DLN: 93493025008401 OMB No. 1545-0047

Department of the

# **Return of Organization Exempt From Income Tax**

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

▶ Do not enter social security numbers on this form as it may be made public.

 $\blacktriangleright$  Go to  $\underline{\textit{www.irs.gov/Form990}}$  for instructions and the latest information.

		enue Service				
		e 2019 calendar year, or tax year beginning 06-01-2019 , and ending 0	5-31-2020	D. Enveloue	:	:a:
		pplicable: LUTHER COLLEGE				ication number
	me cha	nange		42-0680	466	
	tial ret					
		in/terminated d return  Number and street (or P.O. box if mail is not delivered to street address)   Roc	m/suite	E Telephone	number	
		on pending 700 COLLEGE DRIVE	,	(563) 38	7-1015	
		City or town, state or province, country, and ZIP or foreign postal code		·		
		DECORAH, IA 52101		<b>G</b> Gross rec	eipts \$ 1	33,901,069
		F Name and address of principal officer:	H(a)	Is this a group ret	urn for	
		JENIFER K WARD 700 COLLEGE DRIVE		subordinates?		□Yes 🗹 No
		DECORAH, IA 52101		Are all subordinate included?	es	☐ Yes ☐No
<b>I</b> Ta:	k-exem	mpt status:   501(c)(3)	l l	If "No," attach a lis	•	•
J W	ebsite	te: ► WWW.LUTHER.EDU	H(c)	Group exemption i	number	<b>▶</b> 9386
			I Year of	f formation: 1865	M State	of legal domicile: IA
<b>K</b> Forr	n of or	rganization: ☑ Corporation ☐ Trust ☐ Association ☐ Other ►	L rear or	Tormadon. 1005	- State	or legal dofficile. 1A
Pa	ırt I	Summary				
		Briefly describe the organization's mission or most significant activities:				
		ON A CAMPUS OF MORE THAN 800 ACRES ALONG THE BANKS OF THE UPPER IC RESIDENTIAL CAMPUS, WITH 92 PERCENT OF STUDENTS LIVING ON CAMPUS A				
	l v	WITHIN FIVE MILES OF IT. LUTHER'S STUDENT BODY INCLUDES 1,951 MEN AN	D WOMEN (4:	3 PERCENT AND 57	7 PERCE	ENT, RESPECTIVELY)
မ		FROM 39 STATES AND NEARLY 74 FOREIGN COUNTRIES. U.S. STUDENTS OF CO APPROXIMATELY 70 PERCENT OF LUTHER STUDENTS VOLUNTEER DURING THEI				
Ě	II	INTRINSIC TO LUTHER CULTURE. THE COLLEGE STRIVES TO BE A PLACE WHER				
Governance	<u>+</u>	INTELLECTUAL, AND SPIRITUAL GROWTH.				
<u> </u>	-					
				2=0/ 5		
Activities &		Check this box ▶ ☐ if the organization discontinued its operations or disposed Number of voting members of the governing body (Part VI, line 1a)		1 25% of its net as	sets. <b>3</b>	25
Ĭ		Number of independent voting members of the governing body (Part VI, line 1b	4	23		
کو ا		Total number of individuals employed in calendar year 2019 (Part V, line 2a)		5	2,594	
		Total number of volunteers (estimate if necessary)			6	801
	7a -	Total unrelated business revenue from Part VIII, column (C), line 12			7a	-34,767
	ь	Net unrelated business taxable income from Form 990-T, line 39			7b	-31,475
				D.:! V		
				Prior Year		Current Year
Q;	8	Contributions and grants (Part VIII, line 1h)		15,701,33	84	12,909,917
enue		Contributions and grants (Part VIII, line 1h)				
Ravenue	9			15,701,3	30	12,909,917
Ravenue	9 10 11	Program service revenue (Part VIII, line 2g)		15,701,33 103,811,2 6,209,8 1,793,2	30 22 32	12,909,917 101,682,454 7,007,297 1,920,706
Ravenue	9 10 11 12	Program service revenue (Part VIII, line 2g)	2)	15,701,3 103,811,2 6,209,8 1,793,2 127,515,6	30 22 32 68	12,909,917 101,682,454 7,007,297 1,920,706 123,520,374
Ravenue	9 10 11 12	Program service revenue (Part VIII, line 2g)	2)	15,701,33 103,811,2 6,209,8 1,793,2	30 22 32 68 37	12,909,917 101,682,454 7,007,297 1,920,706
	9 10 11 12 13 14	Program service revenue (Part VIII, line 2g)		15,701,36 103,811,2 6,209,8 1,793,2 127,515,66 51,187,9	30 22 32 68 37 0	12,909,917 101,682,454 7,007,297 1,920,706 123,520,374 53,712,793
	9 10 11 12 13 14 15	Program service revenue (Part VIII, line 2g)		15,701,3 103,811,2 6,209,8 1,793,2 127,515,6	30 22 32 68 37 0	12,909,917 101,682,454 7,007,297 1,920,706 123,520,374
	9 10 11 12 13 14 15 16a	Program service revenue (Part VIII, line 2g)		15,701,36 103,811,2 6,209,8 1,793,2 127,515,66 51,187,9	30 22 32 68 37 0	12,909,917 101,682,454 7,007,297 1,920,706 123,520,374 53,712,793
Expenses Revenue	9 10 11 12 13 14 15 16a b	Program service revenue (Part VIII, line 2g)		15,701,33 103,811,2 6,209,83 1,793,2 127,515,60 51,187,93 42,083,7	30 22 32 32 668 37 0	12,909,917 101,682,454 7,007,297 1,920,706 123,520,374 53,712,793 (41,967,468
	9 10 11 12 13 14 15 16a b	Program service revenue (Part VIII, line 2g)		15,701,33 103,811,2: 6,209,8: 1,793,2: 127,515,6: 51,187,9: 42,083,7'	30 22 32 33 668 37 0 777 0	12,909,917 101,682,454 7,007,297 1,920,706 123,520,374 53,712,793 (1) 41,967,468 (2) 29,106,157
	9 10 11 12 13 14 15 16a b	Program service revenue (Part VIII, line 2g)		15,701,33 103,811,2 6,209,83 1,793,2 127,515,66 51,187,93 42,083,77 32,011,6 125,283,33	30 22 32 33 568 37 0 77 0	12,909,917 101,682,454 7,007,297 1,920,706 123,520,374 53,712,793 (41,967,468 (29,106,157) 124,786,418
Expenses	9 10 11 12 13 14 15 16a b	Program service revenue (Part VIII, line 2g)	.0)	15,701,33 103,811,2: 6,209,8: 1,793,2: 127,515,6: 51,187,9: 42,083,7'	30 22 32 58 37 0 77 0 37 51	12,909,917 101,682,454 7,007,297 1,920,706 123,520,374 53,712,793 (1) 41,967,468 (2) 29,106,157
Expenses	9 10 11 12 13 14 15 16a b 17 18	Program service revenue (Part VIII, line 2g)	.0)	15,701,33 103,811,2 6,209,83 1,793,2 127,515,66 51,187,9 42,083,7 32,011,66 125,283,33 2,232,3	30 22 32 58 37 0 77 0 37 51	12,909,917 101,682,454 7,007,297 1,920,706 123,520,374 53,712,793 (41,967,468 (29,106,157 124,786,418 -1,266,044
Expenses	9 10 11 12 13 14 15 16a b 17 18	Program service revenue (Part VIII, line 2g)	.0)	15,701,33 103,811,2 6,209,83 1,793,2 127,515,66 51,187,9 42,083,7 32,011,66 125,283,33 2,232,3	30 22 32 68 37 0 77 0 37 51	12,909,917 101,682,454 7,007,297 1,920,706 123,520,374 53,712,793 (41,967,468 (29,106,157 124,786,418 -1,266,044 End of Year 291,863,327
Expenses	9 10 11 12 13 14 15 16a b 17 18 19 12 20 21	Program service revenue (Part VIII, line 2g)	.0)	15,701,33 103,811,2: 6,209,8: 1,793,2: 127,515,6: 51,187,9: 42,083,7' 32,011,6: 125,283,3: 2,232,3 nning of Current Ye 295,130,9 49,714,6:	30 22 32 68 37 0 77 0 37 51 17 ar	12,909,917 101,682,454 7,007,297 1,920,706 123,520,374 53,712,793 (0 41,967,468 (0 29,106,157 124,786,418 -1,266,044 End of Year 291,863,327 48,079,934
Net Assets or Expenses Fund Balances	9 10 11 12 13 14 15 16a b 17 18 19 12 20 21 22	Program service revenue (Part VIII, line 2g)	.0)	15,701,33 103,811,2 6,209,83 1,793,2 127,515,66 51,187,93 42,083,77 32,011,6 125,283,33 2,232,3 nning of Current Ye	30 22 32 68 37 0 77 0 37 51 17 ar	12,909,917 101,682,454 7,007,297 1,920,706 123,520,374 53,712,793 (41,967,468 (29,106,157 124,786,418 -1,266,044 End of Year 291,863,327
Net Assets of Expenses Fund Balances	9 10 : 11 12 13 14 15 : 16a b 17 18 19 20 21 22 11 22	Program service revenue (Part VIII, line 2g)	Begin	15,701,33 103,811,2: 6,209,8: 1,793,2: 127,515,6: 51,187,9: 42,083,7: 32,011,6: 125,283,3: 2,232,3 nning of Current Ye 295,130,9 49,714,6: 245,416,24	30 222 32 68 37 0 77 0 37 51 17 ar 12 65 47	12,909,917 101,682,454 7,007,297 1,920,706 123,520,374 53,712,793 (0 41,967,468 (0 29,106,157 124,786,418 -1,266,044 End of Year 291,863,327 48,079,934 243,783,393
Net Assets of Expenses when Balances	9 10 11 12 13 14 15 16a b 17 18 19 20 21 122 11 penaedge	Program service revenue (Part VIII, line 2g)	Begin	15,701,33 103,811,2: 6,209,8: 1,793,2: 127,515,6: 51,187,9: 42,083,7'  32,011,6: 125,283,3: 2,232,3 nning of Current Ye 295,130,9 49,714,6: 245,416,24 es and statements,	30	12,909,917 101,682,454 7,007,297 1,920,706 123,520,374 53,712,793 (41,967,468 (6) 29,106,157 124,786,418 -1,266,044 End of Year 291,863,327 48,079,934 243,783,393 the best of my
Net Assets of Expenses when Balances	9 10 : 11 12 13 14 15 : 16a b 17 18 19 20 21 22 11 22 11 pena	Program service revenue (Part VIII, line 2g)	Begin	15,701,33 103,811,2: 6,209,8: 1,793,2: 127,515,6: 51,187,9: 42,083,7'  32,011,6: 125,283,3: 2,232,3 nning of Current Ye 295,130,9 49,714,6: 245,416,24 es and statements,	30	12,909,917 101,682,454 7,007,297 1,920,706 123,520,374 53,712,793 (41,967,468 (6) 29,106,157 124,786,418 -1,266,044 End of Year 291,863,327 48,079,934 243,783,393 the best of my
Net Assets of Expenses	9 10 11 12 13 14 15 16a b 17 18 19 20 21 122 11 penaedge	Program service revenue (Part VIII, line 2g)	Begin	15,701,33 103,811,2: 6,209,8: 1,793,2: 127,515,6: 51,187,9: 42,083,7'  32,011,6: 125,283,3: 2,232,3 nning of Current Ye  295,130,9 49,714,6: 245,416,26 es and statements,	30	12,909,917 101,682,454 7,007,297 1,920,706 123,520,374 53,712,793 (0 41,967,468 (0 29,106,157 124,786,418 -1,266,044 End of Year 291,863,327 48,079,934 243,783,393 the best of my
Net Assets or Expenses when you would be also or the second with the second wi	9 10 : 11 12 13 14 15 : 16a b 17 18 19 20 21 22 III penaedege nowle	Program service revenue (Part VIII, line 2g)	Begin	15,701,33 103,811,2 6,209,83 1,793,2 127,515,66 51,187,9 42,083,7  32,011,6 125,283,33 2,232,3 nning of Current Ye 295,130,9 49,714,66 245,416,26 es and statements, sed on all informa	30	12,909,917 101,682,454 7,007,297 1,920,706 123,520,374 53,712,793 (0 41,967,468 (0 29,106,157 124,786,418 -1,266,044 End of Year 291,863,327 48,079,934 243,783,393 the best of my
use of Assets of Expenses fund Balances by American American Parameters of Expenses of Exp	9 10 : 11 12 13 14 15 : 16a b 17 18 19 20 21 22 11 22 11 1 pena edge nowle	Program service revenue (Part VIII, line 2g)	Begin	15,701,33 103,811,2 6,209,83 1,793,2 127,515,66 51,187,93 42,083,77  32,011,63 125,283,33 2,232,3 nning of Current Ye 295,130,9 49,714,66 245,416,26 es and statements, sed on all information	30	12,909,917 101,682,454 7,007,297 1,920,706 123,520,374 53,712,793 (0 41,967,468 (0 29,106,157 124,786,418 -1,266,044 End of Year 291,863,327 48,079,934 243,783,393 the best of my
use of Assets of Expenses fund Balances by American American Parameters of Expenses of Exp	9 10 : 11 12 13 14 15 : 16a b 17 18 19 20 21 22 11 22 11 1 pena edge nowle	Program service revenue (Part VIII, line 2g)	Begin	15,701,33 103,811,2: 6,209,8: 1,793,2: 127,515,6: 51,187,9: 42,083,7' 32,011,6: 125,283,3: 2,232,3 nning of Current Ye 295,130,9 49,714,6: 245,416,2: es and statements, sed on all informal Date	30	12,909,917 101,682,454 7,007,297 1,920,706 123,520,374 53,712,793 (0 41,967,468 (0 29,106,157 124,786,418 -1,266,044 End of Year 291,863,327 48,079,934 243,783,393 the best of my
Her Assets or Expenses and Balances Fund Balances	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 11 12 22 11 11 12 13 14 15 16a 17 18 19 19 19 19 19 19 19 19 19 19 19 19 19	Program service revenue (Part VIII, line 2g)	Begin	15,701,33 103,811,2 6,209,83 1,793,2 127,515,66 51,187,9 42,083,7  32,011,6 125,283,33 2,232,3 nning of Current Ye 295,130,9 49,714,66 245,416,26 es and statements, sed on all informa  2021-01-18 Date  3 Check if p	30	12,909,917 101,682,454 7,007,297 1,920,706 123,520,374 53,712,793 (41,967,468 29,106,157 124,786,418 -1,266,044 End of Year 291,863,327 48,079,934 243,783,393 the best of my which preparer has
Diederses Expenses Fund Balances Page Balances	9 10 11 12 13 14 15 16a b 17 18 19 20 11 19 19	Program service revenue (Part VIII, line 2g)	Begin	15,701,33 103,811,2 6,209,83 1,793,2 127,515,60 51,187,93 42,083,7  32,011,63 125,283,33 2,232,3 nning of Current Ye 295,130,9 49,714,60 245,416,20 es and statements, sed on all information	30 22 32 68 37 0 77 0 37 51 17 ar 47 and to tion of v	12,909,917 101,682,454 7,007,297 1,920,706 123,520,374 53,712,793 (41,967,468 29,106,157 124,786,418 -1,266,044 End of Year 291,863,327 48,079,934 243,783,393 the best of my which preparer has
Pare Fund Balances  Expenses  Fund Balances	9 10 : 11 12 13 14 15 : 16a b 17 18 19 20 21 22 11 22 11 22 2	Program service revenue (Part VIII, line 2g)	Begin	15,701,33 103,811,2 6,209,83 1,793,2 127,515,66 51,187,9 42,083,7  32,011,6 125,283,33 2,232,3 nning of Current Ye 295,130,9 49,714,66 245,416,26 es and statements, sed on all informa  2021-01-18 Date  3 Check if p	30 22 32 68 37 0 77 0 37 51 17 ar 47 and to tion of v	12,909,917 101,682,454 7,007,297 1,920,706 123,520,374 53,712,793 (41,967,468 29,106,157 124,786,418 -1,266,044 End of Year 291,863,327 48,079,934 243,783,393 the best of my which preparer has
Pare Fund Balances  Expenses  Fund Balances	9 10 11 12 13 14 15 16a b 17 18 19 20 11 19 19	Program service revenue (Part VIII, line 2g)	Begin	15,701,33 103,811,2 6,209,83 1,793,2 127,515,60 51,187,93 42,083,7  32,011,63 125,283,33 2,232,3 nning of Current Ye 295,130,9 49,714,60 245,416,20 es and statements, sed on all information	30	12,909,917 101,682,454 7,007,297 1,920,706 123,520,374 53,712,793 (41,967,468 29,106,157 124,786,418 -1,266,044 End of Year 291,863,327 48,079,934 243,783,393 the best of my which preparer has
Pare Fund Balances  Expenses  Fund Balances	9 10 : 11 12 13 14 15 : 16a b 17 18 19 20 21 22 11 22 11 22 2	Program service revenue (Part VIII, line 2g)	Begin	15,701,33 103,811,2: 6,209,8: 1,793,2: 127,515,6: 51,187,9: 42,083,7'  32,011,6: 125,283,3: 2,232,3 nning of Current Ye  295,130,9 49,714,6: 245,416,2: es and statements, sed on all informa  2021-01-18 Date  Check ☐ if self-employed Firm's EIN ▶ 39-0	30	12,909,917 101,682,454 7,007,297 1,920,706 123,520,374 53,712,793 (41,967,468 29,106,157 124,786,418 -1,266,044 End of Year 291,863,327 48,079,934 243,783,393 the best of my which preparer has

D۵	990 (2019)					Page <b>2</b>					
1 6	rt III Statement	of Program Service	e Accomplis	hments							
	Check if Sched	dule O contains a resp	onse or note to a	any line in this Part III		🗹					
1		rganization's mission:		•							
PREF BACI OF C	ROFESSIONAL PROGRAGI	AMS. FOUNDED BY TH E IN A WAY OF LEARNI HEART OF A LUTHER	E NORWEGIAN E NG THAT MOVE	VANGELICAL LUTHERA S BEYOND IMMEDIATE	G MORE THAN 90 MAJORS, MIN N CHURCH IN 1861, LUTHER W INTERESTS AND ENCOURAGES F THE WAY FAITH AND LEARNII	ELCOMES STUDENTS OF ALL STUDENTS TO BUILD A LIFE					
2	<u> </u>	, ,	ant program ser	vices during the year w	hich were not listed on	☐ Yes ☑ No					
	the prior Form 990 or	⊔ Yes ⊻ No									
_	•	se new services on Scl									
3	Did the organization cease conducting, or make significant changes in how it conducts, any program										
	services?	🗌 Yes 🗹 No									
	If "Yes," describe these changes on Schedule O.										
4	<b>B</b> 11 11 1		10.1		i i	1.1					
4	Section 501(c)(3) and		ons are required	to report the amount of	largest program services, as mosf grants and allocations to othe						
4 4a	Section 501(c)(3) and	d 501(c)(4) organizatio	ons are required	to report the amount oported.							
	Section 501(c)(3) and expenses, and reven	d 501(c)(4) organization	ons are required gram service re	to report the amount oported.	of grants and allocations to othe	rs, the total					
	Section 501(c)(3) and expenses, and revenue (Code:	d 501(c)(4) organization	ons are required gram service re	to report the amount oported.	of grants and allocations to othe	rs, the total					
4a	Section 501(c)(3) and expenses, and revenue (Code: See Additional Data	d 501(c)(4) organization  ue, if any, for each pro  ) (Expenses \$	ons are required gram service re 81,050,352	to report the amount operted.  including grants of \$	of grants and allocations to othe	83,997,748 )					
4a	Section 501(c)(3) and expenses, and revenue (Code: See Additional Data (Code:	d 501(c)(4) organization  ue, if any, for each pro  ) (Expenses \$	ons are required gram service re 81,050,352	to report the amount operted.  including grants of \$	of grants and allocations to othe	83,997,748 )					
4a 4b	Section 501(c)(3) and expenses, and revenue (Code: See Additional Data  (Code: See Additional Data	d 501(c)(4) organization  (Expenses \$  (Expenses \$  (Expenses \$	ons are required gram service re 81,050,352 18,113,234	to report the amount operted.  including grants of \$  including grants of \$	of grants and allocations to othe 53,022,451 ) (Revenue \$	83,997,748 ) 615,195 )					
4a 4b	Section 501(c)(3) and expenses, and revenue (Code: See Additional Data  (Code: See Additional Data  (Code: Code:	d 501(c)(4) organization  (Expenses \$  (Expenses \$  (Expenses \$  (Expenses \$  (Expenses \$	ons are required gram service re 81,050,352 18,113,234	to report the amount operted.  including grants of \$  including grants of \$	of grants and allocations to othe 53,022,451 ) (Revenue \$	83,997,748 ) 615,195 )					
4a 4b	Section 501(c)(3) and expenses, and revenue (Code: See Additional Data  (Code: See Additional Data  (Code: See Additional Data  See Additional Data	d 501(c)(4) organization  (Expenses \$  (Expenses \$  (Expenses \$  (Expenses \$  (Expenses \$	81,050,352 81,050,352 18,113,234 13,262,397	to report the amount operted.  including grants of \$  including grants of \$	of grants and allocations to othe 53,022,451 ) (Revenue \$	83,997,748 ) 615,195 )					
4a 4b 4c	Section 501(c)(3) and expenses, and revenue (Code: See Additional Data  (Code: See Additional Data  (Code: See Additional Data  See Additional Data	d 501(c)(4) organization  () (Expenses \$  () (	81,050,352 81,050,352 18,113,234 13,262,397	to report the amount operted.  including grants of \$  including grants of \$  including grants of \$	of grants and allocations to othe 53,022,451 ) (Revenue \$	83,997,748 ) 615,195 )					

Par	tiv 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 $^{\bullet}$	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidate for public office? If "Yes," complete Schedule C, Part I	<b>3</b>		No
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? If "Yes," complete Schedule C, Part II	4		No
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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the rig to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D.</i> Part	ht 6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8	Yes	
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	Yes	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, or X as applicable.	IX,		
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D,</i> Part VI.	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its tot assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 2	11b	Yes	
	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		No
	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		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🛂	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 9		Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12-		NI-
b	Schedule D, Parts XI and XII	12a 12b	Yes	No_
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 'Is the organization a school described in section $170(b)(1)(A)(ii)$ ? If "Yes," complete Schedule E	13		
142	Did the organization maintain an office, employees, or agents outside of the United States?	13 14a	Yes	No
	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	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for an foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
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	0 16		No
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		No
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	Yes	
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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No

orm	990 (2019)			Page 4
Par	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	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
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? <i>If "Yes," complete Schedule L,</i> Part I	25b		No
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		No
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? <i>If "Yes," complete Schedule L,</i> Part III	27	Yes	
8.	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		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
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		No
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🔧	29	Yes	
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
3	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	Yes	
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	Yes	
5a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
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	Yes	
86	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		No
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		No
88	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	Yes	
Pai				
	Check if Schedule O contains a response or note to any line in this Part $\lor$			
_	Enterthe work and the Board of Enterthe and the Control of the Con		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 3,745  Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b 0	1 1		
	· · · · · · · · · · · · · · · · · · ·			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
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	2,594		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over financial account in a foreign country (such as a bank account, securities account, or other financial account)?		Yes	
D	If "Yes," enter the name of the foreign country: ►IT , MT , UK  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	,		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	). 5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organizatio solicit any contributions that were not tax deductible as charitable contributions?	n <b>6a</b>		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts we not tax deductible?	ere <b>6b</b>		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serprovided to the payor?	vices <b>7a</b>	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7</b> b	Yes	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to Form 8282?	file 7c	Yes	
d	If "Yes," indicate the number of Forms 8282 filed during the year	1		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a For 1098-C?	m <b>7h</b>		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
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 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
U	against amounts due or received from them.)	_		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.	' 13a		
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			<b>N</b> 1 -
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or exc	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remaineration of exceparachute payment(s) during the year?  If "Yes," see instructions and file Form 4720, Schedule N.  Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	15		No
16	16		No	

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Par	<b>Governance, Management, and Disclosure</b> For each "Yes" response 8a, 8b, or 10b below, describe the circumstances, processes, or chang Check if Schedule O contains a response or note to any line in this Parl	es in Schedule O. See instructions.	lines 🗸
Se	Section A. Governing Body and Management		
		Yes	No
1a	1a Enter the number of voting members of the governing body at the end of the	' <del>                                    </del>	
	If there are material differences in voting rights among members of the gove body, or if the governing body delegated broad authority to an executive con similar committee, explain in Schedule O.		
b	<b>b</b> Enter the number of voting members included in line 1a, above, who are inde	ependent 1b 23	
2	2 Did any officer, director, trustee, or key employee have a family relationship officer, director, trustee, or key employee?	or a business relationship with any other	No
3	3 Did the organization delegate control over management duties customarily pof officers, directors or trustees, or key employees to a management compar		No
4	4 Did the organization make any significant changes to its governing document	s since the prior Form 990 was filed? . 4	No
5	5 Did the organization become aware during the year of a significant diversion	of the organization's assets? . 5	No
6	<b>6</b> Did the organization have members or stockholders?	6 Yes	
7a	7a Did the organization have members, stockholders, or other persons who had members of the governing body?	the power to elect or appoint one or more <b>7a</b> Yes	
b	<b>b</b> Are any governance decisions of the organization reserved to (or subject to a persons other than the governing body?	pproval by) members, stockholders, or 7b	No
8	8 Did the organization contemporaneously document the meetings held or writ the following:	ten actions undertaken during the year by	
а	a The governing body?	8a Yes	
b	${f b}$ Each committee with authority to act on behalf of the governing body? .	8b Yes	
9	<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section organization's mailing address? <i>If "Yes," provide the names and addresses in the name and addresses in the nam</i>		No
Se	Section B. Policies (This Section B requests information about policies	s not required by the Internal Revenue Code.)	
		Yes	No
	<b>10a</b> Did the organization have local chapters, branches, or affiliates?		No
	b If "Yes," did the organization have written policies and procedures governing and branches to ensure their operations are consistent with the organization'	s exempt purposes?	
	11a Has the organization provided a complete copy of this Form 990 to all members form?	11a Yes	
	<b>b</b> Describe in Schedule O the process, if any, used by the organization to review		
	<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to li		
	<b>b</b> Were officers, directors, or trustees, and key employees required to disclose conflicts?	12b Yes	
С	<b>c</b> Did the organization regularly and consistently monitor and enforce complian <i>Schedule O how this was done</i>		
13	, ,	13 Yes	
14	•	·	
15	persons, comparability data, and contemporaneous substantiation of the deli		
	a The organization's CEO, Executive Director, or top management official .	15a Yes	
b	<b>b</b> Other officers or key employees of the organization	15b Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instruction	·	
	16a Did the organization invest in, contribute assets to, or participate in a joint ve taxable entity during the year?	16a Yes	
b	<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the in joint venture arrangements under applicable federal tax law, and take step status with respect to such arrangements?	os to safeguard the organization's exempt	
Se	Section C. Disclosure	16b Yes	
<u> </u>			
18	18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if a		
	only) available for public inspection. Indicate how you made these available.	11 /	
10	☐ Own website ☐ Another's website ☐ Upon request ☐ Other (e		
19	policy, and financial statements available to the public during the tax year.	-	
20	State the name, address, and telephone number of the person who possesse ►ANDREW BAILEY 700 COLLEGE DRIVE DECORAH, IA 52101 (563) 387-10		

<ul> <li>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.</li> <li>Isist all of the organization's current key employees, if any. See instructions for definition of "key employee."</li> <li>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 organizations.</li> <li>List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations.</li> <li>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 \$100,000 of reportable compensation from the organizations.</li> <li>Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.</li> <li>(A)  Name and title          (B)  Average hours per week (list any hours per week (list any hours per week (list any hours below dotted line)          (C)  Name and title          (D)  Reportable compensation from the organization and any officer and a director/trustee)          (D)  Reportable compensation from the organization of the organization of the organization from th</li></ul>	Form 990 (2019)											Pag	ge <b>7</b>
As Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear.  ■ 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 organizations.  ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations 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.  ■ (B)  Name and title  ■ (C)  Position (do not check more than spendal properties of the organization of other organization of the organization o			Truste	es, I	Key	En	nploy	ees	, Highest Comp	ensated Employ	yees,		
La Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear.  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 furrent key employees, if no. See instructions for definition of "key employee."  List all of the organization's furrent key employees, if any. See instructions for definition of "key employee."  List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 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 organization and any related organization or any current officer, director, or trustee.  (A)  Name and title  A Reportable compensation from the organization or any related organization or any new powers of the organization or any new powers or trustees or trustees that received, in the capacity as a former director, or trustee.  (B)  A Reportable compensation or trustee of the organization or trustee.  (C)  (B)  A Reportable compensation or from the organization or end to the compensation organization organizat	Check if Schedule O contains a	response or no	te to an	y line	in t	his	Part VI	١.				. [	
■ List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.  ■ List all of the organization's current key employees, if any. See instructions for definition of "key employee."  ■ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.  ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization, more than \$10,000 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 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.  ■ (A)  Name and title  ■ (B)  Average hours per week (list any hours for related organizations below dotted line)  ■ (C)  Reportable compensation from the organization from the organization of the organization has not officer and a director/trustee)  ■ (D)  Reportable compensation from the organization organization of the organization organization organization has not officer and a director/trustee)  ■ (D)  Reportable compensation from the organization organization organization organization organization organization organizations (W-2/1099-MISC)  ■ (F)  Estimated organizations (W-2/1099-MISC)  ■ (F)  Estimated organization organization organization organization organiz	Section A. Officers, Directors, Tru	istees, Key E	mploy	ees,	an	d H	lighe	st C	Compensated En	nployees			
■ List all of the organization's current key employees, if any. See instructions for definition of "key employee."  ■ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.  ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations.  ■ List all of the organization's former officers, key employees, or 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. 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.  ■ Check this box if neither the organization nor any related organization organization from the organization of related organizations below dotted line)  ■ Check this box if neither the organization below dotted line)  ■ Check this box if neither the organization or any related organization of from the organization of from the organization of the compensation from the organization and related organizations below dotted line)  ■ Check this box if neither the organization or any related organi	year.		•						, ,		-	n's ta	Κ
List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.      ● List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 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 organization and any related organization.      ● List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization.      ● List all of the organization than \$10,000 of reportable compensation from the organization nor any related organization and any related organization compensated any current officer, director, or trustee.	of compensation. Enter -0- in columns (D), (	E), and (F) if no	compe	nsati	on w	/as	oaid.		.,				
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 from the organization and any related organizations.  ■ List all of the organization from the organization and any related organization, more than \$10,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.  ■ List all of the organization's <b>former directors or trustees</b> that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organizations.  ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.  ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.  ■ Check this box if neither the organization nor any related organization one box, unless person is both an officer and a director/trustee)  ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee)  ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee)  ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee)  ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee)  ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee)  ■ Check this box if neither the organization nor any related organization nor any related organization nor any related organization nor any related organization nor any neither the organization nor any nei													
■ 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.  (A)  Name and title  (B)  Average hours per week (list any hours below dotted line)  (C)  (D)  (E)  Reportable compensation from the organization (do not check more than one box, unless person is both an officer and a director/trustee)  (W-2/1099-MISC)  MISC)  (F)  Estimated amount of other compensation from the organization organization organization and related organizations.													
Average hours per week (list any hours for related organizations) below dotted line)    Continue to the person of the order in which to list the persons above.    Continue to the order in which to list the persons above.	of reportable compensation from the organiz	ation and any re	elated o	rgani	zatio	ons.			. ,	·	·		
(A) Name and title  (B) Average hours per week (list any hours for related organizations below dotted line)  (B) Average hours per week (list any hours for related organizations below dotted line)  (C) Position (do not check more than one box, unless person is both an officer and a director/trustee)  (C) Position (do not check more than one box, unless person is both an officer and a director/trustee)  (B) Average hours per week (list any hours for related organization (W-2/1099-MISC)  (B) Reportable compensation from the organizations (W-2/1099-MISC)  MISC)  (F) Estimated amount of other compensation from the organization and related organizations organizations)	organization, more than \$10,000 of reportab	le compensatio	n from t								Э		
Name and title  Average hours per week (list any hours for related organizations below dotted line)  Name and title  Average hours per week (list any hours for related organizations below dotted line)  Position (do not check more than one box, unless person is both an officer and a director/trustee)  Officer	Check this box if neither the organizatio	n nor any relate	d organ	nizatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee.			
it st		Average hours per week (list any hours	than o is b	(C) ion (do not check more one box, unless person both an officer and a director/trustee)  (D) Reportable compensation from the organization (W-2/11990.		Reportable compensation from related organizations	Estir amount compe fror	nated of oth nsation the	n				
See Additional Data Table		organizations below dotted	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		` '	related	ated	
	See Additional Data Table												
													—
													—

Form	990 (2019)														Page <b>8</b>	
Par	tVII Section A. Officers, Direct		s, Key	<u>Empl</u>			, and	Hig			ate		(con			
	<b>(A)</b> Name and title	(B) Average hours per week (list any hours for related	than o	one bo	oox, u an off tor/ti	ot che unles fficer truste	<del>,                                    </del>	rson a	Repo compe fror organ	( <b>D)</b> ortable ensatio m the nization 2/1099-	n า	(E) Reportable compensatior from related organizations (W-2/1099-	s	(F) Estimated amount of other compensation from the organization and		
ſ		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		(ISC)		MISC)		relati organiza	ed	
See /	Additional Data Table	<del>                                     </del>		$\vdash$	$\vdash$		<del>-</del>	+					+			
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	Sub-Total						<b>&gt;</b>	_					$\overline{+}$			
	Fotal (add lines 1b and 1c)	•					<b>•</b>	_	1,6	608,521			0		263,667	
2	Total number of individuals (including of reportable compensation from the			e liste	ed al	bove	e) who	) rec	eived mor	re than	\$10	00,000				
3	Did the organization list any <b>former</b> line 1a? <i>If "Yes," complete Schedule 3</i>			.ee, k	ey e	mpl	oyee,	or hi	ighest cor	mpensa	ited	employee on	3	Yes	No No	
4	For any individual listed on line 1a, is organization and related organization individual											the	4			
5	Did any person listed on line 1a receiv services rendered to the organization		•						_	tion or	indiv	vidual for	5		No	
	ection B. Independent Contract				<u> </u>	_		<u> </u>								
1	Complete this table for your five high from the organization. Report compe	nsation for the c										's tax year.	mpen			
		(A) and business addre	ess		_	_		_				(B) iption of services		(C Compen	nsation	
10 EAF	EXO INC ARHART DRIVE									DINING	SER	VICES		4,	,553,351	
WILLIA	IAMSVILLE, NY 14221 T CONTRACTING INC									CONSTR	RUCT:	ION			356,628	
	HIGHWAY 63 NORTH HESTER, MN 55906															
STORE	BECK PIMENTEL & ASSOCIATES LP									EXECUT	IVE S	SEARCH SERVICE			230,231	
RD, PA	E 3500 1400 N PROVIDENCE A 60603									252500	- 4 A NI.				-24 265	
	KBAUD INC  DANIEL ISLAND DRIVE									PERFOR SERVIC		CE MANAGEMENT			224,365	
CHARL	ASSOCIATES LLC									FNGINE	FR S	ERVICES			123,645	
2720 A	ARBOR COURT														* <b>-</b> ,	
	HESTER, MN 55901 Fotal number of independent contractor	re (including but	t not lin	nited	to th	1058	listed	aho	ve) who r	receive	- mc		10 of	:		

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 ▶ 6

orm 9 Part			of F	Revenue						Page <b>9</b>
		Check if Scheo	dule	O contains a	a respo	onse or note to any	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D)  Revenue excluded from tax under sections
	1a	Federated campa	aigns	s	1a			revenue		512 - 514
unts	ŀ	<b>b</b> Membership due:	s.	.	1b					
6r2	,	c Fundraising even	nts .	į	1c	42,165				
ffs, ¤rA	(	d Related organiza	tions	5	1d					
<u>n</u> 6	•	e Government grants	(con	tributions)	1e	2,722,953				
Contributions, Gifts, Grants and Other Similar Amounts	f	<ul> <li>All other contribution</li> <li>and similar amounts</li> <li>above</li> </ul>			1f	10,144,799				
Contributions, Gifts, Grants and Other Similar Amounts	٥	Noncash contribution lines 1a - 1f:\$	ons in	cluded in	1g	951,565				
an Co	1	<b>h Total.</b> Add lines	1a-1	f		•	12,909,917			
						Business Code				
	2a	TUITION & FEES				561910	83,997,748	83,997,748		
enne	b	SALES & SERVICE AU	JXILL	IARY SERVIC		611310	17,069,511	17,069,511		
Program Service Revenue	c	SALES & SERVICE ED	DUCA.	TIONAL ACTIV		611710	615,195	615,195		
Servic	d									
gram	e									
æ										
		All other program								
		Total. Add lines 2				101,682,454	1	ı	Γ	T
		Investment income imilar amounts)		luding divide		nterest, and other	3,532,815	5	-34,767	3,567,582
	4 ]	Income from invest	tmer	nt of tax-exe	mpt bo	ond proceeds	•			
	5 F	Royalties				•	•			
				(i) Rea	al	(ii) Personal	4			
	6a	Gross rents	6a	:	201,440					
	b	Less: rental expenses	6b		176,117	7				
	С	Rental income			-, -,,		-			
		or (loss)	6с		25,323	3				
	a	Net rental income	e or		itios	(ii) Other	25,323			25,323
	7a Gross amount _ (i) Securities			(II) Other	-					
	,	from sales of assets other than inventory		5						
	b	Less: cost or other basis and sales expenses	7b	10,:	<b>1</b> 75,784	ı				
	c	Gain or (loss)	7c	3,4	474,482	2				
	d	Net gain or (loss)					3,474,482	2		3,474,482
Other Revenue	8a	Gross income from fu (not including \$ contributions reported		42,165 of						
eve		See Part IV, line 18	•		8a	45,280				
<u>ت</u> ت		Less: direct expen			8b	28,794				16.406
the	С	Net income or (los	ss) fr	om fundrais	ing ev	ents 🕨	16,486			16,486
	9a	Gross income from See <b>Part</b> IV, line 19			9a					
	b	Less: direct expen	ises		9b		7			
	C	Net income or (los	ss) fr	om gaming	activit	ies				
	10a	Gross sales of inve								
	h				10a 10b		4			
		Less: cost of good  Net income or (los								
		Miscellaneo			iiiveiid	Business Code				
	11	asummer progr <i>a</i>	AMS			72100	0 440,279	,		440,279
	b	FACILITY USAGE	FEES	5		61131	0 393,373	3		393,373
	C	PERKINS LOAN CL	LOSE	EOUT		61131	0 311,588	3		311,588
		All di								
		All other revenue   <b>Total.</b> Add lines 1				•	733,657			733,657
					•		1,878,897	,		-
		Total revenue. S	ee II	isu uctions	• •	• • • •	123,520,374	101,682,454	-34,767	8,962,770

Form 990 (2019)				Page <b>10</b>
Part IX Statement of Functional Expenses				
Section 501(c)(3) and 501(c)(4) organizations must co		_		ımn (A).
Check if Schedule O contains a response or note to an	y line in this Part IX	(B)	(C)	□ (D)
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	53,712,793	53,712,793		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
<b>4</b> Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,687,129	620,127	966,886	100,116
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	7,321		7,321	
<b>7</b> Other salaries and wages	28,676,296	24,560,069	2,457,412	1,658,815
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	1,275,895	1,070,395	125,387	80,113
9 Other employee benefits	8,295,421	6,543,209	1,242,757	509,455
<b>10</b> Payroll taxes	2,025,406	1,666,309	235,766	123,331
11 Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	25,173	4,482	20,691	
c Accounting	74,749		74,749	
<b>d</b> Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	111,717		111,717	_
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,330,992	639,391	600,609	90,992
12 Advertising and promotion	74,928	21,817	52,809	302
13 Office expenses	2,002,131	1,591,126	246,736	164,269
14 Information technology	157,361	75,474	41,838	40,049
15 Royalties				
<b>16</b> Occupancy	2,979,375	2,860,934	57,453	60,988
<b>17</b> Travel	2,849,841	2,656,700	110,826	82,315
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	1,392,295	1,132,121	107,883	152,291
<b>20</b> Interest	763,061	752,109	5,476	5,476
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	5,955,832	5,661,584	73,562	220,686
23 Insurance	665,784	253,189	408,759	3,836
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a DINING SERVICES	4,548,512	4,548,512		
b EQUIP RENTAL/MAINTENANC	3,319,057	2,278,666	704,764	335,627
c RESALEABLE MERCHANDISE	1,188,187	1,141,969	23,109	23,109
d PROCESSING FEES	1,023,013	944,906	44,580	33,527
e All other expenses	644,149	481,596	155,549	7,004
25 Total functional expenses. Add lines 1 through 24e	124,786,418	113,217,478	7,876,639	3,692,301
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here Tiffollowing SOP 98-2 (ASC 958-720)				

Form 990 (2019)

1

2

3

Liabilities

Fund Balances

ō 29

Assets 30

27

28

31

32

33

39,250,809

6,501,996

406,289

1.937.147

444.775

243,379

67,239,643

123,048,224

38,693,761

5,222,765

8,874,539

6,720,210

4.080.445

616,235

211,920

23.293.897

13,157,227

48.079.934

87.527,773

156,255,620

243,783,393

291,863,327

Form 990 (2019)

291,863,327

319.612

1.967.534

415.306

546,548

72,850,831

120,850,188

39.563.590

5,782,024

8,711,731

6,625,985

5.041.630

1,110,167

24,655,762

12,132,020

49.714.665

91,102,651

154,313,596

245,416,247

295,130,912

149,101

295,130,912

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10c

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Page 11

	Beginning of year		End of year
Cash-non-interest-bearing		1	
Savings and temporary cash investments	37,692,647	2	39,
Pledges and grants receivable, net	6 430 901	2	6

Pledges and grants receivable, net . Accounts receivable, net .

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

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). Notes and loans receivable, net . . . .

Inventories for sale or use . . . . Prepaid expenses and deferred charges .

10a 10b

basis. Complete Part VI of Schedule D

10a Land, buildings, and equipment: cost or other 193,747,392 126,507,749 b Less: accumulated depreciation 11 Investments—publicly traded securities .

Assets

12 13

Investments—other securities. See Part IV, line 11 . . . Intangible assets . Other assets. See Part IV, line 11 . . .

14 15 16 17 Accounts payable and accrued expenses .

Investments—program-related. See Part IV, line 11 . **Total assets.** Add lines 1 through 15 (must equal line 34) .

18 Grants payable . 19 Deferred revenue . . .

20 Tax-exempt bond liabilities . . 21 22

Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity

23 24

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

Total liabilities. Add lines 17 through 25 . .

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

26

Capital stock or trust principal, or current funds .

Total liabilities and net assets/fund balances .

Organizations that follow FASB ASC 958, check here <a> \square</a> and complete lines 27, 28, 32, and 33.

Organizations that do not follow FASB ASC 958, check here > \(\begin{align\*} \text{and} \\ \text{and} \end{align\*}

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

Retained earnings, endowment, accumulated income, or other funds

3a

3b

Yes

Yes (2019)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

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

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

Audit Act and OMB Circular A-133?

#### Additional Data

Software ID:

Software Version:

**EIN:** 42-0680466

Name: LUTHER COLLEGE

Form 990 (2019)

#### Form 990, Part III, Line 4a:

INSTRUCTION: LUTHER OFFERS 41 MAJORS, 46 MINORS AND INTERDISCIPLINARY MINORS, AND 9 PREPROFESSIONAL AND SPECIFIC PROGRAMS, LUTHER'S SIGNATURE PAIDEIA PROGRAM, AN INTERDISCIPLINARY COURSE SERIES OFFERED FOR MORE THAN 37 YEARS, HELPS INTEGRATE LEARNING AND BUILDS COMMUNITY THROUGH SHARED ACADEMIC EXPERIENCE. THE COLLEGE'S MUSIC PROGRAM, IN WHICH STUDENTS TRAIN IN PERFORMANCE, CONDUCTING COMPOSITION, AND EDUCATION, HAS PROGRAM DRAWS APPROXIMATELY 75% OF STUDENTS TO STUDY ABROAD PRIOR TO GRADUATION. LUTHER HAS 160 FULL-TIME FACULTY (APPROXIMATLY 93 PERCENT

SIX CHOIRS, THREE BANDS, THREE ORCHESTRAS AND TWO JAZZ BANDS, MANY OF WHICH TOUR NATIONALLY AND INTERNATIONALLY. A VIBRANT OFF-CAMPUS STUDENT WITH A TERMINAL DEGREE) AND A 11:1 STUDENT-FACULTY RATIO. TOTAL ENROLLMENT WAS 1951 FTE STUDENTS IN THE FALL OF 2019. 400 STUDENTS GRADUATED IN THE 2019-20 ACADEMIC YEAR.

#### Form 990, Part III, Line 4b:

AND FARN MONEY TOWARD EXPENSES

AND OTHER STAFF, SASC COORDINATES SPECIALIZED SERVICES FOR STUDENTS WITH DISABILITIES, MANAGES THE ACADEMIC ALERT SYSTEM, AND SUPPORTS

INITIATIVES OF THE ADVISING PROGRAM. ACADEMIC ADVISING IS DONE BY FACULTY. RESEARCH AND TECHNOLOGY SUPPORT ARE PROVIDED THROUGH AN EXTENSIVE

ACADEMIC SUPPORT AND STUDENT SERVICES: A STUDENT ACADEMIC SUPPORT CENTER PROVIDES SERVICES, BASED ON BEST PRACTICES IN LEARNING ASSISTANCE, INCLUDING NEEDS ASSESSMENT, STUDENT-TO-STUDENT TUTORING, AND ONE-ON-ONE INSTRUCTION WITH PROFESSIONAL STAFF. IN COLLABORATION WITH FACULTY

LIBRARY PROGRAM. THE COLLEGE HAS MORE THAN 100 STUDENT ORGANIZATIONS ALONG WITH COLLEGE MINISTRIES. HEALTH SERVICES, AND RECREATION AND

WELLNESS PROGRAMS. APPROXIMATELY 75% OF STUDENTS ARE ENGAGED IN WORK STUDY TO SERVE THE LUTHER COMMUNITY, GAIN IMPORTANT WORK EXPERIENCE,

#### Form 990, Part III, Line 4c: AUXILIARY ENTERPRISES: LUTHER COLLEGE MAINTAINS A RURAL RESIDENTIAL CAMPUS TO ENHANCE THE EDUCATIONAL EXPERIENCE OF THE STUDENT BODY WITH ROOM AND BOARD PROGRAMS DESIGNED TO ENCOURAGE A SPIRIT OF COLLEGIALITY AND CONVERSATION BEYOND THE CLASSROOM AND LABORATORY, IN FALL 2019.

LUTHER'S RESIDENCE HALLS HOUSED 1,790 STUDENTS OR 92% OF TOTAL FALL ENROLLMENT. 1,673 STUDENTS USED THE COLLEGE'S DINING SERVICE.

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

others, the total expenses, and revenue, if any, for each program service reported.

ACROSS THE CURRICULUM OCCUR DURING THE ACADEMIC YEAR AND IN THE SUMMER.

(Code: ) (Expenses \$ 390,956 including grants of \$ ) (Revenue \$

PUBLIC SERVICE: OFFERINGS TO THE BROADER COMMUNITY INCLUDE A COLLEGE RADIO STATION, CONFERENCES AND SEMINARS, A PERFORMING ARTS SERIES AND A VARIETY OF PROGRAMS IN THE ARTS, ATHLETICS, SCIENCES, AND LEADERSHIP DEVELOPMENT FOR HIGH SCHOOL STUDENTS.

(Code: ) (Expenses \$ 400,539 including grants of \$ ) (Revenue \$

RESEARCH: THE COLLEGE RECEIVES GRANTS FOR FACULTY/STUDENT RESEARCH COLLABORATION, PARTICULARLY IN THE SCIENCES. THE

COLLEGE DEDICATES SPACE, RESOURCES, AND FACULTY TIME FOR COLLABORATIVE INVESTIGATION WITH STUDENTS. RESEARCH PROJECTS

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

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

	any hours	and	. a dir	ecto		rustee)	´	organization	organizations	from the organization and	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	related organizations	
PAULA J CARLSON PRESIDENT - PARTIAL YEAR	45.00			х				278,440	0	41,346	
KEVIN KRAUS VP - ACADEMIC AFFAIRS	45.00			х				156,844	0	26,825	
ERIC RUNESTAD  VP - FINANCE	45.00			х				155,314	0	28,352	
JENIFER K WARD PRESIDENT - PARTIAL YEAR	45.00			х				158,668	0	22,125	
LISA SCOTT	45.00						$\Box$				

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142,033

114,498

110,591

110,168

124,306

103,766

0

0

0

0

0

0

14,782

26,434

27,488

27,233

7,602

20,716

LISA SCOTT ...... VP FOR INSTITUTIIONAL EQUITY & INCLUSION

......

BRADLEY CHAMBERLAIN

......

VP FOR ENROLLMENT

RICHARD BERNATZ

COREY LANDSTROM

VP & DEAN OF STUDENTS

EXEC DIR OF IT SERVICES

DEREK HARTL

REGISTRAR

MARK FRANZ

VP FOR MISSION & COMMUNICATION

and Independent Contractors

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

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

and Independent Contractors

BOARD MEMBER

CHAIRPERSON

SHANNON DUVAL

BOARD MEMBER

PETER ESPINOSA

BOARD MEMBER

**BOARD MEMBER** 

BOARD MEMBER

CHRIS GADE

DENNIS FLATNESS

.......

WENDY DAVIDSON

	ally hours	anu	a uii	ecc		ustee		Organization	organizations	moniture	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
JAMES JERMIER VP - DEVELOPMENT - PARTIAL YEAR	45.00			x				85,697	0	16,181	
AIMEE VINIARD-WEIDEMAN  VP - MARKETING - PARTIAL YEAR	45.00			х				68,196	0	4,583	
JEFFREY ANDERSON BOARD MEMBER	5.00	Х						0	0	0	
ANN BENTDALI	5.00										

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VP - MARKETING - PARTIAL YEAR					08,190	
JEFFREY ANDERSON	5.00	x			0	
BOARD MEMBER		, ,			, and the second	
ANN BENTDAHL	5.00	~			0	
BOARD MEMBER		^				
MICHAEL BURK	5.00					

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

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

	any hours	and a director/trustee)						organization	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	- (W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
ALLEN GREEN BOARD MEMBER	5.00	X						0	0	0	
KATHERINE JOHNSON-BECKLIN BOARD MEMBER	5.00	X						0	O	0	
SANDEE JOPPA BOARD MEMBER	5.00	X						0	0	0	
ANN LEON	5.00	X						0	0	0	

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BOARD MEMBER
SANDEE JOPPA
BOARD MEMBER
ANN LEON
ROARD MEMBER

DAVID NORRIS

BOARD MEMBER

**BOARD MEMBER** 

MICHAEL OSTERHOLM

J ROBERT PAULSON JR

VICE CHAIRPERSON

CONNIE PLAEHN

BOARD MEMBER

COREY SCHMIDT

BOARD MEMBER

ANJELA SHUTTS

BOARD MEMBER

.......

and Independent Contractors

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

0

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

and Independent Contractors

LANCE VANDER LINDEN

BOARD MEMBER

BOARD MEMBER

STEPHEN SPORER

......

VP FOR DEVELOPMENT - PARTIAL YEAR

JAMES YOUNG

	any hours				r/tr	ustee)	)	organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
ARNE M SORENSON BOARD MEMBER	5.00	х						0	0	0
SUSAN SORLIEN SECRETARY	5.00	х		х				0	0	0
JAMES A THOMSEN BOARD MEMBER	5.00	Х						0	0	0
DIANE THORMODSGARD BOARD MEMBER	5.00	Х						0	0	0
CHINYERE UKABIALA	5.00	Х						0	0	0

DIANE THORMODSGARD	5.00					
		×			l o	
BOARD MEMBER		,,				
CHINYERE UKABIALA	5.00					
		X			l 0	
BOARD MEMBER						

5.00

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45.00

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	m 99			rganization is a sect 4947(a)(1) nonexe ▶ Attach to Form	ion 501(c)(3) empt charitable	organization or trust.		2019		
		the Treasury	► Go to <u>www.irs</u>	.gov/Form990 for i			ormation.	Open to Public Inspection		
Nam	<del>II Reven</del> <b>e of th</b> R COLL	nie Service ne organiza FGE	tion				Employer identific			
							42-0680466			
	rt I		for Public Charity State				See instructions.			
1 1	organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)									
	A church, convention of churches, or association of churches described in <b>section 170(b)(1)(A)(i)</b> .  A school described in <b>section 170(b)(1)(A)(ii)</b> . (Attach Schedule E (Form 990 or 990-EZ).)									
2	<b>✓</b>				,					
3		·	or a cooperative hospital serv	-			-			
4		A medical r name, city,	esearch organization operator and state:	ed in conjunction with	a hospital descri	ibed in <b>section</b> :	170(b)(1)(A)(iii). E	nter the hospital's		
5			ation operated for the benefi (iv). (Complete Part II.)	t of a college or unive	rsity owned or op	perated by a gov	ernmental unit descri	ped in <b>section 170</b>		
6		A federal, s	tate, or local government or	governmental unit de	scribed in <b>sectio</b>	on 170(b)(1)(A	ı)(v).			
7			ation that normally receives ( <b>0(b)(1)(A)(vi).</b> (Complete		s support from a	governmental u	nit or from the genera	al public described in		
8		A communi	ty trust described in <b>sectior</b>	170(b)(1)(A)(vi).	(Complete Part I	I.)				
9			ural research organization de rant college of agriculture. S					ege or university or a		
10		An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)								
11		An organiza	ation organized and operated	d exclusively to test fo	r public safety. S	See section 509	(a)(4).			
12		more public	ation organized and operated ly supported organizations of through 12d that describes	described in <b>section 5</b>	09(a)(1) or se	ction 509(a)(2	). See <b>section 509(</b> a			
а		organizatio	supporting organization oper n(s) the power to regularly a <b>Part IV, Sections A and B.</b>	appoint or elect a majo						
b		Type II. A manageme	supporting organization sup nt of the supporting organiza plete Part IV, Sections A	ervised or controlled i ation vested in the sar						
С		Type III f	unctionally integrated. A sorganization(s) (see instruction)	supporting organizatio				ted with, its		
d		Type III n functionally	on-functionally integrate integrated. The organizatio (i). You must complete Pai	<b>d.</b> A supporting organi n generally must satis	ization operated fy a distribution	in connection wi requirement and	th its supported orgar			
е			box if the organization receiver Type III non-functionally			RS that it is a Ty	pe I, Type II, Type II	I functionally		
f	Enter	the number	of supported organizations				<u> </u>			
g			ing information about the su	<u> </u>	r '			T		
	(i) N	Name of supp organizatior		(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
					Yes	No				
Tota		l. B. '	tion Act Notice, see the I		Cat. No. 11285		Schedule A (Form 9	00 000 57\ 0015		

in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

**10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Schedule A (Form 990 or 990-EZ) 2019

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

Р	art III Support Schedule for						
	(Complete only if you cl						er Part II. If
S	the organization fails to ection A. Public Support	quality under	the tests listed i	pelow, please co	ompiete Part II.)		
30	Calendar year	( ) 2015	(1) 2016	( ) 2247	(1) 2010		(O.T.)
	(or fiscal year beginning in) ▶	(a) 2015	<b>(b)</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	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business						
4	under section 513  Tax revenues levied for the						
•	organization's benefit and either paid						
_	to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
<b>L</b>	3 received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line 13 for the year.						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6.)						
Se	ection B. Total Support		1	<del></del>			Г
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources.						
b	Unrelated business taxable income						
	(less section 511 taxes) from						
	businesses acquired after June 30, 1975.						
С	Add lines 10a and 10b.						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
12	(Explain in Part VI.) <b>Total support.</b> (Add lines 9, 10c,						
13	11, and 12.).						
14	First five years. If the Form 990 is for	the organization	n's first, second, th	nird, fourth, or fift	h tax year as a sec	tion 501(c)(3) o	ganization <u>,</u>
	check this box and <b>stop here</b>						▶ ⊔
	ection C. Computation of Public S			! (6))		1 1	
15	Public support percentage for 2019 (lin		•			15	
16	Public support percentage from 2018 S	-	<u> </u>			16	
	ection D. Computation of Investr Investment income percentage for 201			line 13 column (f	:))	17	
17 10	Investment income percentage for 201	-		-		17	
18 10-	331/3% support tests—2019. If the		•			18   33 1/3% and lin	e 17 is not
	more than 33 1/3%, check this box and s						
	more than 33 1/3%, check this box and s 33 1/3% support tests—2018. If the						
ט	not more than 33 1/3%, check this box	-			•		_
20	Private foundation. If the organization	-	-				
	Frivate foundation. If the organization	ni ulu not check a	a DOX ON UNE 14, I	.a, or iad, check	, unis pox and see I	HSGRUCHONS	. 📂 📖

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

10a

answer line 10b below.

the organization had excess business holdings).

Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No

Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. 1 Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). 2

Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. 3a 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 Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. 3с

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 Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or

4b supervised by or in connection with its supported organizations. 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 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 5a amendment to the organizing document).

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

5c Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 6

supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) . 7

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

8 complete Part I of Schedule L (Form 990 or 990-EZ). 8

Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as

defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

provide detail in Part VI. 9a

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

than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its

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

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2019

9b

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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.
```

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

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

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

	edule A (101111 550 01 550 E2) 2015			age 3
Pa	rt IV Supporting Organizations (continued)			
_			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?			
		11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .	11c		
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that	-		
2	operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting	2		
	organization.			
S	ection 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 <b>Part VI</b> how control or management of the	1		
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
S	ection D. All Type III Supporting Organizations		v	
_			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 <b>Part VI</b> 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ions):		
	The organization satisfied the Activities Test. Complete line 2 below.			
	b			
•	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see	instru	ctions)	
2	Activities Test. Answer (a) and (b) below.	ſ	Yes	No
•	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
ı	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's			
	involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
•	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
	<b>b</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 <b>Part VI.</b> the role played by the organization in this regard.	3h		

3b

1	Type III Non-Functionally Integrated 509(a)(3) Supporting O  Check here if the organization satisfied the Integral Part Test as a qualifying true.			. Part VIV See
	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organization			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (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 Yea (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	<b>1</b> b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	<b>Discount</b> 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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in <b>Part VI</b> ). See instructions	
7	Total annual distributions. Add lines 1 through 6.	

5	Qualified set-aside amounts (prior IRS approval require				
6	Other distributions (describe in <b>Part VI</b> ). See instruction				
7	Total annual distributions. Add lines 1 through 6.				
8	Distributions to attentive supported organizations to whe details in <b>Part VI</b> ). See instructions	sive (provide			
9	Distributable amount for 2019 from Section C, line 6				
10	10 Line 8 amount divided by Line 9 amount				
	Section E - Distribution Allocations (see instructions)	(iii) Distributable			

outer distributions (describe in tale 42). See mistractions				
7 Total annual distributions. Add lines 1 through 6.				
B Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions				
10 Line 8 amount divided by Line 9 amount				
(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019		
	Underdistributions	Distributable		

Schedule A (Form 990 or 990-EZ) (2019)

3 Excess distributions carryover, if any, to 2019:

g Applied to underdistributions of prior years h Applied to 2019 distributable amount i Carryover from 2014 not applied (see

a Applied to underdistributions of prior years b Applied to 2019 distributable amount c 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. If the amount is greater than zero, explain in Part VI.

6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2020. Add lines

**a** Excess from 2015. . . . . **b** Excess from 2016. . . . . c Excess from 2017. . . . . **d** Excess from 2018. . . . . e Excess from 2019. . . . .

j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2019 from Section D, line 7:

a From 2014. . . . . . **b** From 2015. . . . . . . . . . c From 2016. . . . . . . **d** From 2017. . . . . . . e From 2018. . . . . . f Total of lines 3a through e

instructions)

See instructions.

3j and 4c. 8 Breakdown of line 7:

\$

## **Additional Data**

### Software ID: Software Version:

**EIN:** 42-0680466

Name: LUTHER COLLEGE

Part VI
Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

instructions).

Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE D** 

As Filed Data -

DLN: 93493025008401

OMB No. 1545-0047

# **Supplemental Financial Statements**

Department of the Treasury

(Form 990)

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Intern	al Revenue Service	► Go to <u>www.irs.gov/Forn</u>	<u>1990</u> for instructions a	nd the latest info	rmatior	n. <u>I</u>	nspection
	me of the organiz	zation			Empl	loyer identification	on number
	THEN COLLEGE				42-06	580466	
Pa		ations Maintaining Donor Advi			or Acco	ounts.	
	Complet	e if the organization answered "Ye	es" on Form 990, Part (a) Donor adv	·		(b) Funds and other	or accounts
1	Total number at e	end of year	(a) Donor adv	isea runas		( <b>b)</b> Funds and other	er accounts
2		of contributions to (during year)					
3		of grants from (during year)					
4		at end of year					
5		tion inform all donors and donor adviso	ure in writing that the acc	ets held in donor as	lviced fi	unds are the	
,		operty, subject to the organization's ex					☐ Yes ☐ No
6	charitable purpos	tion inform all grantees, donors, and do ses and not for the benefit of the donor	or donor advisor, or for	any other purpose		d only for ng impermissible	☐ Yes ☐ No
Pa		ration Easements.e if the organization answered "Ye	os" on Form 000 Part	TV line 7			
1		nservation easements held by the organ					
•		n of land for public use (e.g., recreation	` —		historia	cally important land	d area
		of natural habitat				l historic structure	a area
			Ы	Preservation of a	cerunea	mistoric structure	
_		n of open space	1.6.		,		
2		a through 2d if the organization held a last day of the tax year.	qualified conservation co	ontribution in the fo	rm of a	conservation  Held at the End	of the Year
а	Total number of o	conservation easements			2a	Tield at the Line	
b	Total acreage res	tricted by conservation easements			2b		
С	Number of conse	rvation easements on a certified histori	ic structure included in (a	a)	2c		
d		rvation easements included in (c) acqu the National Register	ired after 7/25/06, and r	not on a historic	2d		
3	Number of conse tax year ►	rvation easements modified, transferre	ed, released, extinguishe	d, or terminated by	the orga	anization during th	ie
4	Number of states	where property subject to conservation	on easement is located <b>&gt;</b>				
5		ation have a written policy regarding the of the conservation easements it holds			of violat	tions,	□ No
6	Staff and volunte	eer hours devoted to monitoring, inspec	cting, handling of violatio	ons, and enforcing c	onserva	tion easements du	ring the year
7	Amount of expen	ses incurred in monitoring, inspecting,	handling of violations, a	nd enforcing conser	vation e	asements during t	:he year
8		rvation easement reported on line 2(d) h)(4)(B)(ii)?			70(h)(4	(B)(B)(i) ☐ <b>Yes</b>	□ No
9	balance sheet, ar	cribe how the organization reports cons nd include, if applicable, the text of the s accounting for conservation easemen	footnote to the organiza				
Pai		ations Maintaining Collections		reasures, or Oth	er Sim	nilar Assets.	
		e if the organization answered "Ye					
1a	art, historical tre	on elected, as permitted under SFAS 11 asures, or other similar assets held for (III, the text of the footnote to its finar	public exhibition, educat	tion, or research in t			
b	historical treasur	on elected, as permitted under SFAS 11 es, or other similar assets held for pub es relating to these items:					
(	(i) Revenue include	ed on Form 990, Part VIII, line 1				<b>▶</b> \$	2,850
(	ii)Assets included i	in Form 990, Part X				<u></u> -	29,027
2	If the organization	on received or held works of art, historics required to be reported under SFAS	cal treasures, or other si	milar assets for fina			
а	Revenue included	d on Form 990, Part VIII, line 1				. <b>&gt;</b> \$	

**b** Buildings . . . .  ${f c}$  Leasehold improvements

 $\boldsymbol{d}$  Equipment . . . .

e Other . .

		(Form 990) 2019									Page <b>2</b>
	****		aintaining Collections o								
3		g the organization's acq s (check all that apply):	uisition, accession, and other :	records, ch	•	the fo	ollowing tha	at are a	significant u	use of its	collection
а	✓	Public exhibition			d 🗸	Loan	or exchan	ge progi	rams		
b	<b>✓</b>	Scholarly research			е 🗌	Othe	r				
c	<b>✓</b>	Preservation for future	e generations								
4	Provi Part :		organization's collections and	d explain hov	w they furt	her th	e organizat	ion's ex	empt purpo	se in	
5			anization solicit or receive do nds rather than to be maintai							☐ Yes	s ☑ No
Par	t IV		codial Arrangements. ganization answered "Yes	" on Form	990, Part	IV, li	ine 9, or r	eporte	d an amou		
1a			t, trustee, custodian or other X?							☐ Yes	s 🗹 No
b	TF "Ye	es " explain the arrange	ement in Part XIII and comple	ete the follo	wing table:				Δ	mount	
c					-			1c			
d	_	•						1d			
е			r					1e			
f								1f			
2a	Did t	he organization include	an amount on Form 990, Pa	rt X, line 21,	, for escrov	v or cu	ıstodial acc	ount lia	bility?	✓ Yes	s □ No
b	If "Ye	es," explain the arrange	ement in Part XIII. Check her	e if the expla	anation has	been	provided i	n Part X	III	<b>✓</b>	
	rt V	Endowment Fund									
		Complete if the org	ganization answered "Yes					1	( I) T		
1 2	Reginn	ning of year balance .	(a) Curre	nt year 5,023,362	(b) Prior yea 168,21		(c) Two yea	326,409	(d) Three yea	349,121	(e) Four years back 152,141,049
	_	butions		,501,147		2,602		226,094	·	616,025	6,776,127
		vestment earnings, gair	<u> </u>	7,245,676		0,270		511,242	<u> </u>	900,492	-2,234,130
		or scholarships	·	1,422,676	4,143	3,933	3,	980,473	3,	724,576	3,532,817
е	Other	expenditures for facilitie	es 3	3,002,076	2,98	3,223	2,	865,626	2,	814,653	2,801,108
f.	Admin	istrative expenses .									
g	End of	year balance	167	7,345,433	166,02	3,362	168,	217,646	162,	326,409	150,349,121
2	Provi	de the estimated perce	ntage of the current year end	d balance (lir	ne 1g, colu	mn (a	)) held as:	•			
а	Board	d designated or quasi-e	endowment ▶ 15.000 %								
b	Perm	anent endowment 🕨	68.800 %								
С	Temp	oorarily restricted endov	wment ▶ 16.200 %								
	The p	percentages on lines 2a	, 2b, and 2c should equal 10	0%.							
3а		here endowment funds nization by:	not in the possession of the	organization	that are h	eld an	ıd administ	ered for	the		Yes No
	<b>(i)</b> u	nrelated organizations								3a	`
b					 Schedule R	. ?				3a(	
4			ended uses of the organizatio								
Par	t VI	Land, Buildings,			222 -				202 -		
	Descri		ganization answered "Yes (a) Cost or other basis	(b) Cost or o					m 990, Pa		e 10. I) Book value
	Descr	iption of property	(investment)	(b) cost or o	oniei nasis (	ouiei)	(c) Accum	iulateu de	spreciation	(0	Jook value
12	Land		74,043	<del>                                     </del>	5	89,538					663,581

2,528,776

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

137,871,758

37,726,650

14,956,627

56,906,141

4,383,275

5,286,646

83,494,393

33,343,375

9,669,981

Complete if the organization answered "Yes" on Fo				
(a) Description of security or category (including name of security)	(b) Book value	<b>(c)</b> Method of valuation: Cost or end-of-year market value		
L) Financial derivatives			,	
2) Closely-held equity interests				
3) Other	1,179,066		С	
PRIVATE EQUITY FUNDS	8,030,440		F	
) HEDGE FUNDS	2,916,171		F	
) REAL ESTATE PARTNERSHIP & REITS	65,539		F	
) FUNDS OF FUNDS	21,834,777		F	
		·		
r) PARTNERSHIPS, REAL ASSETS	4,667,768		F	
()				
stal (Column /b) must equal Form 000 Part V col (P) line 12	30 603 761			
otal. (Column (b) must equal Form 990, Part X, col. (B) line 12.)  art VIII  Investments—Program Related.	38,693,761			
Complete if the organization answered 'Yes' on Fo	orm 990, Part IV, lir			
(a) Description of investment		(b) Book value	(c) Method of valuation: Cost or end-of-year marke value	
.)			value	
2)				
3)				
()				
5)				
5)				
7)				
3)				
9)				
otal. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		<b>•</b>		
Part IX Other Assets.  Complete if the organization answered 'Yes' on Fo	orm 990. Part IV. line	e 11d. See Form 990. Pa	rt X. line 15.	
(a) Description		3 1141 Bee 1 61111 330, 14	(b) Book value	
L)				
2)				
3)				
1)				
5)				
5)				
7)				
3)				
9)				
otal. (Column (b) must equal Form 990, Part X, col.(B) line 15.)			<b>•</b>	
Part X Other Liabilities.	orm 900 Bart IV line	a 11a or 11f Soc Form	agn Part V line 25	
Complete if the organization answered 'Yes' on Fo  (a) Description of lia		e ile of lif.See Form	(b) Book value	
L) Federal income taxes	,		, , = = = = = = = = = = = = = = = = = =	
3)				
9)				
otal. (Column (b) must equal Form 990, Part X, col.(B) line 25.)		<b></b>	13,157,22	
Liability for uncertain tax positions. In Part XIII, provide the text of	the footnote to the org	ganization's financial state	ments that reports the	

2

1

2

C

d

е 3

b

Part XIII

See Additional Data Table

4

5

а

Schedule D (Form 990) 2019

Page 4

1,393,190

69,193,408

54,326,966

123,520,374

72,219,454

53,134,168

124.786.418

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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

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

Net unrealized gains (losses) on investments . . . .

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

b

4 Add lines **4a** and **4b** . . . . . . C

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

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

Subtract line 2e from line 1 . . . . . . . .

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

Supplemental Information

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

Donated services and use of facilities . .

Prior year adjustments . . . . .

Other (Describe in Part XIII.) . . .

Add lines 2a through 2d .

Return Reference

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

Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) . . . . . . .

Total expenses and losses per audited financial statements . . . . . .

5

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

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

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part

4a 4b

> 2a 2b

> 2c

2d

4a

4b

Explanation

2a

54,215,249

111,717

567,204

111,717

4c

5

53,022,451

587.514

4c

3

2e 567,204 3 71,652,250

Schedule D (Form 990) 2019

chedule D (Form 990) 2019					
Part XIII	Part XIII Supplemental Information (continued)				
Return Reference		Explanation			

Schedule D (Form 990) 2019

## Additional Data

Software ID: Software Version:

EIN: 42-0680466

Name: LUTHER COLLEGE

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

# **Supplemental Information**

Explanation	
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PART III, LINE 4: WORKS IN THE COLLECTION INCLUDE PAINTINGS, DRAWINGS, WORKS PRODUCED THROUGH PRINT; PHOTOGR APHIC; OR OTHER TECHNIQUES WHICH PRODUCE MULTIPLE ORIGINALS; SCULPTURE IN MEDIA; ASSEMBLAG ES; TEXTILE; CERAMICS; AND UTILITARIAN OR RITUAL OBJECTS IN ANY MEDIUM WHOSE PRINCIPLE VAL UE RESIDES IN THEIR AESTHETIC MERIT. THE FINE ARTS COLLECTION EXISTS TO SUPPORT THE GENERA

Return Reference

upplemental Information				
Return Reference	Explanation			
	STUDENT DEPOSIT ACCOUNTS ARE HELD BY THE COLLEGE FOR VARIOUS STUDENT GROUPS ON CAMPUS AND ARE SHOWN AS LIABILITIES ON THE ORGANIZATION'S BALANCE SHEET.			

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

\_ \_ \_

Supplemental Information				
Return Reference	Explanation			
PART X, LINE 2:	THE COLLEGE FOLLOWS THE ACCOUNTING STANDARDS FOR CONTINGENCIES IN EVALUATING UNCERTAIN TAX POSITIONS. THIS GUIDANCE PRESCRIBES RECOGNITION THRESHOLD PRINCIPLES FOR THE FINANCIAL ST ATEMENT RECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN ON A TAX RETURN THAT AR E NOT CERTAIN TO BE REALIZED. NO LIABILITY HAS BEEN RECOGNIZED BY THE COLLEGE FOR UNCERTAI N TAX POSITIONS AS OF MAY 31, 2020 AND 2019. THE COLLEGE'S RETURNS ARE SUBJECT TO REVIEW A ND EXAMINATION BY FEDERAL AND STATE AUTHORITIES			

upplemental Information				
Return Reference	Explanation			
PART XI, LINE 2D - OTHER ADJUSTMENTS:	ACTUARIAL ADJUSTMENT 458,435. RENTAL EXPENSE 176,117. SUBSIDIARY REVENUE 171,124.			

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Supplemental Information				
Return Reference	Explanation			
PART XI, LINE 4B - OTHER ADJUSTMENTS:	FUNDED/UNFUNDED SCHOLARSHIPS 53,022,451. INTEREST RATE SWAP 1,192,798.			

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Supplemental Information				
Return Reference	Explanation			
PART XII, LINE 2D - OTHER ADJUSTMENTS:	RENTAL EXPENSE 176,117. SUBSIDIARY EXPENSES 391,087.			

Supplemental Information				
Return Reference	Explanation			
PART XII, LINE 4B - OTHER ADJUSTMENTS:	FUNDED/UNFUNDED SCHOLARSHIPS 53,022,451.			

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efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493025008401 OMB No. 1545-0047 SCHEDULE E **Schools** (Form 990 or 990-▶ 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. Open to Public ▶ Go to www.irs.gov/Form990EZ for the latest information. Inspection Department of the Treasury Namel Retherosganization **Employer identification number** LUTHER COLLEGE 42-0680466 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, 1 Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," 3 Νo Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . . . . . . . . . . . . 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing 4c Yes **d** Copies of all material used by the organization or on its behalf to solicit contributions? . . . . . . . . . . . . . . . 4d Yes If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: 5a Nο **b** Admissions policies? . . . . . . . . 5b Νo c Employment of faculty or administrative staff? . 5c Νo **d** Scholarships or other financial assistance? . 5d Νo e Educational policies? . . 5e No f Use of facilities? . . 5f No **g** Athletic programs? . . . . . . 5g Νo 5h Νo If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. **6a** Does the organization receive any financial aid or assistance from a governmental agency? Yes 6a b Has the organization's right to such aid ever been revoked or suspended? . . . . . . . . . . . . . No If you answered "Yes" to either line 6a or line 6b, explain on Part II. 7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II. Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ. Cat. No. 50085D Schedule E (Form 990 or 990-EZ) (2019)

Treatment of the second of the	
SCHEDULE E, PART I, LINE 3	THE COLLEGE CATALOG, VIEW BOOK, APPLICATION FOR ADMISSION, ADMISSIONS GENERAL INFORMATION BROCHURE, AND THE STUDENT HANDBOOK ALL CONTAIN THE COLLEGE'S NONDISCRIMINATORY POLICY. THESE MAJOR PUBLICATIONS ARE PROVIDED TO ALL STUDENTS THROUGHOUT THE ADMISSIONS AND ORIENTATION PROCESS. BECAUSE THE COLLEGE TYPICALLY DRAWS APPROXIMATELY 27% OF ITS STUDENTS FROM IOWA, 36% FROM MN, 11% FROM WI, 8% FROM IL, 9% FROM OUTSIDE THE 4 STATE AREA AND 9% INTERNATIONALLY WE BELIEVE THAT WE QUALIFY FOR THE PUBLICITY EXCEPTION NOTICE PROVIDED BY SECTION 4.01(2)(B) OF REV. PROC 75-50. THE COLLEGE IS ACTIVELY COMMITTED TO PROVIDING OPPORTUNITIES TO STUDENTS FROM DIVERSE BACKGROUNDS. A COORDINATED MULTICULTURAL AND INTERNATIONAL RECRUITMENT EFFORT EXISTS, COUPLED WITH A STRONG NETWORK OF ADVOCACY AND SUPPORT FOR STUDENTS FROM DIVERSE BACKGROUNDS. AS EVIDENCE OF THE COLLEGE'S COMMITMENT, NEARLY 13% OF ITS STUDENTS ARE RACIAL MINORITY STUDENTS.
SCHEDULE E, PART I, LINE 6	LUTHER COLLEGE RECEIVES AID OR ASSISTANCE FROM THE GOVERNMENT AGENCIES AND PROGRAMS AS FOLLOWS: STUDENT FINANCIAL ASSISTANCE PROGRAMS CLUSTER, FEDERAL SUPPLEMENTAL EDUCATIONAL OPPORTUNITY GRANTS, FEDERAL WORK STUDY PROGRAM, FEDERAL PERKINS LOAN PROGRAM, FEDERAL PELL GRANT PROGRAM, FEDERAL DIRECT LOAN PROGRAM, ROBERT C BYRD HONORS SCHOLARSHIPS, TEACHERS EDUCATION ASSISTANCE FOR COLLEGE & HIGHER EDUCATION GRANTS JOWA TUITION GRANT JOWA GRANT

SCHOLARSHIPS, TEACHERS EDUCATION ASSISTANCE FOR COLLEGE &
HIGHER EDUCATION GRANTS, IOWA TUITION GRANT, IOWA GRANT.

Schedule E (Form 990 or 990-EZ) (2019)

SCHEDULE F	State	ement of A	Activities (	Outside the Un	ited St	ates	OMB No. 1545-0047
(Form 990)  Department of the Treasury	► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.  ► Attach to Form 990.  ► Go to www.irs.gov/Form990 for instructions and the latest information.					2019 Open to Public Inspection	
Internal Revenue Service  Name of the organization						Employer ider	ntification number
LUTHER COLLEGE						42-0680466	
	<b>nformation</b> Part IV, line		Outside the l	Jnited States. Comple			nswered "Yes" on
other assistance, t	he grantees'	eligibility for th	e grants or assi	substantiate the amoun stance, and the selectior	_		☐ Yes ☐ No
2 For grantmakers outside the United		Part V the orga	inization's proce	dures for monitoring the	use of its	grants and ot	her assistance
3 Activites per Region	. (The followin	ng Part I, line 3 t	able can be dupli	cated if additional space is	s needed.)		
(a) Region		<b>(b)</b> Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	program s	ty listed in (d) is a service, describe cific type of s) in the region	(f) Total expenditures for and investments in the region
See Add'l Data				,			
3a Sub-total b Total from continuati	on sheets to	0					15,978,206
	and 3b)	0					15,978,206

Cat. No. 50082W Schedule F (Form 990) 2019

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

	uplicated if addit	(c) Number of		(a) Mannay of as -1-	(f) Amount of	(a) Decembring	(h) Math
ype of grant or assistance	( <b>b)</b> Region	recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other

Schedule F (Form 990) 2019				
Par	TIV 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)	<b>☑</b> 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)			
	Instructions for Forms 3520 and 3520-A, don't life with Form 990)	Yes	<b>☑</b> 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)			
	Corporations. (See Instructions for Form 3471)	Yes	<b>✓</b> 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).	<b>☑</b> 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)			
	(see Instructions for Form 6665)	<b>✓</b> 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	<b>☑</b> No	

Schedule F	(Form 990) 2019	Page <b>5</b>
Part V 990 Sche	Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); and Part III, column (c) (estimated number of recipients), as applicable any additional information. See instructions.  dule F, Supplemental Information	method); Part III (accounting
	Return Reference	Explanation
PART III AC		

990 Schedule F, Supplemental Information

8621.

Return

Reference	
SCHEDULE F,	THE COLLEGE INVESTS IN PARTNERSHIPS THAT HOLD DIRECT OR INDIRECT INTERESTS IN PASSIVE FOREIGN INVESTMENT
PART IV, LINE 4:	COMPANIES. THE INVESTMENT PARTNERSHIPS HAVE PROPERLY FILED FORM 8621, OR THE UNDERLYING INVESTMENTS DID NOT GENERATE ANY UNRELATED BUSINESS INCOME. UNDER THESE FACTS, IT IS NOT NECESSARY FOR THE COLLEGE TO FILE FORM

Explanation

990 Schedule F, Supplemental Information

Return Reference	Explanation
SCHEDULE F, PART	THE COLLEGE INVESTS IN PARTNERSHIPS THAT HOLD DIRECT OR INDIRECT INTERESTS IN FOREIGN PARTNERSHIPS.

IV. LINE 5: HOWEVER, THE COLLEGE DOES NOT MEET THE FILING REQUIREMENTS OF FORM 8865.

#### **Additional Data**

EUROPE (INCLUDING ICELAND

ANDORRA, AUSTRIA, BELGIUM

& GREENLAND) - ALBANIA,

### Software ID: Software Version:

EIN: 42-0680466

Name: LUTHER COLLEGE

Form 990 Sche	dule F Part T - A	Activities Outside	The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SOUTH AMERICA	0	0		STUDY ABROAD PROGRAMS	17,278

0 PROGRAM SERVICES

STUDY ABORAD

PROGRAMS

1,078,309

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region agents in fundraising, program describe specific type of region services, grants to service(s) in region region recipients located in the region) 0 PROGRAM SERVICES STUDY ABROAD 201,698 CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & PROGRAMS BARBUDA, ARUBA, BAHAMAS, SUB-SAHARAN AFRICA -0 PROGRAM SERVICES ISTUDY ABROAD 59,995 PROGRAMS ANGOLA, BENIN, BOTSWANA, BURKINA FASO.

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region agents in fundraising, program describe specific type of region services, grants to service(s) in region region recipients located in the region) 0 PROGRAM SERVICES STUDY ABROAD 79,272 NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE PROGRAMS UNITED STATES EUROPE (INCLUDING ICELAND 0 INVESTMENTS 517,207 & GREENLAND) - ALBANIA. ANDORRA, AUSTRIA, BELGIUM

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (e) If activity listed in (d) (d) Activities conducted (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region describe specific type of region agents in fundraising, program service(s) in region region services, grants to recipients located in the reaion) 0 INVESTMENTS 14.024.447 CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493025008401 OMB No. 1545-0047 SCHEDULE G **Supplemental Information Regarding** (Form 990 or 990-EZ) **Fundraising or Gaming Activities** Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Open to Public Department of the Treasury Attach to Form 990 or Form 990-EZ. Inspection Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. **Employer identification number** Name of the organization LUTHER COLLEGE 42-0680466 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations e Solicitation of non-government grants Internet and email solicitations ☐ Solicitation of government grants Phone solicitations ☐ Special fundraising events ☐ In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name and address of individual (ii) Activity (iii) Did (iv) Gross receipts (v) Amount paid to (vi) Amount paid to or entity (fundraiser) fundraiser have from activity (or retained by) (or retained by) custody or fundraiser listed in organization control of col. (i) contributions? Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing. For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 50083H Schedule G (Form 990 or 990-EZ) 2019

		(a)Event #1	<b>(b)</b> Event #2	(c)Other events	(d) Total events (add col. (a) through
		GOLF OUTING (event type)	GOLF OUTING (event type)	3(total number)	col. <b>(c)</b> )
Keverkie					
	1 Gross receipts	23,118	29,090	35,237	87,44
	2 Less: Contributions	12,265	17,415	12,485	42,16
	3 Gross income (line 1 minus line 2)	10,853	11,675	22,752	45,28
	<b>4</b> Cash prizes	0	0	0	
ွှ	5 Noncash prizes	0	0	3,179	3,17
ense 	6 Rent/facility costs	2,797	7,849	9,543	20,18
sesuedxa	<b>7</b> Food and beverages	0	0	0	
	8 Entertainment	0	0	0	
=	9 Other direct expenses	494	1,537	3,395	5,42
	10 Direct expense summary. Add lines 4 t	through 9 in column (d)			28,79
	11 Net income summary. Subtract line 10	from line 3, column (d)			28,79- 16,48
	·	from line 3, column (d)	s" on Form 990, Part 1		16,48
Par	11 Net income summary. Subtract line 10  Gaming. Complete if the organizations.	from line 3, column (d)	s" on Form 990, Part I  (b) Pull tabs/Instant bingo/progressive bingo		16,48 more than \$15,000 (d) Total gaming (add
	11 Net income summary. Subtract line 10  Gaming. Complete if the organizations.	from line 3, column (d) anization answered "Ye	( <b>b)</b> Pull tabs/Instant		16,48 more than \$15,000 (d) Total gaming (add
ises Keverkie	11 Net income summary. Subtract line 10  Caming. Complete if the organism on Form 990-EZ, line 6a.	from line 3, column (d) anization answered "Ye	(b) Pull tabs/Instant		16,48 more than \$15,000 (d) Total gaming (add
Ises Keverkie	11 Net income summary. Subtract line 10  Gaming. Complete if the organism on Form 990-EZ, line 6a.  1 Gross revenue	from line 3, column (d) anization answered "Ye	(b) Pull tabs/Instant		16,48 more than \$15,000 (d) Total gaming (add
Expenses Revenue a	11 Net income summary. Subtract line 10 Gaming. Complete if the organism on Form 990-EZ, line 6a.  1 Gross revenue	from line 3, column (d) anization answered "Ye	(b) Pull tabs/Instant		16,48 more than \$15,000 (d) Total gaming (add
Jirect Expenses Reversie	Gaming. Complete if the organism on Form 990-EZ, line 6a.  1 Gross revenue	from line 3, column (d) anization answered "Ye	(b) Pull tabs/Instant		16,48 more than \$15,000 (d) Total gaming (add
Jirect Expenses Reversie	11 Net income summary. Subtract line 10 Gaming. Complete if the orgon on Form 990-EZ, line 6a.  1 Gross revenue	from line 3, column (d) anization answered "Ye	(b) Pull tabs/Instant		16,480 more than \$15,000
Direct Expenses Keverkie	Gaming. Complete if the organism on Form 990-EZ, line 6a.  1 Gross revenue	from line 3, column (d) anization answered "Ye  (a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	16,48 more than \$15,000 (d) Total gaming (add
Dieci Expenses Keveixie	Gaming. Complete if the organism on Form 990-EZ, line 6a.  Gross revenue	from line 3, column (d) anization answered "Ye  (a) Bingo  Yes	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	16,48 more than \$15,000 (d) Total gaming (add
Direct Expenses Revenue	Gaming. Complete if the organ on Form 990-EZ, line 6a.  Gross revenue	rom line 3, column (d) anization answered "Ye  (a) Bingo  Yes %  No  Chrough 5 in column (d)	(b) Pull tabs/Instant bingo/progressive bingo  Yes % No	(c) Other gaming  Yes % No	16,48 more than \$15,000 (d) Total gaming (add
Direct Expenses Reversite	Gaming. Complete if the organ on Form 990-EZ, line 6a.  Gross revenue	(a) Bingo  Yes %  No  Chrough 5 in column (d)	(b) Pull tabs/Instant bingo/progressive bingo  Yes % No  n (d)	(c) Other gaming  Yes % No	16,48 more than \$15,000 (d) Total gaming (add
a Diec: Experises Keverine	Gaming. Complete if the organization form 990-EZ, line 6a.  Gash prizes  Noncash prizes  Noncash prizes  Nother direct expenses  Net gaming income summary. Subtract line 10  Net gaming income summary. Subtract line 10  The state(s) in which the organization licensed to conduct gaming incomes to conduct games.	rom line 3, column (d) anization answered "Ye  (a) Bingo  Yes %  No  Chrough 5 in column (d) t line 7 from line 1, column (d) aming activities in each of	(b) Pull tabs/Instant bingo/progressive bingo  Yes % No  n (d)	(c) Other gaming  Yes % No	16,48 more than \$15,000  (d) Total gaming (add col.(a) through col.(c))
Ured Experises Reverse	Gaming. Complete if the organization on Form 990-EZ, line 6a.  Gaming. Complete if the organization on Form 990-EZ, line 6a.  Gross revenue	(a) Bingo  Yes %  No  Chrough 5 in column (d)  t line 7 from line 1, column (d)  aming activities in each of	(b) Pull tabs/Instant bingo/progressive bingo  Yes % No  n (d)	(c) Other gaming  Yes % No	16,48 more than \$15,000  (d) Total gaming (add col.(a) through col.(c))

Sche	dule G (Form 990 or 990-EZ) 20	19				F	age <b>3</b>
11	Does the organization conduct	gaming activities with nonmembers	5?		Yes	Пио	
12	Is the organization a grantor, be formed to administer charitable		member of a partnership or other entity		Yes		
13	Indicate the percentage of gam	ning 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 organ	nization's gaming/special events books and	records:			
	Name •						
	Address >						
15a			m the organization receives gaming		·   Yes	Пио	
b	If "Yes," enter the amount of g	aming revenue received by the orgained by the third party $ ightharpoons$	anization 🕨 \$ and	the			
c	If "Yes," enter name and addre	ss of the third party:					
	Name •						
	Address ▶						
16	Gaming manager information:						
	Name 🟲						
	Gaming manager compensation	1 ▶ \$	<del></del>				
	Description of services provided	d ▶					
	☐ Director/officer	☐ Employee	☐ Independent contractor				
17	Mandatory distributions:						
а	<u>-</u>		stributions from the gaming proceeds to		□Yes	Пио	
b	Enter the amount of distributio	ns required under state law distribu	ited to other exempt organizations or spent	:	☐ 1e3		
		pt activities during the tax year					
Pai			ions required by Part I, line 2b, colum licable. Also provide any additional inf				s.
	Return Reference		Explanation				

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. Schedule I

(Form 990)

Department of the

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

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

OMB No. 1545-0047

DLN: 93493025008401

Open to Public Inspection

reasury nternal Revenue Service		P GO LO WW	101	the latest illiormatic	JII.		
ame of the organization						Employer identifica	ation number
UTHER COLLEGE						42-0680466	
		and Assistance					
Does the organization mai the selection criteria used Describe in Part IV the org	to award the grants janization's procedui	or assistance? res for monitoring the u	se of grant funds in the U	nited States.			☑ Yes ☐ No
Part II Grants and Other that received more			and Domestic Governme ditional space is needed.	ents. Complete if the o	rganization answered "Yes	on Form 990, Part IV, line	21, for any recipient
(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)							
6)							
7)							
8)							
9)							
10)							
11)							
12)							
2 Enter total number of sect 3 Enter total number of other	. , . ,	-					
or Paperwork Reduction Act Notice			<u> </u>	Cat. No. 50055			edule I (Form 990) 2019

MERIT-BASED STUDENT FINANCIAL

NEED-BASED STUDENT FINANCIAL

INTERNATIONAL STUDENT FINANCIAL

TUITION BENEFIT STUDENT FINANCIAL

CARES ACT STUDENT FINANCIAL

Part III can be duplicated if additional space is needed

Explanation

Schedule I (Form 990) 2019

Part III

ASSISTANCE

**ASSISTANCE** 

ASSISTANCE

ASSISTANCE

ASSISTANCE

Part IV

PART I, LINE 2:

Return Reference

(1)

(2)

(4)

(5)

(5)

(6)

(7)

9,635,892

2,899,406

3,013,980

690.342

FINANCIAL AID AWARDED TO STUDENTS OF THE COLLEGE, INCLUDING GRANTS AND SCHOLARSHIPS.

(d) Amount of

noncash assistance

STUDENTS RECEIVING SCHOLARSHIPS AND FELLOWSHIPS ARE DETERMINED BY THE OFFICE OF FINANCIAL AID THROUGH CAREFUL STUDY OF THE INFORMATION ON THE FREE APPLICATION FOR FEDERAL STUDENT AID (FAFSA), THE STUDENT'S ACADEMIC RECORD, TEST SCORES, AND RECOMMENDATIONS. DETAILED RECORDS AND STATISTICS ARE MAINTAINED BY THE OFFICE OF FINANCIAL AID AND THE OFFICE OF ASSESSMENT AND INSTITUTIONAL RESEARCH IN REGARDS TO ALL

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

(b) Number of

recipients

1798

1228

182

120

1415

(e) Method of valuation (book,

FMV, appraisal, other)

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

Schedule I (Form 990) 2019

Page **2** 

(f) Description of noncash assistance

efil	e GRAPHIC pr	int - DO NOT PROCESS	As Filed Data	a -	DLN: 93	49302	25008	401
Sch	nedule J	Co	mpensati	ion Information	0	MB No.	1545-0	0047
(For	m 990)	For certain Office		rustees, Key Employees, and Higl	hest	•		
		► Complete if the org	anization answ	ated Employees vered "Yes" on Form 990, Part IV,	line 23.	20	)15	)
Denar	tment of the Treasury	▶ Go to www.irs.go		to Form 990. instructions and the latest inforn	nation.	Open		
Intern	al Revenue Service	-				Insp	ectio	n
	ne of the organiza HER COLLEGE	ation			Employer identifica	tion nu	ımber	
					42-0680466			
Pa	rt I Questi	ons Regarding Compensat	tion				Yes	No
<b>1</b> a				the following to or for a person listed y relevant information regarding thes			163	110
	First-class	s or charter travel	lacksquare	Housing allowance or residence for p	personal use			
	_	companions	님	Payments for business use of persor				
		nification and gross-up payments	s	Health or social club dues or initiation				
	☐ Discretion	nary spending account	<b>⊻</b>	Personal services (e.g., maid, chauf	feur, chef)			
b				follow a written policy regarding payr ve? If "No," complete Part III to expla		1b	Yes	
2				or allowing expenses incurred by all	. 1 - 2	2	Yes	
	directors, truste	es, officers, including the CEO/E	xecutive Director	r, regarding the items checked on Lin	elar			
3				ed to establish the compensation of the not check any boxes for methods	ne			
	_	•	'''	CEO/Executive Director, but explain in	n Part III.			
	☐ Compensa	ation committee		Written employment contract				
		ent compensation consultant	<u>~</u>	Compensation survey or study				
	<b>✓</b> Form 990	of other organizations	$\checkmark$	Approval by the board or compensat	tion committee			
4	During the year related organiza		990, Part VII, Se	ction A, line 1a, with respect to the fi	ling organization or a			
а	Receive a sever	ance payment or change-of-cont	rol payment? .			4a	Yes	
b	Participate in, o	r receive payment from, a supple	emental nonqual	ified retirement plan?		4b		No
c				nsation arrangement?		4c		No
	If "Yes" to any o	of lines 4a-c, list the persons and	I provide the app	olicable amounts for each item in Part	III.			
	Only 501(c)(3	), 501(c)(4), and 501(c)(29)	organizations	must complete lines 5-9.				
5			_	the organization pay or accrue any				
	compensation c	ontingent on the revenues of:						
а		1?				5a		No
b		anization?				5b		No_
6		ed on Form 990, Part VII, Section ontingent on the net earnings of		the organization pay or accrue any				
а	The organization	1?				6a		No
b						<b>6</b> b		No
	•	6a or 6b, describe in Part III.						
7				the organization provide any nonfixed rt III		7		No
8	subject to the in	nitial contract exception describe	d in Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," de 		_		
9	If "Yes" on line	8, did the organization also follow	w the rebuttable	presumption procedure described in	Regulations section	8		No_
For F	Panerwork Redu	ction Act Notice, see the Ins	tructions for Fo	orm 990. Cat No. 5	0053T Schedule 3		1 990)	2019

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

(A) Name and Title		(B) Breakdowr	n of W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	column (B) reported as deferred on prior Form 990
PAULA J CARLSON PRESIDENT - PARTIAL YEAR	(i)	253,440	0	25,000	14,000	27,346	319,786	0
	(ii)	0	0	0	0	0	0	0
KEVIN KRAUS /P - ACADEMIC AFFAIRS	(i)	156,844	0	0	8,121	18,704	183,669	0
	(ii)	0	0	0	0	0	0	0
FRIC RUNESTAD  P - FINANCE	(i)	136,314	0	19,000	8,226	20,126	183,666	0
	(ii)	0	0	0	0	0	0	0
4 JENIFER K WARD PRESIDENT - PARTIAL YEAR	(i)	145,643	0	13,025	7,125	15,000	180,793	0
	(ii)	0	0	0	0	0	0	0
LISA SCOTT P FOR INSTITUTIIONAL	(i)	137,972	0	4,061	6,769	8,013	156,815	0
QUITY & INCLU	(ii)	0	0	0	0	0	0	0
	$\vdash$							
						<del></del>		

Schedule J (Form 990) 2019	Page 3
Part III Supplemental Inform	nation
Provide the information, explanation, or	descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
Return Reference	Explanation
	LUTHER COLLEGE PROVIDES A HOUSE, CLEANING SERVICE AND UTILITIES FOR THE PRESIDENT OF THE COLLEGE. THESE BENEFITS ARE LISTED IN THE WRITTEN COMPENSATION POLICY FOR THE COLLEGE AND ARE ALSO IN THE WRITTEN EMPLOYMENT CONTRACT OF THE PRESIDENT. THE HOUSING AND UTILITIES ARE NOT TREATED AS TAXABLE COMPENSATION BECAUSE THE PRESIDENT'S HOUSE IS USED FOR COLLEGE BUSINESS AND MEETINGS TO BUILD RELATIONSHIPS WITH PROSPECTIVE DONORS TO THE COLLEGE.
•	AIMEE VINIARD-WEIDEMAN RECEIVED A \$45,000 SEVERANCE PAYMENT DURING 2019. THIS AMOUNT IS INCLUDED WITH REPORTABLE COMPENSATION IN COLUMN (D) OF PART VII.

Schedule 1 (Form 990) 2019

DLN: 93493025008401 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No. 1545-0047 Schedule K **Supplemental Information on Tax-Exempt Bonds** (Form 990) 2019 ▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI. Open to Public ▶ Attach to Form 990. Department of the Treasury Internal Revenue Service ▶Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Name of the organization **Employer identification number** LUTHER COLLEGE 42-0680466 Part I **Bond Issues** (a) Issuer name (b) Issuer EIN (c) CUSIP # (d) Date issued (e) Issue price (f) Description of purpose (q) Defeased (h) On (i) Pool behalf of financing issuer Yes No Yes No Yes No CURRENTLY REFUND CITY OF CITY OF DECORAH IA 42-6004485 01-12-2015 6,868,000 Χ Χ Χ DECORAH SERIES 2010 BONDS ISSUED 12/21/2010 IOWA HIGHER EDUCATION LOAN 42-1235696 09-01-2017 20,945,000 CURRENTLY REFUND IA HIGHER **AUTHORITY EDUCTION LOAN AUTHORITY** SERIES 2011 Part II **Proceeds** C D 1,635,709 2,792,667 2 3 6,868,000 20,945,000 4 5 6 20,174 115,000 8 9 10 11 6,847,826 20,830,000 12 13 2015 2017 Yes Yes No No Yes Nο Yes No Were the bonds issued as part of a current refunding issue of tax-exempt 14

Χ Χ Were the bonds issued as part of an advance refunding issue of taxable 15 Χ Χ Χ 16 Does the organization maintain adequate books and records to support the final allocation of 17 Χ Χ Part 🎹 **Private Business Use** 

Yes

1 Was the organization a partner in a partnership, or a member of an LLC, which owned property Are there any lease arrangements that may result in private business use of bond-financed 2 

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

Χ Cat. No. 50193E Yes

No

Χ

Χ

Yes

No

No

Χ

Schedule K (Form 990) 2019

Yes

No

Schedule K (Form 990) 2019

6

8a

Part IV

b

C

Arbitrage

Page **2** 

D

Schedule K (Form 990) 2019

No

Yes

В C D Α Yes Nο Yes No Yes No Yes No Are there any management or service contracts that may result in private business use of Χ Χ If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside b Χ counsel to review any management or service contracts relating to the financed property? Are there any research agreements that may result in private business use of bond-financed C Χ Χ If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside d

Χ

Χ

В

Yes

Χ

Χ

Χ

No

Χ

Χ

Χ

Χ

Χ

Α

No

Χ

Χ

Χ

Х

Yes

Χ

Χ

Х

Х

Yes

C

No

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

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)

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

Exception to rebate? . . . . . . . . . . . .

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

Was the hedge superintegrated? . . . . . . Was the hedge terminated?

hedge with respect to the bond issue?

the issue are remediated in accordance with the requirements under

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

Has the organization or the governmental issuer entered into a qualified

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

Has there been a sale or disposition of any of the bond-financed property to a

nongovernmental person other than a 501(c)(3) organization since the bonds were

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . . . If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12

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

Yes

Χ

No

Explanation

ISSUER NAME: CITY OF DECORAH IA DATE THE REBATE COMPUTATION WAS PERFORMED: 12/01/2015 ISSUER NAME: IOWA HIGHER EDUCATION LOAN

Χ

Yes

R

No

Yes

Nο

Page 3

D

Nο

Yes

Χ 

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

AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED: 09/01/2017

Schedule K (Form 990) 2019

period?

Part V

Part VI

PERFORMED

**Arbitrage** (Continued)

requirements of section 148? . . .

Return Reference

DATE REBATE COMPUTATION

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

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

Procedures To Undertake Corrective Action

if self-remediation is not available under applicable regulations?

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

	C print - DO	NOT PROCES	SS As i	iled Data -				D	LN: 93	4930	2500	8401
Schedule L		Trar	sactio	ns with Ir	ntereste	d Person	ıs		OI	ИВ No.	1545-0	0047
(Form 990 or 990	-EZ) ► Com	plete if the org	anization	answered "Yes	s" on Form 9	90, Part IV, li	nes 25a	, 25b, 2	6,	20	19	)
		27, 28a		8c, or Form 99 ch to Form 99			Юb.			4		7
Department of the Trea	•	►Go to <u>www.i</u>		<i>rm</i> 990 for inst			ormatio	n.			to Pul ectio	
Name of the org	anization						Emp	oyer id	entifica	tion n	umbei	-
LUTHER COLLEGE							42-0	80466				
Part I Exce	ss Benefit T	ransactions (	section 50:	l(c)(3), section !	501(c)(4), and	section 501(c			ns only)	).		
		nization answere										
1 (a	<b>)</b> Name of disc	ualified person	(b)	Relationship be	etween disqual organization	lified person ar	nd (c)	Descrip transact		<u> </u>	) Corre	
					organizacion			u ansaci	.1011	Υ.	es	No
							-					
							-					
4958. <b></b>		curred by the or  f any, on line 2,	• •				year und	er section	\$ — \$ —			
Down III I I o	to and /	or From Inte	ostad Da									
Cor	nplete if the or	ganization answe nt on Form 990,	ered "Yes" o	on Form 990-EZ,	, Part V, line 3	8a, or Form 99	00, Part I	V, line 2	6; or if	the org	anizati	on
(a) Name of	(b) Relations	hip (c) Purpose			(e) Original	(f) Balance	<b>(g)</b> Ir		(h)	(i	) Writt	en
interested person	with organiza	tion of loan	org	anization?	principal amount	due			default? Approved by board or committee?		agreement?	
			То	From	1		Yes N		_	Yes	N	0
								1	_	<del>                                     </del>		
Total					<b>&gt;</b> \$							
	nts or Assis	stance Benefi	ting Inte		\$ ns.							
Part III Gra		stance Benefi		rested Perso	ns.	line 27.						
Part III Gra	plete if the	organization ar (b) Relationshi interested perso	nswered "' p between on and the	rested Perso	<b>ns.</b> 990, Part IV,	line 27.	of assista	nce	(e) Pu	rpose o	of assist	tance
Part III Gra Con (a) Name of inter	plete if the	organization ar (b) Relationshi	nswered "' p between on and the	r <b>ested Perso</b> Yes" on Form 9	<b>ns.</b> 990, Part IV, of assistance	_			(e) Pu	•		
Part III Gra Con (a) Name of inter	plete if the	organization ar (b) Relationshi interested perso	nswered "' p between on and the	r <b>ested Perso</b> Yes" on Form 9	<b>ns.</b> 990, Part IV, of assistance	( <b>d)</b> Type o				•		
Con	plete if the	organization ar (b) Relationshi interested perso	nswered "' p between on and the	r <b>ested Perso</b> Yes" on Form 9	<b>ns.</b> 990, Part IV, of assistance	( <b>d)</b> Type o				•		
Part III Gra Con (a) Name of inter	plete if the	organization ar (b) Relationshi interested perso	nswered "' p between on and the	r <b>ested Perso</b> Yes" on Form 9	<b>ns.</b> 990, Part IV, of assistance	( <b>d)</b> Type o				•		

Explanation

**Return Reference** 

Schedule I. (Form 990 or 990-F7) 2019

DLN: 93493025008401 SCHEDULE M OMB No. 1545-0047 **Noncash Contributions** (Form 990) 2019 ▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990. ▶Go to www.irs.gov/Form990 for the latest information. Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization Employer identification number LUTHER COLLEGE 42-0680466 Part I **Types of Property** (a) (b) (c) (d) Check if Number of contributions or Noncash contribution Method of determining applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g Χ 2,850 FMV Art—Works of art . . Art—Historical treasures Art—Fractional interests Books and publications Χ 3,001 FMV 250 FMV **5** Clothing and household Х aoods . . . . . 6 Cars and other vehicles 7 Boats and planes . . Intellectual property . . 521,524 FMV 9 Securities-Publicly traded . Χ 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 . Real estate—Commercial . Χ 398,833 FMV 17 Real estate-Other . . 18 Collectibles . . . Food inventory . . . 19 20 Drugs and medical supplies . 21 Taxidermy . . . . 22 Historical artifacts . 23 Scientific specimens . Χ 1 1,553 FMV Archeological artifacts . . Х 11,275 FMV **GRAND PIANO** & SHEET Other ▶ ( MUSIC Χ 7 8,826 COST **EVENT** Other ▶ ( PRIZES 3 3,213 COST **BOARD** Χ MEETING Other ▶ ( EXPENSE **EVENT** Χ 240lCOST Other ► ( MEALS/BEVERAGES ) Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt 30a Nο **b** If "Yes," describe the arrangement in Part II. 31 Yes Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Yes b If "Yes," describe in Part II. 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 51227J Schedule M (Form 990) (2019)

Schedule M (Form 990) (2019)		Page 2
	<b>ition.</b> Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization umn (b), the number of contributions, the number of items received, or a combination of both. Also y additional information.	
Return Reference	Explanation	
PART I, COLUMN (B):	COLUMN B SHOWS THE NUMBER OF CONTRIBUTIONS.	-
PART I, LINE 32B:	REAL ESTATE AGENTS OR ART DEALERS USED TO SELL CONTRIBUTIONS OF REAL PROPERTY.	
_	Schedule M (Form 990) (	2019)

efile GRAPH	IC print - DO NOT PROCESS	DLN: 9349302500840:
SCHEDUL (Form 990 or EZ)	990- Complete to provide information for responses to s Form 990 or 990-EZ or to provide any or addition Attach to Form 990 or 990-EZ	pecific questions on al information.  Open to Public
<b>Name</b> l <b>ይዩቲክቄ፡፡ତኑି</b> g LUTHER COLLEGE	amization	Employer identification number 42-0680466
Return Reference	e O, Supplemental Information  Explanation	
FORM 990, PART VI, SECTION A, LINE 6	THE MEMBERS OF THIS CORPORATION SHALL BE THOSE INDIVIDUA AND OFFICES (A) THE VOTING MEMBERS OF THE CHURCHWIDE ASS CHURCH IN AMERICA ENTITLED TO VOTE AT SUCH MEETINGS CHOS INE AND USAGE OF SUCH CHURCH, OR ITS SUCCESSOR. SUCH MEM ORPORATION UNTIL THE CONVENING OF THE SUCCEDING CHURCH THERAN CHURCH IN AMERICA AT WHICH TIME SUCH MEMBERS SHA AT SUCH SUCCEEDING CHURCHWIDE ASSEMBLY, IN ACCORDANCE ID CHURCH, OR ITS SUCCESSOR. (B) THE MEMBERS OF THE BOARD (C) THE PRESIDENT OF THE COLLEGE OPERATED BY THIS CORPORNISTRATION OF THE COLLEGE.	EMBLY OF THE EVANGELICAL LUTHERAN EN IN ACCORDANCE WITH THE DISCIPL IBERS SHALL REMAIN MEMBERS OF THE C HWIDE ASSEMBLY OF THE EVANGELICAL LU LL GIVE PLACE TO THE VOTING MEMBERS WITH THE DISCIPLINE AND USAGE OF SA OF REGENTS OF THIS CORPORATION.

Return Explanation

FORM 990,	THE GOVERNING BODY OF LUTHER COLLEGE IS THE BOARD OF REGENTS. THE BOARD OF REGENTS ARE LISTED AS
PART VI,	MEMBERS OF THE ORGANIZATION.
SECTION A,	
LINE 7A	

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

Explanation

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	LUTHER COLLEGE'S CONFLICT OF INTEREST POLICY AND DISCLOSURE STATEMENT IS SENT OUT TO THE B OARD OF REGENTS, AUDIT COMMITTEE, INVESTMENT COMMITTEE, PRESIDENT, VICE PRESIDENTS, AND KE Y EMPLOYEES OF THE COLLEGE IN MAY OF EACH YEAR. EACH RECIPIENT IS REQUIRED TO READ THE POL ICY AND TO COMPLETE, SIGN, AND RETURN THE DISCLOSURE STATEMENT TO THE OFFICE FOR FINANCIAL SERVICES TO BE REVIEWED FOR POTENTIAL INTERESTS THAT COULD GIVE RISE TO CONFLICTS. LUTHER COLLEGE'S CONFLICT OF INTEREST POLICY AND DISCLOSURE STATEMENT ADDRESSES ALL AREAS OF CON CERN EXPRESSED ON FORM 990.

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE DIRECTOR OF HUMAN RESOURCES AND THE PRESIDENT OF THE COLLEGE WILL GATHER THE FOLLOWING BENCHMARK SALARY DATA: 1. MEDIAN SALARIES FOR CUPA (COLLEGE AND UNIVERSITY PROFESSIONAL A SSOCIATION) PRIVATE RELIGIOUS COLLEGES WITH COMPARABLE ENROLLMENT. 2. MEDIAN AND MAXIMUM S ALARIES FOR 26 IOWA PRIVATE COLLEGES. 3. MEDIAN AND MAXIMUM SALARIES FOR ACM (ASSOCIATED C OLLEGES OF THE MIDWEST) COLLEGES. 4. MEDIAN SALARIES FOR 15 REGIONAL CUPA (COLLEGES AND UN IVERSITIES PROFESSIONAL ASSOCIATION) COLLEGES. THE PRESIDENT OF THE COLLEGE WILL REVIEW AN D PRESENT THE PRESIDENTIAL AND VICE PRESIDENTIAL BENCHMARK INDICATORS TO THE BOARD OF REGE NTS AT THE OCTOBER BOARD MEETING. THE BOARD OF REGENTS WILL MEET TO REVIEW THE FOUR SALARY BENCHMARK INDICATORS AND WILL DETERMINE AND APPROVE COMPENSATION FOR THE PRESIDENT AND VICE PRESIDENTS OF THE COLLEGE. THE BOARD OF REGENTS WILL ALSO REVIEW THE NON-SALARY COMPENS ATION BENEFITS PROVIDED TO THE OFFICERS. THE VICE PRESIDENT FOR FINANCE & ADMINISTRATION W ILL NOTIFY THE DIRECTOR OF HUMAN RESOURCES IN WRITING, THROUGH A MEMO OR E-MAIL WITH THE A PPROVAL OF COMPENSATION FOR THE PRESIDENT AND VICE PRESIDENTS. THIS INFORMATION WILL BE RE CORDED IN THE MINUTES OF THE MEETING AND WILL BE MAINTAINED IN A CONFIDENTIAL ARCHIVE. THI S PROCESS WAS LAST COMPLETED IN OCTOBER, 2019.

Return Explanation
Reference

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI,	ACTUARIAL ADJUSTMENT 458,435. INTEREST RATE SWAP -1,192,796. SUBSIDIARY REVENUE 171,124. SUBSIDIARY EXPENSE -391,087.
LINE 9:	

SCHEDULE R
(Form 990)

As Filed Data Related

Department of the Treasury

Internal Revenue Service

Name of the organization

LUTHER COLLEGE

# **Related Organizations and Unrelated Partnerships**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990.

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

2019

**DLN: 93493025008401**OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

				42-0680466			
Part I Identification of Disregarded Entities. Complete in (a)  Name, address, and EIN (if applicable) of disregarded entity	f the organization answ  (b)  Primary activity	vered "Yes" on Forr (c) Legal domicile ( or foreign cour	(d) (state Total income	(e) End-of-year assets	<b>(f)</b> Direct controllir entity	ng	
(1) LUTHER COLLEGE WIND ENERGY PROJECT LLC 700 COLLEGE DRIVE DECORAH, IA 52101 35-2366881	PRODUCTION OF ELECTRICITY	IA		0 0	LUTHER COLLEGE VENTUR	RES INC	_
							_
							_
							_
Part II Identification of Related Tax-Exempt Organization related tax-exempt organizations during the tax year.	<b>ns.</b> Complete if the org	anization answere	d "Yes" on Form 99	90, Part IV, line 34	because it had one o	r more	
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	<b>(f)</b> Direct controlling entity	Section (13) co	(g) n 512(b) ontrolled
						Yes	
For Paperwork Reduction Act Notice, see the Instructions for Form		Cat. No. 501		I	Schedule R (Forn	n 990) 2	019

Part III Identification of Related Organization one or more related organization	anizations Taxable as a l ns treated as a partnership	Partnership. during the ta	. Comple ix year.	te if the or	ganizatio	on ans	wered	"Yes" on Forr	n 990,	Part I	V, line 34	, bec	ause i	it had	
(a) Name, address, and EIN related organization	N of	(b) Primary activity		(d) Direct controlling entity	Predom income(r unrela excluded tax ur	unrelated, excluded from tax under sections 512-		of Share of end-of-year assets	Disprop	h) rtionate tions?	(i) Code V-UB; amount in bo 20 of Schedule K- (Form 1065	Gen ox mai pai	(j) eral or naging tner?	Perce	k) intage ership
					314,				Yes	No		Yes	No		
Part IV Identification of Related Orga	anizations Taxable as a (	Corporation	or Trus	t. Complet	e if the c	organiz	ration a	nswered "Ye	s" on F	orm 9	  90. Part I	V. lin	e 34		
because it had one or more relat											<b>,</b>	,			
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	Le don (state o	<b>c)</b> gal nicile r foreign ntry)	Direct (	(d) controlling ntity	Type o (C corp,	e) f entity . S corp, rust)	<b>(f)</b> Share of total income	1 1	(g) of end-o year ssets	of- Perc owr	( <b>h)</b> entage ership	(	13) cor enti	512(b) ntrolled ty?
(1)LUTHER COLLEGE VENTURES INC	HOLDING COMPANY	I		N/A		С		171,124		1,327,94	42 100.0	000 %	-	Yes Yes	No
700 COLLEGE DRIVE DECORAH, IA 52101 27-3945752															
(2)CHARITABLE REMAINDER UNITRUSTS (33)	TRUST	I.	Ą	N/A		Т									No
700 COLLEGE DRIVE DECORAH, IA 52101 42-0680466															
_													$\dashv$		
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Page **3** 

art V	Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.	
Note.	Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	

<b>1</b> Du	ring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		No
b	Gift, grant, or capital contribution to related organization(s)	<b>1</b> b		No
C	Gift, grant, or capital contribution from related organization(s)	1c		No
d	Loans or loan guarantees to or for related organization(s)	<b>1</b> d		No
е	Loans or loan guarantees by related organization(s)	1e		No
f	Dividends from related organization(s)	1f		No
g	Sale of assets to related organization(s)	<b>1</b> g		No
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No
ı	Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
0	Sharing of paid employees with related organization(s)	10		No
р	Reimbursement paid to related organization(s) for expenses	<b>1</b> p		No
q	Reimbursement paid by related organization(s) for expenses	<b>1</b> q	Yes	
r	Other transfer of cash or property to related organization(s)	1r		No
s	Other transfer of cash or property from related organization(s)	1s		No
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			

0	Sharing or paid employees with related organization(s)				10		
р	Reimbursement paid to related organization(s) for expenses				<b>1</b> p		No
	Reimbursement paid by related organization(s) for expenses				<b>1</b> q	Yes	
r	Other transfer of cash or property to related organization(s)				1r		No
	Other transfer of cash or property from related organization(s)				1s		No
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line	, including covered r	relationships and trai	nsaction thresholds.			
	(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	(c) Amount involved	(d) Method of determining ar	nount ir	nvolved	

Schedule R (Form 990) 2019

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

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

was not a related organization. See instructions regarding exclusion for certain investment partnerships.													
(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	domicilo	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)		(e) e all partners section 501(c)(3) ganizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	ite	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General c managing partner?	or g	<b>(k)</b> Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
				_						Schedul	e R (Form	990	)) 2019

Schedule R (Form 990) 2019								
Part VII	Supplemental Info	ormation						
	Provide additional information for responses to questions on Schedule R. (see instructions).							
Return Reference		Explanation						