Return of Organization Exempt From Income Tax

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

2018

Department of the Treasury Internal Revenue Service

► 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.

Open to Public Inspection

OMB No. 1545-0047

A	For the	2018 calendar year, or tax year beginning 07/01 , 2018, and endi		
В	Check if a	applicable: C Name of organization AUGUSTANA COLLEGE	DE	Employer identification number
	Address	change Doing business as RECEIVE		36-2166962
	Name cha			elephone number
	Initial retu	639 38TH STREET	79	(309) 794-7499
$\bar{\Box}$		Werminated City or town, state or province, country, and ZIP or foregrepostal volv 2 4 2020	181	
$\overline{\Box}$	Amended	ROCK ISLAND II 61201-2296	101 60	Gross receipts \$ 167,702,528
$\overline{\Box}$		on pending F Name and address of principal officer STEVEN BAHLS OGDEN, U	R(a) s this a group	return for subordinates? Yes No
_	, , , , , , , , , , , , , , , , , , , ,	SAME AS C ABOVE	H(h) Are all subr	ordinates included? Yes No
$\overline{}$	Tax-exem			attach a list. (see instructions)
J	Website:		~	mption number 🕨
ĸ		rganization ✓ Corporation ☐ Trust ☐ Association ☐ Other ► L Year of form		M State of legal domicile IL
_	art I	Summary		
		Briefly describe the organization's mission or most significant activities: BACC	CALAUREATE LEV	VEL INSTRUCTION
ø	I	AUGUSTANA COLLEGE, ROOTED IN THE LIBERAL ARTS AND SCIENCES AND A LL		
Governance		(CONTINUED ON SCHEDULE O)		
E	2	Check this box ► ☐ if the organization discontinued its operations or disposed	of more than 25	5% of its net assets.
Š				38
∞		Number of independent voting members of the governing body (Part VI, line 1b		4 37
es		Total number of individuals employed in calendar year 2018 (Part V, line 2a)	,	5 2,778
Ž.	1	Total number of volunteers (estimate if necessary)		6 250
Activities &	1	Total unrelated business revenue from Part VIII, column (C), line 12		7a 47,961
•		Net unrelated business taxable income from Form 990-T, line 38		7b 254,596
_		vot uni datod business taxabis income nomi sim ose 1, inc os	Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	10,95	0,603 12,488,356
		Program service revenue (Part VIII, line 2g)	129,11	
Ş		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		2,695 6,452,195
æ	l .	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		9,537 1,215,698
		Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	152,79	
_		Grants and similar amounts paid (Part IX, column (A), lines 1–3)	63,12	
	1	Benefits paid to or for members (Part IX, column (A), line 4)	00,12	0,001
10	l	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	42,49	8,966 41,698,487
Expenses	I	Professional fundraising fees (Part IX, column (A), line 11e)	12,10	20 167,542
pen	1	Total fundraising expenses (Part IX, column (D), line 25) ► 2,084,600	hat with the same of	
ŭ	1	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	35,220	
	1	Fotal expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	140,850	
		Revenue less expenses. Subtract line 18 from line 12	11,940	
- ×		Totalida lada experiaca. Cabalaat iine 10 mani iine 12	Beginning of Curren	
sets or	20	Total assets (Part X, line 16)	360,87	
Ass	21	Total liabilities (Part X, line 26)	68,02	
Net Ass Fund Ba	22 1	Net assets or fund balances. Subtract line 21 from line 20	292,850	
	irt II	Signature Block	232,030	0,014
		les of perjury, I declare that I have examined this return, including accompanying schedules and state	ements and to the h	est of my knowledge, and helief it is
		and complete. Declaration of preparer (other than officer) is based on all information of which prepare		
	`Т	Man	<i>I</i>	132 /2 22
Sig	ın	Signature of officer	Date	4)/10/10
He				
		Type or print name and title KIRK ANDERSON, VP FOR FINANCE AND ADMINISTR	RATION	
			ate	PTIN
Pa			10	check if **********************************
Preparer		1	——————————————————————————————————————	
Us	e Only		Firm's E	
Ma	v the IP	Firm's address ► S discuss this return with the preparer shown above? (see instructions)	Phone n	Yes No
_				
ror	raperw	ork Reduction Act Notice, see the separate instructions. Cat. I	No. 11282Y	Fdrm 990 (2018)
				(5910)

	35 (2515)	- rage z
Part		_
	Check if Schedule O contains a response or note to any line in this Part III	_
1	Briefly describe the organization's mission	
	AUGUSTANA COLLEGE, ROOTED IN THE LIBERAL ARTS AND SCIENCES AND A LUTHERAN EXPRESSION OF THE	·
	CHRISTIAN FAITH, IS COMMITTED TO OFFERING A CHALLENGING EDUCATION THAT DEVELOPS QUALITIES OF MIND	
	SPIRIT, AND BODY NECESSARY FOR A REWARDING LIFE OF LEADERSHIP AND SERVICE IN A DIVERSE AND CHANGI	ING
	WORLD Did the organization undertake any significant program services during the year which were not listed on the	
-		Yes ☑ No
	•	TES MINO
3	If "Yes," describe these new services on Schedule O Did the organization cease conducting, or make significant changes in how it conducts, any program	
J		Yes ☑ No
	If "Yes," describe these changes on Schedule O	res Mino
4	Describe the organization's program service accomplishments for each of its three largest program services, as	managurad by
7	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations	
	the total expenses, and revenue, if any, for each program service reported	
	(Code) (Expenses \$ 92,434,733 including grants of \$ 63,703,094) (Revenue \$ 102,6	661,675)
74	HIGHER EDUCATION INSTRUCTION - INCLUDES 73 ACADEMIC MAJORS, FOREIGN STUDY PROGRAMS, HONORS	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	PROGRAMS, AND OTHER EDUCATIONAL RELATED DEPARTMENTS SERVICING APPROXIMATELY 2,500 TOTAL STUDE	ENTS AND
	STAFFED BY APPROXIMATELY 300 FACULTY MEMBERS	
4b	(Code) (Expenses \$ 13,177,445 including grants of \$) (Revenue \$ 1,8	390,550)
	HIGHER EDUCATION ACADEMIC SUPPORT - INCLUDES LIBRARY SUPPORT OF 160,000 TOTAL VOLUMES, AUDIOVISU	JAL
	MATERIALS AND EQUIPMENT, ART EXHIBITS, JAZZ, THEATER, BAND, CHOIR, INTERCOLLEGIATE ATHLETICS, AND	
	RELATED ACTIVITIES SERVICING THE STUDENT AND THE COMMUNITY (2,500 STUDENTS)	
4c	(Code) (Expenses \$13,045,152 including grants of \$) (Revenue \$20,22)	
	HIGHER EDUCATION AUXILIARY ENTERPRISES - SERVES THE STUDENT COMMUNITY BY SELLING TEXTBOOKS AND)
	OTHER INSTRUCTIONAL MATERIALS AND SUPPLIES, AND PROVIDES MEAL SERVICE AND HOUSING (2,500 STUDEN	ГS)
		·
4d	Other program services (Describe in Schedule O)	
	(Expenses \$ 10,153,988 including grants of \$ 0) (Revenue \$ 3,281,295)	
4e	Total program service expenses ► 128.811.318	

orm 99	OD (2018)	AYO	\bigcirc	Page 3
Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	✓	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		✓
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .	4	✓	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	✓	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	✓	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V .	10	✓	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	√	
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	11b	✓	
С	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	11c		1
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	11d		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	✓	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	1	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	1	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	√	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	✓	
Ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b	✓	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		\
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV .	16		\
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 (see instructions)	17	1	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		✓
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		✓
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H .	20a		✓
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		✓

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Part I	V Checklist of Required Schedules (continued)			
			Yes	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	✓	
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	1	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
244	\$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	*	
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		√
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		✓
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		✓
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		✓
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		√
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	21		,
	Part IV instructions for applicable filing thresholds, conditions, and exceptions). A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			
a b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			_
	Schedule L, Part IV	28b	✓	
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		✓
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	✓	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	✓	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓
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		✓
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		✓
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		✓
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		/
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		1
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		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	1	
Part	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 .			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	1		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	√	

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Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
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 2,778		<u> </u>	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	✓	L-,
2-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		<u></u>	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? 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	✓	
b		30	-	
4a	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	1	
b	If "Yes," enter the name of the foreign country BD, CJ	70		
-	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?	 5а		/
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
С	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			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			لــِــا
	and services provided to the payor?	7a		✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	70		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		$\overline{}$
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		7
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year? .	8		L
9	Sponsoring organizations maintaining donor advised funds.			
a	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		<u> </u>
10	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12			
a 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.			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources		,	
	against amounts due or received from them)			
12a	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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			ļ
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note. See the instructions for additional information the organization must report on Schedule O			
ь	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 receives on hand			
C 14a	Enter the amount of reserves on hand	14a		✓
14a b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14a		_
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	170		
	excess parachute payment(s) during the year?	15		1
	If "Yes," see instructions and file Form 4720, Schedule N			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		✓
	If "Yes," complete Form 4720, Schedule O			
		Forn	₁990	(2018)

Part	· · · · · · · · · · · · · · · · · · ·			for a	
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule	∍ O. Se	e ins	truct	
Secti	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>	• •		. 🗸
Secti	on A. Governing body and Management			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	38	_		"
	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	37			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship any other officer, director, trustee, or key employee?	with -	2	-	√
3	Did the organization delegate control over management duties customarily performed by or under the d	rect	_		,
4	supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	. +	3		V
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	-	5		1
6	Did the organization have members or stockholders?	-	6		1
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appone or more members of the governing body?	oint	7a		1
b	Are any governance decisions of the organization reserved to (or subject to approval by) memb	ers.			Ť
_	stockholders, or persons other than the governing body?	,	7b		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken du the year by the following	ring			
а	The governing body?	-	8a	√	
b	Each committee with authority to act on behalf of the governing body?		8b	✓	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reache the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	d at	9		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal R	evenu	e C	ode.))
		_		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	⊢	10a		✓
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapt affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the fo		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	—	12a	✓	
þ	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to confli	-	12b	✓_	
¢	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y			,	
40	describe in Schedule O how this was done	-	12c	√	-
13	Did the organization have a written whistleblower policy?		13 14	✓	
14 15	Did the process for determining compensation of the following persons include a review and approval	-	14	· V	
13	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision				
а	The organization's CEO, Executive Director, or top management official .	1-	15a	$\overline{\checkmark}$	
b	Other officers or key employees of the organization .	Ŀ	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 arrangements 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			_	
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard organization's exempt status with respect to such arrangements?	the _	16b		
Secti	on C. Disclosure				1
17	List the states with which a copy of this Form 990 is required to be filed ▶ AK, CO, DC, IL, MA, NH, NV, SC,	WA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and		(Sec	tion 5	501(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply				. ,
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict financial statements available to the public during the tax year	of inter	rest	oolicy	, and
20	State the name, address, and telephone number of the person who possesses the organization's books a KIRK ANDERSON 639 38TH STREET ROCK ISLAND II 61201 (309) 794-7203	nd reco	ords	>	

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

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

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

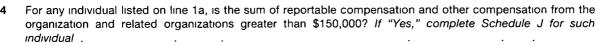
List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons.

Check this box if neither the organization no	r any relate	d orga	anız	atıo	n c	ompe	nsa	ted any curren	t officer, director	r, or trustee
				(0)					
(A)	(B)	/	Position on the check more than one					(D)	(E)	(F)
Name and Title	Average					tnan c וs both		Reportable	Reportable	Estimated
	hours per					or/trust		compensation	compensation from	amount of
	week (list any hours for	익方	lns	ç	Ke	링꽃	7	from the	related organizations	other compensation
	related	divid	titu	Officer	y er	ples	Former	organization	(W-2/1099-MISC)	from the
	organizations below dotted		ion	ľ	Key employee	/ee		(W-2/1099-MISC)		organization and related
	line)	trus	al tro		yee	ğ	l 1			organizations
		tee	Institutional trustee			Highest compensated employee				
			e			ted				
(1) MARY JUNCK	10									
VP OF BOARD	T	✓		✓				0	0	0
(2) JOHN MURABITO	10							-		
CHAIR OF THE BOARD		✓_		✓				0	0	0
(3) STEVEN BAHLS	55 0									
COLLEGE PRESIDENT		✓		1				475,434	0	75,666
(4) KENNETH ABRAMS	10									
BOARD MEMBER		\						0	0	0
(5) DEBRA GAMMON	10									
BOARD MEMBER		✓						0	0	0
(6) DR DIANE GRIFFIN	10									
BOARD MEMBER		✓						0	0	0
(7) JULIE ELLIOTT	10									
BOARD MEMBER		✓						0	0	0
(8) ZAC LARSON	10									
BOARD MEMBER		✓						0	0	0
(9) PHILIP MCKINLEY	10									
BOARD MEMBER		✓						0	0	0
(10) LYNETTE RASMUSSEN	10									
BOARD MEMBER		✓						0	0	0
(11) MARK SCHWIEBERT	10									
BOARD MEMBER		✓						0	0	0
(12) DANA WATERMAN	10									
BOARD MEMBER		✓						0	0	0
(13) REV DR MARK WILHELM	10									
BOARD MEMBER		✓						0	0	0
(14) TREVOR WILL	10									
BOARD MEMBER		✓					L	0	0	0

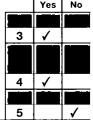
Part VII Section A. Officers, Directors, Trus	tees, Key E	mplo	yees	s, ar	nd H	lighes	st C	ompensated E	mployees (contir	nued)
				((-)					
(A) Name and title	(B) Average hours per	Position (do not check more than o box, unless person is both officer and a director/truste					an	(D) Reportable compensation	(E) Reportable compensation from	(F) Estimated amount of
	week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(15) KARL ZOBRIST	10									-
BOARD MEMBER		✓						0	0	0
(16) WILEY ADAMS	10									
BOARD MEMBER		✓						0	0	0
(17) CHRISTINA KLEIN BOARD MEMBER	10	1						0	0	0
(18) DR NILS HASSELMO	1 Û									
BOARD MEMBER		✓						0	0	0
(19) ROBERT KARLBLOM	10									
BOARD MEMBER	1	✓						0	0	0
(20) RICHARD GODFREY	10									
BOARD MEMBER		✓						0	0	0
(21) ERIC LINDBERG	10									
BOARD MEMBER	<u> </u>	✓.						0	0	0
(22) CHRISTOPHER SEYFARTH	10									
BOARD MEMBER		✓						0	0	0
(23) PEDRO CERVANTES	10									
BOARD MEMBER		✓						0	0	0
(24) REV JEFF CLEMENTS	10									
BOARD MEMBER		✓						0	0	0
(25) (SEE STATEMENT)	ļ									
1b Sub-total	l	l	<u> </u>	<u> </u>	L		►	475,434	0	75,666
c Total from continuation sheets to Part	VII, Sectio	n A						1,947,943	0	429,753
d Total (add lines 1b and 1c)								2,423,377	0	505,419

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 25

3	Did the organization list any former officer, director, or trustee, key e	employee, or highest compensated
	employee on line 1a? If "Yes," complete Schedule J for such individual	•



Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person .



Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
RUSSELL CONSTRUCTION, 4700 E 53RD STREET, DAVENPORT, IA 52807	CONSTRUCTION	6,577,319
PERFORMANCE FOOD GROUP, 8001 TPC RD, ROCK ISLAND, IL 61201	FOOD SERVICE DISTRIBUTOR	1,289,252
HODGE CONSTRUCTION GROUP, 767 52ND AVE, STE 201, NOLINE, IL 61265	CONSTRUCTION	1,277,560
EAB GLOBAL INC, 2445 M ST NW, WASHINGTON DC, DC 20037	MARKETING CONSULTANT	688,758
INSTITUTE FOR THE INTERNATIONAL EDUCATION OF STUDENTS, 33 W MONROE ST, STE 2300 CHICAGO IL 60603-5405	STUDY AWAY PROVIDER	389,530
2 Total number of independent contractors (including but not limited to received more than \$100,000 of compensation from the organization ▶	those listed above) who	

Part	VIII	Statement of Reve					D - 1 1 ////		
		Check if Schedule C	contains a	a res	oonse or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
nts	1a	Federated campaigns		1a					
ara our	b	Membership dues		1b					
Contributions, Gifts, Grants and Other Similar Amounts	С	Fundraising events		1c					
	d	Related organizations		1d					
ns,	е	Government grants (con		1e	949,734				
utio ier (f	All other contributions, gi and similar amounts not inc			14 500 000				
of Fi	_		L	1f_	11,538,622				
out pu	g h	Noncash contributions include Total. Add lines 1a-1		Пф		12,488,356			
	- "	Total. Add lilles Ta-1			Business Code	12,400,550			
enu	2a	TUITION AND FEES			611710	106,759,863	106,759,863		
Rev	b	SALES AND SERVICES	S - AUXILIAF	 ?Y	722320	20,603,814	20,576,653	27,161	
ice	С	SALES AND SERVICES	S - ED DEPT		611710	1,474,802	1,474,802		
Sen	đ								
a	е								
Program Service Revenue	f	All other program ser		е		0	0	0	0
	<u>g</u>	Total. Add lines 2a-2 Investment income			anda interest	128,838,479			
	3	and other similar amo		uiviu	enus, interest,	4,797,623			4,797,623
	4	Income from investmen		not be	ond proceeds ▶	4,707,020			1,101,020
	5	Royalties .	i or tan onon	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
		,	(ı) Real		(II) Personal				
	6a	Gross rents	352	2,567		1			
	b	Less rental expenses							
	С	Rental income or (loss)		2,567	0				
	d	Net rental income or				352,567		20,800	331,767
	7a	Cross amount from sales of	(i) Securitie		(ii) Other	1			
		assets other than inventory	20,362	2,372					
	b	Less cost or other basis and sales expenses .	18,707	800			İ		
	c	Gain or (loss) .	1,654		0				
	d	Net gain or (loss) .			. •	1,654,572			1,654,572
nue	8a	Gross income from fu	undraising						
Other Reve		events (not including \$ of contributions reporte	ed on line 10	;)					
her		•		-					
ō	b	Less. direct expenses		b					
	C Qa	Net income or (loss) f Gross income from ga		_	events >				
	"	-							
	b	Less direct expenses		b					
		Net income or (loss) f			vities ▶				
		Gross sales of in							
		returns and allowance	es	а					
	b	Less cost of goods s	sold .	. b					
	С	Net income or (loss) f		f inve		ļ .			
	ļ	Miscellaneous R			Business Code	22.22			
	11a	DEPARTMENTAL DES			611710	261,898			261,898
	b	FMV/PV ADJUSTMENT	·		900001	643,008			643,008
	۲ C	ANNUITANT PAYMEN			900001 900099	(234,775) 193,000	0	0	(234,775) 193,000
	d e	All other revenue Total. Add lines 11a-	 .11d		300033	863,131			130,000
	12	Total revenue. See in		•	•	148,994,728	128,811,318	47,961	7,647,093
									· · · · · · · · · · · · · · · · · · ·

Part IX 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 respons			· · · · · · · · · · · · · · · · · · ·	
	t include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals See Part IV, line 22	63,703,094	63,703,094		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	2,423,377	1,212,043	1,169,531	41,803
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	30,255,435	26,497,864	2,589,882	1,167,689
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,864,720	2,452,649	292,480	119,591
9	Other employee benefits	3,990,186	1,725,768	2,263,075	1,343
10	Payroll taxes	2,164,769	1,836,779	244,759	83,231
11	Fees for services (non-cmployees)				
a	Management .	62,917	1,232	61,685	
b c	Legal	101,150	11,950	89,200	
d	Lobbying	513	11,000	513	
e	Professional fundraising services. See Part IV, line 17	167,542			167,542
f	Investment management fees	314,071		314,071	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	3,298,067	2,533,301	749,419	15,347
12	Advertising and promotion .	144,191	133,770	10,421	
13	Office expenses	2,284,903	1,723,202	422,605	139,096
14	Information technology .	515,206	367,375	139,048	8,783
15	Royalties	15,343	15,343		
16	Occupancy	6,854,125	6,063,574	790,551	
17	Travel .	3,505,283	3,144,099	224,694	136,490
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	357,517	179,446	155,380	22,691
20	Interest .	1,909,462	1,894,271	15,191	
21	Payments to affiliates .	0.074.500	5 000 500	044 047	
22	Depreciation, depletion, and amortization	6,871,530	5,929,583 143,727	941,947 331,438	
23	Insurance .	475,165	143,727	331,436	
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.)				
_	MEMBERSHIP DUES	1,231,166	1,042,675	154,564	33,927
a b	EQUIPMENT	663,474	622,886	39,569	1,019
C	BOOKSTORE & FOOD SERVICE FUNCTIONS	2,922,360	2,922,360	20,000	
ď	REPAIR & MAINTENANCE	732,344	722,729	9,615	
e	All other expenses	3,426,251	3,192,914	87,289	146,048
25	Total functional expenses. Add lines 1 through 24e	141,254,161	128,072,634	11,096,927	2,084,600
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)				

P	art X				-
		Check if Schedule O contains a response or note to any line in this Par		· · · ·	· · · □
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	1,786,182	1	12,823,740
	2	Savings and temporary cash investments .	3,963,805	2	9,157,658
	3	Pledges and grants receivable, net .	10,400,404	3	10,989,583
	4	Accounts receivable, net .	472,115	4	658,581
	5	Loans and other receivables from current and former officers, directors,			
40		trustees, key employees, and highest compensated employees			
		Complete Part II of Schedule L	0	5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L			0
Assets	7	Notes and loans receivable, net		7	202,533
As	8	Inventories for sale or use	408,167	8	186,156
	9	Propaid exponses and deferred charges	902,474	9	675,405
	10a	Land, buildings, and equipment cost or	· ·		
		other basis. Complete Part VI of Schedule D 10a 268,386,060			
	ь	Less: accumulated depreciation 10b 132,487,516	129,000,790	10c	135,898,544
	11	Investments – publicly traded securities .	163,941,051	11	146,910,558
	12	Investments—other securities See Part IV, line 11	29,207,567	12	40,140,303
	13	Investments – program-related See Part IV, line 11 .	3,095,979	13	2,789,579
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	17,694,778	15	8,544,317
	16	Total assets. Add lines 1 through 15 (must equal line 34)	360,873,312	16	368,976,957
	17	Accounts payable and accrued expenses	6,298,185	17	7,596,404
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities .	52,143,503	20	50,144,625
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ies	22	Loans and other payables to current and former officers, directors,			
Ħ		trustees, key employees, highest compensated employees, and			
Liabilities		disqualified persons Complete Part II of Schedule L		22	0
_	23	Secured mortgages and notes payable to unrelated third parties		23	 -
	24	Unsecured notes and loans payable to unrelated third parties		24	· -
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24) Complete Part X		į	
		of Schedule D	9,581,310	25	9,259,277
	26	Total liabilities. Add lines 17 through 25	68,022,998	26	67,000,306
_	20	Organizations that follow SFAS 117 (ASC 958), check here ▶ ✓ and	00,022,990	20	07,000,000
es		complete lines 27 through 29, and lines 33 and 34.			
ဋ	27	Unrestricted net assets	160,869,471	27	176,348,508
sala	28	Temporarily restricted net assets .	51,947,998	28	44,785,511
d E	29	Permanently restricted net assets	80,032,845	29	80,842,632
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.			
ts c	30	Capital stock or trust principal, or current funds		30	
Sei	31	Paid-in or capital surplus, or land, building, or equipment fund .	-	31	
As	32	Retained earnings, endowment, accumulated income, or other funds		32	
Vet	33	Total net assets or fund balances	292,850,314	33	301,976,651
	34	Total liabilities and net assets/fund balances	360,873,312	34	368,976,957

Form 99	90 (2018)		_	Pa	age 12
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				. 🗆
1	Total revenue (must equal Part VIII, column (A), line 12) .	1	1	148,99	4,728
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	141,25	4,161
3	Revenue less expenses Subtract line 2 from line 1 .	3		7,74	0,567
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2	292,85	0,314
5	Net unrealized gains (losses) on investments	5		_1,38	5,770
6	Donated services and use of facilities .	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	3	301,97	6,651
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>			
				Yes	No
1	Accounting method used to prepare the Form 990		.		[
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plaın ın			
	Schedule O		<u></u>		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled or			
	reviewed on a separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	✓	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on a			
	separate basis, consolidated basis, or both				
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				لـــــا
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o				
	of the audit, review, or compilation of its financial statements and selection of an independent account		2c	✓	<u>L</u>
	If the organization changed either its oversight process or selection process during the tax year, ex	plaın ın			
	Schedule O.				$oxed{oxed}$
За	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in			
	the Single Audit Act and OMB Circular A-133?		3a	✓	ــــــ
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits	3b	✓ _	
			Forr	ո 990	(2018)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

OMB No 1545-0047 2018

Employer identification number

Open to Public Inspection

AUGUSTANA COLLEGE 36-2166962 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I 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). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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) 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 university 10 An organization that normally receives. (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 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. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b 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. d 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, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s) (i) Name of supported organization (III) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of listed in your governing (described on lines 1-10 support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E)

Part	Support Schedule for Organiza (Complete only if you checked th						•
	Part III. If the organization fails to				•	•	idiny diridor
Secti	on A. Public Support						
Calen	idar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
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.					<u> </u>	
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6_	Public support. Subtract line 5 from line 4						
	on B. Total Support						
	dar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4 .						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10	/					
12	Gross receipts from related activities, etc			•		12	
13	First five years. If the Form 990 is for the	-	n's first, secon	d, third, fourth	n, or fifth tax y	ear as a section	on 501(c)(3)
	organization, check this box and stop her						
	ion C. Computation of Public Suppor			1		144	%
14	Public support percentage for 2018 (line 6 Public support percentage from 2017 Sch		-	i, column (i))		14	
15 16a	331/3% support test—2018. If the organi			x on line 13 a	nd line 14 is 3		
.00	box and stop here . The organization qual						▶ □
b	331/3% support test - 20/17. If the organiz				Sa, and line 15	is 33 ¹ /3% or m	
	this box and stop here. The organization						▶ 🗆
17a	10%-facts-and-circumstances test – 20 10% or more, and if the organization me Part VI how the organization meets the "organization".	ets the "facts	-and-circumst	ances" test, c	heck this box	and stop here	. Explaın ın
b	10%-facts-and-circumstances test — 20 15 is 10% or more, and if the organiza Explain in Fart VI how the organization in supported organization	tion meets th	e "facts-and-o	circumstances	" test, check	this box and	stop here.
18	Private foundation. If the organization did instructions	d not check a	box on line 13	, 16a, 16b, 17a	a, or 17b, ched	ck this box and	see . ▶ □
	· · · · · · · · · · · · · · · · · · ·					hadula A (Farm 00	00 or 990-EZ) 2018

Part	III Support Schedule for Organiza	ations Descr	ibed in Sect	ion 509(a)(2)			
`	(Complete only if you checked the	ne box on line	e 10 of Part I	or if the orga	nızatıon faıled	to qualify ur	nder Part II
	If the organization fails to qualify	under the te	sts listed belo	ow, please co	omplete Part	II)	
Secti	on A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	/(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an				/		
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
_	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge			/			
_							
6	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3						
7a	received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified		,	/			
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
_	Add lines 7a and 7b .						
с 8	Public support. (Subtract line 7c from		/				
Ū	line 6)						
Secti	on B. Total Support		/	L			
	idar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6 .			, ,			
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources.						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income Do not include gain or						
	loss from the sale of capital assets (Explain in Part VI)						
40							
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for the	o organization	's first sees	d third fourth	or fifth toy ve	or an a sastio	- F01(a)(2)
14	organization, check this box and stop he		is mst, secon	a, mira, iourm	, or militax ye	ear as a section	n 501(c)(5) □
Secti	on C. Computation of Public Suppor		<u> </u>	<u>·</u>		•	
15	Public support percentage for 2018 (line 8			13 column (fl)		15	%
16	Public support percentage from 2017 Sch		-	ro, column (i))		16	/ 6
	on D. Computation of Investment In					1 10 1	
17	Investment income percentage for 2018 (ov line 13. colu	mn (f))	17	%
18	Investment income percentage from 2017			.,0, 0010	•	18	%
19a	331/3% support tests—2018. If the organ			on line 14, ai	nd line 15 is m		
	17 is not more than 331/3%, check this box						
b	331/3% support tests - 2017. If the organiz		-			-	_
	line 18 is not more than 331/3%, check this l						

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

20

Part IV

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)

Secti	on A. All Supporting Organizations		1	г
1	Are all of the executation's supported executations listed by some in the executation's covering		Yes	No
'	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)		_	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	5a		ļ
	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?	5b	_	
6	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.	5c		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 79 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	8		
b	In section 509(a)(1) or (2))? If "Yes," provide detail in Part VI . Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	9a		
С	the supporting organization had an interest? If "Yes," provide detail in Part VI . Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9b		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section	9c		
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below	10a		
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)	10b		

Part	IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
<u>c</u>	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.	<u>11</u> c		<u></u>
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	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			i [
	controlled the organization's activities. If the organization had more than one supported organization,			lli
	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			l l
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II 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		L
Secti	on D. All Type III Supporting Organizations		V	
_	Did the appropriate any relative and the appropriate development and by the least day of the fifth month of the		Yes	NO
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			ĺ
	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		
	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	nstru	ction	s).
а	The organization satisfied the Activities Test Complete line 2 below			
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below. ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	soo in	ctaict	(one)
с 2	Activities Test <i>Answer (a) and (b) below.</i>	occ III	Yes	
			100	1
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,		i	
	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			$oxed{oxed}$
	activities but for the organization's involvement	2b		<u></u> ,
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			┦
_	trustees of each of the supported organizations? Provide details in Part VI.	3a		<u> </u>
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	—	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical	gan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.	g tru	st on Nov 20, 1970 (exp	
Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7	<u> </u>	
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year)	1		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other		 -	
factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	*	
6 Multiply line 5 by 035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C—Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional	ly int	tegrated Type III support	ing organization (see
instructions)		, , , ,	- - ,

Schedule A (Form 990 or 990-EZ) 2018

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)				
Secti	Section D—Distributions						
1	Amounts paid to supported organizations to accomplish	_					
2	2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations				
4	Amounts paid to acquire exempt-use assets		<u> </u>				
5	Qualified set-aside amounts (prior IRS approval required)						
6	Other distributions (describe in Part VI) See instructions						
7	Total annual distributions. Add lines 1 through 6						
8	Distributions to attentive supported organizations to whic (provide details in Part VI) See instructions	h the organization is res	ponsive				
9	Distributable amount for 2018 from Section C, line 6						
10	Line 8 amount divided by line 9 amount						
	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018			
1	Distributable amount for 2018 from Section C, line 6		·				
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in Part VI) See instructions						
3	Excess distributions carryover, if any, to 2018						
а	From 2013 .						
b	From 2014 .						
С	From 2015 .						
d	From 2016						
е	From 2017 .						
f	Total of lines 3a through e						
g	Applied to underdistributions of prior years						
h	Applied to 2018 distributable amount						
i	Carryover from 2013 not applied (see instructions)						
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2018 from						
	Section D, line 7: \$						
a	Applied to underdistributions of prior years						
b	Applied to 2018 distributable amount						
c	Remainder. Subtract lines 4a and 4b from 4						
5	Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions						
6	Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI. See instructions						
7	Excess distributions carryover to 2019. Add lines 3j and 4c						
8	Breakdown of line 7						
а	Excess from 2014						
b	Excess from 2015 .						
С	Excess from 2016						
d	Excess from 2017		<u>-</u> .				
е	Excess from 2018 .						

Schedule A (Form 990 or 990-EZ) 2018

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Political Campaign and Lobbying Activities

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

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- · Section 527 organizations Complete Part I-A only

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B

• 36	ection 50 r(c)(5) organizations	that have NOT filed Form 5766 (election	n under section 50 i	(ii)) Complete Part II-B Do	not complete Part II-A
	organization answered "Yes see separate instructions), tl	s," on Form 990, Part IV, line 5 (Proxy hen	Tax) (see separate	e instructions) or Form 990	9-EZ, Part V, line 35c (Proxy
	ection 501(c)(4), (5), or (6) orga				
Name	of organization	· · · · · · · · · · · · · · · · · · ·		Employer ide	ntification number
AUGU	STANA COLLEGE				36-2166962
Part	I-A Complete if the	e organization is exempt und	er section 501(c	c) or is a section 527	organization.
1	Provide a description of definition of "political car	f the organization's direct and in-	direct political ca	mpaign activities in Par	t IV. (see instructions for
2	· ·	y expenditures (see instructions)	•	▶ \$	5
3	Volunteer hours for politic	cal campaign activities (see instruc	tions)		
Part	I-B Complete if the	e organization is exempt und	er section 501(c)(3).	-
1	Enter the amount of any	excise tax incurred by the organiza	tion under section	n 4955 > \$	3
2	Enter the amount of any	excise tax incurred by organization	n managers under	section 4955	5
3	If the organization incurre	ed a section 4955 tax, did it file Foi	m 4720 for this ye	ear? .	Yes No
4a	Was a correction made?				. Yes No
b	If "Yes," describe in Part				
Part		e organization is exempt und	-	•	(c)(3).
1	Enter the amount direct activities	ly expended by the filing organiz	ation for section	527 exempt function . ► \$;
2	Enter the amount of the 527 exempt function acti	filing organization's funds contrib	uted to other org	anizations for section ► \$;
3	Total exempt function of line 17b	expenditures. Add lines 1 and 2.	Enter here and	on Form 1120-POL, ▶ \$	i .
4	Did the filing organization	n file Form 1120-POL for this year	· .		Yes No
5	organization made payme the amount of political co	ses and employer identification nur ents. For each organization listed, ontributions received that were pro fund or a political action committe	enter the amount mptly and directly	paid from the filing organ delivered to a separate p	ization's funds. Also enter political organization, such
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

Cat No 50084S

Schedule C (Form 990 or 990-EZ) 2018

Sche	edule C (Form 990 or 990-EZ) 2018					Page 2		
Pa	rt II-A Complete if the organizatio section 501(h)).	n is exempt u	ınder section 50	01(c)(3) and file	d Form 5768 (ele	ection under		
A	Check ► ☐ if the filing organization belon address, EIN, expenses, and				liated group memb	per's name,		
В	Check ► ☐ if the filing organization check	ed box A and '	'limited control" pr	ovisions apply				
	Limits on Lobb				(a) Filing	(b) Affiliated		
	(The term "expenditures" m			-	organization's totals	group totals ~		
1								
	b Total lobbying expenditures to influence		-	_				
	, , ,	-	idy (direct lobbyini	9)				
	c Total lobbying expenditures (add lines 1	a and 10)	•					
	d Other exempt purpose expenditures .							
	e Total exempt purpose expenditures (add							
	f Lobbying nontaxable amount Enter columns	the amount fr	om the following	table in both				
	If the amount on line 1e, column (a) or (b) is:	The lobbying	nontaxable amoun	t is:				
	Not over \$500,000	20% of the an	nount on line 1e					
	Over \$500,000 but not over \$1,000,000	\$100,000 plus	15% of the excess	over \$500,000				
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus	10% of the excess	over \$1,000,000				
	Over \$1,500,000 but not over \$17,000,000		5% of the excess o					
	Over \$17,000,000	\$1,000,000						
	g Grassroots nontaxable amount (enter 25	% of line 1f)		· ·				
	h Subtract line 1g from line 1a If zero or le	· ·						
	i Subtract line 1f from line 1c If zero or le	•						
	j If there is an amount other than zero	•	1h or line 1i, did	I the organization	file Form 4720			
	reporting section 4911 tax for this year?				.	Yes No		
	(Some organizations that made a see	ction 501(h) ele	Period Under Sec ection do not hav ructions for lines	e to complete all	of the five colum	ns below.		
	Lobbying	Expenditures	During 4-Year Av	veraging Period				
	Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total		
2	a Lobbying nontaxable amount							
	b Lobbying ceiling amount (150% of line 2a, column (e))							
	c Total lobbying expenditures							
	d Grassroots nontaxable amount							
	e Grassroots ceiling amount (150% of line 2d, column (e))							
	f Grassroots lobbying expenditures							

Schedule C (Form 990 or 990-EZ) 2018

Part	II-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed	Form	า 5768		
For e	ach "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(;	a)		(b)	
descr	iption of the lobbying activity	Yes	No	A	mount	t
1	During the year, did the filing organization attempt to influence foreign, national, state, or local					_
•	legislation, including any attempt to influence public opinion on a legislative matter or	ł				
	referendum, through the use of					
a	Volunteers?		✓			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	<u> </u>		!		
C	Media advertisements?	<u> </u>	✓	├		
d	Mailings to members, legislators, or the public?		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
e f	Grants to other organizations for lobbying purposes?		✓			
g g	Direct contact with legislators, their staffs, government officials, or a legislative body?	/	 			513
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	 	1			
i	Other activities?	ļ	1			
j	Total Add lines 1c through 1i					513
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		√			
b	If "Yes," enter the amount of any tax incurred under section 4912 .					
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	<u> </u>	l	L		
Part	Complete if the organization is exempt under section 501(c)(4), section 501(c 501(c)(6).)(5), (or se	ction		
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1_1_	—	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		•	2	<u> </u>	<u> </u>
3 Part	Did the organization agree to carry over lobbying and political campaign activity expenditures from the III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)		•			
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," O answered "Yes."				line :	3, is
1	Dues, assessments and similar amounts from members .		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).	of				
а	Current year		2a			
b	Carryover from last year		2b			
С	Total		2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of			İ		
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbe and political expenditure next year?	yıng				
5	Taxable amount of lobbying and political expenditures (see instructions)	•	4			
Par			5	L		
Provid 2 (see	e the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated gro instructions); and Part II-B, line 1 Also, complete this part for any additional information EXT PAGE	up lis	t), Par	t II-A, I	ines 1	and
				 -		

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No 1545-0047

2018

Open to Public Inspection Employer identification number

AUGU	STANA COLLEGE		36-2166962
Par	Organizations Maintaining Donor Adv	vised Funds or Other Similar Fur	nds 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		
	funds are the organization's property, subject to the	ne organization's exclusive legal contro	ol? ☐ Yes ☐ No
6	Did the organization inform all grantees, donors, a		
	only for charitable purposes and not for the bene	fit of the donor or donor advisor, or f	or any other purpose
	conferring impermissible private benefit?		· · · · · · · · · · · · · · · · · · ·
Par			
	Complete if the organization answered		
1	Purpose(s) of conservation easements held by the	<u> </u>	
	Preservation of land for public use (e.g., recrea	_	
	Protection of natural habitat	✓ Preservation o	f a certified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribution	
	easement on the last day of the tax year.		Held at the End of the Tax Year
a	Total number of conservation easements		2a
b	Total acreage restricted by conservation easemen		2b
С	Number of conservation easements on a certified	• • • • • • • • • • • • • • • • • • • •	2c
d	Number of conservation easements included in	(c) acquired after 7/25/06, and not	1 1
•	historic structure listed in the National Register	-C	2d
3	Number of conservation easements modified, tran	sterred, released, extinguished, or teri	minated by the organization during the
	tax year ▶ 0	t	
4	Number of states where property subject to conse Does the organization have a written policy re		nootion handling of
5	violations, and enforcement of the conservation ea		· Yes 🗸 No
-			
6	Staff and volunteer hours devoted to monitoring, inspe	cung, handling of violations, and emorcin	ig conservation easements during the year
7	Amount of expenses incurred in monitoring, inspectir	as handling of violations, and enforcing	conservation easements during the year
•	S 0	ig, fianding of violations, and emorcing	conservation easements during the year
8	Does each conservation easement reported on line	2(d) above satisfy the requirements of	f section 170(b)(4)(R)(i)
Ŭ			· · · · · · · · · · · · · · · Ves · No
9	In Part XIII, describe how the organization reports		
J	balance sheet, and include, if applicable, the text of		
	organization's accounting for conservation easeme	-	
Part			Other Similar Assets.
	Complete if the organization answered		
1a	If the organization elected, as permitted under SF		
	works of art, historical treasures, or other similar		
	public service, provide, in Part XIII, the text of the f		
b	If the organization elected, as permitted under S	SFAS 116 (ASC 958), to report in its	revenue statement and balance sheet
•	works of art, historical treasures, or other similar		
	public service, provide the following amounts relat	·	
	(i) Revenue included on Form 990, Part VIII, line 1		. ▶ \$
	(ii) Assets included in Form 990, Part X		. ► \$ ► \$
2	If the organization received or held works of art	, historical treasures, or other similar	r assets for financial gain, provide the
	following amounts required to be reported under S		
а	Revenue included on Form 990, Part VIII, line 1	· · · · · ·	. ▶ \$
b	Assets included in Form 990, Part X		> \$

							· age =
Part							
3	Using the organization's acquisition, collection items (check all that apply)	accession, and oth	ner records, che	ck any of the f	follow	ing that are a sig	Inificant use of its
а	Public exhibition		d 🗌 Loa	n or exchange	progra	ams	
b	✓ Scholarly research		e 🗹 Oth	er EDUCATION	1		
С	✓ Preservation for future generations	s					
4	Provide a description of the organiza XIII		nd explain how	they further the	e orga	anızatıon's exemp	ot purpose in Part
5	During the year, did the organization assets to be sold to raise funds rather						☐ Yes ☑ No
Part						·	
	Complete if the organization 990, Part X, line 21.		on Form 990,	Part IV, line 9	, or r	eported an amo	ount on Form
1a	Is the organization an agent, trustee included on Form 990, Part X?	, custodian or other.	er intermediary	for contribution	ns or	other assets not	☐ Yes ☐ No
b	If "Yes," explain the arrangement in P	art XIII and comple	te the following	table			
						Am	ount
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 amou	nt on Form 990. Pa	rt X. line 21. for	escrow or cust	lodial	account liability?	☐ Yes ☐ No
	If "Yes," explain the arrangement in P					-	
Par							
	Complete if the organization	answered "Yes"	on Form 990	Part IV line 1	0		
	Complete it the organization	(a) Current year	(b) Prior year	(c) Two years b		(d) Three years back	(e) Four years back
1a	Beginning of year balance	175,148,027	167,353,736		-	151,087,848	147,253,504
b	Contributions	6,083,311	2,984,79	+	_	6,044,634	10,421,565
c	Net investment earnings, gains, and	0,000,011	2,001,700	0,021	,,,,,	0,011,001	10,121,000
·	losses .	6,830,570	13,112,53	18,940	043	(2,692,246)	(74,046)
d	Grants or scholarships	3,567,003	3,419,017			3,273,932	3,174,682
e	Other expenditures for facilities and	3,307,000	3,413,011	3,403	,230	3,213,332	3,174,002
·	programs	4,416,297	4,884,022	2,062	883	3,144,538	3,338,493
	•	4,410,297		2,002	0	3,144,330	0,000,490
f	Administrative expenses	180,078,608	175,148,02		<u> </u>	148,021,766	151,087,848
g	End of year balance						131,067,046
2	Provide the estimated percentage of the	·		g, column (a)) r	neio a	.s·	
a	Board designated or quasi-endowme		7.70				
b		00 %					
С	Temporarily restricted endowment ▶						
_	The percentages on lines 2a, 2b, and						
3a	Are there endowment funds not in th	e possession of th	e organization ti	nat are held an	d adn	ninistered for the	
	organization by.						Yes No
	(i) unrelated organizations		•				3a(i) ✓
	(ii) related organizations			•		• •	3a(ii) ✓
b	If "Yes" on line 3a(ii), are the related o	_					3b
4	Describe in Part XIII the intended uses		n's endowment	funds			
Part	VI Land, Buildings, and Equip	oment.					
	Complete if the organization	answered "Yes"	on Form 990,	Part IV, line 1	1a S	See Form 990, F	art X, line 10.
	Description of property	(a) Cost or oth (investme	1	or other basis (other)		ccumulated preciation	(d) Book value
1a	Land .			5,728,734			5,728,734
b	Buildings			202,849,757		94,506,268	108,343,489
С	Leasehold improvements .			12,507,062		6,664,067	5,842,995
d	Equipment			36,602,657		31,317,181	5,285,476
e	Other .			10,697,850		,,	10,697,850
	Add lines 1a through 1e (Column (d) n	nust equal Form 90	00 Part X colum)	•	135.898.544

Part VII	Investments — Other Securities. Complete if the organization answ		n 990. Part IV. line 1	1b 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 v	
(1) Financial	derivatives .				
• •	neld equity interests .				
(3) Other	, , , , , , , , , , , , , , , , , , , ,				
	RNATIVE INVESTMENTS HEDGE FUNDS	;	23,130,895		
	Y MUTUAL FUNDS		8,715,554		
(C) ALTEF	RNATIVE INVESTMENTS PRIVATE EQUIT	ſΥ	8,066,854		
***************************************	REASURIES		227,000		
(E)	^				
(F)					
(G)	·				
(H)					
Total, (Column (i	b) must equal Form 990, Part X, col (B) line 12) ▶		40,140,303		
Part VIII	Investments - Program Related	 I.			
	Complete if the organization answ		n 990, Part IV, line 1	1c. See Form 990, Part X	, line 13.
	(a) Description of investment	1	(b) Book value	(c) Method of valuation	
	,			Cost or end-of-year market v	alue
(1)				·	
(2)					
(3)					
(4)				 	_
(5)					
(6)					
(7)					
(8)					
(9)					
	b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX	Other Assets.				
	Complete if the organization answ	wered "Yes" on Forn	n 990, Part IV, line 1	1d See Form 990, Part X	, line 15.
) Description		(b) Book	
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colui	mn (b) must equal Form 990, Part X, co	ol (B) line 15)		▶	
Part X	Other Liabilities.				
	Complete if the organization ansv	wered "Yes" on Forn	n 990, Part IV, line 1	1e or 11f. See Form 990,	Part X,
	line 25.				
1.	(a) Description of liability	(b) Book value			
(1) Federal in	icome taxes	- "			
(2) ANNUIT	Y PAYABLE	2,292	,099		
(3) CONDIT	IONAL ASSET RETIREMENT	3,290	,531		
	NT DEPOSITS		,252		
	ERNMENT PAYABLE	2,937			
(6)					
(7)			—		
(8)					
(9)					
	b) must equal Form 990, Part X, col. (B) line 25) 🕨	9.259	.277		

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

Par				Retu	rn.
	Complete if the organization answered "Yes" on Form 990,	Part I	V, line 12a		
1	Total revenue, gains, and other support per audited financial statements		•		86,363,331
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	٦	1 4 074 007		
a	Net unrealized gains (losses) on investments	2a	1,071,697		
b	Donated services and use of facilities	2b	0		
	_Recoveries of prior year grants	2c 2d	(63,703,094)		
d e	Other (Describe in Part XIII)		(63,703,094)	2e	(62,631,397)
3	Subtract line 2e from line 1	•		3	148,994,728
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	İ	1	Ě	140,004,120
· a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	0		
c	Add lines 4a and 4b		· · · · · · · · · · · · · · · · · · ·	4c	0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)	•	5	148,994,728
Part	XII Reconciliation of Expenses per Audited Financial Staten	nents	With Expenses pe	r Re	turn.
	Complete if the organization answered "Yes" on Form 990,	Part I	V, line 12a		
1	Total expenses and losses per audited financial statements		•	1	77,236,997
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
а	Donated services and use of facilities	2a	0		
b	Prior year adjustments	2b	0		
С	Other losses	2c	0		
d	Other (Describe in Part XIII)	2d	. 0		
е	Add lines 2a through 2d		•	2e	0
3	Subtract line 2e from line 1 .			3	77,236,997
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			.	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	314,071		
b	Other (Describe in Part XIII)	4b	63,703,093		
c	Add lines 4a and 4b	- 10 \	•	4c	64,017,164
5 Part	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information.	e 18)		5	141,254,161
2; Par	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a an t XI, lines 2d and 4b; and Part XII, lines 2d and 4b Also complete this part STATEMENT				
		····			
		·			
				-	

SCHEDULE E (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Schools

► Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48. ▶ Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

Open to Public Inspection

Name of the organization **AUGUSTANA COLLEGE**

Part I

Employer identification number 36-2166962

			YES	NO
1	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	1	
2	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	/	<u> </u>
3	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		l—	\square
	describe. If "No," please explain If you need more space, use Part II	3		✓
	ALL MAJOR PUBLICATIONS DEALING WITH STUDENT ADMISSIONS, PROGRAMS AND SCHOLARSHIPS,			
	INCLUDE OUR RACIALLY NONDISCRIMINATORY POLICY AS TO THE STUDENTS FURTHER, ALL WRITTEN			
	ADVERTISING GIVEN TO PROSPECTIVE STUDENTS CONTAINS OUR POLICY STATEMENT BECAUSE WE			
	CUSTOMARILY DRAW ABOUT 90% OF OUR STUDENTS FROM OUTSIDE THE GENERAL COMMUNITY, WE DO NOT			
	(CONTINUED ON SUPPLEMENTAL SECTION)			
4	Does the organization maintain the following?			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	-	
b	Records documenting that scholarships and other financial assistance are awarded on a racially		<u> </u>	
_	nondiscriminatory basis?	4b	✓	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing	··~		
	with student admissions, programs, and scholarships?	4c	/	
ď	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	1	<u> </u>
_	If you answered "No" to any of the above, please explain If you need more space, use Part II			
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
				i I
5	Does the organization discriminate by race in any way with respect to			
а	Students' rights or privileges?	5a		√
b	Admissions policies?	5b		✓
С	Employment of faculty or administrative staff?	5c		✓
d	Scholarships or other financial assistance?	5d		✓
е	Educational policies?	5e		<u> </u>
				,
f	Use of facilities?	5f		_
				,
g	Athletic programs?	5g		<u> </u>
				/
h	Other extracurricular activities?	5h		<u>*</u>
	If you answered "Yes" to any of the above, please explain If you need more space, use Part II			
6-	Does the organization receive any financial aid or assistance from a governmental agency?	6a	 -	
6a	Has the organization's right to such aid ever been revoked or suspended?	6b	-	-
b	If you answered "Yes" on either line 6a or line 6b, explain on Part II	OD		-
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through			
7	4 05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	7		
	- 100 017101 1700 10 00, 1070 2 0 0 001, 00101119 100101 Honologististiation: It 110, 0xplain on 1 artis	1 ()	. ▼	i

SCHEDULE F (Form 990)

Statement of Activities Outside the United States ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

	USTANA COLLEGE				' -	36-2166962
Par			ies Outside	the United States. Con		
1	For grantmakers. Does the other assistance, the grante award the grants or assistan	ees' eligibility				☐ Yes ☐ No
2	For grantmakers. Describe outside the United States	in Part V the	e organization	's procedures for monitorin	ng the use of its grants ar	nd other assistance
3	Activities per Region (The fo	ollowing Part	I, line 3 table o	can be duplicated if addition	nal space is needed)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
	EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	COURSE STUDY ABROAD	
(1)	EUDODE (INOLLIDINO	0	0	DDOODAM CEDVICES	COURCE CTURY ARROAD	659,576
(2)	EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	PROGRAM SERVICES	COURSE STUDY ABROAD	974,109
(3)	CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	COURSE STUDY ABROAD	· ·
	SOUTH AMERICA			PROGRAM SERVICES	COURSE STUDY ABROAD	·
(4)		0	0	INDICATIVE NATIONAL PROPERTY N		115,004
(5)	CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	COURSE STUDY ABROAD	27,430,550
(6)	SOUTH ASIA	0	0	PROGRAM SERVICES	COURSE STUDY ABROAD	54,901
(7)						
(8)						
(9)						
(10)	·····		_			
(11)		_				
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
За	Subtotal	0	0			29,341,338
b	Total from continuation	0	o			0

c Totals (add lines 3a and 3b)

29,341,338

Schedule F (F	Schedule F (Form 990) 2018
Part	Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990,
	Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

•	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
						•			
 .						1			
. <u>.</u>									
!									
	:								
0	Enter total nur	mber of recipier	int organizations list	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS or for which the grantee or counsel has provided a section 501/c/(3) an invalence letter.	ognized as charities	s by the foreign coun	try, recognized as ta	ıx-exempt	
က		mber of other o	Enter total number of other organizations or entities	ties					

Schedule F (Form 990) 2018

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Schedule F (Form 990) 2018

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. Part III

(a) Type of grant or assistance	tof grant or assistance (b) Region (c) Number of recipients	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash ass stance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
	į						
		_					

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Part	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, don't 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, don't file with Form 990)	☐ Yes	☑ No

Schedule F (Form 990) 2018

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047 2018

Department of the Treasury Internal Revenue Service				990 or Form	990-EZ. nd the latest informa	tion	Open to Public
Name of the organization	<u> </u>	<u> </u>	07771330 101 1	11341 4041 6113 4	no the latest mornia	Employer identific	Inspection cation number
AUGUSTANA COLLEGE	Ē					36-	2166962
		Complete if the			vered "Yes" on	Form 990, Part IV,	line 17.
					owing activities C	Check all that apply	
a 🗹 Mail solicita	ations		e 🗹		on of non-govern	-	
=	d email solicitatio	ons	_		on of governmen	-	
c ☑ Phone solid d ☑ In-person s			gĿ	Special 1	fundraising events	5	
•		tten or oral agree	ment with	any individ	tual (including offi	cers, directors, trust	ees.
						fundraising services?	
		d individuals or er y the organization		draisers) pi	ursuant to agreem	nents under which th	e fundraiser is to be
(i) Name and addres or entity (fund		(II) Activity	custody o	draiser have or control of outlons?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
DUESALO NOSILI SMIT	7. 4005 KIDIANOOD		Yes	No .			
1 PKWY SW, CEDAR RAF		PHONE-A-THON		✓		28,625	
2 EAB GLOBAL, 24 WASHINGTON, D		(SEE STATEMENT)		√	841,836	108,367	733,469
3 GIVECAMPUS, INC 233, WASHINGTON	C, 99 M ST, STE N DC, DC 20003	FUNDRAISING DIGITAL PLATFORM		1	499,062	30,550	468,512
4							
5							
6							
7							
8							
9						•	
10						-	
Total .				•	1,340,898	167,542	1,201,981
	icensing	_	ered or lic	ensed to s	olicit contribution	ns or has been notific	ed it is exempt from
			·				

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

Cat No 50083H

Schedule G (Form 990 or 990-EZ) 2018

		gross receipts greater tha	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			(event type)	(event type)	(total number)	(add col (a) through col (c))
Hevenue	1	Gross receipts				
) 1	•	·				
	2 3	Less Contributions Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes			-	
Se		Rent/facility costs				
bens	6	•				
Direct Expenses	7	Food and beverages				 -
	8	Entertainment .				
	9	Other direct expenses				
į	10 11	Direct expense summary Ac Net income summary. Subtra				
	t III	Gaming. Complete if th				
Pai				ered "Yes" on Form	990, Part IV, line 19, o	or reported more tha
		\$15,000 on Form 990-E		(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
_	1		Z, line 6a. I	(b) Pull tabs/instant	T ï	(d) Total gaming (add
Hevenue		\$15,000 on Form 990-E	Z, line 6a. I	(b) Pull tabs/instant	T ï	(d) Total gaming (add
Hevenue	1	\$15,000 on Form 990-E	Z, line 6a. I	(b) Pull tabs/instant	T ï	(d) Total gaming (add
Hevenue	1 2	\$15,000 on Form 990-E2 Gross revenue . Cash prizes	Z, line 6a. I	(b) Pull tabs/instant	T ï	(d) Total gaming (add
	1 2 3	\$15,000 on Form 990-E2 Gross revenue . Cash prizes . Noncash prizes .	Z, line 6a. I	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add
Hevenue	1 2 3 4	\$15,000 on Form 990-E2 Gross revenue . Cash prizes Noncash prizes . Rent/facility costs	Z, line 6a. I	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add
Hevenue	1 2 3 4 5	\$15,000 on Form 990-E2 Gross revenue . Cash prizes Noncash prizes . Rent/facility costs Other direct expenses Volunteer labor	Z, line 6a. (a) Bingo Yes %	(b) Pull tabs/instant bingo/progressive bingo Yes% No	(c) Other gaming	(d) Total gaming (add
Hevenue	1 2 3 4 5 6 7	\$15,000 on Form 990-E2 Gross revenue . Cash prizes Noncash prizes . Rent/facility costs Other direct expenses Volunteer labor . Direct expense summary Acceptage .	Z, line 6a. (a) Bingo Yes % No Id lines 2 through 5 in c	(b) Pull tabs/instant bingo/progressive bingo Yes% No	(c) Other gaming	(d) Total gaming (add
Hevenue	1 2 3 4 5 6 7 8	\$15,000 on Form 990-E2 Gross revenue . Cash prizes Noncash prizes . Rent/facility costs Other direct expenses Volunteer labor . Direct expense summary Ac Net gaming income summar	Z, line 6a. (a) Bingo Yes % No Id lines 2 through 5 in constructions 7 from 1	(b) Pull tabs/instant bingo/progressive bingo Yes% No olumn (d)	(c) Other gaming	(d) Total gaming (add
Direct Expenses Revenue	1 2 3 4 5 6 7 8 Erra is	\$15,000 on Form 990-E2 Gross revenue . Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Active the gaming income summare the state(s) in which the orthe organization licensed to continue the state of the organization licensed to continue the state of the organization licensed to continue the state of the organization licensed to continue the organization licensed the organization licensed the organization licensed the organization licensed the organization licensed the organization licensed the organization licensed the organization licensed the organization licensed the organization licensed the organization licensed the organization licensed the organization licensed the organization licensed the or	Z, line 6a. (a) Bingo Yes % No Id lines 2 through 5 in conjunction conducts gain activities.	(b) Pull tabs/instant bingo/progressive bingo Yes % No olumn (d) ime 1, column (d) siming activities sin each of these state	(c) Other gaming Yes% No \$\int \text{No}\$	(d) Total gaming (add col (a) through col (c))
Direct Expenses Revenue	1 2 3 4 5 6 7 8 Erra is	\$15,000 on Form 990-E2 Gross revenue . Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor . Direct expense summary Active to the prize of the prize	Z, line 6a. (a) Bingo Yes % No Id lines 2 through 5 in conjunction conducts gain activities.	(b) Pull tabs/instant bingo/progressive bingo Yes % No olumn (d) ime 1, column (d) siming activities sin each of these state	(c) Other gaming Yes% No \$\int \text{No}\$	(d) Total gaming (add col (a) through col (c))

Schedule G (Form 990 or 990-EZ) 2018

schedu	ie G (Form 990 or 990-EZ) 2018		Page 3
11	Does the organization conduct gaming activities with nonmembers? .	☐ Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other enformed to administer charitable gaming?	tity ☐ Yes	□No
13	Indicate the percentage of gaming activity conducted in:	1	
а	, , , , , , , , , , , , , , , , , , ,	3a	%
b		3b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books a records		
	Name ▶		
	Address ►		
15a	Does the organization have a contract with a third party from whom the organization receives gam		
	revenue? .	☐ Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the		
	amount of gaming revenue retained by the third party 🚩 🐧		
U	If "Yes," enter name and address of the 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 law to make charitable distributions from the gaming proceeds retain the state gaming license?	to 🗌 Yes	□ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations spent in the organization's own exempt activities during the tax year.		
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, column Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable Also provide any add See instructions.	ns (III) and Itional Infor	(v); and mation.
		••••	
	Schedule G (Form 990 or 990)-EZ) 2018

SCHEDULEI (Form 990) Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990.

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

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	K

OMB No 1545-0047

Inspection

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, ° U h) Purpose of grant or assistance **Employer identification number** ✓ Yes 36-2166962 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of noncash assistance Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States (e) Amount of noncash assistance Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (d) Amount of cash grant Enter total number of other organizations listed in the line 1 table (c) IRC section (if applicable) the selection criteria used to award the grants or assistance? For Paperwork Reduction Act Notice, see the Instructions for Form 990. General Information on Grants and Assistance (b) EIN 1 (a) Name and address of organization or government **AUGUSTANA COLLEGE** Name of the organization Partl Part II 4 9 <u>Q</u> ල 8 9 Ξ (12) <u>N</u> 6

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Schedule I (Form 990) (2018)

Cat No 50055P

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Ves" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Part III

Part III can be duplicated if additional space is needed	il space is needed	1.			
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FM:V, appraisal, other)	(f) Description of noncash assistance
1 HONORS SCHOLARSHIP	1,527	29,805,461			
2 AUGUSTANA GRANT	1,286	6,187,593			
3 SEOG GRANT	117	101,363			
4 TUITION EXCHANGE	41	1,583,070			
5 PRESIDENTIAL SCHOLARSHIPS	543	12,721,911			
6 MERIT BASED SCHOLARSHIPS	736	1,352,872			
7 (SEE STATEMENT)					
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information	the information r	equired in Part I, lin	e 2; Part III, columr	(b); and any other additi	onal information.
(SEE STATEMENT)					
					Schedule I (Form 990) (2018)

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SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

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OMB No 1545-0047

Name of the organization **AUGUSTANA COLLEGE**

Department of the Treasury Internal Revenue Service

Employer identification number 36-2166962

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel ☐ Housing allowance or residence for personal use			
	☑ Travel for companions □ Payments for business use of personal residence	1		
	☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees	1		
	☐ Discretionary spending account ☐ Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b	✓	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all	-		
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line		i	
	1a?	2	✓	
_				
3	Indicate which, if any, of the following the tiling organization used to establish the compensation of the			
	organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	✓ Compensation committee ✓ Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		1
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		✓
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		✓
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of			
а	The organization?	5a		1
b	Any related organization?	5b		V
	If "Yes" on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
•	compensation contingent on the net earnings of.			
а	The organization?	6a		✓
b	Any related organization?	6b		✓
	If "Yes" on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
•	payments not described on lines 5 and 6? If "Yes," describe in Part III	7		✓
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe			İ
	in Part III	8		✓
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	اما	l	ĺ

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 aren't listed on Form 990, Part VII Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed Part II

Note: The sum of columns (B)()—(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.

(B) Breakdown of W-2	200	(B) Breakdown of W-2		C compensation	and/or 1099-MISC compensation	a, applicable coluin	יי (ב) מווס (ב) מווסמווא	(E) Composition
(A) Name and Title		(I) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	cther deferred	(U) Noriaxable benefits	(E) rotal of columns (B)(i)–(D)	in column (B) reported as deferred on prior Form 990
STEVEN BAHLS	Ξ	370,434	105,000	0	39,750	35,916	551,100	0
1 COLLEGE PRESIDENT	€	0	0	0	0	0	0	0
KENT BARNDS	Ξ	219,382	55,000	0	25,451	21,534	321,367	0
EXECUTIVE VP ENROLLMENT, COMMUNICATION 2 ADVANCEMENT & PLANNING	Ξ	0	0	0	0	0	0	0
KIRK ANDERSON	ε	193,594	20,000	0	21,325	42,582	277,501	0
3 VP OF FINANCE AND AMINISTRATION	€	0	0	0	0	0	0	0
REV RICHARD PRIGGIE	€	77,827	0	0	12,524	77,674	168,025	0
4CAMPUS CHAPLAIN	▣	0	0	0	0	0	0	0
WENDY HILTON-MORROW	Ξ	137,900	0	0	15,541	2,177	155,618	0
₅ DEAN OF THE COLLEGE	€	0	0	0	0	0	0	0
CHRISTOPHER VAUGHAN	Ξ	119,947	0	0	13,597	22,672	156,216	0
6 ASST VP CHIEF INFORMATION OFFICER	Ξ	0	0	0	0	0	0	0
MICHAEL TENDALL	Ξ	139,099	0	0	14,398	14,418	167,915	0
7 DIRECTOR OF STUDENT COUNSELING	Ξ	0	0	0	0	0	0	0
EVELYN CAMPBELL	ε	147,376	0	0	14,791	7,182	169,349	0
8 DEAN AND VP STUDENT SERVICES	Ξ	0	0	0	0	0	0	0
GAIL SUMMER	Ξ	127,331	0	0	8,479	3,179	138,989	0
9DEAN OF THE COLLEGE (PARTIAL)	Ξ	0	0	0	0	0	0	0
	(1)							
10	Ξ							
	Ξ							
11	Ξ							
	3							
12	Ξ							
	Ξ							
13	Ξ							
	€							
14	Ξ							
	Ξ							
15	Ξ							
	=							
16	€							
							100	0.400 to 000 min of the control

Schedule J (Form 990) 2018

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SCHEDULE K (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Information on Tax-Exempt Bonds

Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
 ▶ Attach to Form 990.
 ▶ Attach to Form 990.

Open to Public Inspection 2018

OMB No 1545-0047 ·

Emplcyer identification number

AUGUSTANA COLLEGE						•	36-21	36-2166962	
Part Bond Issues									
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Dereas	Ped 5	(h) On ehalf of issuer	(g) Dereased (h) On (i) Pooled behalf of financing issuer
QUAD CITIES REGIONAL DEVELOPMENT	36-3580390	74731RAV3	07/11/2012	38,702,767	(SEE STATEMENT)	Yes	o Yes	No	Yes No Yes No Yes No
A AUTHORITY						<u> </u>		/	>
ILLINOIS EDUCATIONAL FACILITY	52-1297563	4520014E7	02/13/2003	7,090,000	7,090,000 (SEE STATEMENT)				
B AUTHORITY				-				>	`
QUAD CITIES REGIONAL DEVELOPMENT C AUTHORITY	36-3580390	74731RAB7	10/21/2005	15,000,000	15,000,000 CONSTRUCT NEW RES HALLS AND RENOVATIONS	_		>	>
ILLINOIS FINANCE AUTHORITY D	86-1091967	NONENONEN	06/28/2007	5,000,000	5,000,000 CONSTRUCT NEW APARTMENTS AND RENOVATE RES HALLS			>	>

Part II	II Proceeds								
		A		В		C		Q	
-	Amount of bonds retired		0		0		0		0
7	Amount of bonds legally defeased		0		0		0		0
က	Total proceeds of issue		38,702,767		000'060'2		15,000,000		5,000,000
4	Gross proceeds in reserve funds		3,437,104		0		0		0
က	Capitalized interest from proceeds	-	0		0		0		0
မ	Proceeds in refunding escrows		0		0		0		0
7	Issuance costs from proceeds		658,033		49,007		300,000		100,000
æ	Credit enhancement from proceeds		0		40,993		57,081		0
စ	Working capital expenditures from proceeds		0		0		0		0
10	Capital expenditures from proceeds		7,004,189		000'000'2		14,642,919		4,900,000
11	Other spent proceeds		30,193,301		0		0		0
12	Other unspent proceeds		0		0		0		0
13	Year of substantial completion		2013		2004		2008		2010
		Yes	No	Yes	No	Yes	oN O	Yes	No
14	Were the bonds issued as part of a refunding issue of tax-exempt bonds (or,	>			^		`		,
	if issued prior to 2018, a current refunding issue)?		-	-			,		
5	Were the bonds issued as part of a refunding issue of taxable bonds (or, if		`		`		,		>
	issued prior to 2018, an advance refunding issue)?								
16	Has the final allocation of proceeds been made?	<i>></i>		<i>,</i>		,		<i>></i>	
17	Does the organization maintain adequate books and records to support the	<i>></i>		,		,		<i>></i>	
	inial anocation of proceeds?								

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

Cat No 50193E

Schedule K (Form 990) 2018

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Part III Private Business Use								
	A			В)	င	D	
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt honds?	Yes	No	Yes	No	Yes	No	Yes	No
		\ \		\		,		,
2 Are there any lease arrangements that may result in private business use of bond-financed property?		>		>		>	·	>
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?								
c Are there any research agreements that may result in private business use of bond-financed property?		`		`		`		,
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 ▶		% 00 0		% 00 0		% 00 0		% 00 0
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization,								
another section 501(c)(3) organization, or a state or local government		% 00 0		% 00 0		% 00 0		% 00 0
6 Total of lines 4 and 5		% 00 0		% 00 0		% 00 0		% 00 0
7 Does the bond issue meet the private security or payment test?		`		`		`		>
8a 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 issued?		`		>		`		\
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or								
disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1.145-2?	>		`		,		`	
Part IV Arbitrage		•						
	A		1	В		ဝ	Q	
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Legicol Arbitrage Rebate?	Yes	S.	Yes	No	Yes	No	Yes	No
2 If "No" to line 1, did the following apply?		>		•		•		•
, e	\ \			>		>		>
b Exception to rebate?		>		`>		`^	>	
c No rebate due?	/		<i>></i>		<i>></i>			>
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed	07/11/2017	2017			01/02	01/02/2010		
3 Is the bond issue a variable rate issue?		,	,		<i>/</i>			,
							Schedule K (F	Schedule K (Form 990) 2018

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AUGUSTANA COLLEGE- 36-2166962

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Schedule K (Form 990) 2018							į	Page 3
Andreas (Continued)				a				
4a Has the organization or the governmental issuer entered into a qualified	Yes	2	Yes	°Z	Yes	Š	Yes	S.
		,		1		,		,
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		1		/		,		,
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?								
7 Has the organization established written procedures to monitor the			,					
밁	\ \		,		,		>	
Part V Procedures To Undertake Corrective Action						•		
	¥			В		S		
Has the organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No	Yes	S _N
of federal tax requirements are timely identified and corrected through the								
voluntary closing agreement program it self-remediation isn't available under		``		`		`,		`
[•		<u> </u>				•
Supplemental Information. Provide additional information for responses to questions on Schedule K.	onses to du	restions (on schedu	lle K. See II	See Instructions			
(SEE STATEMENT)								
					į			
				:				
						ļ		
							Schedule K (F	Schedule K (Form 990) 2018

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SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

varne c	or the organization							Linbio	yei iaci	itiiiçat	ion nu	innei		
AUGL	JSTANA COLLEGE									36-2	21669	62		
Par		fit Transact e organizati	ions (section 50 on answered "Y	1(c)(3), es" on f	section : Form 99	501(c)(4), a 0, Part IV, I	nd 50 ine 25	01(c)(29) organız 5a or 25b, or Fo	ations rm 990	only) 0-EZ,	Part	V, line	40b	
	(a) No		(b) Relationship t	etween c	isqualified	person and		(c) Description	t tran	anactio:	_		(d) Con	rected?
1	(a) Name of disqualified	person		organiza				(c) Description	n oi wai	isaction	•		Yes	No
(1)														
(2)														
(3)					•						•••			
(4)					•									
(5)		_			-			-			_			
(6)									_					
2	Enter the amount under section 4958		red by the orga	ınızatıoı	n manag	gers or dis	qualif	ied persons du	rıng tl	he ye	ar • \$	}		
3	Enter the amount o	f tax, if any,	on line 2, above	, reimb	ursed by	the organ	ızatıoı	n	•	. 1	▶ \$			
Part	Complete if th	ie organizati	terested Perso on answered "Yourmount on Form	es" on f 990, Pa	Form 990 art X, lind	0-EZ, Part e 5, 6, or 22	2	38a or Form 99			Γ	6, or	Γ	ritten
(a) IV	lame of interested person	with organizat		fro	ni the nization?	principal an		(i) Balance due		1	by bo	pard or nittee?	agree	ment?
				То	From				Yes	No	Yes	No	Yes	No
(1)				ļ					-			-	<u> </u>	
(2)				-	<u> </u>				 		<u> </u>	-	-	
(3)				<u> </u>	-				-			├	<u> </u>	
(4)		 							-	-				
(5)									ļ		-	<u> </u>		
(6)				<u> </u>	ļ					-		├		
(7)				<u> </u>						-		-	-	
(8)					+				+			-	<u> </u>	
(9)					+				ļ .	-	-	<u> </u>		
(10)								<u> </u> \$		<u> </u>		<u> </u>		
Γotal Part	Grants or Ass		nefiting Interes on answered "Y			0, Part IV, I				· · ·				
(a)) Name of interested persor		tionship between inte on and the organizat		(c) Amount	of assistance	-	(d) Type of assistant	:e	(e) Purpo	ose of a	ssistan	ce
(1)												,		
(2)														
(3)								100						
(4)														_
(5)														
(6)														
(7)														
(8)														
(9)		1		Î										
44.01							1							

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Cat No 50056A

Schedule L (Form 990 or 990-EZ) 2018

Part IV	Business Transactions Invol Complete if the organization a	ving Interested Persons. nswered "Yes" on Form 990), Part IV, line 28a, 2	8b, or 28c		
	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organiz	aring of zation's nues?
(1) (SE	E STATEMENT)				Yes	No
(2)	E STATEMENT)				_	
(3)			-			
(4)						
(5)						ļ
(6)					_	ļ
(7)					-	├
(8) (9)					-+	
(10)						
Part V	Supplemental Information. Provide additional information	for responses to questions	on Schedule L (see	instructions)		
						
	······································					
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SCHEDULE M (Form 990)

Noncash Contributions

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990.

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

Open to Public Inspection

Name of the organization
AUGUSTANA COLLEGE

Employer identification number 36-2166962

-1000	OTANA GOLLEGE							
Part I Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method noncash cor			-
1	Art – Works of art .							
2	Art - Historical treasures .		•					
3	Art - Fractional interests				1			
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes .							
8	Intellectual property .							
9	Securities - Publicly traded .	✓	12	862,246	MARKET VA	ALUE		
10	Securities - Closely held stock .				<u> </u>			
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	/	1	400,000	NONE			
16	Real estate - Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory				<u> </u>			
20	Drugs and medical supplies .				<u> </u>			
21	Taxıdermy				ļ			
22	Historical artifacts				<u> </u>			
23	Scientific specimens				↓			
24	Archeological artifacts			04.700	1000			
25	Other ► (ADVERTISING)	<u> </u>	5	21,700	COST			
26	Other ► (BOARD TRAVEL) Other ► (ELECTRONICS)	/	1	183	COST			
27	· · · · · · · · · · · · · · · · · · ·	/	1 4	2,130 3,565	COST			
28	Other (10031			
29	Number of Forms 8283 received which the organization completed				29	1		
							Yes	No
30a	During the year, did the organizat						l	
	28, that it must hold for at least the	•		contribution, and which is	n't required			<u> </u>
	to be used for exempt purposes t		e holding period? .		•	30a		<u>√</u> ,
b	If "Yes," describe the arrangemen							
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard							
	contributions?	•	•			31	✓	
32a	Does the organization hire or use	e third part	ies or related organization	s to solicit, process, or se	ell noncash			,
	contributions?	• •				32a		√,
b	If "Yes," describe in Part II							
33 	If the organization didn't report an describe in Part II.	amount in	column (c) for a type of pro	perty for which column (a)	is checked,			ļ

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Schedule M (Form 990) 2018