Form **990**

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047 2019

| Dep | artment of th | he Treasury | | security numbers on this f | | | • | ノグリイ | Open to P | ublic | | |
|--------------------------------|---------------|----------------|---|---|-----------------|---------|--------------------|----------------|-----------------------|-----------------|--|--|
| Inter | nal Revenue | e Service | | ov/Form990 for instructions | | | | 100 l | Inspecti | on | | |
| <u>A</u> | For the 2 | 2019 calend | dar year, or tax year beginning | | 019, and end | ding | 06/3 | <u> </u> | ` , 20 _20 | | | |
| В | Check if a | pplicable | C Name of organization AUGUST. | ANA COLLEGE | , | | | D Emplo | yer identification r | number | | |
| | Address c | hange | Doing business as | | | | | | 36-2166962 | | | |
| | Name cha | nge | Number and street (or P O box if | mail is not delivered to street add | dress) | Room | /suite | E Teleph | one number | | | |
| | Initial retur | 'n | 639 38TH STREET | | | | | (309) 794-7499 | | | | |
| | Final return | n/terminated | City or town, state or province, co | ountry, and ZIP or foreign postal o | ode | | | | | | | |
| | Amended | return | ROCK ISLAND, IL 61201-2296 | | | | | | | 096,589 | | |
| | Application | n pending | F Name and address of principal offi | cer STEVEN BAHLS | | | H(a) Is this a gro | up return fo | r subordinates? 🔲 Ye: | s 🔽 No | | |
| | | | SAME AS C ABOVE | | | בב | H(b) Are all su | ibordinate | es included? 🔲 Ye | s 🗌 No | | |
| <u> </u> | Tax-exem | pt status | ✓ 501(c)(3) |) ◀ (insert no) |)(1) or [53 | | If "No," a | ttach a lis | st (see instructions) | | | |
| <u>J</u> | Website: | ► WWW A | AUGUSTANA EDU | | <u> </u> | | H(c) Group ex | emption i | number > | | | |
| K | Form of org | ganization 🗸 | Corporation Trust Associate | tion ☐ Other ► | L Year of for | mation | 1860 | M State | of legal domicile | IL | | |
| Р | art I | Summa | ry | | <u> </u> | | | | <u></u> | | | |
| | 1 E | Briefly desi | cribe the organization's missi | ion or most significant act | ivities: BAC | CALA | JREATE LE\ | /EL INS | TRUCTION | | | |
| S | 1 . | AUGUSTAN | NA COLLEGE, DEEPLY ROOTE | D IN THE LIBERAL ARTS AN | ND SCIENCE | S AND | AN INCLUS | IVE EXP | PRESSION OF | | | |
| nan | | (CONTINU | ED ON SCHEDULE O) | | | | | | | | | |
| Ver | 2 (| Check this | box ► ☐ if the organization | discontinued its operation | is or dispos | ed of | more than 2 | 25% of | its net assets. | | | |
| ဇ္ဗိ | 3 1 | Number of | voting members of the govern | rning body (Part VI, line 1a | ı) | | | 3 | | 38 | | |
| ≪ | 4 1 | Number of | independent voting member | s of the governing body (F | Part VI, line | 1b) . | | 4 | | 37 | | |
| Activities & Governance | 5 T | otal numb | per of individuals employed in | n calendar year 2019 (Part | V, line 2a) | | | 5 | | 2,664 | | |
| ξį | 6 T | otal numb | per of volunteers (estimate if i | necessary) | | | | 6 | | 250 | | |
| Ą | 7a T | otal unrela | ated business revenue from f | Part-VII<u>I,</u> column (C). line 1 | 2 | | | 7a | | 43,279 | | |
| | b N | Net unrelat | ted business taxable income | from For 15 99 ET VIFE 139 | | | | 7b | 1,0 | 058,929 | | |
| | | | 1. | | 70 | | Pnor Year | , | Current Yea | ar | | |
| Revenue | 8 (| Contributio | ons and grants (Part VIII, line | MAY 1 8 2021 | 18 | | 12,4 | 88,356 | 20,4 | 452,798 | | |
| | 9 F | rogram se | ervice revenue (Part VIII, line | 29 MAY 1 8 2021 | | | 128,8 | 38,479 | 127,4 | 483,971 | | |
| ě | 10 h | nvestment | t income (Part VIII, column (A) |), lines-3-4-and Zd) | <u> </u> | | 6,4 | 52,195 | 7,9 | 514,451 | | |
| Œ | 11 (| Other reve | nue (Part VIII, column (A), In <mark>i</mark> e | 1,2 | 215,698 741, | | | | | | | |
| | 12 T | otal reven | ue-add lines 8 through 11 (m | 148,9 | 94,728 | 156, | 192,614 | | | | | |
| | 13 (| Grants and | similar amounts paid (Part I) | X, column (A), lines 1-3) . | | | 63,7 | 03,094 | 67, | 329,387 | | |
| | 14 E | Benefits pa | aid to or for members (Part IX | , column (A), line 4) | | | | | | | | |
| ģ | 15 9 | Salaries, ot | her compensation, employee t | penefits (Part IX, column (A) | , lines 5–10) | | 41,69 | 98,487 | 42, | 530,474 | | |
| Expenses | 16a F | rofession | al fundraising fees (Part IX, co | olumn (A), line 11e) . | | | 10 | 67,542 | | 0 | | |
| ĝ | ЬΤ | otal fundr | aising expenses (Part IX, coli | | | | | | | | | |
| ŵ | 17 | Other expe | enses (Part IX, column (A), line | es 11a-11d, 11f-24e) | · · · · · | | 35,6 | 85,038 | 32, | 320,262 | | |
| | 18 T | otal expe | nses. Add lines 13–17 (must o | equal Part IX, column (A), | line 25) . | | 141,2 | 54,161 | 142, | 180,123 | | |
| | 19 F | Revenue le | ess expenses. Subtract line 1 | 8 from line 12 | | | 7,7 | 40,567 | 14,0 | 012,491 | | |
| P S | | | | | _ | Beg | inning of Curre | nt Year | End of Year | r | | |
| Net Assets or Fund Balances | 20 T | otal asset | s (Part X, line 16) | | | | 368,97 | 76,957 | 381, | 381,635 | | |
| t As | 21 T | otal liabilit | ties (Part X, line 26) | | | | 67,00 | 00,306 | 72, | 161,981 | | |
| \$ F | 22 N | let assets | or fund balances. Subtract II | ne 21 from line 20 | | | 301,9 | 76,651 | 309,2 | 219,654 | | |
| | art II | Signatu | re Block | | | | | | | | | |
| Un | der penalti | es of perjury, | I declare that I have examined this re | etum, including accompanying so | hedules and st | tatemer | its, and to the | best of m | y knowledge and b | oelief, it is | | |
| tru | e, correct, | | e Declaration of preparer (other than | officer) is based on all information | n of which prep | arer ha | s any knowled | ge , | / | | | |
| | | 12 | Rus | | | | | 5/13 | 12:21 | | | |
| Sig | gn | Signatu | ure of officer | - | | | Date | / | , , , , , , | | | |
| He | re | KIRK | ANDERSON, VP FOR FINANCE | E AND ADMINISTRATION | | | | | | | | |
| | | Type or | r print name and title | | | | | | | | | |
| Pa | id . | Print/Type | preparer's name | Preparer's signature | | Date | | Check [|] _{If} PTIN | | | |
| | | | | | | | | self-empl | - 1 | | | |
| | eparer | Firm's nam | ne 🕨 | | | | Firm's | EIN ▶ | | | | |
| US | e Only | Firm's add | | | | _ | Phone | | | | | |
| Ma | y the IRS | | his return with the preparer s | hown above? (see instruc | tions) . | | | | Tyes | No | | |
| | | | ion Act Notice, see the separat | | | t No 1 | 1282Y | | | 90 (2019 | | |

| | 1 age 2 |
|------|---|
| 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, |
| | 4000001-00000000000-0 |
| | SPIRIT, AND BODY NECESSARY FOR A REWARDING LIFE OF LEADERSHIP AND SERVICE IN A DIVERSE AND CHANGING WORLD |
| | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? |
| | If "Yes," describe these new services on Schedule O |
| 2 | |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? |
| | If "Yes," describe these changes on Schedule O. |
| 4 | |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, |
| | the total expenses, and revenue, if any, for each program service reported. |
| | The total or policios, and to folicios, in any, it is also program of the folicios. |
| 4a | (Code.) (Expenses \$ 96,012,213 including grants of \$ 67,329,387) (Revenue \$ 104,318,137) |
| | HIGHER EDUCATION INSTRUCTION - INCLUDES 73 ACADEMIC MAJORS, FOREIGN STUDY PROGRAMS, HONORS |
| | PROGRAMS, AND OTHER EDUCATIONAL RELATED DEPARTMENTS SERVICING APPROXIMATELY 2,500 TOTAL STUDENTS AND |
| | STAFFED BY APPROXIMATELY 300 FACULTY MEMBERS |
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| 4b | (Code:) (Expenses \$ 12,096,262 including grants of \$) (Revenue \$ 1,265,385) |
| | HIGHER EDUCATION ACADEMIC SUPPORT - INCLUDES LIBRARY SUPPORT OF 160,000 TOTAL VOLUMES, AUDIOVISUAL |
| | MATERIALS AND EQUIPMENT, ART EXHIBITS, JAZZ, THEATER, BAND, CHOIR, INTERCOLLEGIATE ATHLETICS, AND |
| | RELATED ACTIVITIES SERVICING THE STUDENT AND THE COMMUNITY (2,500 STUDENTS) |
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| | <u></u> |
| | (Code) (Expenses \$ 10,419,344 including grants of \$) (Revenue \$ 16,909,784) |
| | 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 STUDENTS) |
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| | |
| 4d | Other program services (Describe on Schedule O.) |
| | (Expenses \$ 9,526,284 including grants of \$ 0) (Revenue \$ 4,964,986) |
| 4e | Total program service expenses ▶ 128,054,103 |

F CARDY Gy LMO

| Part | 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 | | 1 |
| 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</i> "Yes," <i>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 | | ✓ |
| 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? <i>If</i> "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 | | ✓ |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> | 10 | ✓ | |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. | | | |
| 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 | 1 | |
| 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 | ✓ | |
| C | Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 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)? <i>If "Yes," complete Schedule D, Part X</i> | 11f | ✓ | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 12a | ✓ | |
| þ | 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 | ✓ | |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV. | 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 | | 1 |
| 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 | | 1 |
| 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 | ✓ | |
| 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 | | 1 |
| 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 | | ✓ |
| 20a | 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 | | 1 |
| | | _ | . 000 | (0040 |

| 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 | ✓ | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a | 24a | ✓ | |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | · | 1 |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | 1 |
| 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 | | 1 |
| 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 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | 1 |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) 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, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV | 28a | | ✓ |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV . | 28b | / | <u> </u> |
| С | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? 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 31 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 31 | ✓ | ✓ |
| 32 | Did the organization liquidate, terminate, or dissolve and cease operations: It is respectively. Facts 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 | | ✓ |
| 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 | ✓ | |
| Part | V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V | <u>.</u> . | | |
| | Eduction and the Box 2 of Education 1 and 1 and 2 and | | Yes | No |
| 1a b | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . | { | | |
| | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | 1 | |

| 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 2,664 | | | |
| | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | ✓_ | <u> </u> |
| _ | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions). | | | |
| 3a b | 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 on Schedule O . | 3b | <u> </u> | |
| | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, | 30 | | |
| 40 | 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 | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . | 5a | | ✓ |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | ✓ |
| С | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5с | | |
| 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 | ٠. | | |
| 7 | gifts were not tax deductible? | 6b | | 1 |
| | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods | | | |
| а | 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 | | | نِــ |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | √ |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | ✓ |
| g h | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7g 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | /11 | | |
| • | sponsoring organization have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | I |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter. | | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b | | | |
| 11 | Section 501(c)(12) organizations. Enter: Gross income from members or shareholders | | | |
| а | | | | |
| 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 | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| | Note: See the instructions for additional information the organization must report on Schedule O. | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which | | | - 1 |
| | the organization is licensed to issue qualified health plans | | | |
| C | Enter the amount of reserves on hand | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | ✓ |
| b 15 | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O. | 14b | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 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 | | $\overline{}$ |
| | If "Yes," complete Form 4720, Schedule O | | | |
| | | Forn | 990 | (2019) |

| Form 99 | 00 (2019) | | ı | Page 6 |
|--------------|--|---------|-------------|---------------|
| Part | response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. | See ın | struci | tions. |
| | Check if Schedule O contains a response or note to any line in this Part VI | • • | | <u> </u> |
| <u>Secti</u> | 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 . 38 | 4 | | |
| | 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 on Schedule O. | | | |
| b | Enter the number of voting members included on line 1a, above, who are independent . 1b 37 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with |] | | |
| | any other officer, director, trustee, or key employee? | 2 | | ✓ |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct | | | , |
| 4 | supervision of officers, directors, 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 | | √ |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | ~ |
| 6 | Did the organization have members or stockholders? | 6 | | \ |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint | | | |
| | one or more members of the governing body? | 7a | | ✓ |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, | | | |
| | stockholders, or persons other than the governing body? | 7b | | √ |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| а | The governing body? | 8a | | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | <i>\</i> | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at | | | |
| | the organization's mailing address? If "Yes," provide the names and addresses on Schedule O | 9 | | ✓ |
| Secti | on B. Policies (This Section B requests information about policies not required by the Internal Reven | ue C | ode.) | |
| 4.0 | | | 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 chapters, 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 filling the form? | 11a | ✓ | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | \ | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | ✓ | |
| C | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," | | | |
| 40 | describe in Schedule O how this was done | 12c | √ | |
| 13 | Did the organization have a written whistleblower policy? | 13 | ✓ | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | V | |
| b | Other officers or key employees of the organization | 15b | ✓ | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement | | | <u> </u> |
| | with a taxable entity during the year? | 16a | | √ , |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the | | | |
| | organization's exempt status with respect to such arrangements? | 16b | | |
| Secti | on C. Disclosure |) | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ▶ AK, CA, CO, DC, (CONTINUED ON SCI | HEDUL | E 0) | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990- | Γ (Sec | tion 5 | 01(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 on Schedule O) | _ | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict or | t inter | est p | olicy, |
| 20 | and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and re- | oorde | • | • |
| | KIRK ANDERSON 639 38TH STREET ROCK ISLAND II 61201 (309) 794-7203 | JU1 U3 | - | |

6

| Part VII | Compensation of Officers, Directors | , Trustees, | Key Employees, | Highest Compen | sated Employee | s, and |
|----------|-------------------------------------|-------------|----------------|----------------|----------------|--------|
| | Independent Contractors | | | | | |

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. See instructions for the order in which to list the persons above

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| | | (C) | | | | | | | | |
|-----------------------------|--------------------------|-----------------------------------|-----------------------|----------|--------------|---------------------------------|--------|-----------------------|-------------------------------|------------------------|
| (A) | (B) | Position | | | | | | (D) | (E) | (F) |
| Name and title | Average | , | | | | than o | | Reportable | Reportable | Estimated amount |
| | hours | | | | | or/trust | | compensation | compensation | of other |
| | per week (list any | 악 | Ins | ਊ | 8 | em Hig | Fo | from the organization | from related organizations | compensation from the |
| | hours for | dividual t | i i | Officer | en | ploy | Former | (W-2/1099-MISC) | (W-2/1099-MISC) | organization and |
| | related organizations | ual t | on a | | Key employee | e co | , | | | related organizations |
| | below | Individual trustee or director | | | yee | npe | | | | ` |
| | dotted line) | e | Institutional trustee | | | Highest compensated employee | | | | |
| | | | Ĺ | | | 8 | | | | |
| (1) JOHN MURABITO | 3 0 | | | İ | | | | | | |
| CHAIR OF THE BOARD | | ✓ | | ✓ | | | | 0 | 0 | 0 |
| (2) WILEY ADAMS | 10 | | ļ | | | | | | | |
| VP OF BOARD | | ✓ | L | ✓ | | | | 0 | 0 | 0 |
| (3) STEVEN BAHLS | 55 0 | | | | | | | | | |
| COLLEGE PRESIDENT | | ✓ | | ✓ | | | | 494,392 | 0 | 75,801 |
| (4) AARON WETZEL | 10 | | | | | | | | | |
| BOARD MEMBER | ļ | ✓ | <u> </u> | <u> </u> | | | | 0 | 0 | 0 |
| (5) ALLYSON MARTINEZ | 10 | | | | | | | | | |
| BOARD MEMBER | | ✓ | | | | | | 0 | 0 | 0 |
| (6) BARBARA LUNDBLAD | 10 | | : | | | | | | | |
| BOARD MEMBER | | ✓ | | | | | | 0 | 0 | 0 |
| (7) CHERYL TRUE | 10 | | | | | | | | | |
| BOARD MEMBER (PARTIAL YEAR) | | ✓ | | | | | | 0 | 0 | 0 |
| (8) CHRISTINA KLEIN | 10 | | | | | | | | | |
| BOARD MEMBER | | ✓ | | | | | | 0 | 0 | 0 |
| (9) CHRISTOPHER COULTER | 10 | | | | | | | | | |
| BOARD MEMBER (PARTIAL YEAR) | | ✓ | | | | _ | | 0 | 0 | 0 |
| (10) DAN GOTTSCHLING | 10 | | | | | | | | | |
| BOARD MEMBER (PARTIAL YEAR) | | ✓ | | | | | | 0 | 0 | 0 |
| (11) DANA WATERMAN | 10 | | | | | | | | | |
| BOARD MEMBER | | ✓ | | | | | _ | 0 | 0 | 0 |
| (12) DEBRA GAMMON | 10 | | | | | | | | | |
| BOARD MEMBER | | ✓ | | l . | | | | 0 | 0 | 0 |
| (13) DR DIANE GRIFFIN | 10 | | | | | | | | | |
| BOARD MEMBER | | ✓ | | | | | | 0 | 0 | 0 |
| (14) DIANE HILL | 10 | | | | | | | | | |
| BOARD MEMBER | [| ✓ | | | | | | 0 | 0 | 0 |
| | - | | | | | | | | | Form 990 (2019) |

| Form 990 (2019) | <u> </u> | | | | | | | | | | | _ | Page |
|---|---|------------------------|-----------------|----------------------|----------|--|-----------|--|---|---------------------------------|----------------|---|------------|
| Part VII Section A. Officers, Directors, | rustees, | Key I | Em | <u>plo</u> | yee | s, an | d H | lighest Compe | nsated I | Employ | /ees (| <u>contir</u> | nuec |
| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | box, office or directo | unles er and | Pos neck ss pe | rson | e than of the both or/trus Highest compensated | n an | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reports compens from rel organiza (W-2/1099 | able sation ated tions | o com fr | (F) ted am f other pensati om the ization organiz | ion and |
| (15) DOUG HULTQUIST | 10 | | | | | | | | | | | | |
| BOARD MEMBER | | ✓ | _ | | | | _ | 0 | | 0 | | | C |
| (16) REV DR MARK WILHELM | 10 | | | | | | | | |] | | | |
| BOARD MEMBER | | ✓ | | | | ^ | <u> </u> | 0 | | 0 | | | |
| (17) ERIC LINDBERG | 10 | | | | | | | | | | | | |
| BOARD MEMBER | | ✓ | | | | | | 0 | _ | 0 | | | |
| (18) GAIL RICHARD | 10 | Į | | | | | | | | | | | |
| BOARD MEMBER | ļ | / | <u> </u> | _ | <u> </u> | | | 0 | | 0 | | | |
| (19) REV JEFF CLEMENTS | 10 | | | | | | | | | | | | _ |
| BOARD MEMBER | | ✓ | | _ | _ | . | L | 0 | | 0 | | | |
| (20) JULIE ELLIOTT | 10 | , | | | | | | | | اء | | | |
| BOARD MEMBER (21) KARL ZOBRIST | 10 | ✓ | \vdash | ⊢ | | | | 0 | | 0 | | | |
| BOARD MEMBER | 10 | | | | | | | اه | | o | | | , |
| (22) LEE SELANDER | 10 | / | \vdash | \vdash | | | - | 0 | - | - 4 | | | |
| BOARD MEMBER (PARTIAL YEAR) | ļ <u>' .</u> | 1 | | | | | | اه | | o | | | , |
| (23) LYNETTE RASMUSSEN | 10 | - - - | | _ | | | | | | | | | |
| BOARD MEMBER | † <u>-</u> | 1 | | | | | | l ol | | اه | | | c |
| (24) MARK SARAN | 10 | | | | | | | Ĭ | | | | | |
| BOARD MEMBER | | | | | | | | o | | o | | | C |
| (25) (SEE STATEMENT) | | | | | | | | | | | | | |
| ······································ | | ĺ | | | | | | | | | | | |
| 1b Subtotal | | | | | | | | 494,392 | | 0 | | 7: | 5,801 |
| c Total from continuation sheets to Part | VII, Sectio | n A | | | | | ▶ | 1,875,283 | | 0 | | 40 | 4,920 |
| d Total (add lines 1b and 1c) | | | | | | | • | 2,369,675 | | 0 | | 48 | 0,721 |
| 2 Total number of individuals (including but reportable compensation from the organi | | to th | ose | list | ed | above | e) wl | ho received more 21 | e than \$10 | 000,000 | of | | |
| | | | | | | | _ | _ | | | | Yes | No |
| 3 Did the organization list any former of | officer, dire | ector. | tru | stee | e. k | ev e | lam | ovee, or highes | t compe | nsated | | | |
| employee on line 1a? If "Yes," complete | | | | | | | | | | | 3 | \ | |
| 4 For any individual listed on line 1a, is the organization and related organizations | | | | | • | | | • | | | | | |
| individual | greater th | αιι φι | 50, | | . , | | s, | complete sched | | Sucii | 4 | <u></u> | |
| 5 Did any person listed on line 1a receive of | r accrue co | mne | nsat | hon | froi | m anv | , Juni | related organizat | on or ind | ividual | <u> </u> | | |
| for services rendered to the organization | | | | | | | | | | | 5 | | <u></u> |
| Section B. Independent Contractors | | | | | | | | | | | <u> </u> | | |
| Complete this table for your five high compensation from the organization. Repr | | | | | | | | | | | | | |
| i | or compen | Janoi | 1 101 | LITE | <u> </u> | iciiua | ye | | AAITIMI TILE | , organi | | o iax | y car. |
| (A) Name and business add | ress | | | | | | | (B) Description of serv | ices | c | (C) compens | ation | |
| HODGE CONSTRUCTION GROUP, 767 52ND AVE, | | DLINE | ILE | 3126 | 5 | | co | NSTRUCTION | | | - | | 1,946 |
| PUSSELL CONSTRUCTION 4700 F 53PD STREET | | | _ | | _ | | - | NISTRUCTION | | | | 2.00 | |

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|-----------------------------|---------------------|
| HODGE CONSTRUCTION GROUP, 767 52ND AVE, STE 201, NOLINE, IL 61265 | CONSTRUCTION | 2,431,946 |
| RUSSELL CONSTRUCTION, 4700 E 53RD STREET, DAVENPORT, IA 52807 | CONSTRUCTION | 2,094,666 |
| PERFORMANCE FOOD GROUP, 8001 TPC RD, ROCK ISLAND, IL 61201 | FOOD SERVICE DISTRIBUTOR | 953,084 |
| EAB GLOBAL INC, 2445 M ST NW, WASHINGTON DC, DC 20037 | MARKETING CONSULTANT | 779,047 |
| LEGAT ARCHITECTS, INC, 1125 TRI-STATE PKWY, STE 730, GURNEE, IL 60031 | CONSTRUCTION | 389,530 |
| 2 Total number of independent contractors (including but not limited | to those listed above) who | |
| received more than \$100,000 of compensation from the organization ▶ | 32 | <u> </u> |

| Part | VIII | Check if Schedule | | | รรถดก | ise or note to an | v line in this Pa | art VIII | | |
|--|--------|---|-------------------|-------------|------------|-------------------|-------------------|--|--------------------------------------|--|
| | | Onedkii Gonedale | 0 00 | manis a re | SOPON | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
| ts ts | 1a | Federated campaig | ns . | | 1a | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | b | Membership dues | | | 1b | | | | | |
| G, E | С | Fundraising events | | | 1c | | | | | |
| iifts ar A | d | Related organizatio | | | 1d | | | | | |
| s, G | е | Government grants | | | 1e | 937,051 | | | | |
| on Si | f | All other contribution | | | ۱., | 40 545 747 | | | | |
| out | | and similar amounts n | | | 1f | 19,515,747 | | | | |
| i i | 9 | Noncash contribution | | | 1g | l _e | | | | |
| Cor | h | Total. Add lines 1a- | | | <u> iy</u> | ▶ | 20,452,798 | | | |
| | | Total. Add lines 1a | - 11 . | • | | Business Code | 20,432,730 | | | |
| e l | 2a | TUITION AND FEES | | | | 611710 | 110,326,420 | 110,326,420 | | |
| اء ک | b | SALES AND SERVICE | ES - / | AUXILIARY | | 722320 | 16,161,010 | 16,135,331 | 25,679 | |
| Program Service Revenue | c | SALES AND SERVICE | | | | 611710 | 996,541 | 996,541 | | |
| | d | | | | • | | | | | |
| gr. | е | | - | | | | | | | |
| Pro | f | All other program se | ervice | e revenue | | | 0 | 0 | 0 | 0 |
| | g | Total. Add lines 2a- | -2f . | | | • | 127,483,971 | | | |
| | 3 | Investment income | (inc | luding dıvı | dends | s, interest, and | | | | |
| | | other similar amour | • | | | 🕨 | 5,105,371 | | | 5,105,371 |
| | 4 | Income from investr | | | - | • | | | _ | |
| | 5 | Royalties | <u> </u> | | | | | | | |
| | | | | (i) Rea | | (II) Personal | | | | |
| | 6a | Gross rents | 6a | 32 | 28,730 | | | | | |
| | b | Less rental expenses Rental income or (loss) | $\overline{}$ | 32 | 8,730 | 0 | | | | |
| | d d | Net rental income of | $\overline{}$ | | .6,730 | | 328,730 | | 17,600 | 311,130 |
| | | | 1 102 | (i) Securi | ties | (II) Other | 320,730 | | 11,000 | 311,100 |
| | 7a | Gross amount from sales of assets | | (7,000 | | (4) 5 1115 | | | | |
| | | other than inventory | 7a | 23,31 | 3,055 | | | | | |
| e | b | Less cost or other basis | | • | | | | | | |
| Revenue | | and sales expenses | 7b | 20,90 | 3,975 | | | | | |
| eve | С | Gain or (loss) | 7c | 2,40 | 9,080 | 0 | L | | | |
| er R | d | Net gain or (loss) | | | | • | 2,409,080 | _ | | 2,409,080 |
| Othe | 8a | Gross income fro | m fu | ındraısıng | | | | | | |
| 0 | | events (not including | | | | | | | | |
| | | of contributions re | • | | | | | | | |
| | _ | 1c). See Part IV, line | | | 8a | | | | | |
| | | Less. direct expens | | | 8b | <u> </u> | | | <u>.</u> | |
| | C | Net income or (loss | | | ig eve | ents 🕨 | | | | |
| | 9a | Gross income activities. See Part | | | 9a | | | | | |
| | b | Less. direct expens | | le 15 . | 9b | | | | | |
| | C | Net income or (loss | | n damind a | | es . | | | | |
| | 10a | Gross sales of II | | | |] - <u></u> | | | | |
| | IVa | returns and allowar | | ory, less | 10a | | | | | |
| | ь | Less. cost of goods | | | 10b | | | | | |
| | c | Net income or (loss | | | | ory > | | *** | | |
| ·s | | | · | | | Business Code | | | | |
| e e | 11a | DEPARTMENTAL DE | SIGN | NATED | | 611710 | 162,090 | | | 162,090 |
| ank | b | | | | 900001 | 288,958 | | | 288,958 | |
| scellaneo Revenue | С | ANNUITANT PAYME | NTS | | | 900001 | (242,054) | | | (242,054) |
| Miscellaneous Revenue | d | All other revenue | | | | 900099 | 203,670 | 0 | 0 | 203,670 |
| | е | Total. Add lines 11a | a-110 | d | <u> </u> | ▶ | 412,664 | | | |
| | 40 | Takal | | | | L . | 450 400 044 | 427 450 202 | 42 270 | 0 220 245 |

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 response or note to any line in this Part IX (B) Program service expenses (C) Management and general expenses (D) Fundraising (A) Total expenses Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 Grants and other assistance to domestic 2 individuals See Part IV. line 22 67,329,387 67,329,387 Grants and other assistance to foreign 3 organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 2,369,675 1,153,821 1,172,623 43,231 Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . 7 Other salaries and wages 30,349,772 26,318,211 2,975,881 1,055,680 R Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 2,813,789 2,469,801 241,732 102,256 Other employee benefits 9 4,762,781 2,150,786 2,610,613 1,382 2,234,457 1,885,959 271,672 76,826 10 Payroll taxes Fees for services (nonemployees). 11 Management а 66,033 5.724 60,309 b Legal . 10.238 67,450 77.688 C Accounting . . . Lobbying d Professional fundraising services. See Part IV, line 17 458,849 458,849 f Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 2,167,249 1,445,479 704,111 17,659 155,569 9,284 12 Advertising and promotion . . . 164.853 1,823,047 311,527 134,173 13 Office expenses 1,377,347 14 Information technology . 602,718 396,619 170,335 35,764 15 Royalties . . 17.048 17,048 6,239,374 5,410,536 828,838 16 Occupancy . 2,896,392 2,651,391 141,050 103,951 17 Travel . Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 288,303 202,391 67,879 18,033 19 Conferences, conventions, and meetings . 1,780,363 1,756,959 23,404 20 Interest . . Payments to affiliates 21 6,623,587 5,234,542 1,389,045 22 Depreciation, depletion, and amortization . 597,899 129,347 468,552 23 Insurance Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) MEMBERSHIP DUES 1,128,899 990,911 106,069 31,919 а **EQUIPMENT** 646,763 599,329 45,949 1,485 þ **BOOKSTORE & FOOD SERVICE FUNCTIONS** 2,148,897 2,148,897 C REPAIR & MAINTENANCE 637,709 630,570 7,139 d All other expenses 3.954,591 3.583.238 67,565 303,788 e 142,180,123 12,199,876 1,926,147 Total functional expenses. Add lines 1 through 24e 128,054,100 25 Joint costs. Complete this line only if the 26 organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720) . . .

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) (A) End of year Beginning of year 1 Cash-non-interest-bearing 12,823,740 1 12,315,635 2 2 Savings and temporary cash investments . . . 9,157,658 19,138,188 3 Pledges and grants receivable, net 10.989.583 3 16,318,294 Accounts receivable, net 4 658.581 4 830.260 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . 0 5 0 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . 0 6 0 7 7 Notes and loans receivable, net 202,533 338,569 8 Inventories for sale or use . . . 186,156 8 241,500 Prepaid expenses and deferred charges . . . 675,405 9 944,731 Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . 10a 276,405,561 Less: accumulated depreciation . 10b 138,583,123 135.898.544 10c 137,822,438 b 11 11 Investments - publicly traded securities 146,910,558 141,263,165 12 Investments—other securities. See Part IV, line 11 40,140,303 12 41,059,569 13 Investments-program-related See Part IV, line 11. 2,789,579 13 2,122,950 14 14 Intangible assets 15 15 Other assets. See Part IV, line 11 8.544.317 8,986,336 16 Total assets. Add lines 1 through 15 (must equal line 33) . 368,976,957 16 381,381,635 17 17 Accounts payable and accrued expenses 7,596,404 7,001,122 18 18 Grants payable. 19 Deferred revenue 19 20 Tax-exempt bond liabilities . . . 50.144.625 20 48.070.425 21 Escrow or custodial account liability. Complete Part IV of Schedule D. . . 22 Loans and other payables to any current or former officer, director, iabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons Λ 22 0 23 Secured mortgages and notes payable to unrelated third parties 23 8,000,000 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . 25 9,090,434 9,259,277 26 Total liabilities. Add lines 17 through 25 67,000,306 26 72,161,981 **Balances** Organizations that follow FASB ASC 958, check here ▶ 🗸 and complete lines 27, 28, 32, and 33. 176,348,508 27 27 Net assets without donor restrictions . 186,317,713 28 Net assets with donor restrictions . . . 125,628,143 28 122,901,941 Fund Organizations that do not follow FASB ASC 958, check here ▶ □ and complete lines 29 through 33. ö 29 Capital stock or trust principal, or current funds 29 Net Assets 30 Paid-in or capital surplus, or land, building, or equipment fund 30 31 31 Retained earnings, endowment, accumulated income, or other funds. 32 Total net assets or fund balances 301,976,651 32 309,219,654

381,381,635 Form **990** (2019)

368,976,957

33

33

Total liabilities and net assets/fund balances . .

| ruilli 95 | 0 (2019) | | Pä | ige IZ | | | | | |
|-----------|--|-------------|-------------|------------|--|--|--|--|--|
| 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 | 56,19 | 2,614 | | | | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 142,180,123 | | | | | | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | | 14,01 | 2,491 | | | | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 | | | | | | | | |
| 5 | Net unrealized gains (losses) on investments | | | | | | | | |
| 6 | Donated services and use of facilities | | | | | | | | |
| 7 | Investment expenses | _ | | | | | | | |
| 8 | Prior period adjustments | | | | | | | | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | | | 0 | | | | | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line | | | | | | | | |
| | 32, column (B)) | 3 | 09,21 | 9,654 | | | | | |
| Part | XII Financial Statements and Reporting | | | _ | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | | | | | |
| | | | Yes | No | | | | | |
| 1 | Accounting method used to prepare the Form 990: Cash Accrual Other | | | | | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in | | | | | | | | |
| _ | 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 compiled or | | | | | | | | |
| | reviewed on a separate basis, consolidated basis, or both: | | | | | | | | |
| L | Separate basis Consolidated basis Both consolidated and separate basis | 2b | | | | | | | |
| . 0 | Were the organization's financial statements audited by an independent accountant? | 20 | • | | | | | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: | | | | | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | | | | | |
| _ | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of | _ | — | | | | | | |
| С | the audit, review, or compilation of its financial statements and selection of an independent accountant? | 2c | 1 | | | | | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on | | | | | | | | |
| | Schedule O | | | | | | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the | _ | _ | | | | | | |
| Ja | Single Audit Act and OMB Circular A-133? | 3a | 1 | | | | | | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the | | | | | | | | |
| _ | required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits. | 3b | ✓ | | | | | | |
| | | | - 000 | (2019) | | | | | |

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization
AUGUSTANA COLLEGE

Employer identification number 36-2166962

| AUG | SUSTAINA COLLEGE | | | | | 30-210 | , , |
|--------|--|-------------------------------------|---|-------------------------|---------------------------------------|---|---|
| | rt I Reason for Public Char | | | | | | ns. / |
| The o | organization is not a private foundat | ion because it is | s. (For lines 1 through | 12, chec | k only or | ne box) | \sim \propto |
| 1 | A church, convention of church | es, or association | on of churches descri | bed in s e | ection 17 | 0(b)(1)(A)(i). | 1).0 |
| 2 | A school described in section | 170(b)(1)(A)(ii). (| Attach Schedule E (F | orm 990 | or 990-E | Z)) | O |
| 3 | A hospital or a cooperative hos | pital service org | anization described ii | n sectior | 170(b)(1 |)(A)(iii). | |
| 4 | A medical research organization hospital's name, city, and state | • | onjunction with a hosp | oital desc | ribed in s | section 170(b)(1)(A)(| iii). Enter the |
| 5 | An organization operated for the section 170(b)(1)(A)(iv). (Comp | | college or university | owned o | r operate | ed by a government | al unit described in |
| 6 7 | ☐ A federal, state, or local govern☐ An organization that normally redescribed in section 170(b)(1)(| eceives a subs | tantial part of its supp | | | | the general public |
| 8 | A community trust described in | section 170(b) | (1)(A)(vi). (Complete i | Part II.) | | | |
| 9 | ☐ An agricultural research organizer or university or a non-land-granuniversity. | nt college of agri | culture (see instruction | ns) Ente | r the nam | ne, city, and state of | the college or |
| 10 | An organization that normally re receipts from activities related to support from gross investment acquired by the organization af | to its exempt fui income and uni | nctions—subject to co related business taxal | ertain exc ole incom | ceptions, ie (less se | and (2) no more that ection 511 tax) from | n 331/3% of its |
| 11 | ☐ An organization organized and | | | | • | • | |
| 12 | ☐ An organization organized and | • | | | | | ry 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. | | | | | | |
| а | 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. | | | | | | |
| b | _ `` | | | | | upported organizati | on(s) by having |
| - | b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. | | | | | | |
| C | : Type III functionally integree its supported organization(s | | | | | | illy integrated with, |
| d | that is not functionally integrequirement (see instruction | rated The orga | nization generally mus | st satisfy | a distribu | ition requirement an | |
| е | Check this box if the organi functionally integrated, or T | | | | | | e II, Type III |
| f | Enter the number of supported o | rganizations | | | | | |
| g | g Provide the following information | about the supp | orted organization(s). | | | | |
| | (i) Name of supported organization | (II) EIN | (iii) Type of organization (described on lines 1–10 above (see instructions)) | | organization or governing ment? | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
| | | | | Yes | No | | |
| (A) | | | | | | | |
| (B) | | | | | | | |
| (C) | | | | | | | |
| (D) | | | | | | | |
| (E) | | | _ | | | | |
| Toto | .1 | | | | | | |

| Part | (Complete only if you checked the | | | | | | . , |
|----------------|---|----------------------------------|----------------------------------|-------------------------------|--------------------------------|-----------------------------|-------------------|
| | Part III If the organization fails to | | | | - | • | ally under |
| Secti | ion A. Public Support | | | , [| | / | |
| Calen | ndar year (or fiscal year beginning in) | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (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 | | | | / | | |
| 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 | | / | | Ì | | |
| Secti | on B. Total Support | | | | | | |
| Calen | idar year (or fiscal year beginning in) | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (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 12 13 | Total support. Add lines 7 through 10 Gross receipts from related activities, etc First five years. If the Form 990 is for thorganization, check this box and stop he | ne organizatioi | | d, third, fourth | , or fifth tax y | 12 ear as a section | n 501(c)(3) |
| Secti | on C. Computation of Public Suppor | | | • | • | • | |
| 14 | Public support percentage for 2019 (line | | | 1. column (fl) | | 14 | |
| 15 | Public support percentage from 2018 Sch | | | ., | | 15 | % |
| 16a | 331/3% support test 2019. If the organi box and stop here. The organization qua | zation did not | check the box | | nd line 14 is 3 | 3 ¹ /3% or more, | check this . ▶ □ |
| b | 331/3% support test — 2018. If the organithis box and stop here. The organization | | | | | ıs 33 ¹ /3% or m | ore, check |
| 17a | 10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the " organization | eets the "facts | -and-circumsta | ances" test, cl | neck this box | and <mark>stop here.</mark> | Explain in |
| b | 10%-facts-and-circumstances test—20 15 is/10% or more, and if the organization in Part VI how the organization in supported organization | ation meets th neets the "fac | e "facts-and-o ts-and-circums | ercumstances stances" test | " test, check The organizat | this box and so | a publicly |
| 18 | Private foundation. If the organization di instructions | d not check a | box on line 13. | , 16a, 16b, 17a | a, or 17b, chec | k this box and | see . ▶ □ |
| $\overline{}$ | | | <u></u> | <u> </u> | Scl | hedule A (Form 99 | O or 990-EZ) 2019 |

| Part | Support Schedule for Organiza (Complete only if you checked th | | | | nization failed | d to qualify u | nder Part/II. |
|----------------|--|-----------------|------------------|-------------------|----------------------|-----------------|--|
| | If the organization fails to qualify | | | | | | |
| Secti | on A. Public Support | <u> </u> | | | | | |
| | dar year (or fiscal year beginning in) ▶ | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees | | · · | , , | | | |
| | received. (Do not include any "unusual grants.") | | | | | | 1 |
| 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 | | | | | <u> </u> | |
| 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 | | | | <u> </u> | | |
| 7a | Amounts included on lines 1, 2, and 3 | - | | | | | |
| | received from disqualified persons . | | | | | | |
| b | Amounts included on lines 2 and 3 | | | | | | |
| | received from other than disqualified | | | | | | |
| | persons that exceed the greater of \$5,000 | | / | | | | |
| | or 1% of the amount on line 13 for the year | | | | | | |
| С | Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line 7c from | | / | | | | |
| Cooti | on B. Total Support | l | <u> </u> | | | | L |
| | dar year (or fiscal year beginning in) | (a) 2018 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 9 | Amounts from line 6 . | (a) 20 jo | (6) 2010 | (6) 2017 | (a) 2010 | (6) 2013 | (i) Total |
| 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 | | | | İ | | |
| | acquired after June 30, 1975 / | | | | | | |
| С | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business | | | | | | |
| | activities not included in line 10b, whether | | | | | | |
| 40 | or not the business is regularly carried on | <u> </u> | | | | - | |
| 12 | Other income Do not include gain or loss from the sale of capital assets | | | | | | |
| | (Explain in Part VI.) | | | | | | |
| 13 - | Total support. (Add lines 9, 10c, 11, | | | | | | - |
| | and 12) . | | | | | | |
| 14 | First five years. If the Form 990 is for the | ne organizatioi | n's first, secon | d, third, fourth | n, or fifth tax y | ear as a secti | on 501(c)(3) |
| | organization, check this box and stop he | | | | ··· | | ▶ □ |
| | on C. Computation of Public Suppor | | | | | | |
| 15 | Public support percentage for 2019 (line | | | 13, column (f)) | | 15 | |
| 16 | Public support percentage from 2018 Sci | | | | <u> </u> | 16 | % |
| | on D. Computation of Investment In | | | | ·mn (f) | 17 | % |
| 17 | Investment income percentage for 2019 (Investment income percentage from 2018 | | | oy iiile 13, coll | 41111 (1 <i>))</i> . | 17 | % % |
| 18 19a/ | 331/3% support tests—2019. If the organ | | | con line 14 a | nd line 15 is m | | |
| 150/ | 17 is not more than 331/3%, check this box | and stop here | . The organizati | on qualifies as | a publicly supp | orted organiza | tion . \blacktriangleright |
| / _b | 331/3% support tests—2018. If the organiz | | | | | | |
| / ~ | line 18 is not more than 331/3%, check this | | | | | | |
| 20 | Private foundation. If the organization di | id not check a | box on line 14 | , 19a, or 19b, | check this box | and see instri | uctions 🕨 🗌 |

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)

| Section A. All Supporting Organization | rting Organizatio | orting Org | Sup | All | Α. | ection | S |
|--|-------------------|------------|-----|-----|----|--------|---|
|--|-------------------|------------|-----|-----|----|--------|---|

| ecti | on A. All Supporting Organizations | | | |
|------|---|--------|----------|----|
| | A U. C. II. | | Yes | No |
| 1 | Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated If designated by | | | |
| _ | class or purpose, describe the designation. If historic and continuing relationship, explain | 1 | | |
| 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 | | | |
| 2- | organization was described in section 509(a)(1) or (2) | 2 | | |
| за | 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 | | |
| b | Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | 5b | | |
| С | Substitutions only. Was the substitution the result of an event beyond the organization's control? | 5c | | |
| 6 | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI . | _ | | |
| _ | | 6 | | |
| 7 | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) | 8 | <u> </u> | |
| 9a | Was the organization controlled directly or indirectly at any time during the tax year by one or more | - | | |
| Ju | disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI . | 9a | | |
| b | Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which | | | |
| | the supporting organization had an interest? If "Yes," provide detail in Part VI. | 9b | | |
| С | 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. | 9с | | |
| 10a | Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated | | | |

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

Schedule A (Form 990 or 990-EZ) 2019

10a

10b

supporting organizations)? If "Yes," answer 10b below.

determine whether the organization had excess business holdings)

| Part | V 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 | | |
| b | A family member of a person described in (a) above? | 11b | | |
| | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. | 11c | | |
| 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 | | | |
| | controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported. | | | |
| | organizations and what conditions or restrictions, if any, applied to such powers during the tax year | | | |
| | organizations and what conditions of restrictions, if any, applied to such powers during the tax year | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | | | |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part | | | |
| | VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| | supervised, or controlled the supporting organization | 2 | | |
| 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 | | |
| Secti | on D. All Type III Supporting Organizations | | | |
| | | | 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 | | | |
| | 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 | ctions | s). |
| a | The organization satisfied the Activities Test Complete line 2 below | | | |
| b | The organization is the parent of each of its supported organizations. Complete line 3 below | | _44 | 1 |
| C | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s | see m | | |
| 2 | Activities Test. Answer (a) and (b) below. | | Yes | NO |
| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | | |
| | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | how the organization was responsive to those supported organizations, and how the organization determined | | | |
| | that these activities constituted substantially all of its activities | | | |
| h | • | 2a | | |
| b | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the | | | |
| | reasons for the organization's position that its supported organization(s) would have engaged in these | | | |
| | activities but for the organization's involvement. | 25 | | |
| • | - | 2b | | - (|
| 3 | Parent of Supported Organizations Answer (a) and (b) below. | | | |
| а | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i> | 25 | | |
| | • | 3a | | ı |
| 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 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functional Part V Type III Non-Function Part V Type III Non | gani | zations | |
|--|--------|--------------------------|--------------------------------|
| 1 Check here if the organization satisfied the Integral Part Test as a qualifying | g tru: | st on Nov 20, 1970 (exp | lain in Part VI) See |
| instructions. All other Type III non-functionally integrated supporting organ | nizat | ions must complete Sect | tions A through E |
| 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 | | |
| 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Section B—Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) | | | |
| a Average monthly value of securities | 1a | | |
| b Average monthly cash balances | 1b | | |
| c Fair market value of other non-exempt-use assets | 1c | | |
| d Total (add lines 1a, 1b, and 1c) | 1d | | |
| e Discount claimed for blockage or other factors (explain in detail in Part VI): | | | |
| 2 Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 Subtract line 2 from line 1d | 3 | | |
| 4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions) | 4 | | |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | , |
| 6 Multiply line 5 by .035 | 6 | | |
| 7 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 instructions). | ly int | egrated Type III support | ing organization (see |

Schedule A (Form 990 or 990-EZ) 2019

Page 7

| Part | Type III Non-Functionally Integrated 509(a)(3 |) Supporting Organi | zations (continued) | |
|---------------|--|-------------------------------------|--------------------------------|--|
| Secti | on D-Distributions | | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish | exempt purposes | | |
| 2 | Amounts paid to perform activity that directly furthers exe | rted | | |
| | 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 | | <u>-</u> | |
| 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 2019 from Section C, line 6 | - | - | |
| | Line 8 amount divided by line 9 amount | | | |
| | zino o amount dividos by imo o amount | | (ii) | (iii) |
| Secti | on E – Distribution Allocations (see instructions) | (i) Excess Distributions | Underdistributions Pre-2019 | Distributable Amount for 2019 |
| 1 | Distributable amount for 2019 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2019 | | | |
| | (reasonable cause required - explain in Part VI) See | | | |
| | instructions. | | | |
| 3 | Excess distributions carryover, if any, to 2019 | | | |
| <u>a</u> | From 2014 . | | | |
| b | From 2015 | | | |
| С | From 2016 | | | |
| d | From 2017 . | | | |
| <u>е</u> | From 2018 | * ** ** | | |
| f | Total of lines 3a through e | | | |
| <u>g</u> | Applied to underdistributions of prior years | | - | |
| | Applied to 2019 distributable amount | | | |
| <u>i</u> : | Carryover from 2014 not applied (see instructions) Remainder Subtract lines 3g, 3h, and 3i from 3f | | | |
| 4 | Distributions for 2019 from | | | |
| • | Section D, line 7: | | | |
| а | Applied to underdistributions of prior years | | | |
| b | Applied to 2019 distributable amount | | | <u> </u> |
| | Remainder Subtract lines 4a and 4b from 4 | | | |
| 5 | Remaining underdistributions for years prior to 2019, 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 2019 Subtract lines 3h | | | ······································ |
| • | and 4b from line 1. For result greater than zero, explain in | | | |
| | Part VI. See instructions | | | |
| 7 | Excess distributions carryover to 2020. Add lines 3j | | | |
| | and 4c | · · · · · · · · · · · · · · · · · · | | |
| 8 | Breakdown of line 7 | | | |
| а | Excess from 2015 | | | |
| b | Excess from 2016 | | | |
| <u> </u> | Excess from 2017 | | | |
| d | Excess from 2018 . | | | |
| е | Excess from 2019 | | | |

Schedule A (Form 990 or 990-EZ) 2019

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 2019

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

| • Se | ection 501(c)(3) organizations | that have filed Form 5768 (election und | ler section 501(h)) C | Complete Part II-A Do not o | complete Part II-B | | |
|------|--|--|---------------------------------------|---|--|--|--|
| | • Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A | | | | | | |
| | organization answered "Yes see separate instructions), th | s," on Form 990, Part IV, line 5 (Proxy hen | Tax) (see separate | e instructions) or Form 99 | 0-EZ, Part V, line 35c (Proxy | | |
| • Se | ection 501(c)(4), (5), or (6) orga | anizations Complete Part III | | | | | |
| Name | of organization | | | Employer ide | entification number | | |
| | STANA COLLEGE | | | | 36-2166962 | | |
| Part | I-A Complete if the | e organization is exempt und | er section 501(d | c) or is a section 527 | organization. | | |
| 1 | Provide a description of definition of "political can | the organization's direct and inc | direct political ca | mpaign activities in Pa | rt IV (see instructions for | | |
| 2 | - | y expenditures (see instructions) | | • | \$ | | |
| 3 | · - | cal campaign activities (see instruc | :tions) | | T , | | |
| | | e organization is exempt und | | c)(3). | | | |
| 1 | | excise tax incurred by the organiza | • | | \$ | | |
| 2 | - | excise tax incurred by organization | | | \$ | | |
| 3 | - | ed a section 4955 tax, did it file For | _ | | . Yes No | | |
| 4a | Was a correction made? | | | | ☐ Yes ☐ No | | |
| b | If "Yes," describe in Part | IV | | | | | |
| Part | I-C Complete if the | e organization is exempt und | er section 501(d | c), except section 50 | 1(c)(3). | | |
| 1 | | ly expended by the filing organiz | | | \$ | | |
| 2 | | filing organization's funds contrib | uted to other org | | ` <u></u> | | |
| | 527 exempt function activities | | • | | \$ | | |
| 3 | | expenditures Add lines 1 and 2 | Enter here and | on Form 1120-POL, | • | | |
| | line 17b . | | • | • | \$ | | |
| 4 | | 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, on tributions received that were pro- fund or a political action committe | enter the amount mptly and directly | paid from the filing orga delivered to a separate | nization'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) 2019

| Scriedi | ne C (Form 990 of 990-EZ) 2019 | | | | | i age 🚣 |
|---------|--|------------------|---|--------------------|-----------------------|----------------|
| Part | section 501(h)). | - | | | | |
| A C | heck if the filing organization belong address, EIN, expenses, and s | | | | liated group member | er's name, |
| вс | heck 🕨 🔲 if the filing organization checke | ed box A and | "limited control" p | rovisions apply | | |
| | Limits on Lobby | ing Expendit | ures | | (a) Filing | (b) Affiliated |
| | (The term "expenditures" me | ans amounts | paid or incurred | .) | organization's totals | group totals |
| 1a | Total lobbying expenditures to influence p | oublic opinion | (grassroots lobby | ıng) | | |
| b | Total lobbying expenditures to influence a | a legislative be | ody (direct lobbyin | g) | | |
| С | Total lobbying expenditures (add lines 1a | and 1b) . | | | | |
| d | Other exempt purpose expenditures | | | | | |
| е | Total exempt purpose expenditures (add | lines 1c and 1 | d) . | | | |
| f | Lobbying nontaxable amount Enter the columns | ne amount f | rom the following | g table in both | | |
| | If the amount on line 1e, column (a) or (b) is: | The lobbying | nontaxable amour | it is: | | |
| | Not over \$500,000 | 20% of the ar | mount on line 1e | | | |
| | Over \$500,000 but not over \$1,000,000 | \$100,000 plus | s 15% of the excess | over \$500,000 | | |
| | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus | s 10% of the excess | over \$1,000,000 | | |
| | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus | s 5% of the excess of | over \$1,500,000 | | |
| | Over \$17,000,000 | \$1,000,000 | | | | |
| g | Grassroots nontaxable amount (enter 259 | % of line 1f) | | • | | |
| h | Subtract line 1g from line 1a. If zero or les | ss, enter -0- | | | | |
| i | Subtract line 1f from line 1c. If zero or les | | • | • | | |
| j | If there is an amount other than zero or reporting section 4911 tax for this year? | on either line | 1h or line 1i, die | d the organization | n file Form 4720 | Yes No |
| | (Some organizations that made a sec | tion 501(h) el | Period Under Sec ection do not hav ructions for lines | e to complete all | of the five column | s below. |
| | Lobbying | Expenditures | During 4-Year A | veraging Period | | |
| | Calendar year (or fiscal year beginning in) | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) Total |
| 2a | Lobbying nontaxable amount | | | | | |
| b | Lobbying ceiling amount (150% of line 2a, column (e)) | | | | | |
| c | Total lobbying expenditures | | | | | |
| d | Grassroots nontaxable amount | | | | | |
| е | Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | |
| f | Grassroots lobbying expenditures | | | | | |

Schedule C (Form 990 or 990-EZ) 2019

| 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 | each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed | (| a) | | (b) | |
| | iption of the lobbying activity | Yes | No | Α | 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 | | | | | |
| | referendum, through the use of | | | | | |
| a | Volunteers? | 1 | ✓ | | | |
| b | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements? | - | 1 | | | |
| c d | Mailings to members, legislators, or the public? | | 7 | | | |
| e | Publications, or published or broadcast statements? | | <i>\</i> | | | |
| f | Grants to other organizations for lobbying purposes? | | 1 | | | |
| g | Direct contact with legislators, their staffs, government officials, or a legislative body? | 1 | | | | 0 |
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | ✓ | | | |
| i | Other activities? | | ✓ | | | |
| j | Total Add lines 1c through 1i | | | | | 0 |
| 2a | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | ļ | ✓ | | | |
| b | If "Yes," enter the amount of any tax incurred under section 4912 | | | | | |
| C | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | | | |
| | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | \ <u>\</u> | | -4: | | |
| Part | III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). |)(၁), (| or se | ction | | |
| | | | | | Yes | No |
| 1 | Were substantially all (90% or more) dues received nondeductible by members? | | | 1 | | <u> </u> |
| 2 | Did the organization make only in-house lobbying expenditures of \$2,000 or less? | | | 2 | ļ <u></u> | |
| 3 | Did the organization agree to carry over lobbying and political campaign activity expenditures from the | | | 3 | | |
| Part | 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." | R (b) | or se Part | III-A, | ine 3 | s, is |
| 1 | Dues, assessments and similar amounts from members | | 1 | | | |
| 2 | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts | of | | | | |
| | political expenses for which the section 527(f) tax was paid). | | | | | |
| а | Current year | | 2a | | | |
| b | Carryover from last year | | 2b | | | |
| С | Total | | 2c | | | |
| 3 | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | | 3 | | | |
| 4 | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of | | | | | |
| | excess does the organization agree to carryover to the reasonable estimate of nondeductible lobb | yıng | | | | |
| _ | and political expenditure next year? | | 4 | | | |
| 5 | · · · · · · · · · · · · · · · · · · · | | 5 | | | |
| Part | Supplemental Information le the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated groups) | un lie | t\ Dar | + II A I | ınos 1 | and |
| | instructions); and Part II-B, line 1. Also, complete this part for any additional information | up iis | ι,, ι αι | | 11103 1 | and |
| • | IEXT PAGE | | | | | |
| | | | | | | |
| | | | | | | |
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SCHEDULE D (Form 990)

Supplemental Financial Statements

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

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

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Inspection Employer identification number

AUGUSTANA COLLEGE 36-2166962 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat ✓ Preservation of a certified historic structure ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) . 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year ► 0 Number of states where property subject to conservation easement is located ▶ 1 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☑ No Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) √ Yes
☐ No and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8 If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 . (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items a Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

| Part | III Organizations Maintaining | Collections of | Art, Historical | Treasures, or | Othe | r Similar Ass | ets (continued) |
|---------|---|-------------------------|---------------------------------------|--------------------------|----------------------|----------------------|----------------------|
| 3 | Using the organization's acquisition, collection items (check all that apply) | | her records, che | ck any of the fo | llowing | that make sig | inificant use of its |
| а | ✓ Public exhibition | | | or exchange pr | rogram | | |
| b | Scholarly research | | e 🗌 Othe | r | | | |
| С | ✓ Preservation for future generations | 3 | | | | | |
| 4 | Provide a description of the organiza XIII | tion's collections a | and explain how | they further the | organı | zation's exemp | ot purpose in Part |
| 5 | During the year, did the organization assets to be sold to raise funds rather | | | | | | ☐ Yes ☑ No |
| Part | IV Escrow and Custodial Arra | angements. | | | - | | |
| | Complete if the organization 990, Part X, line 21. | answered "Yes | " on Form 990, | Part IV, line 9, | or rep | orted an amo | ount on Form |
| 1a | Is the organization an agent, trustee included on Form 990, Part X? | | - | | s or otl | her assets not | ☐ Yes ☐ No |
| b | If "Yes," explain the arrangement in P | art XIII and comple | ete the following | table | | | |
| | | | | - | | Am | ount |
| C | Beginning balance . | | | • | 1c | | |
| d | Additions during the year . | • | • | | 1d | | |
| e | Distributions during the year . | • | | | 1e | | |
| f 2a | Ending balance Did the organization include an amou | nt on Form 990 P | art Y line 21 for | ecrow or custo | | count liability? | ☐ Yes ☐ No |
| | If "Yes," explain the arrangement in P | | | | | | |
| Par | | are Am Chock flore | o ii tilo oxpianati | Thus been pro | 11000 | ,,,, u.,,,,,,, | <u> </u> |
| | Complete if the organization | answered "Yes | " on Form 990, | Part IV, line 10 |). | | |
| | <u> </u> | (a) Current year | (b) Prior year | (c) Two years ba | | Three years back | (e) Four years back |
| 1a | Beginning of year balance | 180,078,608 | 175,148,027 | 167,353,7 | 736 | 148,021,766 | 151,087,848 |
| b | Contributions . | 1,548,448 | 6,083,311 | 2,984,7 | 795 | 5,924,046 | 6,044,634 |
| С | Net investment earnings, gains, and | | | | | | |
| | losses | (767,176) | 6,830,570 | | 13,112,535 18,940,04 | | (2,692,246) |
| d | Grants or scholarships . | 5,345,053 | 3,567,003 | 3,419,017 3,469,2 | | 3,469,236 | 3,273,932 |
| е | Other expenditures for facilities and | | | | | | |
| | programs . | 6,083,313 | 4,416,297 | · - | | 2,062,883 | 3,144,538 |
| f | Administrative expenses . | 0 | (| + | 0 | 0 | 0 |
| g | End of year balance | 169,431,514 | | | | 167,353,736 | 148,021,766 |
| 2 | Provide the estimated percentage of | - | · · · · · · · · · · · · · · · · · · · | g, column (a)) ni | eid as | | |
| a | Board designated or quasi-endowme Permanent endowment ► 47 | nt ▶ 39.00 00 % | % | | | | |
| b C | Term endowment ► 14 00 % | | | | | | |
| · | The percentages on lines 2a, 2b, and | | 00% | | | | |
| За | Are there endowment funds not in th | | | at are held and | Ladmin | ustered for the | |
| Ou | organization by | c possession or tr | ic organization ti | iat are ricid and | udiiiii | notored for the | Yes No |
| | (i) Unrelated organizations . | | | | | | 3a(i) ✓ |
| | (ii) Related organizations . | | | | | | 3a(ii) ✓ |
| b | If "Yes" on line 3a(ii), are the related of | rganizations listed | as required on S | chedule R? | | | 3b |
| 4 | Describe in Part XIII the intended use: | s of the organization | on's endowment | funds | | | |
| Part | , , , | | | | | | |
| | Complete if the organization | answered "Yes | " on Form 990, | Part IV, line 1 | Ia. See | <u>e Form 990, F</u> | Part X, line 10. |
| | Description of property | (a) Cost or ot (investm | 1 | or other basis other) | | umulated ciation | (d) Book value |
| 1a | Land | | | 5,728,734 | | | 5,728,734 |
| b | Buildings | | | 211,339,080 | | 99,059,205 | 112,279,875 |
| С | Leasehold improvements | | | 13,837,962 | _ | 7,082,733 | 6,755,229 |
| d | Equipment | | | 37,949,159 | | 32,441,185 | 5,507,974 |
| e | Other | | | 7,550,626 | | | 7,550,626 |
| ı otal. | Add lines 1a through 1e (Column (d) r | nust equal Form 9: | эυ, гап X, сошт | n (B), iine 10C) | | . ▶ | 137,822,438 |

| | vestments – Other Securities. | | | - |
|-----------------------------------|---|------------------------|-----------------|--------------------------------------|
| Co | emplete if the organization answered "Yes" on For | m 990, Part IV, line 1 | 1b. See Form 9 | 90, Part X, line 12. |
| | (a) Description of security or category (including name of security) | (b) Book value | | d of valuation -year market value |
| (1) Financial deri | vatives | | | |
| (2) Closely held e | equity interests | | | |
| (3) Other | | | | |
| (A) ALTERNAT | IVE INVESTMENTS HEDGE FUNDS | 22,460,329 | | |
| (B) EQUITY MU | | 7,466,844 | | |
| | IVE INVESTMENTS PRIVATE EQUITY | 10,905,396 | | |
| (D) US TREASI | URIES | 227,000 | | |
| (E) | | | | |
| <u>(F)</u> | | | | |
| (G) | | | | |
| (H) | | | | |
| | b) must equal Form 990, Part X, col. (B) line 12) | 41,059,569 | | |
| | vestments—Program Related. | 000 D IV b 4 | 4 - 0 5 0 | 00 David V. Ivaa 40 |
| Co | emplete if the organization answered "Yes" on For | | | |
| | (a) Description of investment | (b) Book value | | d of valuation -year market value |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | • |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| | b) must equal Form 990, Part X, col. (B) line 13.) | | | |
| | her Assets. | | | |
| Co | emplete if the organization answered "Yes" on For | m 990, Part IV, line 1 | 1d See Form 9 | |
| | (a) Description | <u> </u> | | (b) Book value |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | - | |
| (7) | | | | |
| (8) | | | | |
| (9) | (1) | | | |
| | b) must equal Form 990, Part X, col (B) line 15.) | | <u> </u> | |
| | her Liabilities. | 000 Dort IV line 1 | 10 or 11f Coo I | Form 000 Bort V |
| | omplete if the organization answered "Yes" on For | m 990, Part IV, line I | re or in. See i | Form 990, Part A, |
| | e 25 | | | (h) Daalessalva |
| 1. | (a) Description of liability | · · | | (b) Book value |
| (1) Federal income (2) ANNUITY PA | | | | 2,432,804 |
| | | . | | 3,411,531 |
| (4) STUDENT DE | AL ASSET RETIREMENT | | | 3,411,531 857,340 |
| (5) US GOVERN | | | | 2,388,759 |
| | INCH LATABLE | | | 2,300,738 |
| (6) | | <u>-</u> | | |
| (7) | | | | |
| (8) | | | | |
| Total (Column (| h) must equal Form 000 Part V and /P) line 25) | | | 9,090,434 |
| i otai. (Column (l | b) must equal Form 990, Part X, col (B) line 25.) | | - | 9,090,434 |

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

Schedule D (Form 990) 2019

| 0011000 | 5 C (SIM 505) 25 15 | | | | - rage i |
|---------|---|--------|------------------------|--------------|--------------------|
| Par | Reconciliation of Revenue per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, | | | Return. | |
| 1 | Total revenue, gains, and other support per audited financial statements | | v, inte 12a. | 1 | 81,637,690 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | • | • • • | | 01,037,030 |
| a | Net unrealized gains (losses) on investments | 2a | (7,225,537) | | |
| b | Donated services and use of facilities | 2b | (1,223,331) | | |
| C | Recoveries of prior year grants | 2c | | | |
| d | Other (Describe in Part XIII.) | 2d | (67,329,387) | | |
| e | Add lines 2a through 2d | | (0.,020,00.) | 2e | (74,554,924) |
| 3 | Subtract line 2e from line 1 | • | • | 3 | 156,192,614 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1. | ĺ | 1 | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII) | 4b | 0 | | |
| С | 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 | 156,192,614 |
| Part | XII Reconciliation of Expenses per Audited Financial Stater | nents | With Expenses pe | r Return | |
| | Complete if the organization answered "Yes" on Form 990, | Part I | V, line 12a. | | |
| 1 | Total expenses and losses per audited financial statements | | | 1 | 74,391,887 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | | |
| а | Donated services and use of facilities | 2a | | | |
| b | Prior year adjustments | 2b | | | |
| `c | Other losses . | 2c | | | |
| d | Other (Describe in Part XIII) | 2d | 0 | | |
| е | Add lines 2a through 2d | | | 2e | 0 |
| 3 | Subtract line 2e from line 1 | i | | 3 | 74,391,887 |
| 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 | 458,849 | | |
| b | Other (Describe in Part XIII) | 4b | 67,329,387 | <u> </u> | |
| c | Add lines 4a and 4b | 401 | • • | 4c | 67,788,236 |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, III Supplemental Information. | 1e 18) | •. | 5 | 142,180,123 |
| Provide | le the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a an | nd 4 P | art IV lines 1b and 2b | . Part V. lı | ne 4: Part X. line |
| | t XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part | | | | |
| | TATEMENT | - | | | |
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SCHEDULE E (Form 990 or 990-EZ)

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

2019

Open to Public Inspection

Name of the organization
AUGUSTANA COLLEGE

Department of the Treasury Internal Revenue Service

Employer identification number 36-2166962

| ı aı | | | | |
|--------|--|----------|----------|-------------|
| 1 | Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, | Γ | YES | NO |
| | bylaws, other governing instrument, or in a resolution of its governing body? | 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 | ✓ | |
| 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 | | | |
| | describe If "No," please explain If you need more space, use Part II | 3 | L | ✓ |
| | 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? | <u> </u> | | |
| a b | Records indicating the racial composition of the student body, faculty, and administrative staff? Records documenting that scholarships and other financial assistance are awarded on a racially | 4a | ✓ | |
| | nondiscriminatory basis? | 4b | 1 | |
| С | Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? | 4c | 1 | |
| d | Copies of all material used by the organization or on its behalf to solicit contributions? | 4d | ✓ | |
| | If you answered "No" to any of the above, please explain If you need more space, use Part II. | | | |
| | | | | |
| | | | | |
| 5 | Does the organization discriminate by race in any way with respect to | | | |
| а | Students' rights or privileges? | 5a | | ✓ |
| b | Admissions policies? | 5b | | 1 |
| С | Employment of faculty or administrative staff? | 5c | | 1 |
| d | Scholarships or other financial assistance? | 5d | | 1 |
| е | Educational policies? | 5e | | ✓ |
| f | Use of facilities? | 5f | | ✓ |
| g | Athletic programs? | 5g | | ✓ |
| h | Other extracurricular activities? | 5h | | ✓ |
| | | | | |
| | | | | |
| | | | | |
| 6a | Does the organization receive any financial aid or assistance from a governmental agency? | 6a | | |
| b | Has the organization's right to such aid ever been revoked or suspended? | 6b | | √ |
| | If you answered "Yes" on either line 6a or line 6b, explain on Part II | | | |
| 7 | Does the organization certify that it has complied with the applicable requirements of sections 4.01 through | <u> </u> | | |

| Schedule E (F | orm 990 or 990-EZ) 2019 | Pag | ge 2 |
|---------------|--|---|-------------|
| Part II | Supplemental Information applicable Also provide any | Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as other additional information. See instructions. | |
| (SEE STAT | EMENT) | | |
| (SEE STAT | EMEIN 1) | | |
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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.

2019

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.

Name of the organization

Employer identification number

| AUG | JSTANA COLLEGE | | | | | 36-2166962 |
|------|--|---|--|--|---|---|
| Par | General Information Form 990, Part IV, line | | ties Outside | the United States. Com | nplete if the organization a | answered "Yes" on |
| 1 | For grantmakers. Does the other assistance, the grante award the grants or assistant | es' 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 an | d other assistance |
| 3 | Activities per Region (The fo | llowing 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 |
| (1) | EAST ASIA AND THE PACIFIC | 0 | 0 | PROGRAM SERVICES | COURSE STUDY ABROAD | 316,950 |
| (2) | EUROPE (INCLUDING ICELAND AND GREENLAND) | 0 | 0 | PROGRAM SERVICES | COURSE STUDY ABROAD | 341,324 |
| (3) | CENTRAL AMERICA AND THE CARIBBEAN | 0 | 0 | PROGRAM SERVICES | COURSE STUDY ABROAD | 108,709 |
| (4) | SOUTH AMERICA | 0 | 0 | PROGRAM SERVICES | COURSE STUDY ABROAD | 295,853 |
| (5) | CENTRAL AMERICA AND THE CARIBBEAN | 0 | 0 | INVESTMENTS | | 32,433,345 |
| (6) | SOUTH ASIA | 0 | 0 | PROGRAM SERVICES | COURSE STUDY ABROAD | 1,555 |
| (7) | | | | | | |
| (8) | | , | | | | |
| (9) | | | | | | |
| (10) | | | | | | |
| (11) | | | | | | |
| (12) | | | | | | |
| (13) | | | | | | |
| (14) | | | | | | |
| (15) | - | | | | | |
| (16) | | | | | | |
| (17) | | | | | | |
| 3a | Subtotal | 0 | 0 | | | 33,497,736 |
| b | Total from continuation sheets to Part I | 0 | 0 | | | 0 |

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

Cat No 50082W

Schedule F (Form 990) 2019

33,497,736

c Totals (add lines 3a and 3b)

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 Part II

| (i) Method of valuation (book, FMV, appraisal, other) | | | | | | | | | | | | | | | | | | |
|---|---|-----|-----|----------|-----|-------|-----|-----|-----|------|------|------|------|------|------|------|--|---|
| (h) Description of noncash assistance | | | | | | | | | | | | | | | | | ax-exempt ▶ | ^ |
| (g) Amount of noncash assistance | | | ~ | | | | | | | | | | | | | | itry, recognized as ta | |
| (f) Manner of cash disbursement | | | | | | | | | | | | | | | | | s by the foreign coun ncy letter | |
| (e) Amount of cash grant | | | | | | | | | | | | | | | | | ognized as charitie 1 501(c)(3) equivale | |
| (d) Purpose of grant | | | | | | | | | | | | | | | | | 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) equivalency letter | ties |
| (c) Region | | | | | | | | | | | | | | | | | nt organizations listi rantee or counsel h | Enter total number of other organizations or entities |
| (b) IRS code section and EIN (if applicable) | | | | | - | · · · | | | | | | | | | | | mber of recipier for which the g | mber of other or |
| (a) Name of organization | | | | | | | | | | | | | | | | | Enter total nur by the IRS, or | Enter total nui |
| - | 3 | (2) | (3) | <u> </u> | (2) | (9) | (2) | (8) | (6) | (10) | (11) | (12) | (13) | (14) | (15) | (16) | 0 0 | |

Schedule F (Form 990) 2019

5/3/2021 9·59·41 AM

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. Schedule F (Form 990) 2019

Part III Grants ar

| | | recipients | cash grant | cash disbursement | noncash assistance | of noncash assistance | valuation (book, FMV, appraisal, other) |
|---|---|------------|------------|----------------------|-----------------------|-----------------------|---|
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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) 2019

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.

Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

| | ment of the Treasury I Revenue Service | | | 990 or Form : nstructions ai | 990-EZ. nd the latest informa | ition | Open to Public Inspection |
|------------|---|---------------------------------|--------------|--|-----------------------------------|---|---|
| Name | of the organization | <u></u> | | | · | Employer identific | |
| AUG | JSTANA COLLEGE | (| | | | 36-2 | 2166962 |
| Par | Fundraising Activities. Form 990-EZ filers are r | | | | vered "Yes" on | Form 990, Part IV, I | ine 17. |
| 1 | Indicate whether the organization | on raised funds th | nrough any | of the follo | wing activities. C | Check all that apply. | |
| а | ✓ Mail solicitations | • | e | Solicitati | on of non-goverr | nment grants | |
| b | Internet and email solicitation | ns | f [⊄ | Solicitati | on of governmen | t grants | |
| С | Phone solicitations | | g ☑ |] Special f | undraising event | s | |
| d | In-person solicitations | | | | | | |
| 2a | Did the organization have a writ or key employees listed in Form | | | | | | |
| b | If "Yes," list the 10 highest paid compensated at least \$5,000 by | | | draisers) pu | irsuant to agreen | nents under which the | e fundraiser is to be |
| | (i) Name and address of individual or entity (fundraiser) | (u) Activity | custody o | draiser have r control of outions? | (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 |
| | | | ,Yes | No | - | | |
| ٠, | EAB GLOBAL, 2445 M ST, NW, WASHINGTON, DC, DC 20037 | (SEE STATEMENT) | | ✓ | | 108,019 | |
| 2 2 | SIVECAMPUS, INC, 99 M ST, STE 233, WASHINGTON DC, DC 20003 | FUNDRAISING DIGITAL PLATFORM | | ✓ | | 46,916 | |
| 3 | | | | \ | | _ | |
| 4 | | | | , | | | |
| 5 | | | | | | | |
| 6 | | | | | | | 1 |
| 7 | | | | | | | |
| 8 | | | | | | | |
| 9 | | | | | | - | |
| 10. | | | | | | | |
| Total | | | | > | 0 | 154,935 | 0 |
| 3 AK, 0 | List all states in which the orga registration or licensing CO, DC, FL, IL, KY, MA, NV, NH, SC, V | _ | tered or lic | ensed to s | olicit contribution | ns or has been notifie | ed it is exempt from |
| | | | | | | | |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Cat No 50083H

97

Schedule G (Form 990 or 990-EZ) 2019

| a | | | ın \$5,000. | | | and 6b. List events with |
|-----------------|-------------------|--|----------------------------|--|--------------------------|--|
| <u>o</u> | | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events (add col (a) through |
| | | | (event type) | (event type) | (total number) | col (c)) |
| Revenue | 1 | Gross receipts | | | | |
| Œ | 2 | Less Contributions Gross income (line 1 minus | | | | |
| \dashv | | line 2) | | | | |
| | 4 | Cash prizes . | | | | |
| | 5 | Noncash prizes . | | | _ | |
| enses | 6 | Rent/facility costs . | | | | - |
| Exp | 7 | Food and beverages | | | | |
| Direct Expenses | 8 | Entertainment . | | | | |
| | 9 | Other direct expenses | | | | |
| | 10 11 t III | Net income summary Subtra Gaming. Complete if th \$15,000 on Form 990-E2 | act line 10 from line 3, c | olumn (d) | 990, Part IV, line 19, | or reported more than |
| Revenue | | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col (a) through col (c)) |
| Reve | 1 | Gross revenue | | | | |
| ses | 2 | Cash prizes | | | | |
| ect Expenses | 3 | Noncash prizes | | | | |
| Direct | 4 | Rent/facility costs | | | | |
| \Box | 5 | Other direct expenses | | | | |
| | 6 | Volunteer labor | ☐ Yes % ☐ No | ☐ Yes % ☐ No | ☐ Yes% ☐ No | |
| | 7 | Direct expense summary Ad | ld lines 2 through 5 in c | olumn (d) | . | |
| | 8 | Net gaming income summar | y Subtract line 7 from li | ne 1, column (d) . | | |
| 9 a | a Ist | iter the state(s) in which the or the organization licensed to co "No," explain. | onduct gaming activities | s in each of these states | s? | |
| 10a | | ere any of the organization's g "Yes," explain | aming licenses revoked | l, suspended, or termin | ated during the tax year | r? ☐ Yes ☐ No |

| Schedu | le G (Form 990 or 990-EZ) 2019 | | | 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 formed to administer charitable gaming? | | Yes | □No |
| 13 | Indicate the percentage of gaming activity conducted in: | | | |
| а | The organization's facility | 13a | | %_ |
| b | An outside facility | 13b | | %_ |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events book records | s and | | |
| | Name ▶ | | | |
| | Address ▶ | | | |
| 15a | Does the organization have a contract with a third party from whom the organization receives garevenue? | | ∃Yes | □ No |
| b | If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the | | | |
| С | amount of gaming revenue retained by 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 proceed retain the state gaming license? | |] Yes | □ No |
| b | Enter the amount of distributions required under state law to be distributed to other exempt organization spent in the organization's own exempt activities during the tax year > \$ | | | |
| Part | Supplemental Information. Provide the explanations required by Part I, line 2b, colu Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any ac See instructions. | | | |
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| | Schedule | G (Form 99 | 00 or 990 | -EZ) 2019 |

SCHEDULEI (Form 990)

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

OMB No 1545-0047

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

Open to Public Inspection 2019

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

▶ Attach to Form 990.

| AUGUSTANA COLLEGE | | | | | | - | 36-2166962 |
|---|---|--|---|---------------------------------------|---|--|---|
| Part I General Information on Grants and Assistance | ı on Grants and | l Assistance | | | | | |
| Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States | ain records to sub award the grants ization's procedu | stantiate the amou or assistance? res for monitoring | ınt of the grants or the use of grant fu | assistance, the g | rantees' eligibility for | the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and ance? ontoring the use of grant funds in the United States | nce, and Yes No |
| Part II Grants and Other Assistance to Domestic | ssistance to Do | omestic Organiz | ations and Dornian \$5,000 Part | nestic Governm Il can be duplica | Organizations and Domestic Governments. Complete if the organization more than \$5,000 Part II can be duplicated if additional space is needed. | the organization anspace is needed. | Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, more than \$5,000 Part II can be duplicated if additional space is needed. |
| 1 (a) Name and address of organization or government | (b) EiN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
| (1) | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (9) | | | | | | | |
| (2) | | | | | | | |
| (8) | | | | | | | |
| (6) | | | | | | | |
| (10) | | | | | | | _ |
| (11) | | | | | | | |
| (12) | | | | | | | |
| 2 Enter total number of section 501(c)(3) and government | 1.501(c)(3) and go | vernment organiza | organizations listed in the line 1 table | ine 1 table | | | • |

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Schedule I (Form 990) (2019)

Cat No 50055P

Enter total number of other organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line i tage. For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Schedule I (Form 990) (2019) Part III

| Part III can be duplicated if additional space is needed | ıl space ıs needec | _ | | | |
|--|--------------------------|--------------------------|----------------------------------|---|---------------------------------------|
| (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, FMV, appraisal, other) | (f) Description of noncash assistance |
| 1 HONORS SCHOLARSHIP | 1,580 | 32,240,498 | | | |
| 2 AUGUSTANA GRANT | 1,152 | 5,884,139 | | | |
| 3 SEOG GRANT | 89 | 105,877 | | , | |
| 4 TUITION EXCHANGE | 48 | 1,858,341 | | | |
| 5 PRESIDENTIAL SCHOLARSHIPS | 200 | 12,141,340 | | | • |
| 6 MERIT BASED SCHOLARSHIPS | 740 | 1,474,579 | | | |
| 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, line | e 2, Part III, columr | ı (b); and any other addıt | ional information |
| (SEE STATEMENT) | | | | | |
| , | | | | | |
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| | | V | | | |
| | | : | | | Schedule I (Form 990) (2019) |

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SCHEDULE J (Form 990)

Part I

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.

OMB No 1545-0047

Open to Public Inspection

Name of the organization **AUGUSTANA COLLEGE**

Questions Regarding Compensation

Department of the Treasury Internal Revenue Service

Employer identification number 36-2166962

| | | | 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 | | | |
| | Tax indemnification and gross-up payments Health or social club dues or initiation fees | | | |
| | ☐ Discretionary spending account ☐ Personal services (such as maid, chauffeur, chef) | | | |
| | | | | |
| b | If any of the boxes on line 1 a 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 | | | |
| | 1a ² | 2 | ✓ | |
| | | | | |
| 3 | Indicate which, if any, of the following the 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. | | | 1 |
| | ☑ Compensation committee ☑ Written employment contract | | | 1 |
| | ☐ Independent compensation consultant ☐ Compensation survey or study | | | |
| | ✓ Form 990 of other organizations ✓ Approval by the board or compensation committee | | ' | |
| | Porm 990 of other organizations | | | l |
| 4 | During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing | li | | |
| 7 | organization or a related organization: | | | |
| _ | | | | <u> </u> |
| a | Receive a severance payment or change-of-control payment? | 4a | | √ |
| 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 | | <u> </u> |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III | | | ļ |
| | | | | - 1 |
| _ | Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9. | | | 1 |
| 5 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any | | | 1 |
| | compensation contingent on the revenues of | | | لب_ |
| а | The organization? | 5a | | <u> </u> |
| b | Any related organization? | 5b | | <u> </u> |
| | If "Yes" on line 5a or 5b, describe in Part III | | i | |
| | | | | |
| 6 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any | | | ł |
| | compensation contingent on the net earnings of | | | |
| а | The organization? | 6a | | $\overline{}$ |
| b | Any related organization? | 6b | | ✓ |
| | If "Yes" on line 6a or 6b, describe in Part III | | | ĺ |
| | | | | |
| 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 | | | |
| | ın Part III | 8 | ļ | ✓ |
| | | | | i |
| 9 | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in | | | |
| - | Regulations section 53 4958-6(c)? | اہ | | |

/

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

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.

| Note: The sum of columns (B)(I)—(III) for each listed individual must equal the total amount of Form 990, Part VIII, Section A, line 1a, applicable column (D) and (E) amounts for that individual | or eac | h listed individual mu. | st equal the total amo | ount of Form 990, Par | t VII, Section A, line | la, applicable colum | n (D) and (E) amounts | s for that individual. |
|--|----------|--------------------------|--|---|-----------------------------|----------------------|-----------------------|--|
| | | (B) Breakdown o | (B) Breakdown of W-2 and/or 1099-MISC compensation | 3C compensation | (C) Retirement and | (D) Nontaxable | (F) Total of columns | (F) Compensation |
| (A) Name and Title | | (I) Base compensation | (ii) Bonus & incentive compensation | (III) Other reportable compensation | other deferred compensation | benefits | (B)(I)-(D) | in column (B) reported as deferred on prior Form 990 |
| STEVEN BAHLS | Ξ | 379,392 | 115,000 | 0 | 40,300 | 35,501 | 570,193 | 0 |
| 1COLLEGE PRESIDENT | € | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| KENT BARNDS | Ξ | 226,006 | 25,000 | | 26,054 | 20,704 | 9/ | 0 |
| EXECUTIVE VP ENROLLMENT, COMMUNICATION ZADVANCEMENT & PLANNING | Ξ | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| KIRK ANDERSON | Ξ | 194,429 | 20,000 | , | 21,824 | 52,191 | 288,444 | 0 |
| 3 VP OF FINANCE AND AMINISTRATION | Ξ | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| WENDY HILTON-MORROW | 3 | 169,179 | 0 | 0 | 18,883 | 1,398 | 189,460 | 0 |
| 4DEAN OF THE COLLEGE | Ξ | 0 | 0 , | 0 | 0 | 0 | 0 | 0 |
| SHERI CURRAN | Ξ | 145,604 | 0 | 0 | 15,938 | 461 | 162,00 | 0 |
| 5GENERAL COUNSEL AND SECRETARY | € | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| MONICA SMITH | ⊢ | 140,739 | | 0 | 13,274 | 7,232 | 161,245 | 0 |
| 6 VP OF DIVERSITY, EQUITY AND INCLUSION | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| WESLEY BROOKS | Ξ | 140,687 | 0 | 6,205 | 16,569 | 18,654 | 182,115 | 0 |
| 7DEAN AND VP STUDENT SERVICES | Ξ | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Ξ | | | | | | | |
| 8 | Ξ | | | | | | | |
| | Ξ | | | | | | | |
| 6 | Ξ | | | | | | | |
| | Ξ | | | | | | | |
| 10 | (i) | | | | | | | |
| | € | | | | | | | |
| 11 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 12 | Ξ | | | | | | | |
| | 3 | | | | | | | |
| 13 | Ξ | | | | | | | , |
| | Ξ | | | | | | | |
| 14 | Ξ | | | | | | | |
| | Ξ | | | | | | | |
| 15 | Ξ | | | | | | | |
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Schedule J (Form 990) 2019

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SCHEDULE K (Form 990)

AUGUSTANA COLLEGE Name of the organization Department of the Treasury Internal Revenue Service

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

Open to Public Inspection 2019

OMB No 1545-0047

Employer identification number 36-2166962

| Part I Bond Issues | | | | | | | | | 1 1 |
|--|-------------------------------|-----------------------|-----------------|-----------------|-----------------|---|--------------|-------------------------------|----------------------------|
| (a) Issuer name | (b) Issuer EIN | (c) CUSIP # | (d) Date issued | (e) Issue price | (f) Descri | (f) Description of purpose | (g) Defeased | (h) On behalf of issuer | (i) Pooled financing |
| QUAD CITIES REGIONAL DEVELOPMENT AUTHORITY | 36-3580390 | 74731RAV3 | 07/11/2012 | 38,702,767 | (SEE STATEMENT) | т) | Yes / | Yes No | Ves No |
| ILLINOIS EDUCATIONAL FACILITY AUTHORITY | 52-1297563 | 4520014E7 | 02/13/2003 | 7,090,000 | (SEE STATEMENT) | т) | > | ` | > |
| QUAD CITIES REGIONAL DEVELOPMENT AUTHORITY | 36-3580390 | 74731RAB7 | 10/21/2005 | 15,000,000 | ├ | CONSTRUCT NEW RES HALLS AND RENOVATIONS | > | ` | <u> </u> |
| ILLINOIS FINANCE AUTHORITY | 86-1091967 | NONE | 06/28/2007 | 5,000,000 | | CONSTRUCT NEW APARTMENTS AND RENOVATE RES HALLS | > | ` | <u> </u> |
| Part II Proceeds | | | | | | | | | |
| | | | | ⋖ | æ | ပ | | ۵ | |
| Amount of bonds retired | | | | 0 | | 0 | 0 | | 0 |
| Amount of bonds legally defeased | | | | 0 | | 0 | 0 | | 0 |
| Total proceeds of issue | | • | | 38,702,767 | 000'060'2 | 15,000,000 | 000'0 | | 5,000,000 |
| Gross proceeds in reserve funds | • | • | | 3,437,104 | | 0 | 0 | | 0 |
| Capitalized interest from proceeds . | | | | 0 | | 0 | 0 | | 0 |
| Proceeds in refunding escrows | | | - | 0 | | 0 | 0 | | 0 |
| Issuance costs from proceeds | • | | | 658,033 | 49,007 | | 300,000 | | 100,000 |
| Credit enhancement from proceeds | | | • | 0 | 40,993 | | 57,081 | | 0 |
| Working capital expenditures from proceeds | st | | | 0 | | 0 | 0 | | 0 |
| Capital expenditures from proceeds | | • | | 7,004,189 | 7,000,000 | 14,642,919 | 2,919 | | 4,900,000 |
| Other spent proceeds | | • | | 30,193,301 | | 0 | 0 | | 0 |
| Other unspent proceeds | | | | 0 | | 0 | 0 | | 0 |
| Year of substantial completion . | | | | 2013 | 20 | 2004 | 2008 | , | 2010 |
| | | | Yes | No | Yes No | Yes No | | Yes | No |
| Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? | ing issue of tax-e issue)? | xempt bonds | (or, | | ` | | | | > |
| Were the bonds issued as part of a refunding issue of issued prior to 2018, an advance refunding issue)? | | taxable bonds (or, ıf | ۲. ال | ` | ` | • | | | , |
| Has the final allocation of proceeds been made? | nade? | | ^ | | , | , | | ` | |
| Does the organization maintain adequate books and records to support the final allocation of proceeds? | books and record | ds to support | the 🗸 | | , | ` , | | ` , | |
| For Paperwork Reduction Act Notice, see the Instructions for Form | tions for Form 990. | | Ė | Cat No | Cat No 50193E | | Sche | dule K (Fo | Schedule K (Form 990) 2019 |
| | | | | | | | | | |

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| | | | | | | | | | - 6- |
|----------|---|----------|-------------|-----|-------------|-----|-------------|-----|-------------|
| Part III | III Private Business Use | | | | | | • | | |
| | | ∢ | | В | |) | c | D | |
| - | Was the organization a partner in a partnership, or a member of an LLC, | Yes | No | Yes | No | Yes | No | Yes | No |
| | which owned property financed by tax-exempt bonds? | | , | | , | | <i>></i> | | , |
| 8 | Are there any lease arrangements that may result in private business use of bond-financed property? | | ^ | | / | | <i>></i> | | , |
| 3a | Are there any management or service contracts that may result in private business use of bond-financed property? | | <i>></i> | | <i>></i> | | , | | > |
| ٩ | 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? | | | | | | | | |
| ပ | Are there any research agreements that may result in private business use of bond-financed property? | | > | | ` | | ` | | > |
| σ | 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 |
| က | 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 |
| 9 | Total of lines 4 and 5 | | % 00 0 | | % 00 0 | | % 00 0 | | % 00 0 |
| _ | Does the bond issue meet the private security or payment test? | | ^ | | , | | / | | 1 |
| 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? | | <i>></i> | | > | | , | | > |
| Ω | If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of / | | % | | % | | % | | % |
| O | If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2? | | | | | | | | |
| 6 | 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 | IV Arbitrage | | | | | | | | |
| | | ۷ | | 8 | _ | | ပ | ۵ | |
| | 1 | | | | | | | | |

Schedule K (Form 990) 2019

01/07/2010

07/11/2017

If "Yes" to line 2c, provide in Part VI the date the rebate computation was

Is the bond issue a variable rate issue?

က

ŝ

Yes

ŝ

Yes

ŝ

Yes

ŝ

Yes

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?

If "No" to line 1, did the following apply?

Rebate not due yet?
Exception to rebate?

ပ ည အ

No rebate due?

performed

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Page 3

| = | | | | | | | Page 3 |
|---|-------------------|-------------|-------------|------------|---|---------------|----------------------------|
| Part IV Arbitrage (continued) | | | | | | | |
| 4a Has the organization or the governmental issuer entered into a qualified | Yes | Yes | 2 | Yes | Š | Yes | ğ |
| hedge with respect to the bond issue? | 1 | 3 | > | 3 | > | 3 | > |
| 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)? | <i>/</i> | | <i>/</i> | | / | | <i>></i> |
| b Name of provider | | | | | | | |
| c Term of GIC | | | | | | | |
| 1 | | | | | | | |
| 6 Were any gross proceeds invested beyond an available temporary period? | | | | | | | |
| 7 Has the organization established written procedures to monitor the | | | | | | | |
| 히 | , | , | | / | | 1 | |
| Part V Procedures To Undertake Corrective Action | | | | | | | |
| | A | В | | ပ | | ۵ | |
| Has the organization established written procedures to ensure that violations | Yes No | Yes | ę | Yes | õ | Yes | Š |
| of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under | | | | | , | | |
| ᆲ | , | | > | | ` | | ` |
| PartVI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions | nses to questions | on Schedule | K. See in | structions | | | |
| (SEE STATEMENT) | | | | | | | |
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| | | | | | | Schedule K (F | Schedule K (Form 990) 2019 |

AUGUSTANA COLLEGE- 36-2166962

SCHEDULE L (Form 990 or 990-EZ)

Department of the Treasury

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

Internal Revenue Service Name of the organization Employer identification number **AUGUSTANA COLLEGE** 36-2166962 Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

| | , complete it and organization | | | | |
|-----|---------------------------------|--|-----------------------------------|---------|---------|
| 1 | (a) Name of disqualified person | (b) Relationship between disqualified person and | (c) Description of transaction | (d) Con | rected? |
| • | (a) Name of disqualified person | organization | (c) Description of transaction | Yes | No |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| 2 | Enter the amount of tax incu | rred by the organization managers or disc | jualified persons during the year | | |

| 2 | Enter the amount of tax | incurred by | the | organization | managers | or | disqualified | persons | during | the y | ear | |
|---|--------------------------|-----------------|------|--------------|-------------|-----|--------------|---------|--------|-------|-----|----|
| | under section 4958 | | | | | | | | | | | \$ |
| 3 | Enter the amount of tax, | ıf any, on line | 2, a | bove, reimbu | rsed by the | org | ganization | | | | • | \$ |

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

| (a) Name of interested person | (b) Relationship with organization | (c) Purpose of loan | from | in to or the zation? | (e) Original principal amount | (f) Balance due | (g) in d | lefault? | by bo | proved pard or nittee? | (ı) Wi agreer | |
|-------------------------------|------------------------------------|------------------------|------|----------------------------|-------------------------------|-----------------|----------|----------|-------|------------------------------|------------------|----|
| | | | То | From | | | Yes | No | Yes | No | Yes | No |
| (1) | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | |
| (5) | | | | | | | | | | | | |
| (6) | | | | | | | | | | | | |
| (7) | | | | | | | | | | | | |
| (8) | | | | | | | | | | | | |
| (9) | | | | | | | | | | | | |
| (10) | | | | | | | | | | | | |
| Total | | - | | | • | \$ | | | | | | |

Part III **Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of assistance | (d) Type of assistance | (e) Purpose of assistance |
|-------------------------------|---|--------------------------|------------------------|---------------------------|
| (1) | - | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| (10) | | | | |

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

Cat No 50056A

Schedule L (Form 990 or 990-EZ) 2019

| (1) (SEE S' (2) (3) (4) (5) (6) | Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of | (d) Description of transaction | (e) Sha | wng of |
|---------------------------------|---------------------------|---|---------------|--------------------------------|-------------|------------------|
| (2) (3) (4) (5) | | organization | transaction | | organiz | ation's lues? |
| (2) (3) (4) (5) | TATEMENT) | | | | Yes | No |
| (3) (4) (5) | | - | | | | |
| (4) (5) | | | | | | |
| (5) | | | | | | |
| (6) | | | | | | |
| | | | | | | ļ |
| (7) | <u> </u> | | | | | |
| (8) | | | | | | |
| (9) | | | | | - | |
| (10) Part V | Supplemental Information. | | | | | |
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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.

Attach to Form 000

► Attach to Form 990.

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

OMB No 1545-0047

2019
Open to Public

Inspection

Internal Revenue Service

Name of the organization

AUGUSTANA COLLEGE

Department of the Treasury

Employer identification number 36-2166962

| | | | | | | | | | _ |
|------|---|-------------------------------|--|---|--------------|---------|-----|---------------|---------------|
| Part | 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 | Me noncas | thod of | | | - |
| 1 | Art-Works of art | | | | | | | | |
| 2 | Art - Historical treasures | | | | | | | | |
| 3 | Art - Fractional interests | | | | | | | | |
| 4 | Books and publications | | | | | | | | |
| 5 | Clothing and household goods | | | | | | | | |
| 6 | Cars and other vehicles | | | | | | | | |
| 7 | Boats and planes . | | | | | | | | |
| 8 | Intellectual property | | | | | | | | |
| 9 | Securities - Publicly traded . | ✓ | 20 | 1,115,540 | MARKE | T VAL | UE | | |
| 10 | Securities - Closely held stock | | | | | | | | |
| 11 | Securities – Partnership, LLC, or trust interests . | | | | | | | | |
| 12 | Securities - Miscellaneous | | | | | | | | |
| 13 | Qualified conservation contribution — Historic structures | | | | | | | | |
| 14 | Qualified conservation contribution—Other . | | | | | | | | |
| 15 | Real estate - Residential | | | | | | | | |
| 16 | Real estate - Commercial . | | | | | | | | |
| 17 | Real estate - Other . | | | | | | | | |
| 18 | Collectibles | | | | | | | | |
| 19 | Food inventory | | | | | | | | |
| 20 | Drugs and medical supplies . | | | | | | | | |
| 21 | Taxidermy | | | | | | | | |
| 22 | Historical artifacts | | | | | | | | |
| 23 | Scientific specimens . | | | | | | | | |
| 24 | Archeological artifacts . | | | | | | | | |
| 25 | Other ► (ADVERTISING) | ✓ | 2 | 10,305 | COST | | | | |
| 26 | Other ► (BOARD TRAVEL) | ✓ | 1 | 190 | COST | | | | |
| 27 | Other ► (RENT) | ✓ | 1 | 12,250 | COST | | | | |
| 28 | Other ► (| | | | | | | | |
| 29 | Number of Forms 8283 received | • | | | 29 | ` | 0 | | |
| | which the organization completed | 1 FUIIII 0203 | s, Part IV, Donee Acknowled | agement | 29 | | | Yes | No |
| | | | | | | . г | | 163 | 140 |
| 30a | 3 , , | | | | | | | | |
| | 28, that it must hold for at least t | | | contribution, and which isr | i i requi | | 30a | | $\overline{}$ |
| _ | to be used for exempt purposes | | e notating period? | | | - | Sua | | , |
| b | If "Yes," describe the arrangement | | | Al | | | | | |
| 31 | Does the organization have a contributions? | • | otance policy that require | es the review of any no | onstand | ard j | 31 | _ | |
| 32a | 9 | e third part | ies or related organization | s to solicit, process, or se | ell nonc | | | | |
| | contributions? | | | | | ļ | 32a | \vdash | ✓ |
| 、 b | | | | | | | | | |
| 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) | s check | ted, | | | |