

Form **990**  
Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2019**  
Open to Public Inspection

**A For the 2019 calendar year, or tax year beginning 07-01-2019, and ending 06-30-2020**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization  
LUTHERAN UNIVERSITY ASSOCIATION INC  
% SUSAN D SCROGGINS  
Doing business as  
VALPARAISO UNIVERSITY  
Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
1700 CHAPEL DRIVE  
City or town, state or province, country, and ZIP or foreign postal code  
VALPARAISO, IN 46383

**D** Employer identification number  
35-0868125  
**E** Telephone number  
(219) 464-5215  
**G** Gross receipts \$ 302,221,920

**F** Name and address of principal officer:  
JOSE D PADILLA  
1700 CHAPEL DRIVE  
VALPARAISO, IN 46383

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
If "No," attach a list. (see instructions)  
**H(c)** Group exemption number ▶

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

**J** Website: ▶ WWW.VALPO.EDU

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: 1925

**M** State of legal domicile: IN

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities:  
A COMMUNITY OF LEARNING DEDICATED TO EXCELLENCE & GROUNDED IN THE LUTHERAN TRADITION OF SCHOLARSHIP, FAITH, & FREEDOM, PREPARING STUDENTS TO LEAD & SERVE IN THE CHURCH & SOCIETY.

**2** Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets.

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	27
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	25
<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)	2,922
<b>6</b> Total number of volunteers (estimate if necessary)	1,000
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	1,130,487
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 39	829,077

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	20,992,672	21,541,170
<b>9</b> Program service revenue (Part VIII, line 2g)	166,350,324	161,629,084
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,887,620	9,353,328
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,349,822	117,972
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	191,580,438	192,641,554
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	89,166,971	87,725,683
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	80,843,137	68,951,590
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	44,551
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 3,591,311		
<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	47,259,109	48,232,003
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	217,269,217	204,953,827
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-25,688,779	-12,312,273
	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	585,354,605	578,078,702
<b>21</b> Total liabilities (Part X, line 26)	161,990,188	169,034,941
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	423,364,417	409,043,761

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**  
Signature of officer: \*\*\*\*\*  
Date: 2021-05-17  
SUSAN D SCROGGINS SENIOR VP FINANCE  
Type or print name and title

**Paid Preparer Use Only**  
Print/Type preparer's name: Preparer's signature: Date: Check  if self-employed PTIN: P01571860  
Firm's name ▶ BKD LLP Firm's EIN ▶  
Firm's address ▶ 200 E Main St Suite 700 Phone no. (260) 460-4000  
Fort Wayne, IN 46802

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:

VALPARAISO UNIVERSITY IS A COMPREHENSIVE, PRIVATE UNIVERSITY WITH A LUTHERAN HERITAGE THAT SERVES MORE THAN 3,100 FULL AND PART TIME STUDENTS. THE UNIVERSITY IS IDENTIFIED AS ONE OF THE TOP MASTER'S-LEVEL INSTITUTIONS IN THE MIDWEST AND HAS RECEIVED SPECIAL RECOGNITION FOR ITS OUTSTANDING TEACHING AND EDUCATIONAL VALUE. MORE THAN 70 UNDERGRADUATE DEGREE PROGRAMS AND INTERDISCIPLINARY OPTIONS ARE OFFERED THROUGHOUT THE UNIVERSITY AT FIVE UNDERGRADUATE COLLEGES: ARTS AND SCIENCES, BUSINESS, ENGINEERING, NURSING AND HEALTH PROFESSIONS, AND CHRIST COLLEGE.

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ 148,839,973 including grants of \$ 86,816,280 ) (Revenue \$ 126,336,639 )  
See Additional Data





**4b** (Code: ) (Expenses \$ 8,814,884 including grants of \$ 909,403 ) (Revenue \$ 13,348,421 )  
See Additional Data

**4c** (Code: ) (Expenses \$ 35,786,546 including grants of \$ ) (Revenue \$ 21,905,124 )  
See Additional Data

**4d** Other program services (Describe in Schedule O.)  
(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e Total program service expenses** ▶ 193,441,403

**Part IV Checklist of Required Schedules**

		Yes	No
<b>1</b>	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	Yes	
<b>2</b>	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	Yes	
<b>3</b>	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
<b>4</b>	<b>Section 501(c)(3) organizations.</b> 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		No
<b>5</b>	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		No
<b>6</b>	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 		No
<b>7</b>	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 		No
<b>8</b>	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	Yes	
<b>9</b>	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 		No
<b>10</b>	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V 	Yes	
<b>11</b>	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b>	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	Yes	
<b>b</b>	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	Yes	
<b>c</b>	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 		No
<b>d</b>	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 		No
<b>e</b>	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	Yes	
<b>f</b>	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 		No
<b>12a</b>	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 		No
<b>b</b>	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	Yes	
<b>13</b>	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 	Yes	
<b>14a</b>	Did the organization maintain an office, employees, or agents outside of the United States?	Yes	
<b>b</b>	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 	Yes	
<b>15</b>	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 		No
<b>16</b>	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 		No
<b>17</b>	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)		No
<b>18</b>	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		No
<b>19</b>	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		No
<b>20a</b>	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
<b>b</b>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b>	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 	Yes	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 22 through 38 regarding organizational reporting, compensation, and tax-exempt status.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V [ ]

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

**Part V Statements Regarding Other IRS Filings and Tax Compliance** (continued)

<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .	<b>2a</b> 2,922			
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		<b>2b</b> Yes		
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . .		<b>3a</b> Yes		
<b>b</b> If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i> . . .		<b>3b</b> Yes		
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . .		<b>4a</b> Yes		
<b>b</b> If "Yes," enter the name of the foreign country: <b>GM, UK</b> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .		<b>5a</b>	No	
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<b>5b</b>	No	
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .		<b>5c</b>		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . .		<b>6a</b>	No	
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .		<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .		<b>7a</b> Yes		
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .		<b>7b</b> Yes		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .		<b>7c</b>	No	
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7d</b>			
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		<b>7e</b>	No	
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .		<b>7f</b>	No	
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .		<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .		<b>7h</b>		
<b>8 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? . . . . .		<b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .		<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . .		<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter:				
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>			
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>			
<b>11 Section 501(c)(12) organizations.</b> Enter:				
<b>a</b> Gross income from members or shareholders . . . . .	<b>11a</b>			
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	<b>11b</b>			
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?				
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	<b>12b</b>			
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		<b>13a</b>		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .	<b>13b</b>			
<b>c</b> Enter the amount of reserves on hand . . . . .	<b>13c</b>			
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .		<b>14a</b>	No	
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> . . .		<b>14b</b>		
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . <b>If "Yes," see instructions and file Form 4720, Schedule N.</b>		<b>15</b>	No	
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . <b>If "Yes," complete Form 4720, Schedule O.</b>		<b>16</b>	No	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (27), 1b (25), 2 (Yes), 3 (No), 4 (No), 5 (No), 6 (No), 7a (No), 7b (No), 8a (Yes), 8b (Yes), 9 (No).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a (No), 10b, 11a (No), 11b, 12a (Yes), 12b (Yes), 12c (Yes), 13 (Yes), 14 (Yes), 15a (Yes), 15b (Yes), 16a (No), 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed IN
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: SUSAN D SCROGGINS 1700 CHAPEL DRIVE VALPARAISO, IN 46383 (219) 464-5215







**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>				
	<b>b</b> Membership dues . . . . .	<b>1b</b>				
	<b>c</b> Fundraising events . . . . .	<b>1c</b>				
	<b>d</b> Related organizations	<b>1d</b>	12,608			
	<b>e</b> Government grants (contributions)	<b>1e</b>	7,494,065			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	14,034,497			
	<b>g</b> Noncash contributions included in lines 1a - 1f:\$	<b>1g</b>	2,462,022			
	<b>h Total.</b> Add lines 1a-1f . . . . .		21,541,170			
<b>Program Service Revenue</b>	<b>2a</b> TUITION & FEES	Business Code 611710	132,762,165	132,762,165		
	<b>b</b> STUDENT HOUSING	611710	12,187,806	12,187,806		
	<b>c</b> MISCELLANEOUS	900099	11,115,936	11,077,036	38,900	
	<b>d</b> DINING SERVICES	722514	5,563,177	5,563,177		
	<b>e</b>					
	<b>f</b> All other program service revenue.					
	<b>g Total.</b> Add lines 2a-2f. . . . .		161,629,084			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		1,175,627		84,040	
	<b>4</b> Income from investment of tax-exempt bond proceeds		0			
	<b>5</b> Royalties . . . . .		0			
	<b>6a</b> Gross rents	(i) Real				
		(ii) Personal				
		<b>6a</b>	241,961			
		<b>b</b> Less: rental expenses	<b>6b</b>	123,989		
	<b>c</b> Rental income or (loss)	<b>6c</b>	117,972	0		
	<b>d</b> Net rental income or (loss) . . . . .		117,972		117,972	
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		<b>7a</b>	117,634,078			
		<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>	109,456,377		
	<b>c</b> Gain or (loss)	<b>7c</b>	8,177,701			
	<b>d</b> Net gain or (loss) . . . . .		8,177,701		8,177,701	
<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .						
	<b>8a</b>	0				
	<b>b</b> Less: direct expenses . . . . .	<b>8b</b>	0			
<b>c</b> Net income or (loss) from fundraising events . . . . .		0				
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .						
	<b>9a</b>	0				
	<b>b</b> Less: direct expenses . . . . .	<b>9b</b>	0			
<b>c</b> Net income or (loss) from gaming activities . . . . .		0				
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .						
	<b>10a</b>	0				
	<b>b</b> Less: cost of goods sold . . . . .	<b>10b</b>	0			
<b>c</b> Net income or (loss) from sales of inventory . . . . .		0				
Miscellaneous Revenue	Business Code					
<b>11a</b>						
<b>b</b>						
<b>c</b>						
<b>d</b> All other revenue . . . . .						
<b>e Total.</b> Add lines 11a-11d . . . . .		0				
<b>12 Total revenue.</b> See instructions . . . . .		192,641,554	161,590,184	1,130,487	8,379,713	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	35,591	35,591		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	87,690,092	87,690,092		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . .	0			
<b>4</b> Benefits paid to or for members . . . . .	0			
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	2,453,161	601,187	1,554,150	297,824
<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) . . . . .	36,213	34,040	1,449	724
<b>7</b> Other salaries and wages . . . . .	48,918,756	44,734,092	2,428,302	1,756,362
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .	3,291,257	2,904,639	255,058	131,560
<b>9</b> Other employee benefits . . . . .	10,858,544	9,583,012	841,489	434,043
<b>10</b> Payroll taxes . . . . .	3,393,659	2,995,013	262,993	135,653
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .	0			
<b>b</b> Legal . . . . .	255,516		255,516	
<b>c</b> Accounting . . . . .	151,740		151,740	
<b>d</b> Lobbying . . . . .	0			
<b>e</b> Professional fundraising services. See Part IV, line 17	44,551			44,551
<b>f</b> Investment management fees . . . . .	199,595		199,595	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	9,258,745	9,052,377	206,368	
<b>12</b> Advertising and promotion . . . . .	1,219,243	948,513	270,610	120
<b>13</b> Office expenses . . . . .	10,998,255	10,347,769	421,823	228,663
<b>14</b> Information technology . . . . .	1,862,336	1,160,190	407,697	294,449
<b>15</b> Royalties . . . . .	0			
<b>16</b> Occupancy . . . . .	4,631,856	4,528,021	77,194	26,641
<b>17</b> Travel . . . . .	2,471,450	2,340,760	25,868	104,822
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
<b>19</b> Conferences, conventions, and meetings . . . . .	915,257	786,241	126,189	2,827
<b>20</b> Interest . . . . .	4,701,247	4,595,856	78,351	27,040
<b>21</b> Payments to affiliates . . . . .	0			
<b>22</b> Depreciation, depletion, and amortization . . . . .	12,330,832	12,044,411	212,934	73,487
<b>23</b> Insurance . . . . .	900,127	900,127		
<b>24</b> 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.)				
<b>a</b> BAD DEBT EXPENSE	-2,222,177	-2,222,177		
<b>b</b> MEMBERSHIPS & SUBSCRIPTIONS	557,981	381,649	143,787	32,545
<b>c</b>				
<b>d</b>				
<b>e</b> All other expenses				
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	204,953,827	193,441,403	7,921,113	3,591,311
<b>26</b> <b>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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	8,527	<b>1</b>	8,527	
	<b>2</b> Savings and temporary cash investments . . . . .	7,709,968	<b>2</b>	10,956,137	
	<b>3</b> Pledges and grants receivable, net . . . . .	21,812,079	<b>3</b>	22,954,969	
	<b>4</b> Accounts receivable, net . . . . .	6,185,915	<b>4</b>	6,129,017	
	<b>5</b> Loans and other 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 . . . . .	0	<b>5</b>	0	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .	0	<b>6</b>	0	
	<b>7</b> Notes and loans receivable, net . . . . .	8,035,056	<b>7</b>	6,553,253	
	<b>8</b> Inventories for sale or use . . . . .	79,412	<b>8</b>	64,517	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	2,096,977	<b>9</b>	854,650	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 480,460,532			
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 226,521,434	262,557,052	<b>10c</b>	253,939,098
	<b>11</b> Investments—publicly traded securities . . . . .	21,760,946	<b>11</b>	23,541,631	
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	254,248,709	<b>12</b>	252,094,217	
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	0	<b>13</b>	0	
	<b>14</b> Intangible assets . . . . .	0	<b>14</b>	0	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	859,964	<b>15</b>	982,686	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	585,354,605	<b>16</b>	578,078,702		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	16,538,073	<b>17</b>	12,977,981	
	<b>18</b> Grants payable . . . . .	8,710,860	<b>18</b>	6,847,797	
	<b>19</b> Deferred revenue . . . . .	2,343,077	<b>19</b>	4,444,905	
	<b>20</b> Tax-exempt bond liabilities . . . . .	110,287,875	<b>20</b>	109,389,476	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D	0	<b>21</b>	0	
	<b>22</b> Loans and other 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 . . . . .	0	<b>22</b>	0	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	962,365	<b>23</b>	896,721	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b>	0	
	<b>25</b> 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	23,147,938	<b>25</b>	34,478,061	
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	161,990,188	<b>26</b>	169,034,941	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>				
	<b>27</b> Net assets without donor restrictions . . . . .	54,847,567	<b>27</b>	55,272,578	
	<b>28</b> Net assets with donor restrictions . . . . .	368,516,850	<b>28</b>	353,771,183	
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>				
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>		
	<b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>30</b>		
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>		
<b>32</b> Total net assets or fund balances . . . . .	423,364,417	<b>32</b>	409,043,761		
<b>33</b> Total liabilities and net assets/fund balances . . . . .	585,354,605	<b>33</b>	578,078,702		

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	192,641,554
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	204,953,827
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-12,312,273
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	423,364,417
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-4,195,617
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	2,187,234
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	409,043,761

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- 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.

	Yes	No
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>	Yes	
<b>3b</b>	Yes	

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 35-0868125

**Name:** LUTHERAN UNIVERSITY ASSOCIATION INC

Form 990 (2019)

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

UNDERGRADUATE PROGRAMS - VALPARAISO UNIVERSITY ENROLLS MORE THAN 3,000 UNDERGRADUATE STUDENTS IN MORE THAN 70 ACADEMIC PROGRAMS THAT INTEGRATE THE BEST OF THE LIBERAL ARTS WITH PROFESSIONAL PREPARATION. PROGRAMS ARE OFFERED THROUGH THE COLLEGES OF ARTS AND SCIENCES, BUSINESS, ENGINEERING, AND NURSING AND HEALTH PROFESSIONS, AS WELL AS CHRIST COLLEGE, VALPARAISO UNIVERSITY'S HONORS COLLEGE. VALPO HAS BEEN NAMED ONE OF THE BEST VALUES AND BEST UNDERGRADUATE TEACHING UNIVERSITIES NATIONWIDE FOR 2021 BY U.S. NEWS AND WORLD REPORT. VALPO'S COLLEGE OF ENGINEERING WAS ALSO RANKED AMONG THE TOP 15 UNDERGRADUATE ENGINEERING SCHOOLS IN THE NATION FOR 2021 BY U.S. NEWS AND WORLD REPORT. VALPARAISO UNIVERSITY SPONSORS NUMEROUS INTERNATIONAL STUDY OPPORTUNITIES AND IS RECOGNIZED AS A MODEL IN PREPARING GRADUATES WITH STRONG CROSS-CULTURAL SKILLS AND GLOBAL AWARENESS. THE OVERALL PLACEMENT RATE FOR VALPARAISO UNIVERSITY GRADUATES FROM THE CLASSES OF DECEMBER 2018 AND MAY AND AUGUST 2019 WAS 96%. THE OVERALL PLACEMENT RATE HAS EXCEEDED 90% FOR 27 CONSECUTIVE YEARS. VALPARAISO UNIVERSITY'S DIVISION I ATHLETICS TEAMS CONTINUE TO SUCCEED IN THE CLASSROOM, WITH MANY HONORS BESTOWED UPON VALPARAISO STUDENT-ATHLETES BY THE MISSOURI VALLEY CONFERENCE FOR THE 2019-2020 ACADEMIC AND ATHLETIC YEAR-18 STUDENTS-ATHLETES RECEIVED THE PRESIDENT'S COUNCIL ACADEMIC EXCELLENCE HONOR, THE MISSOURI VALLEY CONFERENCE'S HIGHEST ACADEMIC HONOR, 88 STUDENT-ATHLETES ACHIEVED THE COMMISSIONER'S ACADEMIC EXCELLENCE AWARD, AND 206 STUDENT-ATHLETES WERE NAMED TO THE MISSOURI VALLEY CONFERENCE HONOR ROLL. IN ADDITION, 14 STUDENT-ATHLETES WERE NAMED TO THE SUMMIT LEAGUE'S 2019-2020 ACADEMIC HONOR ROLL AND 41 STUDENT-ATHLETES WERE ON THE FALL 2019 PIONEER FOOTBALL LEAGUE ACADEMIC HONOR ROLL.

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

GRADUATE PROGRAMS - VALPARAISO UNIVERSITY'S GRADUATE SCHOOL OFFERS MORE THAN 25 GRADUATE AND CERTIFICATE PROGRAMS THAT ARE FULLY INTEGRATED INTO THE COLLEGES OF ARTS AND SCIENCES, BUSINESS, AND NURSING AND HEALTH PROFESSIONS. WITH ROLLING ADMISSIONS, MULTIPLE START TERMS PER YEAR, AND FLEXIBLE COURSE DELIVERY OPTIONS, GRADUATE PROGRAMS MEET THE NEEDS OF TODAY'S ADULT LEARNERS. WITH A MAJORITY OF OFFERINGS AT THE PROFESSIONAL MASTER'S LEVEL (PLUS A DOCTORATE OF NURSING PRACTICE), GRADUATE PROGRAMS EMPHASIZE ACADEMIC RIGOR, PRACTICAL APPLICATION FOR MARKET READY SKILLS, AND CAREER AND PROFESSIONAL DEVELOPMENT. IN FALL 2020, THE GRADUATE SCHOOL ENROLLED 399 STUDENTS, WITH 21% INTERNATIONAL STUDENTS AND 27% STUDENTS FROM DOMESTIC MINORITIES. COMPREHENSIVE ACADEMIC SUPPORT PROVIDES A FULL-SERVICE COMPLIMENT TO THE CULTURAL, EMOTIONAL, AND INTELLECTUAL DEVELOPMENT OF VALPARAISO UNIVERSITY GRADUATE STUDENTS.

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**Form 990, Part III, Line 4c:**

VALPARAISO UNIVERSITY PROVIDES ADDITIONAL SERVICES TO STUDENTS INCLUDING HOUSING AND DIVISION I ATHLETICS OPPORTUNITIES. ALSO, THE UNIVERSITY SUPPORTS THEATRE, MUSIC AND VISUAL ARTS PROGRAMS BENEFICIAL TO STUDENTS AS WELL AS THE GENERAL PUBLIC.

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(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)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARK A HECKLER ..... PRESIDENT	60.0 ..... 0.0	X		X				430,315	0	182,558
MATT LOTTICH ..... HEAD COACH MEN'S BASKETBALL	60.0 ..... 0.0					X		345,373	0	38,429
DAVID PHELPS ..... EXECUTIVE VP & COO	60.0 ..... 0.0			X				278,592	0	26,316
LISA A HOLLANDER ..... VICE PRESIDENT FOR ADVANCEMENT	60.0 ..... 0.0			X				267,330	0	30,492
DARRON C FARHA ..... VICE PRESIDENT/GENERAL COUNSEL	60.0 ..... 0.0			X				253,301	0	38,411
SUSAN D SCROGGINS ..... VICE PRESIDENT FOR FINANCE	60.0 ..... 0.0			X				258,936	0	32,200
MARK L BIERMANN ..... PROVOST AND EXECUTIVE VP	60.0 ..... 0.0			X				229,061	0	49,440
REBECCA J HUSS ..... LAW PROFESSOR	60.0 ..... 0.0					X		219,934	0	17,842
ROBERT F BLOMQUIST ..... LAW PROFESSOR	60.0 ..... 0.0					X		223,268	0	13,813
JAMES BRODZINSKI ..... PROFESSOR OF MANAGEMENT	60.0 ..... 0.0					X		214,199	0	19,572



Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(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)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CURTIS W CICHOWSKI ..... LAW PROFESSOR	60.0 ..... 0.0					X		204,866	0	20,148
JON KILPINEN ..... DEAN COLLEGE OF ARTS & SCIENCE	60.0 ..... 0.0				X			175,685	0	32,564
RICHARD A AMRHEIN ..... VP FOR COMMUNITY & GOVERNMENT	60.0 ..... 0.0			X				168,031	0	23,582
TIM JENKINS ..... INTERIM VP FOR STUDENT AFFAIRS	60.0 ..... 0.0			X				96,917	0	17,820
DAVID A BOCHNOWSKI ..... DIRECTOR	2.0 ..... 0.0	X						0	0	0
CORNELL N BOGGS III ..... DIRECTOR	5.0 ..... 0.0	X						0	0	0
LUTHER C BRUNETTE ..... DIRECTOR	2.0 ..... 0.0	X						0	0	0
JEFFREY H DOBBS ..... DIRECTOR	3.0 ..... 0.0	X						0	0	0
JOHN L DRAHEIM ..... DIRECTOR	7.0 ..... 0.0	X						0	0	0
MARK H DUESENBERG ..... DIRECTOR	4.0 ..... 0.0	X						0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(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)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SUSAN JENNY EHR ..... DIRECTOR	4.0 ..... 0.0	X						0	0	0
CAROLYN SCHLIE FEMOVICH ..... DIRECTOR	2.0 ..... 0.0	X						0	0	0
ROBERT D HANSEN JR ..... DIRECTOR	2.0 ..... 0.0	X						0	0	0
MARK P HELGE ..... DIRECTOR	3.0 ..... 0.0	X						0	0	0
COLETTE IRWIN-KNOTT ..... DIRECTOR	5.0 ..... 0.0	X						0	0	0
FREDERICK G KRAEGEL ..... BOARD CHAIR	8.0 ..... 0.0	X		X				0	0	0
BRUCE R LANING ..... DIRECTOR	3.0 ..... 0.0	X						0	0	0
MARION J MOON ..... DIRECTOR	4.0 ..... 0.0	X						0	0	0
JAMES W MUELLER ..... DIRECTOR	4.0 ..... 0.0	X						0	0	0
ANDREW N NUNEMAKER ..... DIRECTOR	2.0 ..... 0.0	X						0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(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)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
STEVEN W PARKS ..... DIRECTOR	3.0 ..... 0.0	X						0	0	0
BONNIE E RAQUET ..... VICE CHAIR	7.0 ..... 0.0	X		X				0	0	0
VERNE O SEDLACEK ..... DIRECTOR	4.0 ..... 0.0	X						0	0	0
SCOTT A SEEFELD ..... DIRECTOR	2.0 ..... 0.0	X						0	0	0
JOHN W SHELTON ..... DIRECTOR	3.0 ..... 0.0	X						0	0	0
PHILIP SPAHN ..... DIRECTOR	3.0 ..... 0.0	X						0	0	0
PAUL A STRASEN ..... DIRECTOR	2.0 ..... 0.0	X						0	0	0
AMY L VIE ..... DIRECTOR	3.0 ..... 0.0	X						0	0	0
JOEL R WILSON ..... DIRECTOR	10.0 ..... 0.0	X						0	0	0
JULIE M WINKLER ..... DIRECTOR	2.0 ..... 0.0	X						0	0	0

**SCHEDULE A**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

**Name of the organization**  
LUTHERAN UNIVERSITY ASSOCIATION INC

**Employer identification number**  
35-0868125

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . . . . \_\_\_\_\_
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(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		
<b>Total</b>						

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge..						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . . .						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4. . . .						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on. . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . . .						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	
<b>15</b> Public support percentage for 2018 Schedule A, Part II, line 14 . . . . .	<b>15</b>	
<b>16a 33 1/3% support test—2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>b 33 1/3% support test—2018.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2019.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2018.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . <input type="checkbox"/>		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
<b>2</b>	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						
<b>3</b>	Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
<b>5</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b>	<b>Total.</b> Add lines 1 through 5						
<b>7a</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b>	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
<b>c</b>	Add lines 7a and 7b. . . . .						
<b>8</b>	<b>Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b>	Amounts from line 6. . . . .						
<b>10a</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
<b>b</b>	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
<b>c</b>	Add lines 10a and 10b.						
<b>11</b>	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
<b>12</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13</b>	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here.** . . . . .

**Section C. Computation of Public Support Percentage**

<b>15</b>	Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	
<b>16</b>	Public support percentage from 2018 Schedule A, Part III, line 15 . . . . .	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b>	Investment income percentage for <b>2019</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	
<b>18</b>	Investment income percentage from <b>2018</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	

**19a 33 1/3% support tests—2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

**b 33 1/3% support tests—2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

		Yes	No
<b>1</b>	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
	<b>1</b>		
<b>2</b>	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
	<b>2</b>		
<b>3a</b>	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
	<b>3a</b>		
<b>b</b>	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
	<b>3b</b>		
<b>c</b>	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
	<b>3c</b>		
<b>4a</b>	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
	<b>4a</b>		
<b>b</b>	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
	<b>4b</b>		
<b>c</b>	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)? <i>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.</i>		
	<b>4c</b>		
<b>5a</b>	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
	<b>5a</b>		
<b>b</b>	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	<b>5b</b>		
<b>c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
	<b>5c</b>		
<b>6</b>	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
	<b>6</b>		
<b>7</b>	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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	<b>7</b>		
<b>8</b>	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	<b>8</b>		
<b>9a</b>	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))? <i>If "Yes," provide detail in Part VI.</i>		
	<b>9a</b>		
<b>b</b>	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	<b>9b</b>		
<b>c</b>	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? <i>If "Yes," provide detail in Part VI.</i>		
	<b>9c</b>		
<b>10a</b>	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)? <i>If "Yes," answer line 10b below.</i>		
	<b>10a</b>		
<b>b</b>	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
	<b>10b</b>		

**Part IV Supporting Organizations** (continued)

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	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?		
<b>b</b>	A family member of a person described in (a) above?		
<b>c</b>	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b>	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

**Section C. Type II Supporting Organizations**

		Yes	No
<b>1</b>	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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

**Section D. All Type III Supporting Organizations**

		Yes	No
<b>1</b>	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?		
<b>2</b>	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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b>	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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> ):		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions)		
<b>2</b>	Activities Test. <b>Answer (a) and (b) below.</b>		
<b>a</b>	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? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
<b>b</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? <i>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.</i>		
<b>3</b>	Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>		
<b>a</b>	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>		
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		



**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1**  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by .035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions	
<b>9</b> Distributable amount for 2019 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i)</b> <b>Excess Distributions</b>	<b>(ii)</b> <b>Underdistributions</b> <b>Pre-2019</b>	<b>(iii)</b> <b>Distributable</b> <b>Amount for 2019</b>
<b>1</b> Distributable amount for 2019 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019:			
<b>a</b> From 2014. . . . .			
<b>b</b> From 2015. . . . .			
<b>c</b> From 2016. . . . .			
<b>d</b> From 2017. . . . .			
<b>e</b> From 2018. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<b>i</b> Carryover from 2014 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2019 from Section D, line 7:			
\$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> 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 <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2015. . . . .			
<b>b</b> Excess from 2016. . . . .			
<b>c</b> Excess from 2017. . . . .			
<b>d</b> Excess from 2018. . . . .			
<b>e</b> Excess from 2019. . . . .			

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 35-0868125

**Name:** LUTHERAN UNIVERSITY ASSOCIATION INC

**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).

**Facts And Circumstances Test**

**SCHEDULE D**  
(Form 990)  
  
Department of the Treasury  
Internal Revenue Service

# Supplemental Financial Statements

OMB No. 1545-0047  
**2019**  
**Open to Public Inspection**

▶ 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](http://www.irs.gov/Form990) for instructions and the latest information.

**Name of the organization**  
LUTHERAN UNIVERSITY ASSOCIATION INC  
**Employer identification number**  
35-0868125

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year . . . . .		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year . . . . .		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .  Yes  No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . .  Yes  No

**Part II Conservation Easements.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education)  Preservation of an historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . . .	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . .  Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . .  Yes  No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other .....
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . .  Yes  No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . .  Yes  No

**b** If "Yes," explain the arrangement in Part XIII and complete the following table:

- c** Beginning balance . . . . .
- d** Additions during the year . . . . .
- e** Distributions during the year . . . . .
- f** Ending balance . . . . .

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .  Yes  No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . .

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .	273,438,000	263,010,548	249,427,470	220,026,196	218,047,881
<b>b</b> Contributions . . . . .	6,844,410	9,276,545	5,895,838	10,952,597	9,438,986
<b>c</b> Net investment earnings, gains, and losses	2,947,184	18,163,288	23,841,939	27,310,925	3,742,523
<b>d</b> Grants or scholarships . . . . .	9,396,792	5,720,771	5,128,424	4,918,740	4,943,035
<b>e</b> Other expenditures for facilities and programs . . . . .	4,944,207	10,974,088	10,596,164	3,563,435	5,943,892
<b>f</b> Administrative expenses . . . . .	199,595	317,522	430,111	380,073	316,267
<b>g</b> End of year balance . . . . .	268,689,000	273,438,000	263,010,548	249,427,470	220,026,196

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶ 6.800 %
- b** Permanent endowment ▶ 67.400 %
- c** Temporarily restricted endowment ▶ 25.800 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** unrelated organizations . . . . .
- (ii)** related organizations . . . . .

	Yes	No
<b>3a(i)</b>		No
<b>3a(ii)</b>		No
<b>3b</b>		

**b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

**4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .		17,232,025		17,232,025
<b>b</b> Buildings . . . . .		337,886,371	133,680,915	204,205,456
<b>c</b> Leasehold improvements		42,531,895	24,796,970	17,734,925
<b>d</b> Equipment . . . . .		79,220,640	67,080,660	12,139,980
<b>e</b> Other . . . . .		3,589,601	962,889	2,626,712
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . . .				253,939,098

**Part VII Investments—Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A) COMMONFUND BOND FUNDS	28,289,205	
(B) COMMONFUND PRIVATE CAPITAL	101,824,228	
(C) COMMONFUND TREASURY ACCESS	2,146,874	
(D) LIFE INS, REAL ESTATE, OTHER	18,189,378	
(E) COMMONFUND EQUITIES FUNDS	101,644,532	
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)	252,094,217	

**Part VIII Investments—Program Related.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(2) STUDENT DEPOSITS	304,950
(3) OBLIGATIONS UNDER SPLIT-INTERE	4,271,544
(4) CONDITIONAL ASSET RETIREMENT O	8,249,241
(5) POST RETIREMENT LIABILITIES	3,309,104
(6) OTHER LIABILITIES	343,222
(7) LINE OF CREDIT	18,000,000
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.)	34,478,061

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	102,530,139
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	-4,532,951
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	2,474,510
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	-2,058,441
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	104,588,580
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	199,595
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	87,853,379
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	88,052,974
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .	<b>5</b>	192,641,554

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

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

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	117,188,129
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	123,989
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	123,989
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	117,064,140
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	199,595
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	87,690,092
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	87,889,687
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .	<b>5</b>	204,953,827

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

Return Reference	Explanation
See Additional Data Table	

**Part XIII** Supplemental Information *(continued)*

Return Reference	Explanation



# Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 35-0868125  
**Name:** LUTHERAN UNIVERSITY ASSOCIATION INC

## Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART III, LINE 4	THE BRAUER MUSEUM OF ART IS HOME TO A NATIONALLY RECOGNIZED COLLECTION OF 19TH AND 20TH CENTURY AMERICAN ART AND INCLUDES WORKS BY FREDERIC EDWIN CHURCH, ASHER B. DURAND, CHILDE HASSAM, GEORGIA O'KEEFE AND ED PASCHKE. IT ALSO HOUSES THE LARGEST KNOWN COLLECTION OF WORKS BY JUNIUS R. SOLAN (1827-1900), A HUDSON RIVER SCHOOL PAINTER WHO LIVED AND WORKED IN THE MIDWEST. OTHER FOCUS AREAS WITHIN THE COLLECTION INCLUDE WORLD RELIGIOUS ART AND MIDWESTERN REGIONAL ART. AS WELL AS DISPLAYING SELECTIONS FROM ITS PERMANENT COLLECTION, THE BRAUER MUSEUM HOSTS A FULL SCHEDULE OF SPECIAL EXHIBITIONS AND EVENTS. THROUGH EXHIBITION OF THE COLLECTION AND SPECIAL EVENTS, THE MUSEUM PROVIDES EDUCATIONAL OPPORTUNITIES FOR STUDENTS AS WELL AS THE GENERAL PUBLIC WHICH ENHANCES THE UNIVERSITY'S EDUCATIONAL PURPOSE. THE BOOK VALUE OF THE ARTWORK ADDED TO THE COLLECTION SINCE 1996 IS INCLUDED IN PLANT ASSETS ON THE BALANCE SHEET. THERE IS NO FEE TO VISIT THE MUSEUM.

## Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART V, LINE 4	VALPARAISO UNIVERSITY'S ENDOWMENT FUNDS ARE USED TO PROVIDE FINANCIAL ASSISTANCE TO STUDENTS IN THE FORM OF SCHOLARSHIPS. ENDOWMENT FUNDS ARE ALSO DESIGNATED TO THE SUPPORT OF ACADEMIC PROGRAMS, FACULTY CHAIRS AND PROFESSORSHIPS, RESEARCH, STUDENT PROGRAMS, LIBRARY SERVICES, AND THE OPERATION AND MAINTENANCE OF FACILITIES.

## Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D	RENTAL EXPENSES \$ 123,989 CHANGE IN DISCOUNT & ALLOWANCE \$ 2,350,521 TOTAL \$ 2,474,510 PART XI, LINE 4B CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS \$ 163,287 STUDENT AID \$ 87,690,092 TOTAL \$ 87,853,379

## Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D	RENTAL EXPENSES \$ 123,989 PART XII, LINE 4B STUDENT AID \$87,690,092 ASC 740 MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740. BASED ON THE IR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS.

**SCHEDULE E**  
(Form 990 or 990-EZ)

# Schools

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.**

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for the latest information.**

OMB No. 1545-0047

## 2019

**Open to Public Inspection**

Department of the Treasury  
Name of the organization  
LUTHERAN UNIVERSITY ASSOCIATION INC

**Employer identification number**  
35-0868125

**Part I**

		YES	NO
<b>1</b> Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? . . . . .	<b>1</b>	Yes	
<b>2</b> 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? . . . . .	<b>2</b>	Yes	
<b>3</b> Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space use Part II. . . . .	<b>3</b>	Yes	
<b>4</b> Does the organization maintain the following?			
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . .	<b>4a</b>	Yes	
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? . . . . .	<b>4b</b>	Yes	
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? . . . . .	<b>4c</b>	Yes	
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions? . . . . . If you answered "No" to any of the above, please explain. If you need more space, use Part II.	<b>4d</b>	Yes	
<b>5</b> Does the organization discriminate by race in any way with respect to:			
<b>a</b> Students' rights or privileges? . . . . .	<b>5a</b>		No
<b>b</b> Admissions policies? . . . . .	<b>5b</b>		No
<b>c</b> Employment of faculty or administrative staff? . . . . .	<b>5c</b>		No
<b>d</b> Scholarships or other financial assistance? . . . . .	<b>5d</b>		No
<b>e</b> Educational policies? . . . . .	<b>5e</b>		No
<b>f</b> Use of facilities? . . . . .	<b>5f</b>		No
<b>g</b> Athletic programs? . . . . .	<b>5g</b>		No
<b>h</b> Other extracurricular activities? . . . . . If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	<b>5h</b>		No
<b>6a</b> Does the organization receive any financial aid or assistance from a governmental agency? . . . . .	<b>6a</b>	Yes	
<b>b</b> Has the organization's right to such aid ever been revoked or suspended? . . . . . If you answered "Yes" to either line 6a or line 6b, explain on Part II.	<b>6b</b>		No
<b>7</b> 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. . . . .	<b>7</b>	Yes	

**Part II Supplemental Information.** Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information. See instructions.

Return Reference	Explanation
SCHEDULE E, PART I, LINE 3	<p>VALPARAISO UNIVERSITY'S GENERAL CATALOG OFFERS A LINK TO OUR STATEMENT OF EQUALITY OF OPPORTUNITY AS FOLLOWS:            NONDISCRIMINATION POLICY AS TO STUDENTS. VALPARAISO UNIVERSITY ADMITS STUDENTS OF ANY RACE, COLOR, NATIONAL AND ETHNIC ORIGIN, AGE, GENDER, DISABILITY, SEXUAL ORIENTATION OR (AS QUALIFIED HEREIN) RELIGION, TO ALL THE RIGHTS, PRIVILEGES, PROGRAMS, AND ACTIVITIES, GENERALLY ACCORDED OR MADE AVAILABLE TO STUDENTS AT THE SCHOOL. IT DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, NATIONAL AND ETHNIC ORIGIN, AGE, GENDER, DISABILITY, SEXUAL ORIENTATION OR (AS QUALIFIED HEREIN) RELIGION IN ADMINISTRATION OF ITS EDUCATIONAL POLICIES, ADMISSIONS POLICIES, SCHOLARSHIP AND LOAN PROGRAMS, CAREER SERVICES AND PLACEMENT, AND ATHLETIC AND OTHER SCHOOL ADMINISTERED PROGRAMS. VALPARAISO UNIVERSITY IS AN INSTITUTION COMMITTED TO ITS LUTHERAN TRADITIONS. THE UNIVERSITY RESERVES THE RIGHT TO PROMOTE THE TEACHINGS OF THE CHURCH AND TO EXERCISE PREFERENCES IN ADMISSIONS IN FAVOR OF LUTHERANS. EQUAL EMPLOYMENT OPPORTUNITY POLICY. VALPARAISO UNIVERSITY MAINTAINS A POLICY OF EQUAL EMPLOYMENT OPPORTUNITY FOR ALL EMPLOYEES AND APPLICANTS FOR EMPLOYMENT. THE UNIVERSITY DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, NATIONAL AND ETHNIC ORIGIN, AGE, GENDER, DISABILITY, SEXUAL ORIENTATION OR (AS QUALIFIED HEREIN) RELIGION OR ANY PROTECTED CLASSIFICATION UNDER FEDERAL, STATE OR LOCAL LAW. THIS POLICY APPLIES TO ALL ASPECTS OF EMPLOYMENT INCLUDING, BUT NOT LIMITED TO, RECRUITING, HIRING, TRAINING, TRANSFER, PROMOTION, JOB BENEFITS, PAY, DISMISSAL, SOCIAL AND RECREATIONAL ACTIVITIES. AN INSTITUTION COMMITTED TO ITS LUTHERAN TRADITIONS, THE UNIVERSITY RESERVES THE RIGHT TO PROMOTE THE TEACHINGS OF THE CHURCH AND TO EXERCISE PREFERENCES IN EMPLOYMENT-RELATED PRACTICES IN FAVOR OF LUTHERANS.</p>
SCHEDULE E, PART I, LINE 6A	<p>VALPARAISO UNIVERSITY RECEIVES FEDERAL AND STATE RESEARCH GRANTS AND GRANTS FROM STUDENT FINANCIAL AID.</p>

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

▶ 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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Name of the organization  
LUTHERAN UNIVERSITY ASSOCIATION INC

**Employer identification number**  
35-0868125

**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3** Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
See Add'l Data					
<b>3a</b> Sub-total . . . . .	3	7			1,242,198
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c Totals</b> (add lines 3a and 3b)	3	7			1,242,198

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

- 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ \_\_\_\_\_
- 3 Enter total number of other organizations or entities . . . . . ▶ \_\_\_\_\_



**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

<b>(a)</b> Type of grant or assistance	<b>(b)</b> Region	<b>(c)</b> Number of recipients	<b>(d)</b> Amount of cash grant	<b>(e)</b> Manner of cash disbursement	<b>(f)</b> Amount of noncash assistance	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Method of valuation (book, FMV, appraisal, other)

**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* . . . . .  Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* . . . . .  Yes  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)* . . . . .  Yes  No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* .  Yes  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* . . . . .  Yes  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).* . . . . .  Yes  No

**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

**990 Schedule F, Supplemental Information**

Return Reference	Explanation
PART 1 LINE 3 - EUROPE (INCLUDING ICELAND AND GREENLAND)	VALPARAISO UNIVERSITY ADMINISTERS STUDY ABROAD PROGRAMS TO PROVIDE STUDENTS WITH EDUCATIONAL EXPERIENCES IN REUTLINGEN, GERMANY AND CAMBRIDGE, UK. THE UNIVERSITY ALSO PROVIDES STUDY ABROAD OPPORTUNITIES THROUGH STUDENT EXCHANGE AGREEMENTS WITH EUROPEAN COLLEAGUES AND UNIVERSITIES IN THE UK, FRANCE, GERMANY, THE NETHERLANDS, AND SPAIN. OTHER EDUCATIONAL OPPORTUNITIES THROUGH COOPERATIVE AGREEMENTS ARE AVAILABLE IN SPAIN, IRELAND, FRANCE, HUNGARY AND GREECE.

# 990 Schedule F, Supplemental Information

Return Reference	Explanation
PART 1 LINE 3 - CENTRAL/SOUTH AMERICA	VALPARAISO UNIVERSITY ADMINISTERS A STUDY ABROAD PROGRAM TO PROVIDE STUDENTS WITH EDUCATIONAL EXPERIENCES IN SAN JOSE (HEREDIA), COSTA RICA. THE UNIVERSITY ALSO PROVIDES STUDY ABROAD OPPORTUNITIES THROUGH A STUDENT EXCHANGE AGREEMENT IN CHILE.

## 990 Schedule F, Supplemental Information

Return Reference	Explanation
PART I LINE 3 - EAST ASIA AND THE PACIFIC	VALPARAISO UNIVERSITY ADMINISTERS A STUDY ABROAD PROGRAM TO PROVIDE STUDENTS WITH EDUCATIONAL EXPERIENCES IN HANGZHOU, CHINA. THE UNIVERSITY ALSO PROVIDES EDUCATIONAL OPPORTUNITIES THROUGH STUDENT EXCHANGE AGREEMENTS WITH KANSAI GAIDAI UNIVERSITY IN JAPAN AND New Castle UNIVERSITY IN Australia

## 990 Schedule F, Supplemental Information

Return Reference	Explanation
PART 1 LINE 3 - SUB-SAHARAN AFRICA	VALPARAISO UNIVERSITY PROVIDES EDUCATIONAL OPPORTUNITIES THROUGH A COOPERATIVE AGREEMENT IN WINDHOEK, NAMIBIA.

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 35-0868125

**Name:** LUTHERAN UNIVERSITY ASSOCIATION INC

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
East Asia and the Pacific	1	1	PROGRAM SERVICES	EDUCATIONAL	492,931
Europe	2	5	PROGRAM SERVICES	EDUCATIONAL	642,740

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Sub-Saharan Africa			PROGRAM SERVICES	EDUCATIONAL	49,200
Central America/Caribbean		1	PROGRAM SERVICES	EDUCATIONAL	57,327



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

Schedule I (Form 990)

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.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization LUTHERAN UNIVERSITY ASSOCIATION INC

Employer identification number

35-0868125

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000.

Table with 8 columns: (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. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 0
3 Enter total number of other organizations listed in the line 1 table 3

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) SCHOLARSHIPS	3069	87,690,092			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
SCHEDULE I, PART I, LINE 2	VALPARAISO UNIVERSITY IS COMMITTED TO PROVIDING RESOURCES NECESSARY TO HELP STUDENTS COMPLETE THEIR EDUCATION. IN SELECTING THE STUDENTS TO RECEIVE THIS ASSISTANCE, THE UNIVERSITY PLACES PRIMARY EMPHASIS ON THE STUDENT'S ACADEMIC ACHIEVEMENT AND FINANCIAL NEED. AWARDS ARE DETERMINED BY THE UNIVERSITY SCHOLARSHIP COMMITTEE. UPON ENROLLMENT VERIFICATION, THE AWARDS ARE USED TO OFFSET THE COST OF ATTENDANCE.

## Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 35-0868125  
**Name:** LUTHERAN UNIVERSITY ASSOCIATION INC

### Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
INDIANA UNIVERSITY 509 E 3RD STREET BLOOMINGTON, IN 474013654	35-6001673	115	17,707				PROGRAM SUPPORT
PACIFIC LUTHERAN UNIVERSITY 12180 PARK AVENUE S TACOMA, WA 98447	91-0565571	501(C)(3)	7,052				PROGRAM SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNIVERSITY OF ILLINOIS 1901 S 1st ST STE A CHAMPAIGN, IL 61820	37-6000511	115	10,832				PROGRAM SUPPORT

**Schedule J**  
(Form 990)

**Compensation Information**

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2019**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
LUTHERAN UNIVERSITY ASSOCIATION INC

Employer identification number  
35-0868125

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input checked="" type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)	
<b>b</b> If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	<b>1b</b> Yes	
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	<b>2</b> Yes	
<b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
<input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee	
<b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
<b>a</b> Receive a severance payment or change-of-control payment?	<b>4a</b> Yes	
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?	<b>4b</b> Yes	
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	<b>4c</b>	No
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
<b>a</b> The organization?	<b>5a</b>	No
<b>b</b> Any related organization? If "Yes," on line 5a or 5b, describe in Part III.	<b>5b</b>	No
<b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
<b>a</b> The organization?	<b>6a</b>	No
<b>b</b> Any related organization? If "Yes," on line 6a or 6b, describe in Part III.	<b>6b</b>	No
<b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	<b>7</b>	No
<b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	<b>8</b>	No
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	<b>9</b>	



**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
SCHEDULE J, PART I, LINE 1A	THE PRESIDENT IS PROVIDED HOUSING IN THE UNIVERSITY RESIDENCE AS A CONDITION OF EMPLOYMENT. THE RESIDENCE IS REGULARLY USED FOR BUSINESS PURPOSES INCLUDING MEETINGS AND EVENTS WITH FACULTY, STAFF, STUDENTS, DONORS AND OTHER UNIVERSITY CONSTITUENTS.
SCHEDULE J, PART I, LINE 4B	THE PRESIDENT IS THE SOLE PARTICIPANT IN THE UNIVERSITY'S 457(F) PLAN. CONTRIBUTIONS TO THE PLAN ARE REPORTED AS DEFERRED COMPENSATION AS THEY ARE ACCRUED. AMOUNTS DEFERRED UNDER THE PLAN FOR 6/30/2020 WERE \$136,091. SCHEDULE J, PART I, LINE 4C CURTIS CICHOWSKI, REBECCA HUSS, AND ROBERT BLOMQUIST RECEIVED SEVERENCE PAYMENTS ON THEIR 2019 FORM W-2S. THE AMOUNTS ARE REPORTED IN COLUMN B(II) OF PART II.

**Additional Data**

**Software ID:**

**Software Version:**

**EIN:** 35-0868125

**Name:** LUTHERAN UNIVERSITY ASSOCIATION INC

**Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
<b>1</b> MARK A HECKLER PRESIDENT	396,376	0	33,939	157,091	25,467	612,873	
<b>1</b> DAVID PHELPS EXECUTIVE VP & COO	278,592	0	0	21,000	5,316	304,908	
<b>2</b> LISA A HOLLANDER VICE PRESIDENT FOR ADVANCEMENT	267,330	0	0	19,875	10,617	297,822	
<b>3</b> SUSAN D SCROGGINS VICE PRESIDENT FOR FINANCE	258,936	0	0	20,166	12,034	291,136	
<b>4</b> DARRON C FARHA VICE PRESIDENT/GENERAL COUNSEL	253,301	0	0	19,701	18,710	291,712	
<b>5</b> MARK L BIERMANN PROVOST AND EXECUTIVE VP	229,061	0	0	18,142	31,298	278,501	
<b>6</b> RICHARD A AMRHEIN VP FOR COMMUNITY & GOVERNMENT	168,031	0	0	13,350	10,232	191,613	
<b>7</b> MATT LOTTICH HEAD COACH MEN'S BASKETBALL	345,373	0	0	21,000	17,429	383,802	
<b>8</b> ROBERT F BLOMQUIST LAW PROFESSOR	98,497	0	124,771	13,813	0	237,081	
<b>9</b> REBECCA J HUSS LAW PROFESSOR	96,399	0	123,535	13,714	4,128	237,776	
<b>10</b> JAMES BRODZINSKI PROFESSOR OF MANAGEMENT	214,199	0	0	16,316	3,256	233,771	
<b>11</b> CURTIS W CICHOWSKI LAW PROFESSOR	88,601	0	116,265	13,133	7,015	225,014	
<b>12</b> ION KILPTINE DEAN COLLEGE OF ARTS & SCIENCE	175,685	0	0	14,110	18,454	208,249	



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**Schedule K (Form 990)**

**Supplemental Information on Tax-Exempt Bonds**  
 Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.  
 Attach to Form 990.

OMB No. 1545-0047

**2019**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization  
LUTHERAN UNIVERSITY ASSOCIATION INC

Employer identification number  
35-0868125

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**Part I Bond Issues**

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A INDIANA FINANCE AUTHORITY	35-1602316	455057YZ6	06-23-2010	30,421,188	CONSTRUCTION OF ARTS & SCIENCE BLD		X		X		X
B INDIANA FINANCE AUTHORITY	35-1602316	3135GOXP3	09-25-2014	45,238,325	CONSTRUCTION OF BEACON HALL		X		X		X
C INDIANA FINANCE AUTHORITY	35-1602316	45506DF67	07-12-2017	44,822,085	CONSTRUCTION OF SCIENCE CENTER		X		X		X

**Part II Proceeds**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Amount of bonds retired . . . . .		9,190,000	0	0		1,185,000		
2 Amount of bonds legally defeased . . . . .		0	0	0		0		
3 Total proceeds of issue . . . . .		30,421,188	45,238,325	44,822,085				
4 Gross proceeds in reserve funds . . . . .		0	0	0				
5 Capitalized interest from proceeds . . . . .		535,000	3,312,688	0				
6 Proceeds in refunding escrows . . . . .		0	0	0				
7 Issuance costs from proceeds . . . . .		281,865	238,325	275,287				
8 Credit enhancement from proceeds . . . . .		0	0	0				
9 Working capital expenditures from proceeds . . . . .		0	0	0				
10 Capital expenditures from proceeds . . . . .		20,570,000	45,000,000	15,000,000				
11 Other spent proceeds . . . . .		9,569,323	0	29,546,798				
12 Other unspent proceeds . . . . .		0	0	0				
13 Year of substantial completion . . . . .	2012		2016		2018			

**Part III Private Business Use**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? . . . . .	X			X		X		
15 Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? . . . . .		X		X		X		
16 Has the final allocation of proceeds been made? . . . . .	X		X		X		X	
17 Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X		X		X		X	

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

**Part III Private Business Use (Continued)**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .		X		X		X		
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .		X		X		X		
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
<b>4</b> 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 . . . . .		0 %		0 %		0 %		0 %
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . .								
<b>6</b> Total of lines 4 and 5 . . . . .								
<b>7</b> Does the bond issue meet the private security or payment test? . . . . .		X		X		X		
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? . . . . .		X		X		X		
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . . . .								
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .		X		X		X		
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? . . . . .	X		X		X		X	

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . . .		X		X		X		
<b>2</b> If "No" to line 1, did the following apply? . . . . .								
<b>a</b> Rebate not due yet? . . . . .		X		X		X		
<b>b</b> Exception to rebate? . . . . .		X		X		X		
<b>c</b> No rebate due? . . . . .	X		X		X		X	
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
<b>3</b> Is the bond issue a variable rate issue? . . . . .		X		X		X		
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		
<b>b</b> Name of provider . . . . .	0		0		0		0	
<b>c</b> Term of hedge . . . . .								
<b>d</b> Was the hedge superintegrated? . . . . .								
<b>e</b> Was the hedge terminated? . . . . .								

**Part IV Arbitrage** (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		
<b>b</b> Name of provider . . . . .	0		0					
<b>c</b> Term of GIC . . . . .								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
<b>6</b> Were any gross proceeds invested beyond an available temporary period?		X		X		X		
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? . . . . .	X		X		X			

**Part V Procedures To Undertake Corrective Action**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
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 if self-remediation is not available under applicable regulations?	X		X		X			

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

**Schedule L**  
(Form 990 or 990-EZ)

**Transactions with Interested Persons**

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**  
 ▶ **Attach to Form 990 or Form 990-EZ.**  
 ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

Name of the organization LUTHERAN UNIVERSITY ASSOCIATION INC	Employer identification number 35-0868125
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**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).  
 Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. . . . . ▶ \$ \_\_\_\_\_

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**  
 Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
<b>Total</b> . . . . . ▶ \$												

**Part III Grants or Assistance Benefiting Interested Persons.**  
 Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)		26,640	TUITION ASSISTANCE	TUITION ASSISTANCE

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) SUE AMRHEIN	RICHARD AMRHEIN'S WIFE	36,213	COMPENSATION		No

**Part V Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions).

Return Reference	Explanation

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**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](http://www.irs.gov/Form990) for the latest information.**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
LUTHERAN UNIVERSITY ASSOCIATION INC

Employer identification number  
35-0868125

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
<b>1</b> Art—Works of art . . . . .	X	15	39,065	APPRAISAL
<b>2</b> Art—Historical treasures . . . . .				
<b>3</b> Art—Fractional interests . . . . .				
<b>4</b> Books and publications . . . . .	X		190	FAIR MARKET VALUE
<b>5</b> Clothing and household goods . . . . .	X		10	FAIR MARKET VALUE
<b>6</b> Cars and other vehicles . . . . .				
<b>7</b> Boats and planes . . . . .				
<b>8</b> Intellectual property . . . . .				
<b>9</b> Securities—Publicly traded . . . . .	X	41	2,422,757	FAIR MARKET VALUE
<b>10</b> Securities—Closely held stock . . . . .				
<b>11</b> Securities—Partnership, LLC, or trust interests . . . . .				
<b>12</b> Securities—Miscellaneous . . . . .				
<b>13</b> Qualified conservation contribution—Historic structures . . . . .				
<b>14</b> Qualified conservation contribution—Other . . . . .				
<b>15</b> Real estate—Residential . . . . .				
<b>16</b> Real estate—Commercial . . . . .				
<b>17</b> Real estate—Other . . . . .				
<b>18</b> Collectibles . . . . .				
<b>19</b> Food inventory . . . . .				
<b>20</b> Drugs and medical supplies . . . . .				
<b>21</b> Taxidermy . . . . .				
<b>22</b> Historical artifacts . . . . .				
<b>23</b> Scientific specimens . . . . .				
<b>24</b> Archeological artifacts . . . . .				
<b>25</b> Other ▶ ( _____ )				
<b>26</b> Other ▶ ( _____ )				
<b>27</b> Other ▶ ( _____ )				
<b>28</b> Other ▶ ( _____ )				

**29** Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** **1**

	Yes	No
<b>30a</b> 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 purposes for the entire holding period? . . . . .		No
<b>b</b> If "Yes," describe the arrangement in Part II.		
<b>31</b> Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	Yes	
<b>32a</b> Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .		No
<b>b</b> If "Yes," describe in Part II.		
<b>33</b> 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.		

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
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**SCHEDULE O**  
(Form 990 or 990-EZ)

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Department of the Treasury

Name of the organization

LUTHERAN UNIVERSITY ASSOCIATION INC

Employer identification number

35-0868125

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1B	MARK HECKLER IS A PAID EMPLOYEE OF THE ORGANIZATION AND THEREFORE IS CONSIDERED A NON-INDEPENDENT BOARD MEMBER. SUSAN JENNY EHR IS CONSIDERED A NON-INDEPENDENT BOARD MEMBER DUE TO THE TRANSACTION LISTED ON SCHEDULE L. FORM 990, PART VI, SECTION A, LINE 2 BOARD OF DIRECTORS MEMBERS FREDERICK KRAEGEL, BONNIE RAQUET, AND CORNELL BOGGS ALSO SERVE ON THE BOARD OF DIRECTORS OF THRIVENT FINANCIAL, A FORTUNE 500 FINANCIAL SERVICES NON-PROFIT ORGANIZATION



**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 11B	CONSISTENT WITH ITS FIDUCIARY RESPONSIBILITIES, THE BOARD OF DIRECTORS OF THE LUTHERAN UNIVERSITY ASSOCIATION, INC D/B/A VALPARAISO UNIVERSITY ADOPTED THE FOLLOWING PROCEDURE FOR ANNUAL REVIEW OF THE UNIVERSITY'S RESPONSES TO INTERNAL REVENUE CODE FORM 990: (1) THIRTY DAYS BEFORE FILING WITH THE INTERNAL REVENUE SERVICE, OR AS SOON AS PRACTICABLE PRIOR TO FILING, THE AUDIT COMMITTEE WILL REVIEW AND COMMENT ON THE FORM 990 (2) FOLLOWING REVIEW BY THE AUDIT COMMITTEE AND PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE, THE FINAL FORM 990, EXCLUDING SCHEDULE B TO HONOR DONOR CONFIDENTIALITY, SHALL BE TRANSMITTED TO ALL BOARD MEMBERS. THE MOST EXPEDITIOUS METHOD OF TRANSMISSION, WHETHER IN PAPER FORM OR ELECTRONIC WILL BE DETERMINED IN THE DISCRETION OF THE UNIVERSITY ADMINISTRATION. THIS RETURN WAS REVIEWED AND APPROVED BY THE AUDIT COMMITTEE ON 4/23/21 AND UPON APPROVAL WAS POSTED ELECTRONICALLY FOR FULL BOARD REVIEW.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 12C	<p>THE POLICY FOR THE DISCLOSURE OF EXISTING OR POTENTIAL CONFLICTS OF INTEREST, SHALL BE ADMINISTERED IN THE FOLLOWING MANNER: 1. CURRENT AND CERTAIN FORMER DIRECTORS, OFFICERS, AND KEY EMPLOYEES SHALL ANNUALLY RECEIVE A COPY OF THE POLICY STATEMENT ON CONFLICTS OF INTEREST AND BE ASKED TO COMPLETE A QUESTIONNAIRE AS TO THEIR INTERESTS. THE BOARD CHAIR AND THE PRESIDENT SHALL HAVE DISCRETION TO APPLY THIS REQUIREMENT TO OTHER EMPLOYEES (SUCH AS EMPLOYEES WITH SIGNIFICANT PROCUREMENT RESPONSIBILITIES). 2. ANY EXISTING OR POTENTIAL CONFLICT OF INTEREST ON THE PART OF A DIRECTOR IS TO BE DISCLOSED TO THE CHAIR OF THE GOVERNANCE COMMITTEE OF THE BOARD. THE CHAIR OF THE GOVERNANCE COMMITTEE, IN CONSULTATION WITH THE BOARD CHAIR, THE PRESIDENT, AND THE GENERAL COUNSEL, WILL DISCUSS WITH THE DIRECTOR OPTIONS FOR RESOLVING THE CONFLICT. A CONFLICT OF INTEREST MAY BE WAIVED IF THE CHAIR OF THE GOVERNANCE COMMITTEE, IN CONSULTATION WITH THE BOARD CHAIR, THE PRESIDENT, AND THE GENERAL COUNSEL, DETERMINES THAT THE TRANSACTION OR CIRCUMSTANCE IS IN THE BEST INTERESTS OF THE UNIVERSITY. WHETHER OR NOT A CONFLICT IS WAIVED, A DIRECTOR WHO HAS AN EXISTING OR POTENTIAL CONFLICT OF INTEREST ON ANY MATTER SHOULD NOT VOTE OR USE HIS OR HER PERSONAL INFLUENCE ON THE MATTER, NOR SHOULD THE DIRECTOR BE COUNTED IN DETERMINING A QUORUM, EVEN WHERE PERMITTED BY LAW. THE MINUTES OF ANY MEETING SHOULD REFLECT THAT THE DIRECTOR DISCLOSED THE CONFLICT, ABSTAINED FROM VOTING, AND THAT A QUORUM EXISTED EVEN THOUGH THE DIRECTOR IS NOT COUNTED TOWARD THAT QUORUM. THIS REQUIREMENT DOES NOT PREVENT A DIRECTOR FROM STATING HIS OR HER POSITION ON THE MATTER OR FROM ANSWERING PERTINENT QUESTIONS OF OTHER DIRECTORS WHERE THE DIRECTOR'S KNOWLEDGE MAY ASSIST THE OTHER DIRECTORS. 3. ANY EXISTING OR POTENTIAL CONFLICT OF INTEREST ON THE PART OF AN OFFICER, KEY EMPLOYEE, OR OTHER DESIGNATED EMPLOYEE IS TO BE DISCLOSED TO THE GENERAL COUNSEL AND BROUGHT TO THE ATTENTION OF THE PRESIDENT. THE GENERAL COUNSEL, IN CONSULTATION WITH THE PRESIDENT, WILL DISCUSS WITH THE OFFICER OR EMPLOYEE OPTIONS FOR RESOLVING THE CONFLICT. A CONFLICT OF INTEREST MAY BE WAIVED IF THE GENERAL COUNSEL, IN CONSULTATION WITH THE PRESIDENT, DETERMINES THAT THE TRANSACTION OR CIRCUMSTANCE IS IN THE BEST INTERESTS OF THE UNIVERSITY. THE GENERAL COUNSEL SHALL REPORT TO THE GOVERNANCE COMMITTEE ANY CONFLICTS OF INTEREST AND THE RESOLUTION OR WAIVER OF SAME.</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 15A	THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS IS RESPONSIBLE FOR AN ANNUAL REVIEW OF COMPENSATION FOR COMPENSATED OFFICERS AND OTHER KEY EMPLOYEES OF THE UNIVERSITY. THE REVIEW WAS LAST UNDERTAKEN ON OCTOBER 29, 2020. INFORMATION FROM OUTSIDE CONSULTANTS AS WELL AS PEER AND INDUSTRY DATA WAS REVIEWED TO DETERMINE EQUITABLE, COMPETITIVE COMPENSATION PACKAGES.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 15B	THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS IS RESPONSIBLE FOR AN ANNUAL REVIEW OF COMPENSATION FOR COMPENSATED OFFICERS AND OTHER KEY EMPLOYEES OF THE UNIVERSITY. THE REVIEW WAS LAST UNDERTAKEN ON OCTOBER 29, 2020. INFORMATION FROM OUTSIDE CONSULTANTS AS WELL AS PEER AND INDUSTRY DATA WAS REVIEWED TO DETERMINE EQUITABLE, COMPETITIVE COMPENSATION PACKAGES.

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	VALPARAISO UNIVERSITY CURRENTLY DOES NOT PROVIDE GOVERNING DOCUMENTS OR THE CONFLICT OF INTEREST POLICY TO THE PUBLIC. FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST AND MAY BE OBTAINED FROM THE OFFICE OF THE SENIOR VICE PRESIDENT FOR FINANCE.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART XI, LINE 9	CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS \$ (163,287) CHANGE IN DISCOUNT & ALLOWANCE \$2,350,521 TOTAL \$2,187,234 SCHEDULE B FORM 990 SCHEDULE OF CONTRIBUTORS IS NOT SUBJECT TO PUBLIC DISCLOSURE PURSUANT TO THE UNITED STATES FREEDOM OF INFORMATION ACT.

# SCHEDULE R (Form 990)

## Related Organizations and Unrelated Partnerships

Department of the Treasury  
Internal Revenue Service

Name of the organization  
LUTHERAN UNIVERSITY ASSOCIATION INC

Employer identification number  
35-0868125

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

### Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) VU INTL COLLABORATION LLC 1700 CHAPEL DRIVE VALPARAISO, IN 46383 45-3588931	CHARITABLE	DE			LUA INC
(2) AVRO LLC 1700 CHAPEL DRIVE VALPARAISO, IN 46383 45-5235826	R/E HOLDINGS	IN		1,374,192	LUA INC

### Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) INDEPENDENT COLLEGES OF INDIANA INC 101 W OHIO STREET SUITE 300 INDIANAPOLIS, IN 462044206 31-0901001	EDUCATION	IN	501(C)(3)	12A	NA		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No







**Part VII**    **Supplemental Information**

Provide additional information for responses to questions on Schedule R. (see instructions).

<b>Return Reference</b>	<b>Explanation</b>