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 Average hours per week (list any hours for related for the compensation for related any hours (B) Average hours per week (list any hours for related any hours (C) Reportable compensation from the organizations for related organizations (B) Reportable compensation from the organizations (C) Reportable compensation from the organizations (B) Reportable compensation from the organizations (B) Reportable compensation from the organizations (C) Reportable compensation from the organizations (B) Reportable compensation from the organizations (C) Reportable compensation from the organizations (C) Reportable compensation from the organization (W- 2/1099 MISC)											
any hours for related organizations below dotted line) All the content of the										related organizations		
See Additiona	al Data Table											
Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors Check if Schedule O contains a response or note to any line in this Part VII. Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees La Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax lear List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid List all of the organization's current key employees, if any See instructions for definition of "key employee" List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee (A) Name and Title (B) Average hours per week (list any hours week (list any hours week (list any hours week (list any hours any hours director). We of the organization of from the organization and director/trustee) 21(100,000) Check this box if neither the organization nor any related organization of from the organization of from the organization of the organization of the organization of the organiz												

WERNER ELECTRIC SUPPLY

compensation from the organization ▶ 10

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Form	1 990 (2017)													Page 8
Par	t VIII Section A. Officers, Direc	tors, Trustees	, Key	Emp	loye	es,	and	Higl	hest Com	pensat	ted Employees	(cont	tınued)	
	(A) Name and Title	(B) Average hours per week (list any hours for related	than o	one b	ox, u in off tor/t	t che inles ficer	eck moss pers r and a ree)	son	(D Repor comper from organizat 2/1099-	table sation the tion (W-		w-	Estim amount comper from	ated of other sation the
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	key employee	Highest compensated employee	Former	2/1033	·MISC)	2/1099-MISC		organızai rela organız	ted
See	Addıtıonal Data Table	+					 							
							 					\dashv		
							-	+				+		
							 	+				-		
						_	\vdash	\vdash				+		
						<u> </u>	├─	\vdash				+		
						<u> </u>	<u> </u>							
						_								
							ــــــ							
	Sub-Total						▶							
d 1	Total (add lines 1b and 1c)						>			0,505		0		398,29
2	Total number of individuals (including of reportable compensation from the			e list	ed al	bove	e) who	rec	eived more	than \$	100,000			
													Yes	No
3	Did the organization list any former line 1a? <i>If "Yes," complete Schedule</i> .			ee, k		mplo •	oyee, o	or hi	ghest com	oensate • •	d employee on	3		No
4	For any individual listed on line 1a, is organization and related organization individual	ns greater than \$	150,00	0۶ <i>If</i>	"Yes	," c					m the	4	Yes	
5	Did any person listed on line 1a recei	ive or accrue cor	npensal	tion fi	rom	any	unrela	ated	organizatio	on or in	dıvıdual for		1	
	services rendered to the organization		lete Sch	edule	J fo	ır su	ıch per	rson				5		No
S ∈	ection B. Independent Contract Complete this table for your five high		d indon	ondo	at co			+h -+	recoved m	anna tha	un #100 000 of co	mnon	sation	
	from the organization Report compe											npen	isation	
	Name	(A) and business addre	ess							Des	(B) scription of services			C) nsation
ODE	EXO INC								D:	INING SE	ERVICES		,	5,380,338
	ARHART DRIVE IAMSVILLE, NY 14221													
	DESIGN BUILD LLC								C	ONSTRU	CTION		-	2,330,416
	0 BREN ROAD WEST D ETONKA, MN 55343													
	T CONTRACTING INC								C	ONSTRU	CTION		:	,164,002
	HIGHWAY 63 NORTH HESTER, MN 55906													
	L & COMPANY								RI	ECRUITI	NG/MARKETING			501,338
	E PARHAM RD MOND, VA 23228													
	NER ELECTRIC SUPPLY								EI	ECTRICA	AL CONTRACTOR			170.261

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

Form 9 Part			Pevenue										Page 9
rait				respo	onse or note to any	line in th	nis Part VII	I					🗆
						(,	A) evenue	Rel e: fu	(B) lated or xempt inction	b	(C) nrelated ousiness revenue	exc tax u	(D) Revenue cluded from nder sections
	1a	Federated campaig	ns	1a				re	venue				512-514
Grants amounts	ŀ	b Membership dues		1b									
Gra		Fundraising events		1c	57,515								
ffs,	6	d Related organizatio	ns	1d									
niga Bia	6	e Government grants (co	ontributions)	1e	1,321,824								
Contributions, Gifts, Grants and Other Similar Amounts	f	 All other contributions, and similar amounts nabove 	, gıfts, grants, ot ıncluded	1f	10,592,669								
ntribu	٥	Noncash contribution In lines 1a-1f \$	ons included	1,28	36,41 <u>0</u>								
<u>ه</u> ک	_h	Total.Add lines 1a-1	.f		<u> </u>	11	,972,008						
KI e					Business	-							
+Ve7	_	TUITION & FEES				611310		118,960 060,983	· · · · · · · · · · · · · · · · · · ·	8,960 0,983		+	
a, GE		SALES & SERVICE AUXII				611310	·	053,895		3,895			
er vic	d												
S E	e			_									
Program Service Revenue	f	All other program se	rvice revenue										
Æ	g.	Total. Add lines 2a-2f	·		▶ 102,2	.33,838							
		Investment income (in			nterest, and other		2,963,50	5			21,040		2,942,465
		Income from investme	• • • • • ent of tax-exe		ond proceeds		. ,				,		
		Royalties											
			(ı) Real		(II) Personal								
	6a	Gross rents	1	68,713									
	b	Less rental expenses		11,156		1							
	c	Rental income or (loss)	-	42,443									
	d	Net rental income o	r (loss)		· · · •	<u> </u> 	-42,44	.3					-42,443
			(ı) Securit	ıes	(II) Other								
	7a	Gross amount from sales of assets other than inventory	11,1	55,397	2,348								
	b	Less cost or other basis and sales expenses	9,9	67,489	0	-							
	c	Gain or (loss)	1,1	87,908	2,348]							
		Net gain or (loss)			•	ļ	1,190,25	6					1,190,256
Other Revenue	8a	Gross income from formal (not including \$ contributions reported See Part IV, line 18	57,515 ed on line 1c)	of	49,322								
Re		Less direct expense		b	46,663]	-						_
her		Net income or (loss) Gross income from g		-	ents 🕨	1	2,65	.9					2,659
o	Ja	See Part IV, line 19		es a									
	b	Less direct expense	s	b									
		Net income or (loss)		activit	ies >	<u>. </u>							
	10a	Gross sales of invent returns and allowand		a									
	b	Less cost of goods s	sold	b									
	С	Net income or (loss) Miscellaneous		invent	Business Code								
	11	aFACILITY USAGE FE			611310		533,60	7					533,607
	b	SUMMER PROGRAMS	5		721000		439,15	2					439,152
	c	FINES & FORTFEITU	RES		611310		185,75	2					185,752
		All other revenue . Total. Add lines 11a			•	<u> </u>	659,40	4					659,404
		Total revenue. See					1,817,91	5					
		. otal revenue. 3de	and accions	• •	• • • •		120,137,73	8	102,233,838	3	21,040		5,910,852

Form 990 (2017)				Page 10
Part IX Statement of Functional Expenses				
Section 501(c)(3) and 501(c)(4) organizations must complete all co	_	·	olete column (A)	
Check if Schedule O contains a response or note to any	line in this Part IX			<u> U</u>
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2 Grants and other assistance to domestic individuals See Part IV, line 22	48,159,058	48,159,058		
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	1,452,952	542,770	740,388	169,794
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	26,316		26,316	
7 Other salaries and wages	30,211,195	25,774,788	2,881,735	1,554,672
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	1,838,122	1,550,402	183,613	104,107
9 Other employee benefits	7,603,010	6,604,457	649,225	349,328
10 Payroll taxes	2,146,560	1,799,483	228,681	118,396
11 Fees for services (non-employees)				
a Management				
b Legal	57,479	7,718	49,761	
c Accounting	68,479		68,479	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	107,712		107,712	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,132,425	527,284	485,827	119,314
12 Advertising and promotion	158,649	40,203	117,873	573
13 Office expenses	2,463,903	1,991,164	253,018	219,721
14 Information technology	161,345	76,238	45,627	39,480
15 Royalties				
16 Occupancy	2,245,839	2,157,256	44,289	44,294
17 Travel	3,736,414	3,511,336	105,386	119,692
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	1,678,923	1,372,660	120,791	185,472
20 Interest	884,660	871,720	6,470	6,470
21 Payments to affiliates				

6,518,822

5,315,792

3,564,897

1,642,198

1,317,728

123,149,226

4,836

651,912

6,221,473

5,315,792

2,543,486

1,588,505

1,225,986

112,091,906

210,127

74,337

438,742

667,187

26,846

4,836

52,776

7,379,915

223,012

354,224

26,847

38,966

3,677,405

Form 990 (2017)

3,043

22 Depreciation, depletion, and amortization

expenses on Schedule O)

b EQUIP RENTAL - MAINTENC

c RESALEABLE MERCHANDISE

a DINING SERVICES

e All other expenses

d UBI TAXES

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

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)

23 Insurance .

2

3

Assets

11

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14

15

16

17

18

19

20

21

23

24

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27

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29

31

32

33

34

Liabilities 22

Fund Balances

Assets or 30

Net

40,074,312

3,214,387

1.980.571

487,410

406.051

75,531,399

122,709,407

38,346,214

6.218.847

10,003,953

299.231.197

7.239,875

5.023,293

1,331,385

26,017,627

150.500

278.343

11.597.623

51,638,646

95.885.041

34,905,303

116.802.207

247,592,551

299.231.197

Form **990** (2017)

258,646

(B)

End of year

1

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10c

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34

Page **11**

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

_	1	

Accounts receivable, net .

Part II of Schedule L

Inventories for sale or use .

Less accumulated depreciation

II of Schedule L

Notes and loans receivable, net . .

Prepaid expenses and deferred charges . 10a Land, buildings, and equipment cost or other

Investments—publicly traded securities .

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 . .

Total liabilities and net assets/fund balances .

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

basis Complete Part VI of Schedule D

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

Unrestricted net assets

Accounts payable and accrued expenses

Cash-non-interest-bearing . Savings and temporary cash investments . . .

Pledges and grants receivable, net . . .

10a

10b

section 4958(f)(1)), persons described in section 4958(c)(3)(B), and

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 contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete

192,253,900

116.722.501

(A)

Beginning of year

43.735.541

4,502,150

1.984.213

444.334

413.729

79.120.694

116.989.105

35,916,166

5.953.358

8,428,730

7,574,359

5,154,711

1,460,434

27,017,523

126.672

746.927

13.723.282

55,803,908

95.643.168

34.580.368

111.635.787

241,859,323

297,663,231

175,211

Page **12**

Nο

2a

2b

2c

3a

3b

Yes

Yes

Yes

Yes Form 990 (2017)

Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . 4 5

Form 990 (2017)

Schedule O

☐ Separate basis

consolidated basis, or both

Audit Act and OMB Circular A-133?

Separate basis

separate basis, consolidated basis, or both

Reconcilliation of Net Assets

Part XI

5 6

241,859,323 7.407.472 7

8 9 10

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

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

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

Consolidated basis

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

Consolidated basis

1.337.244 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 247,592,551 Part XII **Financial Statements and Reporting ~** Check if Schedule O contains a response or note to any line in this Part XII

Yes No ☐ Cash ☑ Accrual ☐ Other 1 Accounting method used to prepare the Form 990

☐ Both consolidated and separate basis

☐ Both consolidated and separate basis

Additional Data

Software ID:

Software Version:

EIN: 42-0680466

Name: LUTHER COLLEGE

Form 990 (2017)

ACADEMIC YEAR

Form 990, Part III, Line 4a:

INSTRUCTION LUTHER OFFERS 39 MAJORS, 44 MINORS AND INTERDISCIPLINARY MINORS, AND 9 PREPROFESSIONAL AND SPECIFIC PROGRAMS LUTHER'S SIGNATURE PAIDEIA PROGRAM, AN INTERDISCIPLINARY COURSE SERIES OFFERED FOR MORE THAN 35 YEARS, HELPS INTEGRATE LEARNING AND BUILDS COMMUNITY THROUGH SHARED ACADEMIC EXPERIENCE THE COLLEGE'S MUSIC PROGRAM, IN WHICH STUDENTS TRAIN IN PERFORMANCE, CONDUCTING, COMPOSITION, AND EDUCATION, HAS

SIX CHOIRS, THREE BANDS, THREE ORCHESTRAS AND TWO JAZZ BANDS, MANY OF WHICH TOUR NATIONALLY AND INTERNATIONALLY A VIBRANT OFF-CAMPUS STUDENT PROGRAM DRAWS APPROXIMATELY 75% OF STUDENTS TO STUDY ABROAD PRIOR TO GRADUATION LUTHER HAS 168 FULL-TIME FACULTY (95 PERCENT WITH A TERMINAL DEGREE) AND A 11 3 1 STUDENT-FACULTY RATIO TOTAL ENROLLMENT WAS 2,031 FTE STUDENTS IN THE FALL OF 2017 480 STUDENTS GRADUATED IN THE 2017-18

ACADEMIC SUPPORT AND STUDENT SERVICES A STUDENT ACADEMIC SUPPORT CENTER PROVIDES SERVICES, BASED ON BEST PRACTICES IN LEARNING ASSISTANCE, INCLUDING NEEDS ASSESSMENT, STUDENT-TO-STUDENT TUTORING, AND ONE-ON-ONE INSTRUCTION WITH PROFESSIONAL STAFF IN COLLABORATION WITH FACULTY AND OTHER STAFF. SASC COORDINATES SPECIALIZED SERVICES FOR STUDENTS WITH DISABILITIES, MANAGES THE ACADEMIC ALERT SYSTEM, AND SUPPORTS INITIATIVES OF THE ADVISING PROGRAM ACADEMIC ADVISING IS DONE BY FACULTY RESEARCH AND TECHNOLOGY SUPPORT ARE PROVIDED THROUGH AN EXTENSIVE

LIBRARY PROGRAM AND INFORMATION TECHNOLOGY SERVICES PROGRAM. THE COLLEGE HAS MORE THAN 100 STUDENT ORGANIZATIONS ALONG WITH COLLEGE.

MINISTRIES, HEALTH SERVICES, AND RECREATION AND WELLNESS PROGRAMS ABOUT 74% OF STUDENTS ARE ENGAGED IN WORK STUDY TO SERVE THE LUTHER

Form 990, Part III, Line 4b:

COMMUNITY, GAIN IMPORTANT WORK EXPERIENCE, AND EARN MONEY TOWARD EXPENSES

Form 990, Part III, Line 4c: AUXILIARY ENTERPRISES LUTHER COLLEGE MAINTAINS A RURAL RESIDENTIAL CAMPUS TO ENHANCE THE EDUCATIONAL EXPERIENCE OF THE STUDENT BODY WITH ROOM AND BOARD PROGRAMS DESIGNED TO ENCOURAGE A SPIRIT OF COLLEGIALITY AND CONVERSATION BEYOND THE CLASSROOM AND LABORATORY. IN FALL 2017.

LUTHER'S RESIDENCE HALLS HOUSED 1.857 STUDENTS OR 91% OF TOTAL FALL ENROLLMENT 1801 STUDENTS USED THE COLLEGE'S DINING SERVICE

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions) (Code) (Expenses \$ 453,284 including grants of \$) (Revenue \$) PUBLIC SERVICE OFFERINGS TO THE BROADER COMMUNITY INCLUDE A COLLEGE RADIO STATION, CONFERENCES AND SEMINARS, A

PERFORMING ARTS SERIES AND A VARIETY OF PROGRAMS IN THE ARTS, ATHLETICS, SCIENCES, AND LEADERSHIP DEVELOPMENT FOR HIGH SCHOOL STUDENTS

(Code) (Expenses \$ 642,360 including grants of \$) (Revenue \$)

RESEARCH THE COLLEGE RECEIVES GRANTS FOR FACULTY/STUDENT RESEARCH COLLABORATION, PARTICULARLY IN THE SCIENCES THE COLLEGE DEDICATES SPACE, RESOURCES, AND FACULTY TIME FOR COLLABORATIVE INVESTIGATION WITH STUDENTS RESEARCH PROJECTS ACROSS THE CURRICULUM OCCUR DURING THE ACADEMIC YEAR AND IN THE SUMMER

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

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	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	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
JEFFREY ANDERSON BOARD MEMBER	5 00	×						0	0	0
ANN BENTDAHL BOARD MEMBER	5 00	×						0	0	0
MICHAEL BURK	5 00	×						0	0	0

BOARD MEMBER						
ANN BENTDAHL	5 00	×			0	
BOARD MEMBER		^			9	
MICHAEL BURK	5 00	×			n	
BOARD MEMBER		^			9	
WENDY DAVIDSON	5 00	×	Х		0	
VICE CHARIPERSON		``			Ĭ	

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and Independent Contractors

PETER ESPINOSA

BOARD MEMBER

BOARD MEMBER

BOARD MEMBER

RONALD HAVE

BOARD MEMBER

BOARD MEMBER

SANDEE JOPPA

BOARD MEMBER

ALLEN GREEN

DENNIS FLATNESS

......

.......

KATHERINE JOHNSON-BECKLIN

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average compensation hours per than one box, unless 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

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	any nours	and	a dir	ecto		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
MICHAEL OSTERHOLM BOARD MEMBER	5 00	X						o	0	0
J ROBERT PAULSON BOARD MEMBER	5 00	X						o	0	0
CONNIE PLAEHN BOARD MEMBER	5 00	X						0	0	0
ARNE M SORENSON BOARD MEMBER	5 00	X						0	0	0
SUSAN SORLIEN	5 00			Г			\Box		1	

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BOARD MEMBER

SECRETARY

JON M STELLMACHER

JAMES A THOMSEN JR

DIANE THORMODSGARD

BOARD MEMBER

BOARD MEMBER

BOARD MEMBER

BOARD MEMBER

PAUL TORGERSON

CHINYERE UKABIALA

.......

and Independent Contractors

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

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	any hours	and	a dır	recto	r/tr	ustee)	organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	divid				Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
LANCE VANDER LINDEN BOARD MEMBER	5 00	×						0	0	
JUDY VIJUMS CHAIRPERSON	5 00	x		x				0	0	
ENWEI XIE BOARD MEMBER	5 00	x						0	0	
JAMES YOUNG	5 00	×						0	0	

BOARD MEMBER 5 00 JOHN BUNZ Х **BOARD MEMBER - PART YEAR**

45 00

45 00

45 00 PAULA J CARLSON Χ PRESIDENT 45 00

and Independent Contractors

JAMES JERMIER

KEVIN KRAUS

VP - DEVELOPMENT

VP - STUDENT LIFE

ROBIN LARSON

.........

VP - COMMUNICATIONS & MARK

275,955

140,353

98,327

55,271

28,892

42,972

0

Χ 156,207 28,530 VP - ACADEMIC AFFAIRS 45 00 COREY LANDSTROM 118,748 23,490 Χ

Х

Χ

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

and Independent Contractors

EXEC DIR ITS & COMP SCIENCE INSTRUCTOR

MATHEMATICS INSTRUCTOR/WRESTLING COACH

DAVID MITCHELL

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	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	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
ERIC RUNESTAD VP - FINANCE & ADMINISTRAT	45 00			×				147,310	0	30,975
SCOT SCHAEFFER	45 00			х				143,288	0	64,100

		1		m e-d			
ERIC RUNESTAD	45 00		x		147,310	0	
VP - FINANCE & ADMINISTRAT			<u> </u>		147,310		
SCOT SCHAEFFER	45 00		x		143,288	0	
VP - ENROLLMENT					143,200		
AIMEE VINIARD-WEIDEMAN	45 00		V		40.343	0	

VP - FINANCE & ADMINISTRAT			Х		147,310	0	
SCOT SCHAEFFER VP - ENROLLMENT	45 00		×		143,288	0	
AIMEE VINIARD-WEIDEMAN	45 00		х		40,343	0	

	45 00						
VP - COMMUNICATIONS & MARK			^		40,545	3	
AIMEE VINIARD-WEIDEMAN	45 00		X		40,343	0	
VP - ENROLLMENT			^		143,288	0	
SCOT SCHAEFFER	45 00		_		143,288	0	

VP - ENROLLMENT					ŕ		
AIMEE VINIARD-WEIDEMAN	45 00		х		40,343	0	
VP - COMMUNICATIONS & MARK							
BRADLEY CHAMBERLAIN	45 00						

AIMEE VINIARD-WEIDEMAN	45 00		X				40,343	0	
/P - COMMUNICATIONS & MARK							10,513		
BRADLEY CHAMBERLAIN	45 00								
		l		l 1	l x	ıl	104.101	. ol	

AIMEE VINIARD-WEIDEMAN	45 00			х		40,343	0	
VP - COMMUNICATIONS & MARK								
BRADLEY CHAMBERLAIN	45 00				x	104,101	0	
		1	ı		 , · ·	10.7101		

45 00

AIMEE VINIARD-WEIDEMAN VP - COMMUNICATIONS & MARK	45 00		x		40,343	0	
BRADLEY CHAMBERLAIN	45 00			v	104 101	0	

VF - COMMONICATIONS & MARK							
BRADLEY CHAMBERLAIN INTERIM DEAN OF INSTITUTIONAL PLANNING/MISSION	45 00			х	104,101	0	24,827
PAUL MATTSON	45 00						

Х

106.856

129,017

5,421

20,536

73,276

ol

efile	GR/	APHIC prii	nt - DO NOT PROCES	S As Filed Data -		DLN: 93493028006					
SCH	ΙΕD	ULE A	Public	Charity Statu	ie and Dul	hlic Sunn	ort	OMB No 1545-0047			
	m 990			organization is a sect			1	2017			
90E	Z)		·	4947(a)(1) nonex	empt charitable	trust.		201/			
Departi	nent of	the Treasury	► Information at	► Attach to Form pout Schedule A (Form			ıctions is at	Open to Public			
nterna	Reven	ne Service ne organiza	tion	<u>www.irs.g</u>	ov/form990.		Employer identific	Inspection			
	R COLL							ation number			
Pai	+ 7	Peacon	for Public Charity St	atue (All organization	ne must comple	ite this part)	1 42-0680466				
			private foundation becar				dee mistractions.				
1	П	A church, c	onvention of churches, or	association of churches	described in sec	tion 170(b)(1)	(A)(i).				
2	✓	A school de	scribed in section 170(b	o)(1)(A)(ii). (Attach Sc	hedule E (Form 9	990 or 990-EZ))					
3	$\overline{\Box}$	A hospital o	or a cooperative hospital s	service organization desc	ribed in section	170(b)(1)(A)(iii).				
4			esearch organization ope	-			-	nter the hospital's			
_	Ш	name, city,	and state		•			<u> </u>			
5		(b)(1)(A)	ation operated for the ben (iv). (Complete Part II)	-				bed in section 170			
6		A federal, s	tate, or local government	or governmental unit de	escribed in sectio	on 170(b)(1)(<i>t</i>	\)(v).				
7			ation that normally received (0(b)(1)(A)(vi). (Compl		ts support from a	governmental u	ınıt or from the gener	al public described in			
8		A communi	ty trust described in sect	ion 170(b)(1)(A)(vi)	(Complete Part I	I)					
9			ural research organization ant college of agriculture					ege or university or a			
10		from activit	ition that normally receive les related to its exempt income and unrelated but see section 509(a)(2).	functions—subject to cer siness taxable income (l	tain exceptions,	and (2) no more	than 331/3% of its si	upport from gross			
11	П		ation organized and opera		or public safety S	See section 509	(a)(4).				
12		more public	ation organized and opera ly supported organization	ns described in section 5	509(a)(1) or se	ction 509(a)(2). See section 509(a				
а			through 12d that describ upporting organization op:			•	· · · · · ·	awana the supported			
_	Ц	organizatio	n(s) the power to regular Part IV, Sections A and	ly appoint or elect a maj							
b		manageme	supporting organization s nt of the supporting organ plete Part IV, Sections	nization vested in the sai							
С		Type III f	unctionally integrated. organization(s) (see instru	A supporting organization				ited with, its			
d		Type III n functionally	on-functionally integra integrated The organiza) You must complete I	ted. A supporting organ tion generally must satis	ization operated fy a distribution	in connection wi requirement and	th its supported organ				
e		Check this	, box if the organization red or Type III non-functiona	ceived a written determii	nation from the I		pe I, Type II, Type II	I functionally			
f	Enter		of supported organization		, . <u></u>						
g	Provid	de the follow	ing information about the	supported organization	(s)						
	(i) N	lame of supp organizatior		(iii) Type of organization (described on lines 1- 10 above (see instructions))		anization listed ling document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)			
					Yes	No					
		·									
Total			tion Act Notice, see the		Cat No 11285		 Schedule A (Form 9				

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

Page 2

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part

	III. If the organization f	ails to qualify un	der the tests list	ed below, please	e complete Part	III.)	,
_	Section A. Public Support						
	Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) ⊤otal
1	Gifts, grants, contributions, and membership fees received (Do not	12,314,775	12,699,389	12,234,095	10,770,029	11,972,008	59,990,29
	include any "unusual grant ")						
2	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	12,314,775	12,699,389	12,234,095	10,770,029	11,972,008	59,990,29
5	The portion of total contributions by each person (other than a					· · ·	
	governmental unit or publicly supported organization) included on						9,025,52
	line 1 that exceeds 2% of the						9,023,32
	amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						50,964,77
	Section B. Total Support						
	Calendar year	(a)2013	(b) 2014	(c)2015	(d) 2016	(e) 2017	(f)Total
7	(or fiscal year beginning in) ► Amounts from line 4	12,314,775	12,699,389	12,234,095	10,770,029	11,972,008	59,990,29
8	_	, ,		· '		, ,	, , , , , , , , , , , , , , , , , , ,
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources	3,240,330	3,047,114	2,938,037	2,860,121	3,385,717	15,471,31
9	activities, whether or not the	16,035	43,337	21,032	8,204	21,040	109,64
	business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11							75,571,26
12	Gross receipts from related activities,	etc (see instructio	ons)			12	549,417,52
	First five years. If the Form 990 is for			d, fourth, or fifth	tax year as a sect		
	check this box and stop here					▶[
- 5	Section C. Computation of Publi						
14	Public support percentage for 2017 (li	ne 6, column (f) di	vided by line 11, co	olumn (f))		14	67 440 °
	Public support percentage for 2016 Sc					15	69 570 °
	a 33 1/3% support test—2017. If the			n line 13, and line	14 is 33 1/3% or		
	and stop here. The organization qual	ifies as a publicly s	upported organizat	ion			▶ ☑
•	box and stop here. The organization					,	►□
17	a 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 o -and-circumstance	theck a box on lines" test, check this	box and stop her	·e. Explain	, _
	organization			- '	,		▶□
Ł	10%-facts-and-circumstances te 15 is 10% or more, and if the organi Explain in Part VI how the organization	zation meets the "f	acts-and-circumsta	ances" test, check	this box and stop	here.	

Р	art III Support Schedule fo					_	_
	(Complete only if you o						er Part II. If
	the organization fails to ection A. Public Support	o quality under	the tests listed	pelow, please co	ompiete Part II.)	
	Calendar year						(0
	(or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
_	merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
2	organization's tax-exempt purpose Gross receipts from activities that are						
3	not an unrelated trade or business						
	under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
5	to or expended on its behalf The value of services or facilities						
5	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
_	3 received from disqualified persons Amounts included on lines 2 and 3						
D	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 Public support. (Subtract line 7c						
8	from line 6)						
Se	ection B. Total Support		l	L		l	
	Calendar year	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	(or fiscal year beginning in) ▶	(a) 2013	(0) 2014	(0) 2013	(d) 2010	(e) 2017	(I) Iotai
9							
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties and						
	income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from						
	businesses acquired after June 30, 1975						
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						
	loss from the sale of capital assets						
	(Explain in Part VI)						
13							
14	11, and 12) First five years. If the Form 990 is for	r the organization	ı n's fırst. second. tl	ı nırd. fourth, or fift	h tax vear as a se	ction 501(c)(3) o	rganization.
	check this box and stop here		, , ,	,,,	,		▶ □
Se	ection C. Computation of Public	Support Perce	entage				
15	Public support percentage for 2017 (li			column (f))		15	
16	Public support percentage from 2016	Schedule A, Part I	II, line 15			16	
	ection D. Computation of Invest	ment Income	Percentage			<u> </u>	
17	Investment income percentage for 20			line 13, column (f	f))	17	
18	Investment income percentage from 2	2016 Schedule A,	Part III, line 17			18	
	331/3% support tests—2017. If the			on line 14, and lir	ne 15 is more than		e 17 is not
	more than 33 1/3%, check this box and						▶□
	33 1/3% support tests—2016. If the	•					· —
,	not more than 33 1/3%, check this bo	-			*		▶□
20	Private foundation. If the organizati	-	-		· · · · · -		▶□
							. —

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					
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 3					
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?					
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use					
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you					
	checked 12a or 12b in Part I, answer (b) and (c) below					
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported					

				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						
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	4b	$\overline{}$				
	supervised by or in connection with its supported organizations						
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	$\overline{}$				
	to the login supported organization was used exclusively for section 170(e)(E) purposes						
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					
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					
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)					

6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing				
	organization's supported organizations? If "Yes," provide detail in Part VI.				
7	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				
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	
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? <i>Provide details in Part VI</i> .	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:

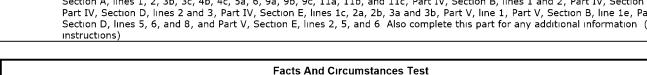
Software Version: EIN: 42-0680466

Name: LUTHER COLLEGE

Page **8**

Schedule A (Form 990 or 990-EZ) 2017

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)



efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE D**

Supplemental Financial Statements

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

DLN: 93493028006819 OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

(Form 990)

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

Inspection

	me of the organization HER COLLEGE		Employer identification	n number
LUI	HER COLLEGE		42-0680466	
Pa	rt I Organizations Maintaining Donor Advi	ised Funds or Other Similar Funds o	or Accounts.	
	Complete if the organization answered "Ye			
		(a) Donor advised funds	(b)Funds and other	accounts
•	Total number at end of year			
2	Aggregate value of contributions to (during year)			
1	Aggregate value of grants from (during year)			
ļ	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisor organization's property, subject to the organization's ex		_] Yes □ No
•	Did the organization inform all grantees, donors, and d charitable purposes and not for the benefit of the dono private benefit?		conferring impermissible]Yes □ No
Pa	rt II Conservation Easements. Complete if t	he organization answered "Yes" on Forr	m 990, Part IV, line 7.	
	Purpose(s) of conservation easements held by the orga	anization (check all that apply)		
	Preservation of land for public use (e.g., recreation	on or education) \square Preservation of an	h historically important land	area
	Protection of natural habitat	Preservation of a	certified historic structure	
	Preservation of open space		coldined installed structure	
	, ,			
	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	qualified conservation contribution in the fol	rm of a conservation Held at the End	of the Year
а	Total number of conservation easements		2a	or the real
b	Total acreage restricted by conservation easements		2b	
С	Number of conservation easements on a certified histor	ric structure included in (a)	2c	
d	Number of conservation easements included in (c) acquistructure listed in the National Register	ured after 8/17/06, and not on a historic	2d	
1	Number of conservation easements modified, transferred tax year ▶	ed, released, extinguished, or terminated by	the organization during the	2
ŀ	Number of states where property subject to conservation	on easement is located >		
•	Does the organization have a written policy regarding t and enforcement of the conservation easements it hold		of violations,	□ No
•	Staff and volunteer hours devoted to monitoring, inspe	cting, handling of violations, and enforcing of	onservation easements duri	ing the year
,	Amount of expenses incurred in monitoring, inspecting, \$ \\$, handling of violations, and enforcing conser	vation easements during th	ne year
3	Does each conservation easement reported on line 2(d) and section 170(h)(4)(B)(ii)?) above satisfy the requirements of section 1	.70(h)(4)(B)(ı)	□ No
)	In Part XIII, describe how the organization reports con- balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemer	e footnote to the organization's financial state		
ar	Organizations Maintaining Collections Complete of the organization answered "Ye	of Art, Historical Treasures, or Oth	ier Similar Assets.	
.a	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	16 (ASC 958), not to report in its revenue sta r public exhibition, education, or research in f		
b	If the organization elected, as permitted under SFAS 1: historical treasures, or other similar assets held for pub following amounts relating to these items	16 (ASC 958), to report in its revenue statem		
((i) Revenue included on Form 990, Part VIII, line 1		> \$	5,375
	ii)Assets included in Form 990, Part X		► \$	
, ('	If the organization received or held works of art, histor	rical treasures or other cimilar accets for fina	·	27,027
•	following amounts required to be reported under SFAS	•		
а	Revenue included on Form 990, Part VIII, line 1		▶ \$	
b	Assets included in Form 990, Part X		> \$	

Par	t IIII	Organizations Maintaining Co	ollections of	of Art, Hi	stori	cal T	reası	ures, or Other	Similar Ass	ets (con	tinued)	
3		the organization's acquisition, accessing the organization's acquisition, accessing the contract of the contra	on, and other	records, c	heck a	any of	the fo	ollowing that are a	significant use	of its co	llection	
а	\checkmark	Public exhibition			d	✓	Loan	or exchange prog	grams			
b	✓	Scholarly research			e		Othe	er				
C	✓	Preservation for future generations										
4	Provide Part >	de a description of the organization's co XIII	ollections and	explain h	ow the	ey furtl	ner th	e organization's e	xempt purpose	· in		
5		ng the year, did the organization solicit is to be sold to raise funds rather than							nilar [☐ Yes	 N	lo
Pa	rt IV	Escrow and Custodial Arrang Complete if the organization and X, line 21.		" on Form	า 990	, Part	IV, I	ine 9, or reporte	ed an amoun	t on For	m 990,	Part
1a		e organization an agent, trustee, custod ded on Form 990, Part X?	dian or other	ıntermedia	ry for	contri	bution	ns or other assets		Yes	☑ N	lo
b	If "Y∈	es," explain the arrangement in Part XI	II and comple	ete the follo	owing	table			Am	ount		
c	Begin	nning balance						1c				
d	Addıt	ions during the year						1d				
е	Dıstrı	butions during the year						1e				_
f	Endın	ng balance						1f				_
2a	Did th	he organization include an amount on F	orm 990, Par	t X, line 2	1, for	escrov	or cu	ustodial account li	ability? [✓ Yes	□ N	lo
b	If "Ye	es," explain the arrangement in Part XII	II Check here	e if the evr	danati	on has	: heen	nrovided in Part	יווע		✓	
	irt V	Endowment Funds. Complete		<u>`</u>				•				
			(a)Currer			rior yea		(c)Two years back	(d)Three years)Four yea	rs back
1a	Beginn	ing of year balance		,326,409		150,349	-	152,141,049	1			412,268
b	Contrib	outions	1	,226,094		3,616	5,025	6,776,127	4,82	0,419	6,	905,200
С	Net inv	estment earnings, gains, and losses	11	,511,242		14,900	,492	-2,234,130	5,56	6,991	13,	514,280
d	Grants	or scholarships	3	,980,473		3,72	1,576	3,532,817	3,50	3,373	3,	250,977
е		expenditures for facilities ograms	2	,865,626		2,814	1,653	2,801,108	2,74	8,652	2,	575,107
f	Admını	strative expenses										
g	End of	year balance	168	,217,646		162,326	5,409	150,349,121	152,14	1,049	148,	005,664
2	Provid	de the estimated percentage of the cur	rent year end	balance (line 1	a, colu	mn (a	ı)) held as	•			
а		d designated or quasi-endowment 🕨	17 100 %	,	-		`	••				
b	Perm	anent endowment ► 64 400 %										
c	Temp	orarily restricted endowment > 18	500 %									
·	-	percentages on lines 2a, 2b, and 2c sho		0%								
3а	Are tl	here endowment funds not in the posse	•		n that	t are h	eld ar	nd administered fo	r the		Yes	No
	(i) ur	nrelated organizations								3a(i)) Yes	
		elated organizations								3a(ii)	No
b		es" on 3a(II), are the related organization					? •			3b		
4		ribe in Part XIII the intended uses of th		n's endowr	ment f	unds						
Pa	rt VI	Land, Buildings, and Equipme Complete if the organization ans		" on Form	. 000	Dart	T\/ l	ıno 112 Coo Eo	rm 000 Part	V lino	10	
	Descri	iption of property (a) Cost or o (investre	ther basis	(b) Cost o		•					Book valu	e
	Land		74,043			5	39,538					663,581
	Buildin		1,708,305				23,034		76,762,206		6	2,169,133
		•	1,, 00,505			101,2	_5,554		. 5,7 52,200			_,105,155
		nold improvements				37.7	54,216		31,704,173			5,050,043
		nent					04,764	+	8,256,122			5,648,642
	Other I. Add	ines 1a through 1e (Column (d) must	equal Form 9	 90	colun				0,230,122			5,531,399
. 01	arr Auu	mics to amough te (coluini (u) illust	cquai i Ullii 9	JU, Fail A,	, coluli	(<i>D)</i>	, ,,,,,,,	(-// · ·	-		/:	J,JJ1,377

Part VII Investments—Other Securities. Complete if the	he organization answer	ed "Yes" on Form 990, Part IV, line 11b.
See Form 990, Part X, line 12. (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		Cost of end-of-year market value
(2) Closely-held equity interests		
(3) OtherA) INVESTMENT IN SUBSIDIARY	1,555,093	С
B) PRIVATE EQUITY FUNDS	7,345,774	F
-		
C) HEDGE FUNDS	3,565,226	F
(D) REAL ESTATE PARTNERSHIP & REITS	125,230	F
(E) FUNDS OF FUNDS	21,301,342	F
(F) PARTNERSHIPS, REAL ASSETS (G)	4,453,549	F
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	38,346,214	
Part VIII Investments—Program Related.		
Complete if the organization answered 'Yes' on I		
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
2)		
(3)		
4)		
(5)		
6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	•	
Part IX Other Assets. Complete if the organization answered		ı
(1)	n	(b) Book valu
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 a	answered 'Yes' on Form	990 Part IV line 11e or 11f
See Form 990, Part X, line 25.		
(a) Description of liability 1) Federal income taxes	(b) Book	value
ANNUITIES PAYABLE		4,922,307
ASSET RETIREMENT OBLIGATION		2,474,655
CAPITAL LEASE OBLIGATION		577,092
DEPOSITS HELD IN CUSTODY OF OTHERS		272,612
PAYROLL LIABILITIES STUDENT DEPOSITS		2,503,330 784,450
OTHER LIABILTIIES		63,177
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	<u> </u>	11,597,623
2. Liability for uncertain tax positions In Part XIII, provide the text of	of the footnote to the organ	· · · · · ·
organization's liability for uncertain tax positions under FIN 48 (ASC		

Part XI

2

3

4

b

c

Part XII

5

1

2

c

d

е 3

4

b

5

Part XIII

See Additional Data Table

Return Reference

а

Schedule D (Form 990) 2017

Page 4

8,711,494

72,481,419

47,656,319

120,137,738

75,459,683

577,227

74,882,456

48,266,770

123.149.226

Schedule D (Form 990) 2017

2b b 2c d 2d 1.304.022 2e e

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, 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 line 1 but not on Form 990, Part VIII, line 12

Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b .

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**

Donated services and use of facilities . . .

Other (Describe in Part XIII)

Supplemental Information

Net unrealized gains (losses) on investments

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

7,407,472

107,712

577,227

107,712

48,159,058

47,548,607

3

4c

5

2e

3

4c

5

2a

4a

4b

2a 2b

2c

2d

4a

4b

Explanation

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: 42-0680466

Name: LUTHER COLLEGE

Supplemental Information Return Reference

Explan

Explanation
TON INCLUDE PAINTINGS, DRAWINGS, WORKS

PART III, LINE 4

WORKS IN THE COLLECTION INCLUDE PAINTINGS, DRAWINGS, WORKS PRODUCED THROUGH PRINT,
PHOTOGR
APHIC, OR OTHER TECHNIQUES WHICH PRODUCE MULTIPLE ORIGINALS, SCULPTURE IN MEDIA, ASSEMBLAG
ES, TEXTILE, CERAMICS, AND UTILITARIAN OR RITUAL OBJECTS IN ANY MEDIUM WHOSE PRINCIPLE VAL
UE RESIDES IN THEIR AESTHETIC MERIT THE FINE ARTS COLLECTION EXISTS TO SUPPORT THE GENERA
L MISSION OF THE COLLEGE BY PROMOTING AWARENESS AND UNDERSTANDING OF A BROAD SPECTRUM OF

Software ID:

L MISSION OF THE COLLEGE BY PROMOTING AWARENESS AND UNDERSTANDING OF A BROAD SPECTRUM OF A RTISTIC EXPRESSION THROUGH DIVERSITY IN MEDIA, CULTURE, AND HISTORICAL PERSPECTIVE AS UNI QUE EXPRESSIONS OF THE HUMAN CONDITION, WORKS IN THE COLLECTION INVIGORATE LEARNING AND TE ACHING. AND PROVIDE EXPANDED OPPORTUNITIES FOR STUDY. RESEARCH. AND INDIVIDUAL PLEASURE

Supplemental Information	
Return Reference	Explanation
PART IV, LINE 2B	STUDENT DEPOSIT ACCOUNTS ARE HELD BY THE COLLEGE FOR VARIOUS STUDENT GROUPS ON CAMPUS AND ARE SHOWN AS LIABILITIES ON THE ORGANIZATION'S BALANCE SHEET

Supplemental Information	
Return Reference	Explanation
PART V, LINE 4	LUTHER COLLEGE USES THE EARNINGS FROM ITS ENDOWMENT FUND FOR SCHOLARSHIPS, PRIZES, AWARDS, LIBRARY SUPPORT, PROGRAM SUPPORT, FACULTY SUPPORT AND RESEARCH IN ACCORDANCE WITH DONOR R ESTRICTIONS WHERE APPLICABLE

_ _ _

Return Reference Explanation	
Return Reference Explanation	
PART X, LINE 2 THE COLLEGE FOLLOWS THE ACCOUNTING STANDARDS FOR CONTINGENCIES IN EVALUATING UNCOUNTING TAX POSITIONS THIS GUIDANCE PRESCRIBES RECOGNITION THRESHOLD PRINCIPLES FOR THE FINAN ATEMENT RECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN ON A TAX RETURN E NOT CERTAIN TO BE REALIZED NO LIABILITY HAS BEEN RECOGNIZED BY THE COLLEGE FOR UNIN TAX POSITIONS AS OF MAY 31, 2018 AND 2017 THE COLLEGE'S TAX RETURNS ARE SUBJECT TO EW AND EXAMINATION BY FEDERAL AND STATE AUTHORITIES	CIAL ST THAT AR CERTAI

Cupplemental Information

upplemental Information							
Return Reference	Explanation						
PART XI, LINE 2D - OTHER ADJUSTMENTS	ACTUARIAL ADJUSTMENT 859,029 RENTAL EXPENSE 211,157 SUBSIDIARY REVENUE 233,836						

upplemental Information							
Return Reference	Explanation						
PART XI, LINE 4B - OTHER ADJUSTMENTS	FUNDED/UNFUNDED SCHOLARSHIPS 48,159,058 INTEREST RATE SWAP -610,451						

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	RENTAL EXPENSE 211,157 SUBSIDIARY EXPENSES 366,070

Sı

supplemental Information							
Return Reference	Explanation						
PART XII, LINE 4B - OTHER ADJUSTMENTS	FUNDED/UNFUNDED SCHOLARSHIPS 48,159,058						

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493028006819 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** LUTHER COLLEGE 42-0680466 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 Nο 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 Νo 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) Return Reference

SCHEDULE E, PART I, LINE 3

Explanation

THE COLLEGE CATALOG, VIEW BOOK, APPLICATION FOR ADMISSION,

· ·		ADMISSIONS GENERAL INFORMATION BROCHURE, AND THE STUDENT HANDBOOK ALL CONTAIN THE COLLEGE'S NONDISCRIMINATORY POLICY THESE MAJOR PUBLICATIONS ARE PROVIDED TO ALL STUDENTS THROUGHOUT THE ADMISSIONS AND ORIENTATION PROCESS BECAUSE THE COLLEGE TYPICALLY DRAWS APPROXIMATELY 27% OF ITS STUDENTS FROM IOWA, 36% FROM MN, 11% FROM WI, 8% FROM IL, 10% FROM OUTSIDE THE 4 STATE AREA AND 8% INTERNATIONALLY WE BELIEVE THAT WE QUALIFY FOR THE PUBLICITY EXCEPTION NOTICE PROVIDED BY SECTION 4 01(2)(B) OF REV PROC 75-50 THE COLLEGE IS ACTIVELY COMMITTED TO PROVIDING OPPORTUNITIES TO STUDENTS FROM DIVERSE BACKGROUNDS A COORDINATED MULTICULTURAL AND INTERNATIONAL RECRUITMENT EFFORT EXISTS, COUPLED WITH A STRONG NETWORK OF ADVOCACY AND SUPPORT FOR STUDENTS FROM DIVERSE BACKGROUNDS AS EVIDENCE OF THE COLLEGE'S COMMITMENT, NEARLY 11% OF ITS STUDENTS ARE RACIAL MINORITY STUDENTS
PROGRAM, FEDERAL PERKINS LOAN PROGRAM, FEDERAL PELL GRA PROGRAM, FEDERAL DIRECT LOAN PROGRAM, ROBERT C BYRD HON SCHOLARSHIPS, TEACHERS EDUCATION ASSISTANCE FOR COLLEGE HIGHER EDUCATION GRANTS, IOWA TUITION GRANT, IOWA GRANT	SCHEDULE E, PART I, LINE 6	GOVERNMENT AGENCIES AND PROGRAMS AS FOLLOWS STUDENT FINANCIAL ASSISTANCE PROGRAMS CLUSTER, FEDERAL SUPPLEMENTAL EDUCATIONAL OPPORTUNITY GRANTS, FEDERAL WORK STUDY PROGRAM, FEDERAL PERKINS LOAN PROGRAM, FEDERAL PELL GRANT PROGRAM, FEDERAL DIRECT LOAN PROGRAM, ROBERT C BYRD HONORS SCHOLARSHIPS, TEACHERS EDUCATION ASSISTANCE FOR COLLEGE &

(Form 990) ► Complete if the Complete if the Preasury Internal Revenue Service	t of Activities C e organization answered "Y ► Attach to ut Schedule F (Form 990) a	'es" to Form 990, Part IV, I o Form 990.		OMB No 1545-0047 2017
► Complete if the	► Attach to	o Form 990.	ne 14b, 15, or 16.	2017
Department of the Treasury Internal Revenue Service	ut Schedule F (Form 990) a			
Name of the organization		ind its instructions is at wi	w.irs.gov/form990.	Open to Public Inspection
LUTHER COLLEGE			Employer ide 42-0680466	ntification number
General Information on Act Form 990, Part IV, line 14b.	ivities Outside the U	Inited States. Comple		answered "Yes" to
1 For grantmakers. Does the organizate other assistance, the grantees' eligibility to award the grants or assistance?			•	□ Yes □ No
2 For grantmakers. Describe in Part V to outside the United States	he organization's proced	dures for monitoring the	use of its grants and o	
3 Activites per Region (The following Part I	. line 3 table can be duplic	cated if additional space is	needed)	
offices	mber of in the 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)	(e) If activity listed in (d) is program service, describe specific type of service(s) in region	a (f) Total expenditures for and investments in region
See Add'l Data				
3a Sub-total b Total from continuation sheets to	0 0			16,265,719
Part I c Totals (add lines 3a and 3b)	0 0			16,265,719

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 i (i	Form 99	0) 2017 Page 5
	Provid amour metho	emental Information e the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; ats of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting d); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide Iditional information (see instructions).
	ally ac	idicional información (see instruccions).
Returi Referen	'n	Explanation

UNDERLYING INVESTMENTS DID NOT GENERATE ANY UNRELATED BUSINESS INCOME UNDER THESE FACTS, IT

IS NOT NECESSARY FOR THE UNIVERSITY TO FILE FORM 8621

Return Reference	Explanation
SCHEDULE F, PART IV, LINE 5	THE COLLEGE INVESTS IN PARTNERSHIPS THAT HOLD DIRECT OR INDIRECT INTERESTS IN FOREIGN PARTNERSHIPS HOWEVER, THE UNIVERSITY DOES NOT MEET THE FILING REQUIREMENTS OF FORM 8865 AS A RESULT

Additional Data

EUROPE (INCLUDING ICELAND

ANDORRA, AUSTRIA, BELGIUM

& GREENLAND) - ALBANIA,

Software ID: Software Version:

EIN: 42-0680466

Name: LUTHER COLLEGE

ISTUDY ABORAD

PROGRAMS

1,564,072

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR,	0	0		STUDY ABORAD PROGRAMS	45,500

0 PROGRAM SERVICES

Form 990 Schedule F Part I - Activities Outside The United States (b) Number of (c) Number of (d) Activities conducted (a) Region (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 services, grants to service(s) in region region recipients located in the region) 0 PROGRAM SERVICES 151.073 CENTRAL AMERICA AND THE ISTUDY ABORAD CARIBBEAN - ANTIGUA & **IPROGRAMS** BARBUDA, ARUBA, BAHAMAS, SUB-SAHARAN AFRICA -0 PROGRAM SERVICES ISTUDY ABORAD 172,258 ANGOLA, BENIN, BOTSWANA, IPROGRAMS BURKINA FASO.

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 services, grants to service(s) in region region recipients located in the region) 0 PROGRAM SERVICES 18.769 EAST ASIA AND THE PACIFIC -IRECRUITMENT AUSTRALIA, BRUNEI, BURMA, CAMBODIA. CENTRAL AMERICA AND THE 0 PROGRAM SERVICES IRECRUITMENT 24,456 CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,

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) EUROPE (INCLUDING ICELAND 0 INVESTMENTS 727,208 & GREENLAND) CENTRAL AMERICA AND THE 0 INVESTMENTS 13.562.383 CARIBBEAN

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493028006819 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. Name of the organization **Employer identification number** LUTHER COLLEGE 42-0680466 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 Internet and email solicitations 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

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a)Event #1 (b) Event #2 (c)Other events (d) Total events **GOLF OUTING GOLF OUTING** (add col (a) through (total number) (event type) (event type) col (c)) Revenue 1 Gross receipts. 45,176 26,746 34,915 106,837 2 Less Contributions. 24,071 16,587 16,857 57,515 3 Gross income (line 1 minus 21,105 10,159 18,058 line 2) 49,322 4 Cash prizes 5 Noncash prizes 438 438 Direct Expenses Rent/facility costs 16.379 8.502 10,989 35,870 7 Food and beverages 8 Entertainment Other direct expenses 6,300 1,583 2,472 10,355 **10** Direct expense summary Add lines 4 through 9 in column (d) 46,663 11 Net income summary Subtract line 10 from line 3, column (d) . 2,659 Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. Revenue (b) Pull tabs/Instant (d) Total gaming (add (a) Bingo (c) Other gaming bingo/progressive bingo col (a) through col (c)) 1 Gross revenue . Expenses | 2 Cash prizes Noncash prizes Direct 4 Rent/facility costs 5 Other direct expenses Yes Yes % Yes____ 6 Volunteer labor No No Direct expense summary Add lines 2 through 5 in column (d) Net gaming income summary Subtract line 7 from line 1, column (d). Enter the state(s) in which the organization conducts gaming activities _ ☐ Yes ☐ No Is the organization licensed to conduct gaming activities in each of these states? If "No," explain . 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No If "Yes," explain _

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, beneficial formed to administer charitable gaming	ry or trustee of a trust or a member of a partnership or other entit	ΣY	□Yes	□No							
13	Indicate the percentage of gaming acti	vity conducted in										
а	The organization's facility		13	а		%						
b	An outside facility		13	ь		%						
14	Enter the name and address of the per	son who prepares the organization's gaming/special events books	and record	s								
	Name ►											
	Address •											
15a	Does the organization have a contract revenue?	with a third party from whom the organization receives gaming		□Yes	□No							
Ь		evenue received by the organization ► \$ a the third party ► \$	and the									
c	If "Yes," enter name and address of the	e third party										
	Name •											
	Address ►											
16	Gaming manager information											
	Name ►											
	Gaming manager compensation ► \$											
	Description of services provided ►											
	☐ Director/officer	☐ Employee ☐ Independent contractor										
17	Mandatory distributions											
а	Is the organization required under state retain the state gaming license?	e law to make charitable distributions from the gaming proceeds to)	□Yes	Пио							
b	Enter the amount of distributions requing the organization's own exempt activities.	red under state law distributed to other exempt organizations or spities during the tax year > \$	pent	63								
Pai		on. Provide the explanations required by Part I, line 2b, col 5c, 16, and 17b, as applicable. Also provide any additional				s).						
	Return Reference	Explanation										

Schedule G (Form 990 or 990-EZ) 2017

efile GRAPHIC print - DO NOT PROCESS As Filed Data DLN: 93493028006819 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** LUTHER COLLEGE 42-0680466 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 (q) Description of (h) Purpose of grant 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

1404 9,624,682 NEED-BASED STUDENT FINANCIAL ASSISTANCE 162 2,372,714 INTERNATIONAL STUDENT FINANCIAL

(4) 145 2,926,031 TUITION BENEFIT STUDENT FINANCIAL ASSISTANCE (4)

(5) (6)

(7)

Part III 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

ASSISTANCE

ASSISTANCE

Part III can be duplicated if additional space is needed

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

Return Reference **Explanation**

PART I, LINE 2 STUDENTS RECEIVING SCHOLARSHIPS AND FELLOWSHIPS ARE DETERMINED BY THE OFFICE OF FINANCIAL AID THROUGH CAREFUL STUDY OF THE INFORMATION ON THE FREE APPLICATION FOR FEDERAL STUDENT AID (FAFSA), THE STUDENT'S ACADEMIC RECORD, TEST SCORES, AND RECOMMENDATIONS DETAILED RECORDS

efil	e GRAPHIC pr	int - DO NOT PROCESS As Filed Data	-	DLN: 934	9302	8006	819
Sch	nedule J	Compensatio	on Information	ОМ	B No	1545-0	0047
(For	m 990)	For certain Officers, Directors, Tru	ustees, Key Employees, and High	hest			
		Compensate ▶ Complete if the organization answer	ed Employees red "Yes" on Form 990, Part IV.	line 23.	20	17	7
		► Attach to	o Form 990.				
•	tment of the Treasury al Revenue Service	► Information about Schedule J (I www.irs.go	Form 990) and its instructions i <u>ov/form990</u> .			o Pul	
	ne of the organiza	ation		Employer identificati			
LUI	HER COLLEGE			42-0680466			
Pa	rt I Questi	ons Regarding Compensation					
				-		Yes	No
1a		piate box(es) if the organization provided any of the ection A, line 1a Complete Part III to provide any i					
		or charter travel	dousing allowance or residence for i	personal use			
	_	· · · — — —	Payments for business use of persor				
			Health or social club dues or initiation				
	☐ Discretion	ary spending account	Personal services (e g , maid, chauf	feur, chef)			
b		kes in line 1a are checked, did the organization follo Il of the expenses described above? If "No," compl		ent or reimbursement	1 b	Yes	
2		ition require substantiation prior to reimbursing or		1-2	2	Yes	
	directors, truste	es, officers, including the CEO/Executive Director,	regarding the items checked in line	: Ia/			
3		of any, of the following the filing organization used		ne			
		EO/Executive Director Check all that apply Do not d organization to establish compensation of the CE		n Part III			
			Written employment contract Compensation survey or study				
			Approval by the board or compensa:	tion committee			
4		did any person listed on Form 990, Part VII, Secti					
	related organiza		, , ,	, ,			
а	Receive a sever	ance payment or change-of-control payment?			4a		No
b	Participate in, o	receive payment from, a supplemental nonqualific	ed retirement plan?		4b		No
С	•	receive payment from, an equity-based compensa	_		4c		No
	If "Yes" to any o	of lines 4a-c, list the persons and provide the applic	cable amounts for each item in Part	: 111			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations m	ust complete lines 5-9.				
5	For persons liste	ed on Form 990, Part VII, Section A, line 1a, did the ontingent on the revenues of					
а	The organization				5a		No
b	Any related orga				5b		No
	If "Yes," on line	5a or 5b, describe in Part III					
6		ed on Form 990, Part VII, Section A, line 1a, did the ontingent on the net earnings of	e organization pay or accrue any				
а	The organization	٦?			6 a		No
b	Any related orga				6b		No
	•	6a or 6b, describe in Part III					
7		ed on Form 990, Part VII, Section A, line 1a, did the escribed in lines 5 and 6? If "Yes," describe in Part		i [7		No
8		nts reported on Form 990, Part VII, paid or accured in little on tractions secured in Regulations se		escribe	8		No.
9	If "Yes" on line 53 4958-6(c)?	3, did the organization also follow the rebuttable pr	resumption procedure described in	Regulations section	 9		No_
For I	Danarwark Badı	ction Act Notice, see the Instructions for For	m 000 Cat No 5	0053T S chedule 1	Eorm	990)	2017

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual (A) Name and Title (B) Breakdown of W-2 and/or 1099-MISC compensation (C) Retirement and (D) Nontaxable (E) Total of columns (F) Compensation in other deferred benefits (B)(i)-(D)column (B) reported (ii) Bonus & incentive (iii) Other compensation as deferred on prior reportable compensation compensation Form 990 compensation 1 PAULA J CARLSON 251,955 (i) 0 24,000 18,900 36,371 331,226 0 PRESIDENT 0 0 0 0 0 0 0 (ii) 2 JAMES JERMIER 140,353 (i) 0 0 10,192 18,700 169,245 0 VP - DEVELOPMENT 0 0 0 0 0 0 0 (ii) 3 KEVIN KRAUS 156,207 (i) 0 0 11,230 17,300 184,737 0 VP - ACADEMIC AFFAIRS 0 0 0 0 0 0 0 (ii) 4 ERIC RUNESTAD 134,863 (i) 0 12,447 10,849 20,126 178,285 0 VP - FINANCE & ADMINISTRAT 0 0 0 0 0 0 0 (ii) 5 SCOT SCHAEFFER 141,806 (i) 0 1,482 10,336 53,764 207,388 0 VP - ENROLLMENT 0 0 0 0 (ii) 0 0 0 6 DAVID MITCHELL 124,967 4,050 (i) Ω 4,414 68,862 202,293 0 MATHEMATICS INSTRUCTOR/WRESTLING 0 (ii) 0 0 0 0 0 COA

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 LUTHER COLLEGE PROVIDES A HOUSE, MAID SERVICE, UTILITIES AND TRAVEL FOR COMPANIONS TO THE PRESIDENT OF THE COLLEGE THESE BENEFITS ARE PART I. LINE 1A LISTED IN THE WRITTEN COMPENSATION POLICY FOR THE COLLEGE AND ARE ALSO IN THE WRITTEN EMPLOYMENT CONTRACT OF THE PRESIDENT. THE HOUSING AND TRAVEL FOR COMPANIONS FOR THE PRESIDENT ARE NOT TREATED AS TAXABLE COMPENSATION BECAUSE THE PRESIDENT'S HOUSE IS USED FOR COLLEGE

Schedule J (Form 990) 2017

IDONORS TO THE COLLEGE

IBUSINESS AND MEETINGS. THE TRAVEL FOR COMPANIONS IS USED EXCLUSIVELY FOR BUSINESS PURPOSES TO BUILD RELATIONSHIPS WITH PROSPECTIVE

Schedule J (Form 990) 2017

efile GRAPHI	C print - DO NOT	PROCESS As	Filed Data -									DLN: 9	93493	02800	6819		
Schedule K			nnlemental	Information o	n Tay E	vom	nt E	Ronde				ОМВ	No 154	15-0047			
(Form 990)			e organization ans	wered "Yes" to Form , and any additional i	990, Part I	V, line	24a.		criptions,		2017						
Department of the Tr Internal Revenue Ser		▶Informatio	n about Schedule I	► Attach to Form 990 K (Form 990) and its		s is at <u>ı</u>	www.	irs.gov/fori	<u>1990</u> .		Open to Public Inspection						
Name of the organiza	ation									Emplo	yer ıden		n numbe				
LOTHER COLLEGE										42-06	80466						
Part I Bor	d Issues																
(a) Iss	uer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue	orice	'	(f) Description of purpose (g) Def				feased (h) On behalf of issuer		(i) Pool financing			
							Yes	No	Yes	No	Yes	No					
A CITY OF DEC	F DECORAH IA 42-6004485 01-12-2015 6,868,000 CURRENTLY REFUND CITY OF DECORAH SERIES 2010 BONDS ISSUED 12/21/2010				×		X		X								
B IOWA HIGHE AUTHORITY				09-01-2017	20,9	45,000	EDUC	RRENTLY REFUND IA HIGHER DUCTION LOAN AUTHORITY RIES 2011			×		Х		Х		
Part III Pro	ceeds		•	· ·			1										
	Amount of bonds retired					A		E		C				D			
						98:	1,613		698,167								
	bonds legally defease																
	eds of issue					6,868	в,000		20,945,000								
	eds in reserve funds																
	interest from proceed																
	refunding escrows .						2.474		115.000								
	ncement from procee				20,174 115,000			115,000									
	pital expenditures fro								-								
	enditures from proce																
	proceeds					6.84	7,826		20,830,000								
	ent proceeds					0,047	,,020		20,030,000								
	stantial completion .				20)15		20	17								
	·				Yes	No	,	Yes	No	Yes	No		Yes		No		
14 Were the b	onds issued as part o	f a current refunding	gıssue [?]		Х			Х									
15 Were the be	onds issued as part o	f an advance refund	ing issue?			Х			Х								
16 Has the fina	al allocation of procee	eds been made? .			Х			X									
17 Does the or								Х									
	ate Business Us																
						A		E		C	-			D			
1 Was the org	ganization a partner i	n a partnership, or a	a member of an LLC,	which owned property	Yes	No X		Yes	No X	Yes	No	-	Yes		No		
2 Are there a	tax-exempt bonds? ny lease arrangemen	ts that may result in	private business use			X			x								
For Doportrork F	Peduction Act Notic	e see the Instruc	tions for Form 000			t No 51	01025					chodul	o K (Ec	rm 000	1) 2017		

9

Part IV

Arbitrage

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)

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

organization, or a state or local government

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

Rebate not due yet?

hedge with respect to the bond issue?

Exception to rebate?

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

Page 2

No

			Α		В	<u> </u>		L)
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		×	×					
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?			×					
С	Are there any research agreements that may result in private business use of bond-financed property?		X		X				
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government.				•				

Х

Х

Yes

Χ

Χ

Χ

No

Χ

Χ

Χ

Х

Х

No

Χ

Χ

Χ

Х

Α

Yes

Χ

Χ

Х

Х

Yes

C

No

Yes

Schedule K (Form 990) 2017

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?

09/01/2017

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

Arbitrage (Continued)

requirements of section 148? . . .

Schedule K (Form 990) 2017

period?

Part V

Part VI

PERFORMED

Return Reference

DATE REBATE COMPUTATION

В Yes No Yes No Were gross proceeds invested in a guaranteed investment contract Х

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

NAME IOWA HIGHER EDUCATION LOAN AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED

Explanation ISSUER NAME CITY OF DECORAH IA DATE THE REBATE COMPUTATION WAS PERFORMED 12/01/2015 ISSUER

(GIC)? Was the regulatory safe harbor for establishing the fair market value of

Х

Yes

Χ

Nο

Х

Yes

Yes

No

No

Yes

No

Page 3

No

Nο

D

Yes

Yes

efile GRAPHIC	print - Do	<u>ON 0</u>	T PROCES	S A	As Filed Data -							.N: 93493028006819				
Schedule L (Form 990 or 990-l	, 2 COI		e if the orga 27, 28a,	anizatio 28b, o ► A	on ans or 28c, Attach	ions with Interested Persons on answered "Yes" on Form 990, Part IV, lines 25a, 28c, or Form 990-EZ, Part V, line 38a or 40b. Stach to Form 990 or Form 990-EZ. Stach to (Form 990 or 990-EZ) and its instructions is						OMB No 1545-0047				
Department of the Treas Internal Revenue Service	urv					ww.irs.gov		•					pen i	to Pu ectio		
Name of the organ									E	mplo	yer ide	ntifica				
										42-0680466						
								d 501(c)(29) o r 25b, or Form				ne 40b				
	Name of dis					lationship be		lified person a	$\overline{}$	(c) [escript ansacti	on of			rected? No	
Comp repor	ns to and, plete if the o ted an amo (b) Relation	or Forganize	rom Inter	rested red "Yes Part X, I	Persons" on F	ons. form 990-EZ, 6, or 22 or from the		88a, or Form 9 (f)Balance due	(g)	rt IV, In ault?	() Appro	5, or if h) ved by	(anıza i)Wrıt ireem	ten	
											committee?					
				То	,	From			Yes	No	Yes	No	Yes		No	
<u>l</u> Total							<u> </u> • \$									
Partiti Gran						ted Persoi		line 27.	1							
(a) Name of intere		(b)		betwee	en	(c) Amount o		(d) Type	of ass	ıstano	:e	(e) Pu	rpose o	f assi	stance	
(1)				y			17,000	MERIT SCHOLARSHIP ST			TUDEN	UDENT FINANCIAL AID				
		+						+								
					ı											

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: 93493028006819 SCHEDULE M OMB No 1545-0047 **Noncash Contributions** (Form 990) ▶ 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 LUTHER COLLEGE 42-0680466 **Types of Property** (a) (b) (c) (d) 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 . . Х 5,375 FMV Art-Historical treasures Art—Fractional interests 4 Books and publications Χ 46 FMV 2,496 FMV Clothing and household Χ goods Cars and other vehicles Boats and planes . . Intellectual property . . Securities-Publicly traded . Χ 1,211,647 FMV Securities-Closely held stock . 11 Securities—Partnership, LLC, or trust interests . . . 12 Securities—Miscellaneous . 13 Qualified conservation contribution—Historic structures 14 Qualified conservation contribution—Other . 15 Real estate—Residential . 59,180 APPRAISAL Real estate—Commercial . Χ 17 Real estate—Other . . Collectibles . . . 18 **19** Food inventory . . . 20 Drugs and medical supplies . **21** Taxidermy 22 Historical artifacts . . Scientific specimens . . 24 Archeological artifacts . 3.200lcost 25 Other ▶ (ACCOMODATIONS) Χ Other ▶ (2,831 COST BOARD MEETING EXP) Other ▶ (Χ 1,499 APPRAISAL SCIENTIFIC INSTRUMENT) Χ 136 COST Other ▶ (EVENT MEALS/BEVERAGES) Number of Forms 8283 received by the organization during the tax year for contributions 3 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 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 Yes 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Yes b If "Yes," describe in Part II 33 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 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 51227J Schedule M (Form 990) (2017)

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 Pa I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.								
Return Reference	Explanation							
PART I, COLUMN (B)	COLUMN B SHOWS THE NUMBER OF CONTRIBUTIONS							
PART I, LINE 32B	REAL ESTATE AGENTS OR ART DEALERS USED TO SELL CONTRIBUTIONS OF REAL PROPERTY							
	Schedule M (Form 990) (2017)							

efile GRAPH	IC print - DO NOT PROCESS	DLN	: 93493028006819								
SCHEDUL (Form 990 or EZ)	990- Complete to provide information for responses to spec Form 990 or 990-EZ or to provide any additional in Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and	ation to Form 990 or 990-EZ on for responses to specific questions on provide any additional information. Form 990 or 990-EZ. orm 990 or 990-EZ) and its instructions is at									
Internal Revenue & Name of the org	ification number										
Return Reference	Explanation Explanation										
FORM 990, PART VI, SECTION A, LINE 6	THE MEMBERS OF THIS CORPORATION SHALL BE THOSE INDIVIDUALS HOLDING THE FOLLOWING POSITIONS AND OFFICES (A) THE VOTING MEMBERS OF THE CHURCHWIDE ASSEMBLY OF THE EVANGELICAL LUTHERA										

Return Explanation

990 Schedule O, Supplemental Information

FORM 990, PART VI, SECTION A, LINE 7A

990 Schedule O, Supplemental Information

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Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE 990 IS PREPARED BY THE ACCOUNTING MANAGER, REVIEWED BY THE CONTROLLER, AND IS REVIEWED BY THE VP FOR FINANCE AND ADMINISTRATION THE 990 IS THEN SENT TO THE FIRM OF BAKER TILLY VIRCHOW KRAUSE LLP FOR REVIEW AND ENTRY INTO THEIR TAX SOFTWARE AFTER ALL REVIEWS ARE CO MPLETED, THE 990 IS PRESENTED TO THE AUDIT COMMITTEE FOR THEIR REVIEW AND APPROVAL AFTER AUDIT COMMITTEE APPROVAL, THE 990 IS SENT TO EACH BOARD MEMBER, AND THE COMPLETED 990 IS SIGNED BY THE VP FOR FINANCE AND ADMINISTRATION, AND A PARTNER FROM BAKER TILLY VIRCHOW KRAUSE LLP AND IS FILED WITH THE IRS

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990 Schedule O, Supplemental Information Return Explanation

Reference	
PART VI, SECTION B,	LUTHER COLLEGE'S CONFLICT OF INTEREST POLICY AND DISCLOSURE STATEMENT IS SENT OUT TO THE B OARD OF REGENTS, AUDIT COMMITTEE, INVESTMENT COMMITTEE, PRESIDENT, VICE PRESIDENTS, AND KE Y EMPLOYEES OF THE COLLEGE IN MAY OF EACH YEAR EACH RECIPIENT IS REQUIRED TO READ THE POLICY AND TO COMPLETE, SIGN, AND RETURN THE DISCLOSURE STATEMENT TO THE OFFICE FOR FINANCIAL SERVICES TO BE REVIEWED FOR POTENTIAL INTERESTS THAT COULD GIVE RISE TO CONFLICTS LUTHER COLLEGE'S CONFLICT OF INTEREST POLICY AND DISCLOSURE STATEMENT ADDRESSES ALL AREAS OF CONCERN EXPRESSED ON FORM 990
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990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE DIRECTOR OF HUMAN RESOURCES AND THE PRESIDENT OF THE COLLEGE WILL GATHER THE FOLLOWING BENCHMARK SALARY DATA 1 MEDIAN SALARIES FOR CUPA (COLLEGE AND UNIVERSITY PROFESSIONAL A SSOCIATION) PRIVATE RELIGIOUS COLLEGES WITH COMPARABLE ENROLLMENT 2 MEDIAN AND MAXIMUM S ALARIES FOR 26 IOWA PRIVATE COLLEGES 3 MEDIAN AND MAXIMUM SALARIES FOR ACM (ASSOCIATED C OLLEGES OF THE MIDWEST) AND GLCA (GREAT LAKES COLLEGES ASSOCIATION) COLLEGES 4 MEDIAN AN D MAXIMUM SALARIES FOR 15 REGIONAL CUPA (COLLEGES AND UNIVERSITIES PROFESSIONAL ASSOCIATION) COLLEGES THE PRESIDENT OF THE COLLEGE WILL REVIEW AND PRESENT THE PRESIDENTIAL AND VIC E PRESIDENTIAL BENCHMARK INDICATORS TO THE BOARD OF REGENTS AT THE OCTOBER BOARD MEETING, THE BOARD OF REGENTS WILL MEET TO REVIEW THE FOUR SALARY BENCHMARK INDICATORS AND WILL DE TERMINE AND APPROVE COMPENSATION FOR THE PRESIDENT AND VICE PRESIDENTS OF THE COLLEGE THE BOARD OF REGENTS WILL ALSO REVIEW THE NON-SALARY COMPENSATION BENEFITS PROVIDED TO THE OF FICERS THE CHAIRPERSON OF THE BOARD OF REGENTS WILL NOTIFY THE DIRECTOR OF HUMAN RESOURCE S IN WRITING, THROUGH A MEMO OR E-MAIL WITH THE APPROVAL OF COMPENSATION FOR THE PRESIDENT AND VICE PRESIDENTS THIS INFORMATION WILL BE RECORDED IN THE MINUTES OF THE MEETING AND WILL BE MAINTAINED IN A CONFIDENTIAL ARCHIVE THIS PROCESS WAS LAST COMPLETED IN OCTOBER, 2017

Return Explanation

990 Schedule O, Supplemental Information

Reference

FORM 990, COPIES OF LUTHER COLLEGE'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AUDITED FINAN PART VI, CIAL STATEMENTS, AND FORMS 990 & 990-T ARE AVAILABLE TO THE PUBLIC UPON REQUEST AT THE OFF SECTION C, ICE FOR FINANCIAL SERVICES, 700 COLLEGE DRIVE, DECORAH, IA 52101 THE AUDITED FINANCIAL ST LINE 19 ATEMENTS ARE ALSO AVAILABLE ONLINE AT WWW LUTHER EDU/FINANCIAL SERVICES

990 Schedule O, Supplemental Information

Return

Reference	
FORM 990, PART XI, LINE 9	ACTUARIAL ADJUSTMENT 859,026 INTEREST RATE SWAP 610,451 SUBSIDIARY REVENUE 233,836 SUBSIDIARY EXP -366,069

Explanation

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493028006819 OMB No 1545-0047 **SCHEDULE R Related Organizations and Unrelated Partnerships** 2017 (Form 990) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Attach to Form 990. Open to Public ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** LUTHER COLLEGE 42-0680466 Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I (b) (c) (d) (e) (f) Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets Direct controlling or foreign country) entity (1) LUTHER COLLEGE WIND ENERGY PROJECT LLC PRODUCTION OF 233,836 1,913,917 LUTHER COLLEGE VENTURES INC IΑ 700 COLLEGE DRIVE ELECTRICITY DECORAH, IA 52101 35-2366881 Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. (b) (c) (d) (g) Name, address, and EIN of related organization Legal domicile (state Exempt Code section Public charity status Direct controlling Section 512(b) Primary activity or foreign country) (if section 501(c)(3)) (13) controlled entity entity? Yes No

Part III	Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.														

(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	Dispropi	(h) Disproprtionate allocations?	(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		ral or aging	(k) Percentage ownership
					514)			Yes	No	1	Yes	No	
												Н	
												\vdash	
Part IV Identification of Related Organizations because it had one or more related organizations						ation ansv	L vered "Yes	" on Fo	orm 9	90, Part IV,	line	34	
(a)	(b)	(6			(d) (e)	(f)	Ī., ((g)	(h			(i)

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete If the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.												
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	(g) Share of end-of- year assets	(h) Percentage ownership	Section (13) co	512(b) introlled iity?			
(1)LUTHER COLLEGE VENTURES INC 700 COLLEGE DRIVE DECORAH, IA 52101 27-3945752	HOLDING COMPANY	IA	N/A	С	233,836	1,913,917	100 000 %	Yes				
(2)CHARITABLE REMAINDER UNITRUSTS (31) 700 COLLEGE DRIVE DECORAH, IA 52101 42-0680466	TRUST	IA	N/A	Т					No			
(3)CHARITABLE REMAINDER ANNUITIES TRUSTS (2) 700 COLLEGE DRIVE DECORAH, IA 52101	TRUST	IA	N/A	Т					No			
	Schedule R (Form 990) 2017											

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36	5.		
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Y	es 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?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity		1a	No
b Gıft, grant, or capital contribution to related organization(s)		1b	No
c Gift, grant, or capital contribution from related organization(s)		1c	No
d Loans or loan guarantees to or for related organization(s)		1d	No
e 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)		1g	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	No
l 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
Change of and amplementation of the property of the contract o		10	No

Page 3

Schedule R (Form 990) 2017

j Lease of faci	lities, equipment, or other assets to related organization(s)	1j		No				
k Lease of fac	cilities, equipment, or other assets from related organization(s)	1k		No				
I Performance	of services or membership or fundraising solicitations for related organization(s)	11		No				
m Performance	e of services or membership or fundraising solicitations by related organization(s)	1m		No				
n Sharing of fa	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)							
o Sharing of p	paid employees with related organization(s)	10		No				
p Reimbursen	nent paid to related organization(s) for expenses	1p		No				
q Reimbursen	nent paid by related organization(s) for expenses	1 q	Yes					
		\Box		1 -				

1r No 1s No 2 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 (a) Name of related organization (d) Method of determining amount involved (b) Transaction (c) Amount involved type (a-s)

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

(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-	section 501(c)(3) organizations?		Are all partners section 501(c)(3) organizations?		Are all partners section 501(c)(3) organizations?		(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	ate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	partner?		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No					
													_				
	•		•			•				Schedul	e R (Forn	າ 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