EXTENDED TO MAY 15, 2019

Form 990

Department of the Treasury Internal Revenue Service 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.

Go to www.irs.gov/Form990 for instructions and the latest information

2017 Open to Public Inspection

A F	or the	2017 calendar year, or tax year beginning JUL 1, 2017 and ending	JUN 30, 2018
Вс	Check if applicable	C Name of organization	D Employer identification number
	Addre	LUTHERAN EDUCATION ASSOCIATION	
一	□Name		36-2496650
	chang Initial	Number and street (or P.O. box if mail is not delivered to street address) Room/sui	
<u> </u>	_ireturn ∏Final	1	708-209-3343
	return. termin		420.01
_	ated Amen	City or town, state or province, country, and ZIP or foreign postal code	
<u> </u>	Ireturn ∏Applic	RIVER FOREST, IL 60305	H(a) Is this a group return for subordinates? Yes X
٠	_Ition pendii	F Name and address of principal officer O ONATHAM C DAADS	
	<u> </u>		1/5 H(b) Are all subordinates included? Yes
		empt status X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 501(c) ()	
		e: WWW.LEA.ORG	H(c) Group exemption number
	art I	organization: X Corporation	ar of formation: 1961 M State of legal domicile:
F			EDUCATION ACCOUNTION
å	1	Briefly describe the organization's mission or most significant activities. <u>LUTHERAN</u>	
ä	1	LINKS, EQUIPS, AND AFFIRMS EDUCATORS AND WORK	
Activities & Governance	1	Check this box If the organization discontinued its operations or disposed of mo	ļ l
်	i	Number of voting members of the governing body (Part VI, line 1a)	3
જ	1	Number of independent voting membors of the governing body (Part VI, line 1b)	11
ies	ł	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5
ξi	ı	Total number of volunteers (estimate if necessary)	6
Aci	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	7a
	<u>b</u>	Net unrelated business taxable income from Form 990-T, line BECEIVED	7b <4,43
			Prior Year Current Year
ē	i	Contributions and grants (Part VIII, line 1h)	422,644. 295,17
Revenue		Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)	998,757. 138,66
Ş.	10	Investment income (Part VIII column (A) lines 3.4 and 74	559. 30
. –	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9d, 10c, and 11e) FN. HI	7,960. 5,45
-	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,429,920. 439,60
	1	Grants and similar amounts paid (Part IX, column (A), lines 1·3)	7,062.
)	i .	Benefits paid to or for members (Part IX, column (A), line 4)	0.
es F	i	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	353,054. 361,03
Expenses	ı	Professional fundraising fees (Part IX, column (A), line 11e)	0.
E &	ı	Total fundraising expenses (Part IX, column (D), line 25)	2.5
່້	L	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	718,376. 310,75
ĩ	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,078,492. 671,78
Ž	19	Revenue less expenses. Subtract line 18 from line 12	351,428. <232,18
Sets or alances			Beginning of Current Year End of Year
		Total assets (Part X, line 16)	<u>264,114.</u> <u>169,22</u>
od od od od od od od od od od od od od o		Total liabilities (Part X, line 26)	<u>115,152.</u> <u>252,45</u>
'홈		Net assets or fund balances Subtract line 21 from line 20	148,962. <83,22
	art II	Signature Block	
. 3		lties of perjury, I declare that I have examined this return, including accompanying schodules and state	
<u>`_true,</u>	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which prepai	rer has any knowledge.
_		Signature of officer Java	12/18/18
Sigi	n		Date '
Her	e	JONATHAN C LAABS, EXECUTIVE DIRECTOR	
		Type or print name and title	Th
7		Print/Type preparer's name Preparer's signature	Date Check PTIN
Paid	l	BETH ULBRICH BETH ULBRICH	12/12/18 self-employed P01439597
Prep	arer	Firm's name MUELLER & CO., LLP	Firm's EIN ▶ 36-2658780
Use	Only	Firm's address 1707 N RANDALL RD, STE 200	
		ELGIN, IL 60123	Phone no 847-888-8600
May	the If	S discuss this return with the preparer shown above? (see instructions)	X Yes

732001 11-28-17 LHA For Paperwork Reduction Act Notice, see the separate instructions.

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

4

Form 990 (2017)	LUTHERAN	EDUCATION	ASSOCIATION					
Part IV Checklist of Required Schedules								
— · · · · · · · · · · · · · · · · · · ·								

endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX d Did the organization report an amount for other liabilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11d			r	Yes	No
2 Is the organization required to complete Schedule 6, Schedule of Contributions 3 Did the organization engage in decit or indirect political campagin activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I Section \$01(c)(3) organizations. Did the organization engage in lobbying activities, or have a section \$01(ii) election in effect during the tax year? If "Yes," complete Schedule C, Part II Is the organization as action 501(c)(4), \$01(c)(5), or \$01(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedule 98.199 If "Yes," complete Schedule C, Part II Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investiment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical researce, or other assess If "Yes," complete Schedule D, Part II 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, dieth management, credit repair, or debt negotiation services? If "Yes, "complete Schedule D, Part II Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part II If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part II Did the organization report an amount for land, buildings, and equipment in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X II Did the organization report an amount for other labilities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X II Did the organization report an amount for	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
3 Dd the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I Section SDI(R) are represented in Part X, Inc. (1973) and a section SDI(R) and SDI		If "Yes," complete Schedule A	1		
public office? If Yes," complete Schedule C, Part I Section SO (Ici)3 organizations. Dd the organization engage in lobbying activities, or have a section SO1(it)) election in effect during the tax year? If Yes," complete Schedule C, Part II Is the organization a section SO1(ici)3 (SO1(ci)5), or SO1(ci)6), or SO1(ci)6), or SO1(ci)6, or SO1(2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 4 X Is the organization a section 501(e)(s), 501(c)(s), or 501(c)(s) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II 7 Did the organization research or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Did the organization maintain collections of works of art, historical treasures, or other smillar assets? If "Yes," complete Schedule D, Part II 7 Did the organization report an amount in Part X, line 21, for escrivo or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 11 III the organization is an evidence organization. A part X is a spicial assets are parted in Part X, line 101 III 12 X 12 X 13 X 14 X 14 X 15 X 15 X 15 X 15 X 15 X 15	3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
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If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1 to and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	6		124		
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19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III			18		X
complete Schedule G, Part III	19				
Form 990 (2017)					
			Form	990	(2017)

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Form 990 (2017) LUTHERAN EDUCATION ASSOCIATION 36-2496650 Page 4

Part IV Checklist of Required Schedules (continued)

			res	NO
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	1		
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		_X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	}		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
đ	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
_	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	}		
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			}
	complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			ĺ
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			S.A.
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	V. 22 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X_
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			_
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		-	
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<u></u>		_ _
	Note. All Form 990 filers are required to complete Schedule O	38	х	
		Form		2017)
			,	. ,

Ра	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	8	**		2 1
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0	2.00	海县	25.44
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eportable	e gamıng	10.	12.6	20.5
	(gambling) winnings to prize winners?			1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			1.6	4	(A)
	filed for the calendar year ending with or within the year covered by this return	2a	5	TO K	经常	PXA.
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retuined	rns?		2b	X	<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)		1. est		1
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		•	_3a	X	<u> </u>
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0		3b	X	<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	-				
	financial account in a foreign country (such as a bank account, securities account, or other financial	account))?	4a	3 - 32	X
b	If "Yes," enter the name of the foreign country			87	學	177-3
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts	(FBAR)	题法	18246	\$. 5
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	_		_ <u>5a</u>		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	iction?		_ <u>5b</u> _		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			_5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne organ	ization solicit			72
	any contributions that were not tax deductible as charitable contributions?			_6a		<u> </u>
D	If "Yes," did the organization include with every solicitation an express statement that such contribut were not tax deductible?	ions or g	jins			ĺ
7	Organizations that may receive deductible contributions under section 170(c).			6b		d (A)
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	wicas ara	wided to the navor?	7a	##F###	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	*1005 pr 0	mided to the payor:	7b		-
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as requir	red			
	to file Form 8282?	uo roquii		7c		Х
đ	If "Yes," indicate the number of Forms 8282 filed during the year	7d		Val.	TOP'S	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7e	.~~	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri			_7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 8899	as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation file	a Form 1098-C?	7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the		新		20
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					高 混
а	Did the sponsoring organization make any taxable distributions under section 4966?			_9a		 - -
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b	Elizaber d	CEPSA
10	Section 501(c)(7) organizations. Enter:	i I				1
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter	احمما				ST.
a b	Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against	11a		XX	12	4
D	amounts due or received from them)	11b		100		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a	50° 25 Ai	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		N 12	3157	2120
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	IZU	 	95		
	Is the organization licensed to issue qualified health plans in more than one state?			13a		1-44
-	Note. See the instructions for additional information the organization must report on Schedule O			X (7.)	EG:	ÉLAN.
b	Enter the amount of reserves the organization is required to maintain by the states in which the					13-16
_	organization is licensed to issue qualified health plans	13b		潔		
С	Enter the amount of reserves on hand	13c		X 12	原類	
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	 <u>O</u>		14b		
					990	2017

Form 990 (2017) 36-2496650 LUTHERAN EDUCATION ASSOCIATION Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No 8 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule 0. 8 b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X 2 officer, director, trustee, or key employee? 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 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Х Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? 8a X Each committee with authority to act on behalf of the governing body? 8b X 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No 10a Х 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X 12a b Were officers, directors, or trustees; and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Did the organization have a written whistleblower policy? 13 X 13 14 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Upon request ☐ Own website Another's website Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

Form 990 (2017)

16021212 758883 11375-200

JONATHAN C LAABS - 708-209-3343

<u>7400 AUGUSTA ST, RIVER FOREST, </u>

60305

State the name, address, and telephone number of the person who possesses the organization's books and records

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

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

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

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

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

Compensation from related organizations below line) Fig. 2	Check this box if neither the organizatio (A)	(B)			((C)			(D)	(E)	(F)	
Nours per Nour	Name and Title	Average	(dr					one	Reportable		Estimated	
(ist any hours for related organizations below line) 1			box, unless person is both an			ıs bot	h an	,	1	amount of		
Telated organizations below line) Telated organizations line below						T CCI	174403	100)	1			
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BOARD MEMBER	SECRETARY		X	<u> </u>	X		<u> </u>		0.	0.	0.	
1.00 Nob Cooksey 1.00	(2) BERNARD BULL	1.00	1									
BOARD MEMBER	BOARD MEMBER		X	-	_		_		0.	0.	0.	
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(10) JONATHAN C LAABS 6.00 X 41,322. 0. 15,9 (11) LEE HANSON 8.00		2.00	v		x				0.	0.	0.	
EXECUTIVE DIRECTOR X 41,322. 0. 15,9 (11) LEE HANSON 8.00		6.00	1		1	-	-	 	<u> </u>			
(11) LEE HANSON 8.00		0.00	1	l	x				41.322.	0.	15,967.	
15 600		8.00										
			1		x				15,600.	0.	0.	
	TOTAL TREATMENT OF THE PROPERTY OF THE PROPERT	***		1					1			
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Pa	rt VII Section A. Officers, Directors, Trus	stees, Key Em								es (continued)	. 15 0	<u> </u>		5-
	(A) Name and title	(B) Average			((Pos	C) ition	1		(D) Reportable	(E) Reportab	е	E	(F) stima	
		hours per	box	not c , unle cer an	ss pe	rson	ıs bot	h an	compensation	compensat		ar	noun	
		week (list any	\vdash	Cer an		T COLO	7,1103	100,	from the	from relate organizatio		con	othe oens	r sation
		hours for	or director]		}	豆	1	organization	(W-2/1099-M		1	rom t	
		related	stee 0	rustee	ŀ		pensa		(W·2/1099-MISC)			1 -	janiza	
		organizations below	Individual trustee	tonal		ploye	st com					1	d rela anıza	tions
		line)	Individ	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				0.9	u,	
•														
											_			
1b	Sub-total	•	•						56,922.		0.		5,9	967.
	Total from continuation sheets to Part V Total (add lines 1b and 1c)	II, Section A						>	56,922.		0.		5,9	0. 967.
2	Total number of individuals (including but recompensation from the organization	not limited to th	ose	liste	ed at	bove	e) wł	no re	eceived more than \$100	0,000 of reportal	ole			(
3	Did the organization list any former officer	director, or tru	ustee	e. ke	v er	npla	vee	. or l	highest compensated e	mplovee on			Yes	
	line 1a? If "Yes," complete Schedule J for s			•	•							3		X
4	For any individual listed on line 1a, is the si	•							•	the organizatior	1		1.0	
_	and related organizations greater than \$15											4 30:353	ኤ ሀኮሮ	X
5	Did any person listed on line 1a receive or rendered to the organization? If "Yes," com							elate	ed organization or indivi	idual for service	S	5		X
Sec	ction B. Independent Contractors	ipiete Scriedui	e 	OI SE	JCII j	pers	UII							1 22
1	Complete this table for your five highest co	mpensated in	depe	ende	nt c	ontr	acto	ors t	hat received more than	\$100,000 of co	mpens	ation	rom	
	the organization Report compensation for	the calendar y	ear e	endi	ng w	vith (or w	ithin	the organization's tax	year				
	(A) Name and business	address	NO	ONE	€				(B) Description of s	ervices	c)) Ompe		on
_										-				-
								\dashv				_		
		<u>.</u>									-			
	· · · · · · · · · · · · · · · · · · ·							1			 _			
2	Total number of independent contractors (\$100,000 of compensation from the organi	•	ot lir	nite	d to		se lis	sted	above) who received m	nore than	· · · · · · · · · · · · · · · · · · ·		PACK	

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36-2496650 Page 9 PartiVIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax under Related or Unrelated Total revenue exempt function business revenue revenue Gifts, Grants 1 a Federated campaigns 183,315 1b b Membership dues c Fundraising events 1c d Related organizations 1d Contributions, (and Other Simil e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1f 111,861 9 Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f Business Code 2 a REGISTRATION AND EXHIB 611710 138,662. 138,662. Program Service Revenue f All other program service revenue 138,662. Total, Add lines 2a-2f 3 Investment income (including dividends, interest, and 521 521. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) (i) Secunties (ii) Other 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis 216 and sales expenses c Gain or (loss) ... <216.> <216. <216. d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less. cost of goods sold ... c Net income or (loss) from sales of inventory Business Code Miscellaneous Revenue 3,650. 3,650. 11 a OTHER REVENUE 611710 611710 b INCREASE IN VALUE OF A d All other revenue 5,457. 在2015年時期國際的國際學院 e Total. Add lines 11a-11d

Form 990 (2017)

439,600

Total revenue See instructions.

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Pant X Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (C) Management and (A) Total expenses (D) Fundraising (B) Do not include amounts reported on lines 6b, Program service expenses 7b, 8b, 9b, and 10b of Part VIII. general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 36,370. 18,531. 127,824 182,725 trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 92,560 50,908 32,396 9,256. 7 Other salaries and wages Pension plan accruals and contributions (include 6,467. 41,498 11,916. 59,881 section 401(k) and 403(b) employer contributions) 15,879. 4,560. 2,475. 22.914. Other employee benefits 588 319. 2,954. 2.047 10 Payroll taxes Fees for services (non-employees): Management Legal b 15,069. 15,069. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, 57,051 31,440 column (A) amount, list line 11g expenses on Sch O.) 88,491 Advertising and promotion 12 554 15,465 12,993 1,918 13 Office expenses Information technology 14 75 75 Royalties 15 16 Occupancy 5,807. 30,301 65,171 29,063 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 83,245 83,245 Conferences, conventions, and meetings 19 Interest 20 Payments to affiliates 21 434 434 22 Depreciation, depletion, and amortization 318 318 23 Insurance 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 29,040. 29,040. PUBLIC INFORMATION 2.670. 70. 568 3,308. MISCELLANEOUS 885. 2,229. 1,344. POSTAGE AND SHIPPING 911 997. 1,908 d TELEPHONE All other expenses 426,835 200,588. 44,364. 671.787 Total functional expenses Add lines 1 through 24e Joint costs Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Form 990 (2017)

Check here

if following SOP 98-2 (ASC 958-720)

Par	T.W.	Balance Sneet				
		Check if Schedule O contains a response or not	e to any line in this Part X	· · · · · · · · · · · · · · · · · · ·	1	
				(A) Beginning of year		(B) End of year
	. 1	Cash - non-interest-bearing		136,496.	1	24,672.
	2	Savings and temporary cash investments		50,069.	2	0.
	3	Pledges and grants receivable, net			3	250.
	4	Accounts receivable, net		2,801.	4_	10,104.
	5	Loans and other receivables from current and fo	刘克克夫夫夫			
		trustees, key employees, and highest compensation	A CHARLES IN	14.2		
		Part II of Schedule L		5		
	6	Loans and other receivables from other disquali	fied persons (as defined under		3000	
		section 4958(f)(1)), persons described in section				V-0.02/20-54/2016
		employers and sponsoring organizations of sect	tion 501(c)(9) voluntary	A ROSE TO A A MILLS	(Lan	de la constantina della consta
S.		employees' beneficiary organizations (see instr).	Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net			7	•
Ą	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		26,782.	9	83,562.
	10a	Land, buildings, and equipment cost or other				
		basis Complete Part VI of Schedule D	10a 11,970.			是这个主义是是
	b	Less accumulated depreciation	10b 11,102.	0.	10c	868.
	11	Investments - publicly traded securities			11	
	12	Investments other securities See Part IV, line	l 1		12	
	13	Investments · program-related See Part IV, line	11		13	
	14	Intangible assets .		14		
	15	Other assets See Part IV, line 11		47,966.	15	49,773.
	16	Total assets. Add lines 1 through 15 (must equ	al line 34)	264,114.	16	169,229.
	17	Accounts payable and accrued expenses .		5,782.	17	96,292.
	18	Grants payable			18	
	19	Deferred revenue		109,370.	19	156,162.
	20	Tax-exempt bond liabilities			20	
•	21	Escrow or custodial account liability Complete	Part IV of Schedule D	AND THE THE PERSON NAMED TO STATE OF THE PERSON OF	21	WINESAMON AND PROPERTY OF THE PERSON OF THE
S	22	Loans and other payables to current and former	officers, directors, trustees,			
#		key employees, highest compensated employee	es, and disqualified persons.			
Liabilities		Complete Part II of Schedule L			22	
_	23	Secured mortgages and notes payable to unrela	ated third parties		23	
	24	Unsecured notes and loans payable to unrelate			24	
	25	Other liabilities (including federal income tax, pa				
		parties, and other liabilities not included on lines	s 17-24). Complete Part X of		1	
		Schedule D	•	115 152	25	252 454
	26_	Total liabilities. Add lines 17 through 25		115,152.	26	252,454.
		Organizations that follow SFAS 117 (ASC 958				
Sec		complete lines 27 through 29, and lines 33 an	nd 34.	112 052		<143,068.>
Fund Balances	27	Unrestricted net assets		112,953. <15,511.	ľ	7,773.
Ba	28	Temporarily restricted net assets	• •	51,520.		52,070.
P	29	Permanently restricted net assets	00.050	31,320.	29	52,070.
Ť		Organizations that do not follow SFAS 117 (A				
5 0		and complete lines 30 through 34.	•		2000	
set	30	Capital stock or trust principal, or current funds			30	
As	31	Paid-in or capital surplus, or land, building, or ed			31	
Net Assets or	32	Retained earnings, endowment, accumulated in	come, or other funds	140 062	32	292 22E >
_	33	Total net assets or fund balances		148,962. 264,114.		<83,225.> 169,229.
	34	Total liabilities and net assets/fund balances		404,114.	34	107,449.

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2017

2017

Open to Public

Inspection

Name of the organization Employer identification number 36-2496650 LUTHERAN EDUCATION ASSOCIATION Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is: (For lines 1 through 12, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2), (Complete Part III) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. _ Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. . Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) is the organization listed (v) Amount of monetary (vi) Amount of other (III) Type of organization (i) Name of supported (n) EIN in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions)) A. A. C. C. C. 以1.2000年度第1本版 (15xx 本学)中 Total

Schedule A (Form 990 or 990-EZ) 2017 LUTHERAN EDUCATION ASSOCIATION 36-2496650 Page 2 [Partill Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Se	ction A. Public Support		ioc complete i ait	,			
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Gifts, grants, contributions, and	(4,2010	(5)23	(0) = 0.70	(4)-5.5	(0/2011	
·	membership fees received (Do not	1					
	include any "unusual grants ")	419,576.	239.998.	309,279.	422.644.	295,176.	1,686,673.
2	Tax revenues levied for the organ-		202,7220	<u> </u>			
_	ization's benefit and either paid to						
	or expended on its behalf] .	
3	The value of services or facilities						
Ŭ	furnished by a governmental unit to						
	the organization without charge					ĺ	
4	Total. Add lines 1 through 3	419,576.	239,998.	309,279.	422,644.	295,176.	1,686,673.
5			Eres Si Salatoria	17 (18) (19) (19) (19) (19) (19) (19) (19) (19	NATA AND		1,000,075.
•	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,				4		
	column (f)						
6	Public support. Subtract line 5 from line 4		The second second				1 686 673.
	ction B. Total Support	The second of the second of the second of	The section of the section of	THE COLUMN 1 / N. P. LEWIS CO., CO.	I abendo de actividad de la companya	Inter Manches Con Man 1	1,000,075.
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 4	419,576.	239,998.	309,279.		295,176.	1,686,673.
	Gross income from interest,	70,00					-,
	dividends, payments received on		,				
	securities loans, rents, royalties,						
	and income from similar sources	348.	142.	_ 85.	559.	521.	1,655.
9	Net income from unrelated business	0.200					. , , , ,
•	activities, whether or not the	,				1	
	business is regularly carned on						
10	Other income. Do not include gain			" ".			
	or loss from the sale of capital		;				
	assets (Explain in Part VI.)	7,800.	8,035.	626.	3,294.	3,650.	23,405.
11							1,711,733.
	Gross receipts from related activities,					12	
	First five years. If the Form 990 is for	•	•	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stor	-			•		ightharpoons
Sec	ction C. Computation of Publ	ic Support Pc	rcentage				
14	Public support percentage for 2017 (line 6, column (f) di	ivided by line 11, c	olumn (f))		14	98.54 %
	Public support percentage from 2016					15	98.22 %
16a	33 1/3% support test - 2017. If the	organization did no	t check the box or	n line 13, and line	14 is 33 1/3% or n	nore, check this box	and
	stop here. The organization qualifies	as a publicly supp	orted organization	•••			$\triangleright \mathbf{X}$
b	33 1/3% support test - 2016. If the	organization did no	t check a box on I	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check the	s box
	and stop here. The organization qual						. • ▶□
17a	10% -facts-and-circumstances tes	•	- · ·		e 13, 16a, or 16b, a	and line 14 is 10% o	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"	test The organiza	tion qualifies as a	publicly supported	dorganization	-	ightharpoons
b	10% -facts-and-circumstances tes	•			=	17a, and line 15 is 1	0% or
	more, and if the organization meets the	-					
	organization meets the "facts-and-circ				•		ightharpoons
18	Private foundation. If the organization		•	•			▶□
						dula A (Form 000 a	- 000 E7\ 2017

Schedule À (Form 990 or 990-EZ) 2017 LUTHERAN EDUCATION ASSOCIATION Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to

qualify under the tests listed b	elow, please comp	olete Part II)				
Section A. Public Support	1		T	1		
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
 Gifts, grants, contributions, and 	1			1		
membership fees received (Do not				11		
include any "unusual grants ")		 				
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus- iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities				/ i		
furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5			/	1		
7a Amounts included on lines 1, 2, and			/			
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b		/		1		
8 Public support. (Subtract line 7c from line 6)	THE WAST	が記得る。	THE PERSON NAMED IN	SEAST OF F	是1444年1	1
Section B. Total Support		/				
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6					 	
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		,				
b Unrelated business taxable income		/		\		
(less section 511 taxes) from businesses acquired after June 30, 1975	/					
c Add lines 10a and 10b				\		
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital				\		
assets (Explain in Part VI) 13 Total support. (Add lines 9, 10c, 11, and 12)	i		· · ·	- 	\	
14 First five years. If the Form 990 is for	r the organization's	first, second, thir	d, fourth, or fifth t	tax year as a sectio	n 501(c)(3) organi	zation,
check this box and stop here	1	,,	, , , , , , , , , , , , , , , , , , , ,	•		. ▶□
Section C. Computation of Publ	ic Support Pe	rcentage				,
15 Public support percentage for 2017 (column (fl)		15	%
16 Public support percentage from 2016					16	%
Section D. Computation of Inve						
17 Investment income percentage for 20			ne 13, column (f))	-	17	%
18 Investment income percentage from	1		.,		18	%
19a 33 1/3% support tests - 2017. If the	Y .		on line 14, and fin	e 15 is more than 3	<u> </u>	
more than 33 1/3%, check this box a	\					\ ▶□
b 33 1/3% support tests - 2016. If the	\1					and
line 18 is not more than 33 1/3%, che	eck this box and st	op here. The orga	nization qualifies	as a publicly suppo	rted organization	\mathbf{P}
20 Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	this box and see ins	tructions	0 000 F7\ 000

Partily Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Arc all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more . disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

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Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A	(Form 990 or 990-EZ) 20	17

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Enter 85% of line 1

Enter greater of line 2 or line 3

instructions)

Income tax imposed in prior year

Minimum asset amount for prior year (from Section B, line 8, Column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions)

3

Schedule A (Form 990 or 990-EZ) 2017

d Excess from 2016

e Excess from 2017

Schedule À	(Form 990 or 990-EZ) 2017 L	UTHERAN EI	DUCATION A	SSOCIATION	36-2496650 Page 8
'Rart _* VI	Supplemental Informa Part IV, Section A, lines 1, 2, 3 line 1, Part IV, Section D, lines	tion. Provide the 3b, 3c, 4b, 4c, 5a, (2 and 3; Part IV, 5	explanations requires, 9a, 9b, 9c, 11a, 18ection E, lines 1c,	red by Part II, line 10, Part II, line 1 11b, and 11c, Part IV, Section B, li 2a, 2b, 3a, and 3b, Part V, line 1, I Also complete this part for any ac	7a or 17b, Part III, line 12, nes 1 and 2, Part IV, Section C, Part V, Section B, line 1e, Part V,
	 				
					
					
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SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

➤ Attach to Form 990.

➤ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 Open to Public

Inspection يورير

Name of the organization

LUTHERAN EDUCATION ASSOCIATION

Employer identification number 36-2496650

Pai	t.l Organizations Maintaining Donor Advise		s or Accounts. Complete if the			
	organization answered "Yes" on Form 990, Part IV, line 6					
		(a) Donor advised funds	(b) Funds and other accounts			
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advis	sed funds			
•	are the organization's property, subject to the organization's		Yes No			
6	Did the organization inform all grantees, donors, and donor a					
•	for charitable purposes and not for the benefit of the donor o	•	•			
	impermissible private benefit?		Yes No			
Pai	Till a Conservation Easements. Complete if the org	anization answered "Yes" on Form 990,				
1	Purpose(s) of conservation easements held by the organization					
	Preservation of land for public use (e.g., recreation or e		orically important land area			
	Protection of natural habitat		tified historic structure			
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	of a conservation easement on the last			
	day of the tax year		Held at the End of the Tax Year			
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easements		2b			
С	Number of conservation easements on a certified historic stri	ucture included in (a)	2c			
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic struct	ure			
	listed in the National Register		2d			
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	e organization during the tax			
	year▶					
4	Number of states where property subject to conservation eas	sement is located >				
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of				
	violations, and enforcement of the conservation easements if	holds?	Yes No			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing con	servation easements during the year			
	>					
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	ition easements during the year			
	▶ \$					
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)					
	and section 170(h)(4)(B)(ii)? Yes No					
9	In Part XIII, describe how the organization reports conservation					
	include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for					
Ican 35	conservation easements					
Pai	TIIII Organizations Maintaining Collections of		ther Similar Assets.			
	Complete if the organization answered "Yes" on Form					
1a	If the organization elected, as permitted under SFAS 116 (AS	**				
	historical treasures, or other similar assets held for public exh		ince of public service, provide, in Part XIII,			
	the text of the footnote to its financial statements that descri					
b	If the organization elected, as permitted under SFAS 116 (AS					
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pu	blic service, provide the following amounts			
	relating to these items					
	(i) Revenue included on Form 990, Part VIII, line 1		\$			
	(ii) Assets included in Form 990, Part X	•	> \$			
2	If the organization received or held works of art, historical treatment		al gain, provide			
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items				
а	Revenue included on Form 990, Part VIII, line 1		\$			
b	Assets included in Form 990, Part X		▶ \$			

		N EDUCATIO					<u> 36-24</u>			<u>ge 2</u>
Par	t.III Organizations Maintaining C	Collections of A	rt, Historical T	reasures,	or Oth	er Simil	ar Asse	ts (contin	ued)	
3	Using the organization's acquisition, accessi	on, and other record	ls, check any of the	e following the	at are a s	significant	use of its	collection	items	
	(check all that apply).									
а	Public exhibition	d	Loan or ex	change progr	rams					
b	Scholarly research	e		3. 3						
c	Preservation for future generations	-								
4	Provide a description of the organization's co	ollections and explain	n how they further	the organizat	ion's exe	empt nurn	nse in Par	t XIII		
5	During the year, did the organization solicit of						555 III. a.			
5	to be sold to raise funds rather than to be ma				ici siiriic	1 405010	Г	Yes		No
Par	tilV, Escrow and Custodial Arran				"Voo" o) Port IV			140
rai	reported an amount on Form 990, Pa	-	ete ii the organizati	on answered	162 0	n Fomi 990	J, Failly,	iii le 5, Oi		

1 a	Is the organization an agent, trustee, custod	ian or other intermed	liary for contributio	ns or other a	ssets no	t incluaea		٦.,		
	on Form 990, Part X?						L.	Yes	Ш	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table.							
							-	Amount		
С	Beginning balance					1c				
d	Additions during the year					1d		_		
е	Distributions during the year					1e				
f	Ending balance .					1f		_		
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for escrow or o	custodial acc	ount liab	ılıty?		Yes		No
b	If "Yes," explain the arrangement in Part XIII	Check here if the ex	planation has been	n provided or	Part XII	1				
	t∛≋ Endowment Funds. Complete									
	•	(a) Current year	(b) Prior year	(c) Two year	ars back	(d) Three y	ears back	(e) Four	years b	ack
1a	Beginning of year balance	51,520.	51,520		1.470.		51,470.		51.4	170.
h	Contributions	550.		·	50.					
•	Net investment earnings, gains, and losses			 						
ن			-							
a	Grants or scholarships			+						—
е	Other expenditures for facilities									
	and programs			-						—
f	Administrative expenses .							_		
g	End of year balance	52,070.	51,520	-	1,520.	L	<u>51,470.</u>		51,4	<u>.70.</u>
2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1g, column i	(a)) held as						
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Temporarily restricted endowment ▶	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%								
За	Are there endowment funds not in the posse	ession of the organiza	ation that are held	and administe	ered for	the organiz	zation	_		
	by								Yes	No
	(i) unrelated organizations							3a(ı)	X	-
	(ii) related organizations	·						3a(ii)		X
ь	If "Yes" on line 3a(ii), are the related organiza	ations listed as requir	red on Schedule R	?		•	• • •	3b		
4										
	twi Land, Buildings, and Equipm									_
F- 5 = -	Complete if the organization answere) Part IV line 11a	See Form 99	0 Part X	line 10				
	Description of property		· · · · · · · · · · · · · · · · · · ·	t or other		ccumulate	-d	(d) Book	value	
	Description of property	(a) Cost or o	1	t or other (other)		preciation	,u	(u) DOOK	value	
		Dasis (IIIVESIII	nony basis	, (outer)		Preciation	5443			
	Land				Raceal	CON AND SI	ETKAL)			
	Buildings				ļ					
	Leasehold improvements	-				44.5				
d	Equipment .			<u>11,970.</u>	<u> </u>	11,1	02.		86	8.
e_	Other				<u> </u>					
Total	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, column (B), line	10c)					86	8.

Part VII	Investments - Other Securities.

Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 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		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total (Col (b) must equal Form 990, Part X, col (B) line 12.)		いっていてのなるとのでは、大きなないのでは、大きなないというできます。
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11c See Form 990, Part X, line 13
(a) Description of investment	(b) Book value	(c) Method of valuation. Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		

Part IX Other Assets.

Total (Col. (b) must equal Form 990, Part X, col. (B) line 13.)

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 15.

(a) Description .	(b) Book value
(1) BENEFICIAL INTEREST IN ASSETS HELD BY OTHERS	49,773.
(2)	
(3)	
(4)	
(5)	
(6)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	▶ 49,773.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25

<u>1. </u>	(a) Description of liability	(b) Book value	
(1) Federa	al income taxes		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column	n (b) must equal Form 990, Part X, col (B) line 25.)	<u> </u>	

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

Sche	dule D (Form 990) 2017 LUTHERAN EDUCATION ASSOC	CIATION	36-2496650 Page 4
Par	tXI Reconciliation of Revenue per Audited Financial Stat	ements With Reven	ue per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a	
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
С	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		1623
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b		4c
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5
Pai	TXII Reconciliation of Expenses per Audited Financial Sta	tements With Expe	nses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	t 1	表
а	Donated services and use of facilities	2a	<u>\$</u>
b	Prior year adjustments	2b	
С	Other losses	2c	
d	Other (Describe in Part XIII)	. 2d	
е	Add lines 2a through 2d .	•	2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.) 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
C	Add lines 4a and 4b		. 4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5
	t XIII Supplemental Information.		
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,		Part V, line 4, Part X, line 2; Part XI,
lines	2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any	y additional information	
חגם	om tr time 4.		
PAL	RT V, LINE 4:		
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א∪יי	A PRIVATE FOUNDATION UNDER SECTION 509)(A) OF THE TE	2C.
	A FRIVALE FOUNDATION ONDER SECTION 303	,,, <u> </u>	Schedule D (Form 990) 2017

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

➤ Attach to Form 990 or 990-EZ.

OMB No 1545-0047 Open to Public # Inspection was #4

Internal Revenue Service Go to www.irs.gov/Form990 for the latest information. Name of the organization Employer identification number 36-2496650 LUTHERAN EDUCATION ASSOCIATION FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: PURPOSE OF BUILDING UP THE BODY OF CHRIST. FORM 990, PART VI, SECTION B, LINE 11B: THE 990 IS DISTRIBUTED TO ALL MEMBERS OF THE GOVERNING BOARD AND REVIEWED PRIOR TO THE FORM BEING ISSUED. FORM 990, PART VI, SECTION B, LINE 12C: THE BOARD MEMBERS ARE REQUIRED TO SIGN THE FORMS AND THEY ARE REVIEWED ANNUALLY. FORM 990, PART VI, SECTION B, LINE 15: THE BOARD REVIEWS AND APPROVES ALL COMPENSATION. FORM 990, PART VI, SECTION C, LINE 19: IT IS AVAILABLE UPON REQUEST. FORM 990, PART IX, LINE 11G, OTHER FEES: OTHER PROFESSIONAL SERVICES: 31,440. PROGRAM SERVICE EXPENSES MANAGEMENT AND GENERAL EXPENSES 57,051. 0. FUNDRAISING EXPENSES TOTAL EXPENSES 88,491. TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 88,491.

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

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