

8749301800001

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 publica

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

Charme of organization D Employer Identification number		A F	or the	2016 calendar year, or tax year beginning $$ JUN 1 , $$ 2016 $$ and	dending	MA	Y 31, 20	17		
Control County Comparison		B c	heck if pplicable	C Name of organization		D	Employer ide	ntification	on number	
Number and street (or P.O. box I mail a not disvored to street address) Room/Sulf E Telephone number S12 13 Number S211 R IVERSTIDE AVENUE City or town, state or province, country, and 21P or foreign postal code MINNEAPOLIS, MN S45454-1351 H(s) is this a group return for subcordinate? Ves No No No No No No No N			_]change	AUGSBURG UNIVERSITY						
Number and states (or or use in this in the seward to stream address) Number and states or province, country, and 2P or foreign postal code G. discertaeses \$1.19, 188, 612.		X				\perp	41	<u>-069</u>	4721	
City or town, state or province, country, and ZIP or foreign postal code Conservation Conser		-	_Jreturn ∏Final		Room/su	ite E			0-1000	
MINNEAPOLIS, MN 55454-1351			termin-			G				2.
Figure Figure and address of principal officer PAUL PRIBBENOW SAME AS C ABOVE Tax-exempt status: XI 501c(13) 501c(1) (neert no.) 4947(a)(1) or 135 (1) or 170. ** attach a list. (see instructions) 1 or 10			Amende			H	l(a) is this a gro			
Taccesements status LX Solito(s) \$\ \] \$\ \] (usert no.) \$4947(s)(1) or \$\ \] \$\ \] (the botter) + \$\ \] (usert no.) \$\ \] (usert no.)				F Name and address of principal officer: PAUL PRIBBENOW			_	•		No
J Washatte				SAME AS C ABOVE		<u> 2</u>] н	(b) Are all subordin	ites include	ed? Yes	No
Part Summary		1 7	ax-exer	npt status: X 501(c)(3) 501(c) ()	or	27)	lf "No," atta	ch a list.	(see instructions))
Part Summary					<u></u>					
1 Briefly describe the organization's mission or most significant activities: A PRIVATE LUTHERAN FOUR-YEAR UNIVERSITY LOCATED IN DOWNTOWN MINNEAPOLTS. 2 Check this box	,				L Ye	ar of f	ormation: 187	2 M Sta	ate of legal domicile:	MN
UNIVERSITY LOCATED IN DOWNTOWN MINNEAPOLIS. 2 Check this box ▶	١	Pa				 .		= = = =		
A Notinize in indepiction of indepictions of the governing body rat v, time 10) 5 1944 6 1944 6 1944 6 1944 6 1944 6 1944 6 1944 6 1944 6 1944 6 1944 6 1944 7 1945 7		ınce				5 1.1	UTHERAN	FOUR	-YEAR	
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A Notinize in indepiction of indepictions of the governing body rat v, time 10) 5 1944 6 1944 6 1944 6 1944 6 1944 6 1944 6 1944 6 1944 6 1944 6 1944 6 1944 7 1945 7		Ŏ.	3 N	umber of voting members of the governing body (Part VI, line 1a)				3		
Prior Year Current Year 28,456,184 12,419,724 37,800 804 103,379,612 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) -823,157 1,618,873 1,618,873 1,000 1		ا ا	4 N					4		
Prior Year Current Year 28,456,184 12,419,724 37,800 804 103,379,612 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) -823,157 1,618,873 1,618,873 1,000 1		ģ.	5					5	19	
Prior Year Current Year 28,456,184 12,419,724 37,800 804 103,379,612 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) -823,157 1,618,873 1,618,873 1,000 1		E	6							
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Secont plutions and grafts (rart VIII, line 1h) 28,456,184. 12,419,724.				etrunrelated business taxable income from Form 990-T, line 34	 -			7b		<u>/·</u>
97,800,804,103,379,612.			Į Į	الملا	- -	21	Prior Year	, -		- A
12 Total revenue (-Part VIII, Column (A), lines 5, 68, 85, 95, 105, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 15 Salares, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 Professional fundraising tees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), line 11e) 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total labilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20 23 Part II Signature Block 10 Signature of officer 24 BETH REISSENWEBER, VP FOR FINANCE AND ADMIN, CFO 19 Paid AREN GRIES 29 Court Signature Clother than officer) is based on all information of which preparer has any knowledge. 20 Proparer's signature Court of the proparer (other than officer) is based on all information of which preparer has any knowledge. 20 Proparer's signature Firm's address 220 SOUTH SIXTH STREET, SUITE 300 Minness 5.00 May the IRS discuss this return with the preparer shown above? (see instructions)		ine	06	entributions and grants (Fart VIII, line 11)	ŀ					
12 Total revenue (-Part VIII, Column (A), lines 5, 68, 85, 95, 105, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 15 Salares, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 Professional fundraising tees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), line 11e) 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total labilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20 23 Part II Signature Block 10 Signature of officer 24 BETH REISSENWEBER, VP FOR FINANCE AND ADMIN, CFO 19 Paid AREN GRIES 29 Court Signature Clother than officer) is based on all information of which preparer has any knowledge. 20 Proparer's signature Court of the proparer (other than officer) is based on all information of which preparer has any knowledge. 20 Proparer's signature Firm's address 220 SOUTH SIXTH STREET, SUITE 300 Minness 5.00 May the IRS discuss this return with the preparer shown above? (see instructions)		, Še	10	voctment income (Part VIII column (A) lines 3, 4, and 7d)	+					
12 Total revenue add lines 8 through 11 (must equal Part VIII, column (A), line 12) 125,611,896. 117,239,516. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 34,693,493. 38,191,232. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.		R.								
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 34,693,493. 38,191,232. 14 Benefits paid to or for members (Part IX, column (A), lines 4) 0. 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 Professional fundraising fees (Part IX, column (A), line 11e) 19,097. 10,699. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 26,201,712. 26,593,010. 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 107,942,658. 111,610,258. 19 Revenue less expenses. Subtract line 18 from line 12 17,669,238. 5,629,258. 18 Revenue less expenses. Subtract line 18 from line 12 17,669,238. 5,629,258. 19 Revenue less expenses. Subtract line 18 from line 12 157,266,702. 216,659,242. 20 Total assets (Part X, line 16) 157,266,702. 216,659,242. 21 Total liabilities (Part X, line 16) 157,266,702. 216,659,242. 22 Net assets or fund balances Subtract line 21 from line 20 113,253,066. 122,592,009. Part II Signature Block 113,253,066. 122,592,009. Part II Signature Block 124,013,636. 44,013,636. 44,013,636. 44,013,636. 44,013,636. 44,013,636. 44,013,636. 44,013,636. 44,013,636. 44,013,636. 44,013,636. 44,013,636. 44,013,636. 44,013,636. 44,013,636. 44,013,636. 44,013,636. 44,013,636. 46,815,317. 44,013,636.					<u> </u>	12				
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16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total labilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20 23 Net assets or fund balances Subtract line 21 from line 20 24 Part II Signature Block 113, 253, 066. 122, 592, 009. 12 Part II Signature Block 12 Correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 12 Primit Type preparer's name RAREN GRIES 13 O MINNEAPOLIS, MN 55402 May the IRS discuss this return with the preparer shown above? (see instructions) 10 9, 097. 10, 699. 26, 201, 712. 26, 593, 010. 107, 942, 658. 111, 610, 258. 107, 942, 658. 111, 610, 258. 107, 942, 658. 111, 610, 258. 107, 942, 658. 111, 610, 258. 117, 669, 238. 5, 629, 258. Beginning of Current Year End of Year 157, 266, 702. 216, 659, 242. 44, 013, 636. 94, 067, 233. 113, 253, 066. 122, 592, 009. 113, 253, 066. 122, 592, 009. 113, 253, 066. 122, 592, 009. 113, 253, 066. 122, 592, 009. 113, 253, 066. 122, 592, 009. 114, 015, 015, 015, 015, 015, 015, 015, 015	_		ľ		1					
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22 Net assets or fund balances Subtract line 21 from line 20 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. Signature of officer BETH REISSENWEBER, VP FOR FINANCE AND ADMIN, CFO Type or print name and title Print/Type preparer's name Paid KAREN GRIES Preparer Preparer Preparer Firm's name CLIFTONLARSONALLEN LLP Use Only Firm's address 220 SOUTH SIXTH STREET, SUITE 300 MINNEAPOLIS, MN 55402 May the IRS discuss this return with the preparer shown above? (see instructions) 113,253,066.122,592,009. 113,253,066.122,592,009. 113,253,066.122,592,009. 120,592,009. 113,253,066.122,592,009. 120,592,009. 113,253,066.122,592,009. 120,5		Bak			-					
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 strue, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date 12-11-2017	-	E de			<u> </u>					
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. Concept	Ī	Pa					3,233,00	<u> </u>	22,332,00	<u></u> -
true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Date		1		<u></u>	es and state	ements	s, and to the best	of my knc	owledge and belief, it	t is
Signature of officer BETH REISSENWEBER, VP FOR FINANCE AND ADMIN, CFO Type or print name and title Print/Type preparer's name RAREN GRIES Firm's name CLIFTONLARSONALLEN LLP Firm's address 220 SOUTH SIXTH STREET, SUITE 300 MINNEAPOLIS, MN 55402 May the IRS discuss this return with the preparer shown above? (see instructions) Date Proparer Signature of officer Date Print/Type preparer's signature Preparer's signature Print/Type preparer's name RAREN GRIES Firm's address 220 SOUTH SIXTH STREET, SUITE 300 Phone no.612-376-4500 X Yes No	-	-						, -		
Signature of officer BETH REISSENWEBER, VP FOR FINANCE AND ADMIN, CFO Type or print name and title Print/Type preparer's name RAREN GRIES Firm's name CLIFTONLARSONALLEN LLP Firm's address 220 SOUTH SIXTH STREET, SUITE 300 MINNEAPOLIS, MN 55402 May the IRS discuss this return with the preparer shown above? (see instructions) Date Proparer Signature of officer Date Print/Type preparer's name RAREN GRIES Print/Type preparer's name Preparer's signature Print/Type preparer's name Print/Type preparer's name Firm's name Check PTIN Self-employed P00078514 Firm's EIN 41-0746749 Phone no.612-376-4500 May the IRS discuss this return with the preparer shown above? (see instructions)	4	. T		Both Keissen weber			1	2-11	- 2017	
BETH REISSENWEBER, VP FOR FINANCE AND ADMIN, CFO Type or print name and title			,	Signature of officer			Date			
Print/Type preparer's name RAREN GRIES Preparer Firm's name CLIFTONLARSONALLEN LLP Firm's address 220 SOUTH SIXTH STREET, SUITE 300 MINNEAPOLIS, MN 55402 May the IRS discuss this return with the preparer shown above? (see instructions) Preparer's signature Date Date PTIN Check PTIN P00078514 Pond					ADMI	N,	CFO			
Paid KAREN GRIES Firm's name CLIFTONLARSONALLEN ILP Firm's address 220 SOUTH SIXTH STREET, SUITE 300 MINNEAPOLIS, MN 55402 May the IRS discuss this return with the preparer shown above? (see instructions) ABOUT Self-employed P00078514	-			<u></u>						
Preparer Firm's name CLIFTONLARSONALLEN LLP Firm's EIN 41-0746749 Use Only Firm's address 220 SOUTH SIXTH STREET, SUITE 300 MINNEAPOLIS, MN 55402 Phone no.612-376-4500 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No	ŭ	<u>.</u>	<u>[</u>		\mathcal{I}	Date	Check		•	Ì
Firm's address 220 SOUTH SIXTH STREET, SUITE 300 MINNEAPOLIS, MN 55402 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No						1040				
MINNEAPOLIS, MN 55402 May the IRS discuss this return with the preparer shown above? (see instructions) MINNEAPOLIS, MN 55402 Phone no.612-376-4500 X Yes No	- +	-			00		Firm's EIN	<u>4</u> .	1-0/46/49	
May the IRS discuss this return with the preparer shown above? (see instructions)	1	USE	Only F		UU		Dhone co	512-	376-4500	1
	-		the IDS				1 rnone no.	<u> </u>	, , _ , _ , _ , _ , _ , _ , _ , _ , 	——
	_				ions.		·			



	990 (2016) AUGSBURG UNIVERSITY	41-0694721	Page 2
Pai	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
-	AUGSBURG UNIVERSITY EDUCATES STUDENTS TO BE INFORMED CIT	FIZENS.	
	THOUGHTFUL STEWARDS, CRITICAL THINKERS, AND RESPONSIBLE		
	THOUGHT OF THE TAIL T		
	THE AUGSBURG EXPERIENCE IS SUPPORTED BY AN ENGAGED COMM	י ייע מעיי עיידוארו	70
		ONITI IIMI I	
2	Did the organization undertake any significant program services during the year which were not listed on the	Г	∵
	prior Form 990 or 990-EZ?	∟ Yes	X 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?	L Yes	X 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 expense	s
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ers, the total expenses,	and
	revenue, if any, for each program service reported.		
4a	(Code) (Expenses \$ 69,788,118. including grants of \$ 38,191,232.) (Revenue	91,517,	036.)
	POSTSECONDARY EDUCATION	·	
	SET IN A VIBRANT NEIGHBORHOOD AT THE HEART OF THE TWIN (TITTES AUGS	BURG
	UNIVERSITY OFFERS MORE THAN 50 UNDERGRADUATE MAJORS AND		
	DEGREES TO OVER 3,500 STUDENTS OF DIVERSE BACKGROUNDS.		
	OF AN AUGSBURG EDUCATION ARE AN EMPHASIS UPON DIRECT, PH		LNS
	EXPERIENCE AND OUR DEEP COMMITMENT TO EDUCATING STUDENTS		
	INTERSECTIONS OF FAITH, LEARNING, AND SERVICE. AUGSBURG		
	AS ONE OF THE COUNTRY'S LEADING INSTITUTIONS FOR COMMUNI		
	BY THE PRESIDENT'S HIGHER EDUCATION COMMUNITY SERVICE HO		N
	ADDITION, THE UNIVERSITY WAS AWARDED THE 2012 WILLIAM M.		
	PRESIDENTIAL AWARD FOR EXCELLENCE IN EXPERIENTIAL EDUCAT		
4b	(Code) (Expenses \$ 23,094,496 • including grants of \$ 0 •) (Revenue	_{1e} \$ 1,930,	133.)
	ACADEMIC SUPPORT AND STUDENT SERVICES		
	AUGSBURG UNIVERSITY PROVIDES INNOVATIVE PROGRAMMING AND	SUPPORT	
	SERVICES TO A DIVERSE COMMUNITY OF OVER 3,500 UNDERGRADU	JATE AND	
	GRADUATE LEARNERS. THE GAGE CENTER FOR STUDENT SUCCESS I		
	ADVISING, TUTORING, AND OTHER ACADEMIC SUPPORT SERVICES		
	UNDERGRADUATE AND GRADUATE STUDENTS. THE GAGE CENTER INC		 -
	ACADEMIC SPECIALISTS WHO PROVIDE INDIVIDUALIZED ACCOMMOD		
	STUDENTS WITH COGNITIVE, LEARNING, AND PHYSICAL DISABILITY		ነአርፑ
	CENTER ALSO OFFERS SUPPORT PROGRAMS FOR FIRST-GENERATION		
	STUDENTS. IN ADDITION, AUGSBURG'S STEPUP PROGRAM, AN IND		COME
	NATIONALLY RECOGNIZED RESIDENTIAL UNIVERSITY RECOVERY PROJECTION		ODMC
4c		9,932,	443.)
	AUXILIARY SERVICES		
	- Fragring to The Court of the		
	AUGSBURG UNIVERSITY'S RESIDENCE LIFE PROGRAM SEEKS TO DE		
	WHO ARE BOTH STUDENTS AND NEIGHBORS IN AN URBAN COLLEGIA		
	UNIVERSITY HAS FIVE RESIDENCE HALLS AND THREE DINING VEN		
	FALL OF 2016, AUGSBURG WAS HOME TO 954 STUDENTS, WITH 80		
	IN STUDENT MEAL PLANS. A'VIANDS DINING SERVICE STRIVES T		
	WIDE VARIETY OF MEALS THAT MEET NUTRITIONAL AND CULTURAL	REQUIREMEN	TS
	AND EDUCATE STUDENTS ABOUT NUTRITION AND SUSTAINABLE FOO	DD PRACTICES	. A
	CAMPUS BOOKSTORE SERVES STUDENTS, FACULTY, STAFF, AND TH		
	PUBLIC, OFFERING A VARIETY OF FAIR TRADE GOODS.		
			
	Other program services (Describe in Schedule O.)		
40			
	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ▶ 100,628,033.		
<u>4e</u>	Total program service expenses ▶ 100,628,033.		00 (004.0)
	SEE SCHEDULE O FOR CONTINUATION(S		90 (2016)
632002	SEE SCHEDULE O FOR CONTINUATION(S	<i>)</i>	

Form 990 (2016) AUGSBURG UNIVERSITY
Part IV Checklist of Required Schedules

41-0694721

			162	IMO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	-
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	 -		
	public office? If. "Yes," complete Schedule C, Part I	з		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or]		
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	ļ	X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			, v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	_ ;		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	7		<u> </u>
0	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	۳		
-	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			ł
	If "Yes," complete Schedule D, Part IV	9	Х	ļ
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable	,		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
L	Part VI	11a	X	<u> </u>
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	446	х	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11b		├─-
Ŭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in		$\overline{}$	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
D	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	405		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13	X	- 47
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			7.7
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	\dashv	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I			Х
10	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		
18	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	-:-		
	complete Schedule G, Part III	19		X
		Form	990 (2016)

Form 990 (2016) AUGSBURG UNIVERSITY
Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	1	X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	}_
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			l
	Schedule J	23	Х	l
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			}
	Schedule K. If "No", go to line 25a	24a	X	1
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			i
	Schedule L, Part I	25b	,	Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	Į į		ĺ
	complete Schedule L, Part II	26	X	İ
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			i
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	1 1		
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	, i		7
	instructions for applicable filing thresholds, conditions, and exceptions):	i i	,	,
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		LX
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			}
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			1
	Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	ļ ļ		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?]]		
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	1 1		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	((}
	Note. All Form 990 filers are required to complete Schedule O	38	X	L
		Form	990 d	(2016)

تت	Check if Schedule O contains a response or note to any line in this Part V			\mathbf{x}
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	/ [ĺ	
¢	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1 ^		
	(gambling) winnings to prize winners?	1c	<u> </u>	Ĺ_
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	×.	, , `	19
	filed for the calendar year ending with or within the year covered by this return 2a 1944			,
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	1
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	Ţ	<u>ر</u>	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X	<u>L</u> .
b	If "Yes," enter the name of the foreign country ► SEE SCHEDULE O	1	>	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	'		ł
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	<u> </u>	<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a	<u> </u>	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			l
	were not tax deductible?	6b	ļ	├
7	Organizations that may receive deductible contributions under section 170(c).	14		l
а	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?	7a	X	├
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c	 	X
d	· · · · · · · · · · · · · · · · · · ·	. 1	1	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	├	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	<u> </u>	<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	 	├
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			,
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.		~	İ
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		├─
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter	9b	 -	-
10				1 '
a	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1 /		*
11	Section 501(c)(12) organizations. Enter:	1 !		,
''a	Gross income from members or shareholders		k	3
a b	Gross income from other sources (Do not net amounts due or paid to other sources against	1		
	amounts due or received from them.)		- 1	. *
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a)
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	<u> </u>		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1 1		4
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
-	Note. See the instructions for additional information the organization must report on Schedule O		,	
b	Enter the amount of reserves the organization is required to maintain by the states in which the	L	, !	
_	organization is licensed to issue qualified health plans			(
С	Enter the amount of reserves on hand	1 `		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Form	990	/2016

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

	Check if Schedule O contains a response or note to any line in this Part VI			X							
Sec	tion A. Governing Body and Management										
-			Yes	No							
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 15	,	,								
	If there are material differences in voting rights among members of the governing body, or if the governing			*							
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.	1	5,	١.							
b	Enter the number of voting members included in line 1a, above, who are independent 1b 34			,							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		*,								
	officer, director, trustee, or key employee?	2		X							
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision										
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X								
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х							
6											
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or										
	more members of the governing body?	7a	X								
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or										
	persons other than the governing body?	7b	Х								
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			1							
а	The governing body?	8a	X	Ì							
b	Each committee with authority to act on behalf of the governing body?	8b	X								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the										
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X_							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)										
			Yes	Nο							
10a	Did the organization have local chapters, branches, or affiliates?	10a		X							
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			ļ							
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		<u> </u>							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		Х							
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		٠	l							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X								
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			l							
	in Schedule O how this was done	12c	X								
13	Did the organization have a written whistleblower policy?	13	X								
14	Did the organization have a written document retention and destruction policy?	14	X								
15	Did the process for determining compensation of the following persons include a review and approval by independent		. "								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			47							
а	The organization's CEO, Executive Director, or top management official	15a	X								
b	Other officers or key employees of the organization	15b		X							
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	• 1									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	-		``.\.							
	taxable entity during the year?	16a		X							
b	If "Yes," did the organization follow a written policy or procedure requining the organization to evaluate its participation	. `		^							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	ъ.	**								
	exempt status with respect to such arrangements?	16b									
Sec	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed ►MA, MN										
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailab	le								
	for public inspection. Indicate how you made these available. Check all that apply										
	Own website Another's website X Upon request Other (explain in Schedule O)										
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finan	cial								
	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										
	BETH REISSENWEBER - 612-330-1000										
	2211 RIVERSIDE AVENUE, MINNEAPOLIS, MN 55454-1351			(2016)							

Form 990 (2016) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

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

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

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

(A)	(B)	Γ		(((D)	(E)	(F)
Name and Title	Average hours per week	box	not c , unle cer an	ss pe	more rson	than is bot	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional frustee	Officer	Key employee	Highest compensated employee	Former	the organization (W·2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) PAUL PRIBBENOW	40.00								_	
PRESIDENT		X		X				311,187.	0.	61,788.
(2) JEFFERY NODLAND	2.00	↓	ļ							
CHAIR		X	L	X	_	<u> </u>	L_	0.	0.	- 0.
(3) DAVID TIEDE	2.00	1								_
VICE CHAIR		X	L	X		L		0.	0.	0.
(4) MARK EUSTIS	2.00	1_								_
TREASURER		X		X		<u> </u>	L	0.	0.	0.
(5) KAREN DURANT	2.00	┨								
SECRETARY		X	_	X	L.	_	L.	0.	0.	0.
(6) ANDREA ADOLFSON	2.00	┨								
BOARD MEMBER		X	L			<u> </u>	Ь.	0.	0.	0.
(7) ANN ASHTON-PIPER	2.00	4			1	1		ĺ		
BOARD MEMBER		x	L_		L			0.	0.	0.
(8) MATT ENTENZA	2.00	l								
BOARD MEMBER		X	├ _			_	ļ	0.	0.	0.
(9) NICHOLAS GANGESTAD	2.00	۱								
BOARD MEMBER		X	<u> </u>		_	<u>L</u>		0.	0.	0.
(10) AMIT GHOSH	2.00	۱	1			1				
BOARD MEMBER	 	X	L	L	_	ļ	ļ	0.	0.	0.
(11) NORMAN HAGFORS	2.00	ļ			ł	ł	1	1	,	_
BOARD MEMBER	 	x	<u> </u>		<u> </u>	<u> </u>	_	0.	0.	0.
(12) JODI HARPSTEAD	2.00	١.,							_	•
BOARD MEMBER	1-2-0	X	_		<u> </u>	<u> </u>		0.	0.	0.
(13) MARLENE WHITERABBIT HELGEMO	2.00	x					ĺ	0.	0.	0.
BOARD MEMBER	2.00	₽	├ ─		-	<u> </u>	┞	<u> </u>		
(14) BISHOP RICK HOYME	2.00	x			ĺ	[1	0.	о.	0.
BOARD MEMBER (15) DIANE JACOBSON	2.00	╀≏	+-	 	\vdash	\vdash	├-	 		<u> </u>
BOARD MEMBER	1-2.00	x]	0.	0.	0.
(16) ROLF JACOBSON	2.00	╀	\vdash	 	\vdash	\vdash	\vdash	ļ	0.	
BOARD MEMBER	1.00	x			Ì		l	0.	0.	0.
(17) WAYNE JORGENSON	2.00	1	-			-	\vdash			
BOARD MEMBER	1 2.00	\mathbf{x}				1		0.	0.	0.
600007 44 11 16		<u>,</u>	Ь		Ц			·		Form 990 (2016)

632007 11-11-16

Form **990** (2016)

Part VII Section A. Officers, Directors, Trus	tees, Key Em (B)	ploy	/ees		<u>d Hi</u> C)	ighe	st C		-		(F)
(A)	Average	1		رر Pos	-	1		(D)	(E)		(F)
Name and title	hours per		not c	heck	more	than		Reportable	Reportable		Estimated amount of
	week					ıs bot or/trus		compensation	compensation from related		other
	(list any	į	Γ					the	organization	- 1	compensation
	hours for	die.				2		organization	(W-2/1099-MIS		from the
	related	tee or	ustee			ensat		(W-2/1099-MISC)			organization
	organizations	Į	nal tr		ag So	e e				ſ	and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	_			organizations
(18) TOBY LABELLE	2.00	<u> </u>	-	٥	¥	Ξ 0	-				
BOARD MEMBER		X				ŀ	L	0.	_	0.	0.
(19) LAJUNE LANGE	2.00										
BOARD MEMBER		X						0.		0.	0.
(20) STEVE LARSON	2.00	Г									
BOARD MEMBER		X				ļ ,		0.		0.	0.
(21) ANDRE LEWIS	2.00		П								
BOARD MEMBER		X						0.		0.	0.
(22) DENNIS MEYER	2.00										 -
BOARD MEMBER		X						0.		0.	0.
(23) PAM MOKSNES	2.00		П							\Box	
BOARD MEMBER		X						0.		0.	0.
(24) PAUL MUELLER	2.00										
BOARD MEMBER		X						0.		0.	0.
(25) LISA NOVOTNY	2.00										
BOARD MEMBER		X						0.		0.	0.
(26) RACHEL PRINGNITZ	2.00							-	•		
BOARD MEMBER	<u> </u>	X		-				0.		0.	0.
1b Sub-total							>	311,187.		0.	61,788.
c Total from continuation sheets to Part V	II, Section A						>	1,148,418.		0.	124,539.
d Total (add lines 1b and 1c)							<u> </u>	1,459,605.		0.	186,327.
2 Total number of individuals (including but r	ot limited to th	ose	liste	d at	bove	e) wh	o re	eceived more than \$100	,000 of reportab	е	- 4
compensation from the organization											Yes No
3 Did the organization list any former officer,	director, or tru	uste	e. ke	v en	nplo	vee.	or i	highest compensated e	mplovee on	I	1103 110
line 1a? If "Yes," complete Schedule J for s	=		-, -	•	•	•					3 X
4 For any individual listed on line 1a, is the su	um of reportab	le co	ompe	ensa	ation	n and	t otl	her compensation from	the organization	Ì	"
and related organizations greater than \$15	0,000? <i>lf "Yes,</i>	" co	mple	ete S	Sche	edule	J f	or such individual	ū	ľ	4 X
5 Did any person listed on line 1a receive or a	accrue compe	nsat	ion f	rom	any	unr	elat	ed organization or indivi	dual for services		
rendered to the organization? If "Yes," com	plete Schedul	e J f	or su	ıch	pers	son					X
Section B. Independent Contractors 1 Complete this table for your five highest co	mnensated in	dene		nt c	ontr	racto	rs t	hat received more than	\$100,000 of com	nene	ation from
the organization Report compensation for										ibelis	ation nom
(A)	and date name y		0	<u></u>		<u> </u>	Ť	(B)	, ou		(C)
Name and business	address						Ì	Description of s	ervices	C	ompensation
MCGOUGH CONSTRUCTION, IN	<u>c.</u>						7		· · · · · · · · · · · · · · · · · · ·		 -
NW 5970 PO BOX 1450, MIN		S,	MN	1 5	554	485	5 k	CONSTRUCTION		20	,780,144.
A'VIANDS, 1751 W CTY RD					_	_		******			
ROSEVILLE, MN 55113							þ	FOOD SERVICE	s (2	,779,964.
BARNES & NOBLE COLLEGE,	120 MOU	VTZ	AIN	<u>1V</u>]	EV	Ň	T				
BLVD, BASKING RIDGE, NJ							þ	BOOKSTORE PR	OVIDER		742,499.
MARCO	-					_	寸	PRINTING & M	AILING		
NW 7128 PO BOX 1450, MIN						485	5	PROVIDER			313,040.
CONTINUUM CONSTRUCTION,							\exists				
AVENUE COUNT CUTTE 455	DICOMIT	T/70	n 🔿 N	т	М	ΛT.	- 1	ついてからけられていて			201 702

21

CONSTRUCTION

SEE PART VII, SECTION A CONTINUATION SHEETS

Total number of independent contractors (including but not limited to those listed above) who received more than

AVENUE SOUTH, SUITE 455, BLOOMINGTON, MN

\$100,000 of compensation from the organization

Form/990 (2016)

	G UNIVER								41-069	4/41					
Part VII Section A. Officers, Directors, 1	rustees, Key E	mple	oyee	s, a	nd F	ligh	est	Compensated Employ							
(A)	(B)	Γ						(D)	(F)						
Name and title	Average	l		Pos				Reportable	Reportable	Estimated					
	hours	(c	heck	all t	that	арр	ly)	compensation	compensation	amount of					
	per week (list any hours for related organizations below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations					
	line)	Ē	SE.	#6	Key	운	For								
(27) EARL SETHRE	2.00	١.,							0						
BOARD MEMBER		X	_		Ш	<u> </u>	L	0.	0.	0					
(28) DEAN SUNDQUIST	2.00	1													
BOARD MEMBER		X	ļ		Щ	<u> </u>	_	0.	0.	0					
(29) BISHOP ANN SVENNUNGSEN	2.00	١			1	1									
BOARD MEMBER	 	X	$ldsymbol{ldsymbol{\sqcup}}$	Щ	Щ	\sqcup	L	0.	0.	0					
(30) JILL THOMAS	2.00	١						ا م							
BOARD MEMBER		X		\vdash	\vdash	\vdash	<u> </u>	0.	0.	0					
(31) VICKI TURNQUIST	2.00	 						, }							
BOARD MEMBER	1 2 00	X	<u> </u>	\vdash	<u> </u>			0.	0.	0					
(32) NORMAN WAHL	2.00	Į.,						0.	0.						
BOARD MEMBER	2.00	X		_		\vdash	-	U •	<u> </u>	0					
(33) MARK WILHELM	2.00	Į.						0.	0.0	0					
BOARD MEMBER	2.00	X	\vdash			\vdash		U .		0					
(34) NOYA WOODRICH BOARD MEMBER	2.00	X						0.	0.	0					
(35) KAREN KAIVOLA	40.00	┝	\vdash	_		\vdash			0.						
PROVOST/CHIEF ACADEMIC OFFICER	40.00	1		х				216,938.	0.	13,606					
(36) BETH REISSENWEBER	40.00	├─	\vdash		\vdash	Н				13,000					
VP FOR FINANCE ADMIN/CFO	40.00	ł		х				212,293.	0.	24,828					
(37) HEATHER RIDDLE	40.00	╁	┢		Н	\vdash		220,253.		21,020					
VP OF INSTITUTIONAL ADVANCEMENT	10.00	1				x		162,278.	0.	11,906					
(38) WILLIAM MULLEN	40.00	ſ			П										
VP OF ENROLLMENT MANAGEMENT		1			<u> </u>	x		146,985.	0.	21,479					
(39) LEIF ANDERSON	40.00	T													
VP OF INFORMATION/CIO		1		ŀ		x		142,555.	0.	22,359					
(40) REBECCA JOHN	40.00	Г													
VP OF MARKETING		1				Х		140,730.	0.	15,918					
(41) ANN GARVEY	40.00														
VP OF STUDENT APPAIRS]				X		126,639.	0.	14,443					
		Г													
		ot	<u> </u>	L_	L_'	Щ	L_								
		1		١,				}							
		<u>L</u>	L.	L_	L.,		L_								
		ł													
	_	\vdash	<u> </u>	<u> </u>	 	\vdash	<u> </u>								
		1													
	-	 _	L.	<u> </u>	L	_	<u> </u>								
	 	1													
	<u> </u>	L	L	L			Ь	 							
Total to Part VII, Section A, line 1c								1,148,418.		124,539					

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII Revenue excluded Related or Unrelated Total revenue from tax under sections 512 - 514 exempt function business revenue revenue ts, Grants Amounts 1 a ~ Federated campaigns 1a 1b Membership dues 495,081 1c Fundraising events 1d Related organizations 3,409,682 Government grants (contributions) 1e All other contributions, gifts, grants, and 8,514,961 similar amounts not included above 640,892 g Noncash contributions included in lines 1a-1f \$ 12,419,724 h Total. Add lines 1a-1f Business Code TUITION AND FEES 611710 91,517,036 91,517,036 Program Service AUXILIARY ENTERPRISES 711210 9,932,443 9,932,443 OTHER STUDENT SERVICES 900099 1,622,973 1,544,586 78,387 EDUCATIONAL ACTIVITIES 611710 307,160 307,160 All other program service revenue 103,379,612 Total. Add lines 2a-2f Investment income (including dividends, interest, and 1,197,402 -28,097 1,225,499. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (ı) Real (ii) Personal 913,066 6 a Gross rents 1,042,512 b Less: rental expenses 129,446 Rental income or (loss) -129,446 -129,446 Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other 1,185,621 assets other than inventory b Less: cost or other basis 748,586 15,564 and sales expenses 437,035 -15,564 c Gain or (loss) 421,471 d Net gain or (loss) 421 471 8 a Gross income from fundraising events (not Other Revenue 495,081. of including \$ contributions reported on line 1c) See 93,187 Part IV, line 18 142,434. b Less. direct expenses 49,247 Net income or (loss) from fundraising events 100 9 a Gross income from gaming activities. See Part IV, line 19 Ź. Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a All other revenue Total, Add lines 11a-11d 117,239,516. 103,301,225, ~79,156 597,723. Total revenue. See instructions.

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 (C) Management and (B) (D) Fundraising Do not include amounts reported on lines 6b. Total expenses Program service 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 38,191,232. 38,191,232. individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 1,552,190 520,391. 752,633 279,166. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 38,194,262. 34,001,903. 2,817,403. 1,374,956. Other salanes and wages Pension plan accruals and contributions (include 1,741,768. 2,284,142. 1,945,907. 91,644. 112,495. section 401(k) and 403(b) employer contributions) 2,616,504. 178,437. 153,925. Other employee benefits 2,184,669. 2,506,454. 173,653. 148,132. 10 Payroll taxes Fees for services (non-employees): Management 206,643. 206,643. **b** Legal 82,772. 82,772. Accounting Lobbying 10,699. 10,699. Professional fundraising services. See Part IV, line 17 213,622. 213,622. investment management fees Other. (If line 11g amount exceeds 10% of line 25, 6,147,986. 5,041,795 915,943. 190,248. column (A) amount, list line 11g expenses on Sch O.) 507,553. 2,227,556. 299,436. 2,459. 205,658. Advertising and promotion 12 2,125,905. 178,375. -76,724. 13 Office expenses 1,820,779. 1,565,796. 190,626. 64,357. 14 Information technology Royalties 15 3,357,642 3,036,834. 320,701 107. 16 Occupancy 2,324,231. 2,885,393. 443,595. 117,567. 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials 1,872,669. 1,360,382. 452,055. 60,232. 19 Conferences, conventions, and meetings 50,419. 610,021. 559,602. 20 Interest 21 Payments to affiliates 3,525,805. 350,508 3,876,496. 183. Depreciation, depletion, and amortization 22 661,213. 607,725. 53.488. 23 Insurance Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line

Form 990 (2016)

48,683.

1,027.

1,895.

-33,908.

2,455,499.

d

25

111,610,258.100,628,033.

1,188,738.

495,505.

358,974.

79,448.

24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)

EMPLOYEE TRAINING/RECRT

Total functional expenses. Add lines 1 through 24e

Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here If following SOP 98-2 (ASC 958-720)

REFERENCE MATERIALS

DUES AND FEES

e All other expenses

720,210.

488,095.

19,009.

29,103.

419,845.

6,383.

58,544.

363,779.

8,526,726.

	rt X	Balance Sheet			Tage II
		Check if Schedule O contains a response or note to any line in this Part X	***************************************		
			(A)		(B)
		•	Beginning of year		End of year
	1	Cash - non-interest-bearing	17,308,637.	1	8,443,227.
	2	Savings and temporary cash investments	19,303,293.	2	18,631,575.
	3	Pledges and grants receivable, net	2,668,178.	3	2,965,233.
	4	Accounts receivable, net	7,723,018.	4	5,807,974.
	5	Loans and other receivables from current and former officers, directors,	**************************************		` <u>-</u> _
		trustees, key employees, and highest compensated employees. Complete	, ,		
		Part II of Schedule L	360,718.	5	383,305.
	6	Loans and other receivables from other disqualified persons (as defined under	*2		^.
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			* \
		employers and sponsoring organizations of section 501(c)(9) voluntary	* *		,
ets	}	employees' beneficiary organizations (see instr) Complete Part II of Sch L	5 624 049	6	F 002 H20
Assets	7	Notes and loans receivable, net	5,624,942.	7	5,893,738.
•	8	Inventories for sale or use	39,378.	88	20,997.
	9	Prepaid expenses and deferred charges	607,357.	9	600,920.
	10a	Land, buildings, and equipment cost or other			```
	Ι.	basis Complete Part VI of Schedule D Less: accumulated depreciation 10a 159, 314, 224. 10b 55, 911, 557.	62 060 224		102 402 667
			62,869,334. 24,642,353.	10c	103,402,667.
	11	Investments - publicly traded securities	14,000,190.	11	30,055,658.
	12	Investments - other securities. See Part IV, line 11	14,000,190.	12	10,104,223.
	13	Investments · program-related See Part IV, line 11		13	
	14	Intangible assets Other coacts See Port IV Inc. 11	2,119,304.	15	24,349,723.
	16	Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 34)	157,266,702.	16	216,659,242.
	17	Accounts payable and accrued expenses	8,592,196.	17	14,639,610.
	18	Grants payable	0,000,000	18	11,000,0100
	19	Deferred revenue	4,341,223.	19	4,381,231.
	20	Tax-exempt bond liabilities	24,630,000.	20	69,091,605.
	21	Escrow or custodial account liability Complete Part IV of Schedule D	89,698.	21	175,474.
ģ	22	Loans and other payables to current and former officers, directors, trustees,			, ,
itie	ŀ	key employees, highest compensated employees, and disqualified persons	`*		
Liabilities		Complete Part II of Schedule L	**	22	
3	23	Secured mortgages and notes payable to unrelated third parties	540,000.	23	0.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
	i	parties, and other liabilities not included on lines 17-24) Complete Part X of			
		Schedule D	5,820,519.	25	5,779,313.
	26	Total liabilities. Add lines 17 through 25	44,013,636.	26	94,067,233.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and	* • •		٠,
Ses		complete lines 27 through 29, and lines 33 and 34.	£1 50£ 010		F3 001 040
au	27	Unrestricted net assets	51,527,919.	27	73,881,840.
Bal	28	Temporarily restricted net assets	29,577,423.	28	14,422,423.
Net Assets or Fund Balances	29	Permanently restricted net assets	32,147,724.	29	34,287,746.
Ę		Organizations that do not follow SFAS 117 (ASC 958), check here	,		
9		and complete lines 30 through 34.	4 4*	00	
set	30	Capital stock or trust principal, or current funds		30	
t As	31	Paid-in or capital surplus, or land, building, or equipment fund		31 32	
Š	32 33	Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances	113,253,066.	33	122,592,009.
	34	Total liabilities and net assets/fund balances	157,266,702.	34	216,659,242.
	, , , ,	Total navinues and her assets/fully balaffees	201,200,1021	34	210,039,242.

Form **990** (2016)

Form	990 (2016) AUGSBURG UNIVERSITY	41-	0694	<u>721</u>	Pag	_{je} 12						
Pa	rt XI Reconciliation of Net Assets											
	Check if Schedule O contains a response or note to any line in this Part XI					X						
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,239								
2	Total expenses (must equal Part iX, column (A), line 25)	2		,610								
3	Revenue less expenses. Subtract line 2 from line 1	3		,629								
4												
5	Net unrealized gains (losses) on investments	5	3	,959	9,2	06.						
6	Donated services and use of facilities	6										
7	Investment expenses .	7										
8	Prior period adjustments	8										
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-249	9,5	21.						
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,											
	column (B))	10	122	,592	2,0	09.						
Pa	rt XII Financial Statements and Reporting											
	Check if Schedule O contains a response or note to any line in this Part XII					<u> </u>						
					Yes	No						
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				5	1 ,						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.		•		**						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		<u>X</u>						
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				4						
	separate basis, consolidated basis, or both:											
	Separate basis Consolidated basis Both consolidated and separate basis				π,	~						
b	Were the organization's financial statements audited by an independent accountant?			2b	Х							
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	,	* *	\$							
	consolidated basis, or both:			, š,	٠							
_	Separate basis Consolidated basis Both consolidated and separate basis			. same								
С	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 Sch			\$3	1							
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	dit	_	v							
	Act and OMB Circular A-133?			3a	X							
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	tit		х							
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b								
				Form	シシい (2016)						

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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Inspection

Name	of th	ne organization						Employe	identification number					
			BURG UNIVE			_			1-0694721					
Par	t I	Reason for Public (Charity Status (All organizations must c	omplete th	ııs part) S	ee instruction	s.						
The o	rganız	zation is not a private found	lation because it is: ((For lines 1 through 12,	check only	one box)			. 1					
1 [<u> </u>	A church, convention of ch	urches, or association	on of churches describe	d ın sectic	n 170(b)(1)(A)(i).		0/-					
2	X .	A school described in sect i	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forr	n 990 or 9	90-EZ).)								
3	_] .	A hospital or a cooperative	hospital service orga	anızatıon described ın s	ection 170)(b)(1)(A)(i	ii).							
4 [_] .	A medical research organiz	ation operated in co	njunction with a hospita	l describe	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,					
_		city, and state [.]		·										
5		An organization operated for	or the benefit of a co	llege or university owne	d or opera	ted by a g	overnmental	unit descri	oed in					
_		section 170(b)(1)(A)(iv). (C	Complete Part II.)											
6		A federal, state, or local gov	vernment or governr	nental unit described in	section 1	70(b)(1)(A))(v).							
7		An organization that norma	lly receives a substa	intial part of its support	from a gov	remmental	l unit or from t	the general	public described in					
_		section 170(b)(1)(A)(vi). (Complete Part II.)												
8 <u>l</u>	╝.	A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II)									
9 L	╝.	An agricultural research org	ganization described	in section 170(b)(1)(A)((ix) operate	ed in conju	inction with a	land-grant	college					
		or university or a non-land-g	rant college of agric	ulture (see instructions)	. Enter the	name, city	y, and state o	f the collec	e or					
-	$\overline{}$	university												
10 L		An organization that norma	lly receives (1) more	than 33 1/3% of its sup	oport from	contributi	ons, member	ship fees, a	and gross receipts from					
		activities related to its exem	npt functions - subje	ct to certain exceptions	, and (2) no	more tha	ın 33 1/3% of	its suppor	t from gross investment					
		income and unrelated busir		(less section 511 tax) fr	om busine	esses acqu	ured by the o	rganızatıon	after June 30, 1975					
-		See section 509(a)(2). (Cor	•											
. 11 L		An organization organized a	•		•		• • • •							
12 L		An organization organized a	•	- ·	•			-						
		more publicly supported or	-						Check the box in					
		lines 12a through 12d that				•		_						
а	LJ	Type I. A supporting orga				-								
		the supported organization			a majority	of the dire	ctors or truste	ees of the s	supporting					
		organization. You must o	-					- (-) (- · · · · · · ·						
b	ш	Type II. A supporting org	·				_		•					
		control or management o			ame perso	ons mat co	ontroi or mana	age the sup	ропеа					
_		organization(s) You mus			ın aannaa	tion with	and functions	lly intograt	ad with					
С	\	Type III functionally inte						my miegrat	eu wiiii,					
d		its supported organization Type III non-functionally		=		-	-	rtod organ	zation(s)					
u		that is not functionally int						_	' '					
		requirement (see instructi	•	- ·	•		•	u an allem	14611633					
е		Check this box if the orga	•					II Type III						
·		functionally integrated, or					, 19pc 1, 19pc	ii, iype iii						
f	Enter	the number of supported of		itally integrated support	ing organi	cauo			F					
		de the following information	_	ed organization(s)					<u> </u>					
		Name of supported	(ıí) EIN	(iii) Type of organization	(iv) is the orga in your govern	nization listed	(v) Amount of	monetary	(vi) Amount of other					
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)					
	_													
				-					,— <u>,— ,— ,—</u> ,—					
	,													
]									
Total				· ·	I	ı —			l					

41-0694721 Page 2

Schedule A (Form 990 or 990-EZ) 2016 AUGSBURG UNIVERSITY 41-069472

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 fails to qualify under the tests listed below, please complete Part III)

Sec	ction A. Public Support					/	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e),2016	(f) Total
1	Gifts, grants, contributions, and		!				
	membership fees received (Do not						
	ınclude any "unusual grants.")	9,229,161.	12,244,396.	12,098,785.	28,456,184,	12,419,724.	74,448,250.
2	Tax revenues levied for the organ-					!	
	ization's benefit and either paid to						
	or expended on its behalf		···				
3	The value of services or facilities			•			
	furnished by a governmental unit to				<i>,</i>	1	
	the organization without charge						
4	Total. Add lines 1 through 3	9,229,161.	12,244,396.	12,098,785,	28,456,184.	12,419,724.	74,448,250.
5	The portion of total contributions	* /	.; ÷. 6			, ,	
	by each person (other than a	, , , , , , , , , , , , , , , , , , ,	` , ,	· /·	,		
	governmental unit or publicly	,^	, ,	1 .	,	3	
	supported organization) included	*		1	Ž	} <i>:</i>	
	on line 1 that exceeds 2% of the			<i>f.</i>		,	
	amount shown on line 11,	* *	,		;		
	column (f)	 -		<i>y</i>			15,779,876.
	Public support. Subtract line 5 from line 4	<u>, </u>	<u> </u>		<u> </u>	L	58,668,374.
	ction B. Total Support		<u></u>				
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014 12,098,785.	(d) 2015 28,456,184.	(e) 2016 12,419,724.	(f) Total 74,448,250.
	Amounts from line 4	9,229,161.	12,244,396.	12,090,703.	20,430,104.	12,419,724.	74,440,230.
8	Gross income from interest,						
	dividends, payments received on				_	-	
	securities loans, rents, royalties	580 275	480,167.	484,371.	265,671.	1,225,499.	3,035,983.
_	and income from similar sources	300,273.	7400,107.	404,571.	203,071.	1,225,455.	3,033,303.
9	Net income from unrelated business		!				
	activities, whether or not the						
10	business is regularly carried on Other income. Do not include gain	/	 			<u> </u>	
טי	or loss from the sale of capital						
	assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10	/		(-			77,484,233.
	Gross receipts from related activities,	étc (see instructi	ons)			12 478	,862,091.
	First five years. If the Form 990 is for			d. fourth, or fifth ta	ax vear as a sectio		
	organization, check this box and stor	•	, o., ooo o o,	, ,	, ,	(-)(-)	ightharpoons
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2016 (line 6, column (f) d	ivided by line 11, o	column (f))		14	75.72 %
	Public support percentage from 2015					15	75.59 %
	33 1/3% support test -, 2016. If the			n line 13, and line	14 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization	1			▶ X
b	b 33 1/3% support test - 2015. 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 stop here. The organization qualifies as a publicly supported organization							
17a	10% -facts-and-circumstances tes				e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	cts-and-circumstan	ces" test, check t	his box and stop h	ere. Explain in Pa	rt VI how the organ	nization
	meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization.						
b	10% -facts-and-circumstances tes	t - 2015. If the org	janization did not d	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the				- · ·		,
	organization meets the "facts-and-cire	cumstances" test.	The organization of	qualifies as a publi	cly supported orga	anızatıon	▶Щ
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17t	o, check this box a	and see instruction	s ▶∟
					Sche	edule A (Form 990	or 990-EZ) 2016

632022 09-21-16

Schedule A (Form 990 or 990-EZ) 2016 AUGSBURG UNIVERSITY 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

22	quality under the tests listed to ction A. Public Support	below, please com	plete Part II)				
	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(a) 2014	(d) 2015	(e) ,2Ő16	(6) Total
	Gifts, grants, contributions, and	(a) 2012	(0) 2013	(c) 2014	(d) 2015	(e),2016	(f) Total
•	membership fees received. (Do not				1		
	include any "unusual grants.")			Ĭ			
2	Gross receipts from admissions,				1		
_	merchandise sold or services per-					1	
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that			 		 	
3	are not an unrelated trade or bus-		1				
	iness under section 513			l .			
							
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
_	•				+	 	
5	The value of services or facilities			/			
	furnished by a governmental unit to			/			
_	the organization without charge			/	 		
	Total. Add lines 1 through 5				 -		
78	Amounts included on lines 1, 2, and						
ŀ	3 received from disqualified persons Amounts included on lines 2 and 3 received				 	 	
	from other than disqualified persons that			i	ľ	İ	
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year		/		 	 	
	Add lines 7a and 7b		,	ļ	+ ,		
	Public support. (Subtract line 7c from line 6)		<u> </u>	<u> </u>	ــــــــــــــــــــــــــــــــــــــ		
	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(a) 2014	(4) 2015	(a) 2016	(6 Total
	Amounts from line 6	(a) 2012	(0) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	a Gross income from interest.	/		 	 	 	
100	dividends, payments received on	/					
	securities loans, rents, royalties and income from similar sources	/			1		
H	Unrelated business taxable income				 	 	
•	(less section 511 taxes) from businesses		*			1	
	acquired after June 30, 1975	1		Ì		1	
_			<u> </u>		 		
11	Add lines 10a and 10b Net income from unrelated búsiness						
•	activities not included in line 10b,						
	whether or not the business is	İ					
12	regularly carried on / Other income. Do not include gain			<u> </u>	+	 	
	or loss from the sale of capital						
40	assets (Explain in/Part VI) Total support. (Add lines 9, 10c, 11, and 12)			<u>. </u>	+		
	First five years. If the Form 990 is fo	r the organization's	first second this	d fourth or fifth t	lay year an a cost	I	_L
1-4	check this box and stop here	the organization:	s inst, second, till	a, loarni, or mari	iax year as a seci	ion son(c)(s) orga	nization,
Sec	ction C. Computation of Publ	lic Support Pe	rcentage		 -	· · · · · · · · · · · · · · · · · · ·	
15	Public support percentage for 2016 (column (fl)		15	%
	Public support percentage from 2015			Solumni (17)		16	
	ction D. Computation of Inve					1 101	
_	Investment income percentage for 20			ne 13 column (f)\		17	%
//	Investment income percentage from	•	**	io io, column (i))		18	
-	33 1/3% support tests - 2016. If the			on line 14, and lin	e 15 is more than		
, 196	more than 33 1/3%, check this box a						■ []
	33 1/3% support tests - 2015. If the	•	•	•			F □ □
_	line 18 is not more than 33 1/3%, cho						
20			•	•		. •	
	20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Schedule A (Form 990 or 990-E7) 2016						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Org	anizations	1 4900
1	Check here if the organization satisfied the Integral Part Test as a qualifyin			Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		1
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see		,	*
	instructions for short tax year or assets held for part of year)			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			**
	factors (explain in detail in Part VI)		* * * * * * * * * * * * * * * * * * * *	•
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
-4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recovenes of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount		i i	Current Year
_1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	,	
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	•	
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5	*	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)_	_6		
7	Check here if the current year is the organization's first as a non-functionall	y integra	ated Type III supporting org	ganization (see
	instructions)			•

Schedule A (Form 990 or 990-EZ) 2016

Lai		rajisi supporting Orga	annzauons (continued)	
	on D - Distributions			Current Year
	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es or supported organization	15	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
<u>-6</u>	Other distributions (describe in Part VI). See instructions			
_7 _	Total annual distributions. Add lines 1 through 6	ho organization is reconstitution		
8	Distributions to attentive supported organizations to which the	ne organization is responsive	,	
	(provide details in Part VI) See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	<i>1</i> 3\	(ii)	(iii)
٠. ··	E Distribution Allocations (see Instrument)	(i) Excess Distributions	(ii) Underdistributions	Distributable
Secti	on E - Distribution Allocations (see instructions)		Pre-2016	Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			• • •
	able cause required- explain in Part VI). See instructions	,,		5 - 2
3	Excess distributions carryover, if any, to 2016:		* /	
a	· ·	` ` `		*,
ь		<u> </u>	*	
С	From 2013		, ,	
d	From 2014	`	, , , , , , , , , , , , , , , , , , , ,	4
е	From 2015		, , , , , , , , , , , , , , , , , , , ,	· · · · · · · · · · · · · · · · · · ·
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years	and the second s	<u></u>	nerth committee processing exercise
	Applied to 2016 distributable amount			
<u>i</u>	Carryover from 2011 not applied (see instructions)	* * * * *	<u> </u>	, , , , , , , , , , , , , , , , , , ,
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	ļ	· · · ·	
4	Distributions for 2016 from Section D,	<i>f</i>	*	,
	line 7 \$	<u> </u>	*1	· · · · · · · · · · · · · · · · · · ·
	Applied to underdistributions of prior years	<u> </u>		
	Applied to 2016 distributable amount			
	Remainder Subtract lines 4a and 4b from 4		<u> </u>	
5	Remaining underdistributions for years prior to 2016, if	, , ,		
	any Subtract lines 3g and 4a from line 2 For result greater	× *		> *
	than zero, explain in Part VI See instructions	** \	*	· · · · · · · · · · · · · · · · · · ·
6	Remaining underdistributions for 2016. Subtract lines 3h		,	
	and 4b from line 1. For result greater than zero, explain in	,*		
	Part VI. See instructions	<u> </u>		У (
7	Excess distributions carryover to 2017. Add lines 3			, ,, ,
	and 4c		<u> </u>	<u> </u>
8	Breakdown of line 7	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	. *	
_ <u>a</u>		× // 3		<u> </u>
	Excess from 2013 Excess from 2014	<u> </u>		<u> </u>
	Excess from 2014 Excess from 2015		2 3	7
	Excess from 2016	*· ·	* *	
е	EXCESS IIUIII ZU IU	1	L	

Schedule A (Form 990 or 990-EZ) 2016

Schedule A	(Form 990 or 990-EZ) 2016 AUGSBURG	UNIVERSITY	41-0694721 Page 8
Part VI	Supplemental Information. Provid Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c line 1, Part IV, Section D, lines 2 and 3; Par	e the explanations required by Part II, line 10, Part 5, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Sec t IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V ction E, lines 2, 5, and 6 Also complete this part f	t II, line 17a or 17b; Part III, line 12; tton B, lines 1 and 2; Part IV, Section C, /, line 1, Part V, Section B, line 1e, Part V,
	(See Instructions)		
	······································		
			
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632028 09-21-	6		Schedule A (Form 990 or 990-EZ) 2016
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SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

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

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

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

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

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

,,,	01/a)(4) /6) or /6) organiza	tions: Complete Port III			
Name of org	501(c)(4), (5), or (6) organiza anization	tions. Complete Part III		Emp	loyer identification number
		G UNIVERSITY			41-0694721
Part I-A		ganization is exempt un	der section 501(c	or is a section 527 o	
<u> </u>	- Complete ii alle or;	January 10 exempt un	201 55541511 55 175	,	<u>,, 9a.,,2a., 9.,, 9.,, 9.,, 9.,, 9.,, 9.,, 9.,, 9</u>
1 Provido	a description of the graani	zation's direct and indirect politi	eal campaign activities	in Part IV	
	campaign activity expendi	•	icai campaign activities	> iii i ait iv.	0.
	er hours for political campa			- 4	S
o volunte	er riodis for political campa	ight activities		** ***	
Part I-B	Complete if the or	ganization is exempt un	der section 501(c)(3).	
1 Enter th		incurred by the organization un		▶ 9	0.
		incurred by organization manage			0.
	•	on 4955 tax, did it file Form 4720		·	Yes No
	correction made?		,		Yes No
b If "Yes,	describe in Part IV.		-	-	
Part I-C	Complete if the org	ganization is exempt un	der section 501(c	, except section 501	(c)(3).
1 Enter th	e amount directly expende	d by the filing organization for s	ection 527 exempt fund	ction activities	3
2 Enter th	e amount of the filing organ	nization's funds contributed to c	other organizations for s	section 527	
exempt	function activities			▶ \$	S
3 Total ex	empt function expenditure	s Add lines 1 and 2 Enter here	and on Form 1120-PO	<u>L</u> ,	
line 17b	•			▶ 9	S
4 Did the	filing organization file Form	1120-POL for this year?			└ Yes └ No
5 Enter th	e names, addresses and e	mployer identification number (E	EIN) of all section 527 p	olitical organizations to whi	ch the filing organization
•	•	ation listed, enter the amount pa			•
	<u>-</u> '	omptly and directly delivered to		-	ate segregated fund or a
politica	action committee (PAC) If	additional space is needed, pro	ovide information in Par	t IV	<u></u>
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
]		filing organization's funds If none, enter -0-	contributions received and promptly and directly
		[ĺ	lunus ii none, enter-o-	delivered to a separate
		Ì			political organization.
			<u> </u>		If none, enter -0-
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For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2016

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Schedule C (Form 990 or 990-EZ) 2016	AUGSBU	JRG UN	IVERSITY		41-0)694721 Page 2
Part II-A Complete if the org	ganizatio	n is exe	mpt under sectio	n 501(c)(3) and fi	ed Form 5768 (e	lection under
section 501(h)).						
A Check ► ☐ If the filing organiza	tion belong	s to an aff	liated group (and list in	n Part IV each affiliated	l group member's nar	ne, address, EIN,
expenses, and sha	re of excess	s lobbying	expenditures)			
B Check ► if the filing organiza	tion checke	ed box A a	nd "limited control" pro	ovisions apply.		
	its on Lobb ditures" me		nditures unts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
A 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				<u>-</u> -		
1a Total lobbying expenditures to infli	•	•		-		
b Total lobbying expenditures to infli	_		ay (airect lobbying)	ě		
c Total lobbying expenditures (add l		(01				
d Other exempt purpose expenditure			л			
e Total exempt purpose expenditure	•		•			
f Lobbying nontaxable amount Enter			•			
If the amount on line 1e, column (a) o	or (b) is:		bying nontaxable am			, *
Not over \$500,000			the amount on line 1e.			
Over \$500,000 but not over \$1,00	.,.		00 plus 15% of the exc			·
Over \$1,000,000 but not over \$1,5		\$175,000 plus 10% of the excess over \$1,000,000.			,	
Over \$1,500,000 but not over \$17	,000,000	\$225,000 plus 5% of the excess over \$1,500,000			, ;	
Over \$17,000,000		\$1,000,	000		ı) j
						*` <
g Grassroots nontaxable amount (er	nter 25% of	line 1f)				
h Subtract line 1g from line 1a. If zer	o or less, e	nter -0-				
i Subtract line 1f from line 1c If zero	o or less, en	iter -0-				<u> </u>
j If there is an amount other than ze	ero on eithei	r line 1h or	line 1i, did the organiz	ation file Form 4720	i	
reporting section 4911 tax for this	year?					Yes No_
<u> </u>			eraging Period Under	• •		
(Some organizations to					of the five columns l	elow.
			ate instructions for li			
	Lobb	ying Expe	nditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2	013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount						
b Lobbying ceiling amount			, "		, v	
(150% of line 2a, column(e))				*		
c Total lobbying expenditures	L					
d Grassroots nontaxable amount						
e Grassroots ceiling amount	, , , , , , , , , , , , , , , , , , ,	`	****		**	
(150% of line 2d, column (e))			Š - Ž - (*) ,		\$^ *	
f Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2016

Schedule C (Form 990 or 990-EZ) 2016 AUGSBURG UNIVERSITY Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
of the lobbying activity	Yes	No	Amo		
During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	, , , , , , , , , , , , , , , , , , ,	* (`>		
a Volunteers?	ļ	Х	à "		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	` 	X	<u> </u>		
c Media advertisements?		X			
d Mailings to members, legislators, or the public?	<u> </u>	X			
e Publications, or published or broadcast statements?		X			
f Grants to other organizations for lobbying purposes?		X			
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	- ,, - 	Х	1 2 /	104	
i Other activities?	X			$\frac{5,194}{104}$	
j Total. Add lines 1c through 1i			130	5,194.	
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	<u> </u>	X			
b If "Yes," enter the amount of any tax incurred under section 4912	1 1	3.			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), s	oction FO1/a)	/ 5 \ 07.00	otion		
Part III-A Complete if the organization is exempt under section 501(c)(4), s 501(c)(6).	ection sorte	(a), or se	CHOH		
301(0)(0).			Yes	No	
4 Mars substantially all /000/ or mars) dues recovered annula duestible by mambars?		1			
Were substantially all (90% or more) dues received nondeductible by members?Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2	<u> </u>		
	rom the prior vee				
3 Did the organization agree to carry over lobbying and political campaign activity expenditures fill-B Complete if the organization is exempt under section 501(c)(4), s	ection 501(c)	(5), or se	ction	L	
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answer answered "Yes."				ne 3, is	
Dues, assessments and similar amounts from members	·	1			
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of	political				
expenses for which the section 527(f) tax was paid).					
a Current year		2a			
b Carryover from last year		2b			
c Total	_	2c			
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du	es	3			
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the	ne excess	["			
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying	and political				
expenditure next year?		4			
5 Taxable amount of lobbying and political expenditures (see instructions)		5			
Part IV Supplemental Information					
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated instructions), and Part II-B, line 1. Also, complete this part for any additional information. PART II-B, LINE 1, LOBBYING ACTIVITIES:	group list); Part II	-A, lines 1 a	and 2 (see		
AUGSBURG UNIVERSITY IS A MEMBER OF THE MINNESOTA P	RIVATE CO	LLEGE			
COUNCIL (MPCC). ACTIVITIES CONDUCTED BY THE MPCC I	NCLUDE AI	L PUB	LIC		
RELATIONS AND ADVOCACY WORK, LEGISLATIVE LOBBYING,	SERVING	AS A	FISCAI		
AGENT IN LIMITED CIRCUMSTANCES, CONDUCTING RESEARC	H, AND PR	ROVIDI	NG A	•	
VEHICLE FOR COLLABORATION OF MEMBER INSTITUTIONS.					
	Schedu	le C (Form	990 or 99	0-EZ) 2016	

Schedule C (Form 990 or 990 EZ) 2016 AUGSBURG UNIVERSITY	41-0694721 Page 4
Part IV Supplemental Information (continued)	
PROVIDED FOR BY THE ORGANIZATION INCLUDE HANDLING ALL SHARE	D
FUNDRAISING FOR THE BENEFIT OF THE MEMBERS, RECEIVING GRANTS	S FOR AND
CARRYING OUT SPECIAL PROJECTS, AND PROVIDING A VEHICLE FOR	
COLLABORATION AMONG THE MEMBER INSTITUTIONS.	
A PORTION OF THIS AMOUNT, BUT NOT ALL OF IT, SUPPORTED ATTE	MPTS TO
INFLUENCE LEGISLATION WITHIN THE MEANING OF SECTION 501(C)(3) OF THE
INTERNAL REVENUE CODE ("LOBBYING"). THE AMOUNT OF LOBBYING	EXPENSES
PAID FROM AUGSBURG UNIVERSITY'S DUES WAS SIGNIFICANTLY LESS	THAN THAT
AMOUNT.	
•	
	-
	

Schedule C (Form 990 or 990-EZ) 2016

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Name of the organization		
	אזזכיםוודסי	TIMITMEDCTM

Employer identification number

-	AUGSBURG UNIVERSIT		41-0694721
Pa	<u></u>		or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, III		 _
		(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 advise	d 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 a	advisors in writing that grant funds can be u	sed only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose c	onferring
	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, Pa	art IV, line 7
1	Purpose(s) of conservation easements held by the organizat		-
	Preservation of land for public use (e.g., recreation or	education) Preservation of a histor	ncally important land area
	Protection of natural habitat	Preservation of a certifi	ed historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in the form o	f a conservation easement on the last
	day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
	Number of conservation easements on a certified historic sti	nucture included in (a)	2c
_	Number of conservation easements included in (c) acquired		
ŭ	listed in the National Register	arter of 17700, and not on a historic stractur	2d
3	Number of conservation easements modified, transferred, re	stanced extinguished or terminated by the	——————————————————————————————————————
3		seased, extinguished, or terminated by the t	organization during the tax
4	year ▶Number of states where property subject to conservation ea	ecoment is located	
5	Does the organization have a written policy regarding the pe		
3	violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting		
U	Starr and volunteer riodrs devoted to monitoring, inspecting	, riandling of violations, and emorting conse	sivation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, han-	dling of violations, and enforcing conservation	on easements during the year
•	S	diffig of violations, and emorcing conservation	or easements during the year
8	Does each conservation easement reported on line 2(d) abo	we eatisfy the requirements of section 170/h	NAVBVA
U	and section 170(h)(4)(B)(ii)?	ve satisfy the requirements of section 170(ii	Yes No
9	In Part XIII, describe how the organization reports conservat	ion essements in its revenue and evnence s	
3	include, if applicable, the text of the footnote to the organization	•	
	, ·	ation s illiantial statements that describes th	ie organization s accounting to
Pa	conservation easements. III Organizations Maintaining Collections of	of Art. Historical Treasures, or Otl	her Similar Assets
	Complete if the organization answered "Yes" on Form		
	If the organization elected, as permitted under SFAS 116 (A:		ant and halance shoot works of art
ıa	, ,	,	·
	historical treasures, or other similar assets held for public ex		ce of public service, provide, in Fart Alli,
•	the text of the footnote to its financial statements that described to the second statements and second statements that described to the second statements and second statements that described to the second statements and second statements that described to the second statements and second statements that described to the second statements are second statements.		
D	If the organization elected, as permitted under SFAS 116 (A	•	
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of publi	ic 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 tre		gain, provide
	the following amounts required to be reported under SFAS	116 (ASC 958) relating to these items:	
	Revenue included on Form 990, Part VIII, line 1	-	\$
_	Assets included in Form 990, Part X		<u> </u>
LHA	For Paperwork Reduction Act Notice, see the Instruction	is for Form 990.	Schedule D (Form 990) 2016

632051 08-29-16

Sche	dule D (Form 990) 2016 AUGSBUR	G UNIVERSI	TY			41-	069472	1 P	age 2
Par	t III Organizations Maintaining C	ollections of A	t, Historical Tr	easures, c	or Other	Similar A	ssets(cont	ınued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following tha	t are a sig	nıfıcant use o	f its collection	on item	IS
	(check all that apply)								
а	Public exhibition	d		hange progra	ams				
b	Scholarly research	е	Other						
C	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	n how they further t	he organizati	on's exem	pt purpose in	Part XIII.		
5	During the year, did the organization solicit o	r receive donations	of art, historical trea	sures, or othe	er sımılar a	issets			7
	to be sold to raise funds rather than to be ma						Yes		No
Par	t IV Escrow and Custodial Arran	•	ete if the organization	on answered "	'Yes" on F	form 990, Par	t IV, line 9, c	ır	
	reported an amount on Form 990, Par								
1a	Is the organization an agent, trustee, custode	an or other intermed	liary for contribution	ns or other as	sets not in	ncluded	—	Γ υ] No
	on Form 990, Part X?						L Yes	LA	J No
b	If "Yes," explain the arrangement in Part XIII	and complete the to	llowing table:				 -		
	B b. b					4-	Amour	11	
	Beginning balance					1c			
	Additions during the year					1d			
_	Distributions during the year					1e			
f	Ending balance Did the organization include an amount on Fe	orm 990 Part V line	21 for escrow or o	ustodial acco	unt liabiliti		X Yes		No
	If "Yes," explain the arrangement in Part XIII.				_	, ,	162	X	
	t V Endowment Funds. Complete r).	· · ·		
تت		(a) Current year	(b) Prior year	(c) Two year) Three years b	ack (e) For	ır years	back
1a	Beginning of year balance	39,412,669.	40,463,556.	38,330		34,552,6		778,	
b	Contributions	1,360,310.	1,639,418.		7,082.	1,042,2		021	
	Net investment earnings, gains, and losses	4,641,966.	-1,307,331.		5,454.	3,700,9		776,	
	Grants or scholarships	1,661,460.	1,364,011.	1,129		1,078,5		,008,	
-	Other expenditures for facilities				-			 -	
	and programs	0.	137,241.	118	3,542.	113,7	13.	111	410.
f	Administrative expenses	-124,877.	-118,278.	27	7,716.	226,8	72.	96,	003.
g	End of year balance	43,878,362.	39,412,669.	40,463	3,556.	38,330,4	60. 34	1,552,	630.
2	Provide the estimated percentage of the curr	rent year end balanc	e (line 1g, column (a	a)) held as					
а	Board designated or quasi-endowment	1.57	%						
b	Permanent endowment ► 76.52	%	_						
С	Temporarily restricted endowment ▶ 2	1.91 %							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
За	Are there endowment funds not in the posse	ssion of the organization	ation that are held a	and administe	red for the	e organization	ı		
	by.							Yes	No
	(i) unrelated organizations	÷					3a(i)	X	
	(ii) related organizations						3a(ii)	1	X
b	If "Yes" on line 3a(ii), are the related organization	•		•			3b		L
4	Describe in Part XIII the intended uses of the		wment funds.						
Pai	t VI Land, Buildings, and Equipm					40			
	Complete if the organization answere								
	Description of property	(a) Cost or o	1	t or other		umulated	(d) Boo	ok valu	е
	 	basis (investr	·	(other)	depri	eciation	3,96	7	30
	Land	 		0,439.	30 20	96,197.	36,16		
	Buildings	\		$\frac{10,392.1}{12,217.}$		03,557.	11,58		
	Leasehold improvements			0,677.		11,803.	3,16		
	Equipment			0,499.	,,0.	,000.	48,52		
	Other	qual Form 990 Part						2.6	

Schedule D (Form 990) 2016 AOGODORG ON	IVERBITI	4.1	-0094721 Page 3
Part VIII Investments - Other Securities.	5		
Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	on Form 990, Part IV, line (b) Book value	11b. See Form 990, Part X, line 12 (c) Method of valuation Cost or en	d of your modest value
	(b) Book value	(C) Method of Valuation Cost of en	1-01-year market value
(1) Financial derivatives	246,907.	COST	
(2) Closely-held equity interests (3) Other	240,507.	COST	
(A) ALTERNATIVE INVESTMENTS	15,774,951.	END-OF-YEAR MARKET	VALUE
(B) CSV LIFE INSURANCE	82,367.	END-OF-YEAR MARKET	
(C)	32,3071	DIE OF THE PROPERTY	- VIIIOI
(D)		· · · · · · · · · · · · · · · · · · ·	
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	16,104,225.		· · · · · ·
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	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			<u></u> .
(7)			
(8)			
(9)		an regard remains a contract of the second s	K PORINT IVE T . T.
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.			
L	F 000 D-+ IV b 1	114 O Farm 000 Part V Lands	
Complete if the organization answered "Yes"	Description	11d See Form 990, Part X, line 15.	(b) Book value
(1) CSV OF LIFE INSURANCE			449,143.
(2) DEPOSITS HELD BY TRUSTEE			23,879,096.
(3) BENEFICIAL INTEREST IN FU	NDS HELD IN TH	RIIST	21,484.
(4)	1100 11000 111 11		21,404.
(5)	·		
(6)		-	
(7)	· · · · · · · · · · · · · · · · · · ·		
(8)			<u>-</u>
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line	e 15)		24,349,723.
Part X Other Liabilities.			
Complete if the organization answered "Yes"			
1. (a) Description of liability	()	b) Book value	* 4
(1) Federal income taxes			*
(2) ANNUITIES PAYABLE		787,987.	`
(3) U.S. GOVERNMENT GRANTS RE		4,979,688.	**,
(4) PV CAPITAL LEASE OBLIGATION	UNS	11,638.	
(5)			:
(6)			`
(7)		` ` `	÷

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

(8)

5,779,313.

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)

632054 08-29-16

Part XIII Supplemental Information (continued)

REVENUE SERVICE INDICATING IT IS A TAX-EXEMPT ORGANIZATION UNDER SECTION

501(C)(3) OF THE INTERNAL REVENUE CODE AND IS SUBJECT TO FEDERAL AND STATE

INCOME TAX ONLY ON NET UNRELATED BUSINESS INCOME. THE UNIVERSITY ENGAGES

IN ACTIVITIES THAT ARE CONSIDERED UNRELATED TO ITS EXEMPT PURPOSE. THESE

ACTIVITIES ARE SUBJECT TO FEDERAL AND STATE INCOME TAXES. SUCH ACTIVITIES

GENERATED A LOSS POSITION IN FISCAL 2017 AND AN INCOME POSITION IN FISCAL

2016. FURTHER, THE UNIVERSITY HAS A NET OPERATING LOSS CARRY-FORWARD

AVAILABLE TO OFFSET ANY TAXABLE INCOME FROM THESE UNRELATED ACTIVITIES.

ACCORDINGLY, NO FEDERAL OR STATE TAX PROVISION IS REQUIRED. THE NET

OPERATING LOSSES BEGIN TO EXPIRE IN 2034.

THE UNIVERSITY ADOPTED ACCOUNTING STANDARDS FOR CONTINGENCIES IN

EVALUATING UNCERTAIN TAX POSITIONS AND FILES AS A TAX-EXEMPT ORGANIZATION.

NO ADJUSTMENTS TO THE FINANCIAL STATEMENTS WERE REQUIRED AS A RESULT OF

THE IMPLEMENTATION OF THIS STANDARD. THE UNIVERSITY HAS NO CURRENT

OBLIGATION FOR UNRELATED BUSINESS INCOME TAX.

THE UNIVERSITY TAX RETURNS ARE SUBJECT TO REVIEW AND EXAMINATION BY
FEDERAL AUTHORITIES. SHOULD THAT STATUS BE CHALLENGED IN THE FUTURE, THE
TAX RETURNS FOR THE YEARS 2014 THROUGH 2016 ARE SUBJECT TO REVIEW BY
FEDERAL AUTHORITIES.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN ALLOWANCE FOR UNCOLLECTIBLE PLEDGES -59,329.

SPECIAL EVENT EXPENSES 142,434.

RENTAL EXPENSES 1,042,512.

LOSS ON DISPOSAL OF FIXED ASSETS 15,564.

TOTAL TO SCHEDULE D, PART XI, LINE 2D 1,141,181.

Schedule D (Form 990) 2016 AUGSBURG UNIVERSITY	41-0694721 Page 5
Part XIII Supplemental Information (continued)	
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
SCHOLARSHIPS AND GRANTS	38,191,232.
NON-OPERATING INVESTMENT INCOME	2,923,000.
NON-OPERATING GIFTS AND GRANTS	3,182,593.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	44,296,825.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
SPECIAL EVENT EXPENSES	142,434.
RENTAL EXPENSES	1,042,512.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	1,184,946.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
SCHOLARSHIPS AND GRANTS	38,191,232.
	· · · · · · · · · · · · · · · · · · ·
	
	`

SCHÈDULE 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.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization AUGSBURG UNIVERSITY Employer identification number 41-0694721

Pa	nt	<u> </u>		
			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,			
	other governing instrument, or in a resolution of its governing body?	1	<u> </u>	<u> </u>
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,	,	7.7	. :
	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Х	<u> </u>
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the			
	period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes			4
	the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain		7.7	
	If you need more space, use Part II	3	X	<u> </u>
	SEE PART II	ľ		
		***		ĺ
		1		
		` '		;
				,
4	Does the organization maintain the following?		v	'
а	· · · · · · · · · · · · · · · · · · ·	4a	X	
b	· · · · · · · · · · · · · · · · · · ·	4b	Λ_	-
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student		Х	
	admissions, programs, and scholarships?	4c	X	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d		<u> </u>
	If you answered "No" to any of the above, please explain. If you need more space, use Part II	- Candirector	,	AUR Brits
		ľ		33
				73
_			3	1
5	Does the organization discriminate by race in any way with respect to	5a		x
a		5b		X
	Admissions policies?	5c		X
	Employment of faculty or administrative staff?	5d		X
	Scholarships or other financial assistance?	5e		X
	Educational policies?	5f		X
	Use of facilities? Athletic programs?	5g		X
_	Other extracurncular activities?	5h		$\frac{1}{x}$
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	 	,	
	If you answered thes to any of the above, please explain. If you need more space, use it are in	-	جار ج	
		1		ì
			ç,)	
] ,	
62	Does the organization receive any financial aid or assistance from a governmental agency?	6a	х	İ
	Has the organization's right to such aid ever been revoked or suspended?	6b		Х
	If you answered "Yes" on either line 6a or line 6b, explain on Part II			T
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4 05 of	*, *		İ
•	Rev Proc. 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II	7	X	1
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ. Schedule E (Form	990 or		Z) 2016

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

2016

Department of the Treasury Internal Revenue Service ➤ Attach to Form 990.

➤ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization

Employer identification number

AUGSBURG UNIVER	SITY		-	41-06947	21
		ctivities Ou	tside the United States. Comple	ete if the organization answered	"Yes" on
Form 990, Part IV	/, line 14b				
			ds to substantiate the amount of its gr		
the grantees' eligibility for	or the grants or a	assistance, and	the selection criteria used to award the	e grants or assistance?	Yes No
				a areata and other assistance of	standa tha
For grantmakers. Desc United States.	ribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and other assistance ou	itside trie
	ne following Parl	· L line 3 table c	an be duplicated if additional space is	needed.)	
(a) Region	(b) Number of		(d) Activities conducted in the region		(f) Total
	offices	employees, agents, and	(by type) (such as, fundraising, pro-	is a program service,	expenditures for and
	in the region	independent contractors	gram services, investments, grants to		investments
		in the region	recipients located in the region)	of service(s) in the region	in the region
CENTRAL AMERICA &	,	11	PROGRAM SERVICES	INSTRUCTION	1,756,360.
CARIBBEAN			PROGRAM SERVICES	INSTRUCTION	1,730,300.
CENTRAL AMERICA &					
CARIBBEAN	0	0	INVESTMENTS	N/A	1,225,076.
				-	
EAST ASIA & THE					10 721
PACIFIC	0	0	PROGRAM SERVICES	INSTRUCTION	18,771.
		1			
EAST ASIA & THE					
PACIFIC	0	0	PROGRAM SERVICES	ACADEMIC SUPPORT	6,005.
	1			THOMPHOMEON	20 822
EUROPE	0	0	PROGRAM SERVICES	INSTRUCTION	29,833.
EUROPE) o	0	PROGRAM SERVICES	INSTITUTIONAL SUPPORT	7,061.
	ļ				
EUROPE		0	PROGRAM SERVICES	ACADEMIC SUPPORT	1,368.
EUROPE		0	PROGRAM SERVICES	STUDENT SERVICES	2,451.
3 a Sub-total	3	3 11			3,046,925.
b Total from continuation				, 3	
sheets to Part I	2	13		Î.	1,620,594.

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

Schedule F (Form 990) 2016

c Totals (add lines 3a

and 3b)

4,667,519.

Schedule F (Form 990)	AUGSBURG	UNIVERS	ITY 0. (Schedule F (Form 990), Part I, line 3	41-069	94721 Page 1
Part I Continuation (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
NORTH AMERICA	1	7	PROGRAM SERVICES	INSTRUCTION	717,189.
NORTH AMERICA	0	0	PROGRAM SERVICES	INSTITUTIONAL SUPPORT	19,881.
NORTH AMERICA	0	0	PROGRAM SERVICES	STUDENT SERVICES	11,789.
SOUTH AMERICA	0	0	PROGRAM SERVICES	INSTRUCTION	700.
SOUTH ASIA	_ 0	0	PROGRAM SERVICES	INSTITUTIONAL SUPPORT	18,505.
SUB-SAHARAN AFRICA	1	6	PROGRAM SERVICES	INSTRUCTION	852,530.
Totals •		13			1,620,594.

Page 2

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 Part II

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)
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	, ``							
, ,	100 miles (· · · · · · · · · · · · · · · · · · ·		
	8							
<i>y</i>								
₹ ,	"5" 10" "2" (*) "3"							

2 Enter total number of 1 the IRS, or for which th	recipient organizations he grantee or counsel	s listed above that are has provided a section	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	foreign country,	recognized as tax-ex	empt by		

Schedule F (Form 990) 2016

Enter total number of other organizations or entities

က

Page 3

Schedule F (Form 990) 2016 AUGSBURG UNIVERSITY

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

1 .	1	I	ı	ſ	J	ı	1	1	, ,
(h) Method of valuation (book, FMV, appraisal, other)									
(g) Description of noncash assistance									
(f) Amount of noncash assistance									
(e) Manner of cash disbursement		- -							
(d) Amount of cash grant									
(c) Number of recipients									
(b) Region									
(a) Type of grant or assistance (b) Region				-					

Schedule F (Form 990) 2016

Schedule F (Form 990) 2016

Yes X No

Instructions for Form 5713, do not file with Form 990)

41-0694721 AUGSBURG UNIVERSITY Schedule F (Form 990) 2016 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. PART I, LINE 2: THE MAJORITY OF EXPENDITURES RELATE TO WIRE TRANSFERS MADE TO FOREIGN OFFICES TO COVER PAYMENTS MADE DIRECTLY OUT OF THESE OFFICES FOR EXPENDITURES INCURRED FOR INSTRUCTION OF STUDENTS WHILE ATTENDING COURSES AT THESE LOCATIONS. REMAINING EXPENDITURES RELATE TO PAYMENTS MADE DIRECTLY TO VENDORS FOR SERVICES PROVIDED TO THE UNIVERSITY BY FOREIGN VENDORS. ALL REQUESTS FOR PAYMENTS/WIRES ARE REVIEWED AND APPROVED BY APPROPRIATE SUPERVISORS OF THE RELATED DEPARTMENT. AUGSBURG UNIVERSITY OFFERS SCHOLARSHIPS AND GRANTS TO QUALIFIED STUDENTS TO HELP REDUCE THEIR OUT-OF-POCKET TUITION COSTS. STUDENTS RECEIVING FINANCIAL ASSISTANCE OF THIS FORM MUST MEET SPECIFIC CRITERIA SUCH AS ACADEMIC ACHIEVEMENT, FINANCIAL NEED AND OTHER SIMILAR STANDARDS WHETHER PUT IN PLACE BY THE UNIVERSITY OR BY DONORS. PART I, LINE 3: THE UNIVERSITY USES THE ACCRUAL METHOD TO REPORT EXPENDITURES ON SCHEDULE

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the

organization entered more than \$15,000 on Form 990-EZ, line 6a. ➤ Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

AUGSBUR	G UNIVERSITY					41-0694	721
Part T Fundraising Activities required to complete this par	Complete if the organization answer	ered "Y	es" o	n Form 990, Part IV,	line 1	7. Form 990-E2	I filers are not
Indicate whether the organization rais a	e Solicita f Solicita g Special or oral agreement with any individual cart VII) or entity in connection with positions or entities (fundraisers) pursu	tion of i tion of g fundra I (includ professi	non-g gover ising ling o onal f	overnment grants nment grants events fficers, directors, true fundraising services?	stees	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundra have cu or cont contribu	rol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
	· '31'31'43						
				v-		_	
				,			
				-			
							
		11					-
Total 3 List all states in which the organization or licensing	on is registered or licensed to solicit	contribi	utions	or has been notified	d rt ıs	exempt from re	egistration
				-			

632081 09-12-16

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

Schedule G (Form 990 or 990-EZ) 2016

41-	0694721 Page 2
	more than \$15,000 ots greater than \$5,000
er events	(d) Total events
2 number)	(add col. (a) through col. (c))
iumber)	
0,297.	588,268.
7,765.	495,081.
2,532.	93,187.
156.	156.
	11,500.
4,609.	9,625.
2,343.	33,399.
	7,936. 79,818.
577.	79,818.
>	142,434. -49,247.
ore than	
	[28 -
r gaming	(d) Total gaming (add col (a) through col (c))
%	

of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with (a) Event #1 (b) Event #2 STEPUP GALA A-CLUB GOLF (event type) (event type) (total r 500,359 67,612. 1 Gross receipts 453,816 33,500. 2 Less: Contributions 46,543 34,112. 3 Gross income (line 1 minus line 2) 4 Cash prizes 2,000. 9,500. 5 Noncash prizes Direct Expenses 5,016. 6 Rent/facility costs 27,886. 3,170. 7 Food and beverages 7,936. 8 Entertainment 1,711. 77,530. Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported mo \$15,000 on Form 990-EZ, line 6a (b) Pull tabs/instant (a) Bingo (c) Othe Revenue bingo/progressive bingo Gross revenue 2 Cash prizes 3 Noncash prizes Rent/facility costs 5 Other direct expenses Yes Yes % Yes No 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: Yes a is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? __ Yes b If "Yes," explain _

Schedule G (Form 990 or 990-EZ) 2016

632082 09-12-16

Schedule G (Form 990 or 990-EZ) 2016 AUGSBURG UNIVERSITY	41-0694721 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	13a %
b An outside facility	13b %
14 Enter the name and address of the person who prepares the organization's gaming/special events books and reco	
2 - Enter the hand and address or the person who property and the enganization of garming opposition books and room	100.
Name	
Address ▶	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount	ount
of gaming revenue retained by the third party > \$	
c If "Yes," enter name and address of the third party.	
o it ros, citor name and address of the time party.	
Name ▶	
Address >	
16 Gaming manager information:	
Name ▶	
Gaming manager compensation ▶ \$	z
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent	
organization's own exempt activities during the tax year > \$	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and	Part III lines Q Qh 10h 15h
15c, 16, and 17b, as applicable. Also provide any additional information. See instructions	Fait iii, iiiles 9, 90, 100, 130,
156, 16, and 176, as applicable. Also provide any additional information, see instructions	
	
	
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Schedule G (Form 990 or 990-EZ)	AUGSBURG UNIVERSITY	41-0694721 Page 4
Schedule G (Form 990 or 990 EZ) Part IV Supplemental Info	rmation (continued)	
		
		
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· · · · · · · · · · · · · · · · · · ·		
 		······································
		
 		
		
	 	
		
~		
		Schedule G (Form 990 or 990-F

SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Information about Schedule I (Form 990) and its instructions is at www.lrs.gov/form990. ► Attach to Form 990.

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OMB No 1545-0047

Open to Public

Employer identification number

Inspection

2 | 41-0694721 (h) Purpose of grant or assistance X Yes 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 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (d) Amount of cash grant (c) IRC section (if applicable) AUGSBURG UNIVERSITY Part I General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization or government Part II

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the J	
-	
Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	
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LHA · For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2016)

41-0694721

Schedule I (Form 990) (2016) AUGSBURG UNIVERSITY

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
TUITION ASSISTANCE AND SCHOLARSHIPS	2930	38,191,232.	• 0	N/A	N/A
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	juired in Part I, lin	ie 2, Part III, column	(b), and any other a	dditional information.	
PART I, LINE 2:					
AUGSBURG UNIVERSITY OFFERS SCHOLARS	SHIPS AND	GRANTS	TO QUALIFIED	D STUDENTS TO	
HELP REDUCE THEIR OUT-OF-POCKET TUI	TION	COSTS. STUDENTS	NTS RECEIVING	ING FINANCIAL	
ASSISTANCE OF THIS FORM MUST MEET	SPECIFIC	CRITERIA	SUCH AS AC	ACADEMIC	
ACHIEVEMENT, FINANCIAL NEED AND OTH	HER SIMILAR		STANDARDS WHETHER	R PUT IN	
PLACE BY THE UNIVERSITY OR BY DONOR	S OF	RESTRICTED F	FUNDS.		

SCHEDULE J (Form 990)

Compensation Information

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

➤ Complete if the organization answered "Yes" on Form 990. Part IV. line 23. ► Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

41-0694721 AUGSBURG UNIVERSITY **Questions Regarding Compensation** Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as, maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or Х reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, Х trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 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 X Compensation committee Written employment contract X Independent compensation consultant X Compensation survey or study X Approval by the board or compensation committee Form 990 of other organizations 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 a Receive a severance payment or change-of-control payment? 4a b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of a The organization? 5a 5b X b Any related organization? If "Yes" on line 5a or 5b, describe in Part III. 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: X The organization? 6a X 6ь b Any related organization? If "Yes" on line 6a or 6b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments X not described on lines 5 and 6? If "Yes," describe in Part III 7 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 X If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

632111 09-09-16

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

Schedule J (Form 990) 2016

AUGSBURG UNIVERSITY Schedule J (Form 990) 2016

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii).

Do not list any individuals that aren't listed on Form 990, Part VII

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

	to marchine (a)	14/ 000 t 20/bas 0/416	20,000	Paro tromonto (2)	Classical (d)		
	(b) Breakdown of	(b) breakdown of W-2 and/or 1099-MISC compensation	SC compensation	other deferred	(b) Nontaxable	(E) Total of columns (B)(0-(D)	(r) Compensation
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
∣≘	308,608.	0	2,579.	21,703.	40,085.	372,975.	0
Ξ	1			0	0		0
ε	215,802.		1,13	10,924.	2,682.	230,544.	0
(II)				0.	:		0
Ξ	211,410.	0	88	11,249.	13,579.	237,12	0
TIII	0.			0.			0
Ξ	162,094.		184.	0	11,906.	174,18	0
(ii)	0	0	0	0			0
ε	146,521.		797	8,000.	13,479.	168,464.	0
(II)	0			1 1			0
Ξ	142,003.		99	12,168.	10,191.	164,914.	0
(III)	0		0	0	0		0
ε	140,689.		41.	11,272.	4,646.	156,648.	0
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			7			Schedu	Schedule J (Form 990) 2016

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

2016 Open to Public Inspection

OMB No 1545-0047

Employer identification number

41-0694721

► Information about Schedule K (Form 990) and its instructions is at www.lrs.gov/form990. ▶ Attach to Form 990.

UNIVERSITY

AUGSBURG

Name of the organization

Department of the Treasury Internal Revenue Service

SCHEDULE K (Form 990)

90,613. 12,309,387. ŝ (ı) Pooled financing × × × × 765,000 12,400,000 2015 ŝ (g) Defeased (h) On behalf ŝ × × × × ۵ of issuer Yes Yes ž × × × × 505,928. 6,064,972. 6,705,000 134,100 Yes 1,275,000 × ŝ 2014 SERIES SERIES SERIES (f) Description of purpose Yes FACILITIES 6-J1 BONDS REFINANCE REFINANCE REFINANCE .6-C BONDS .4-Y BONDS MULTIPLE 5,556,602. 8,936,602. 8,764,415. 172,187 × ş 2010 m 000 Yes ,602 (A) CONTINUATIONS 5,000,000 6,705,000 × × (e) Issue price 12,400, 8,936 3,000,000 5,000,000 000'66 4,874,500 26,500 × ş 2008 (d) Date issued 10/13/10 07/30/14 04/15/15 07/27/06 Yes FOR COLUMN AUT41-098852560416HUF9 AUT 41-0988525 60416 HE 42 AUT|41-0988525|60416HHS6| (c) CUSIP # NONE Does the organization maintain adequate books and records to support the final allocation of proceeds? AUT 41-0988525 SEE PART VI (b) Issuer EIN Were the bonds issued as part of an advance refunding issue? Were the bonds issued as part of a current refunding issue? Has the final allocation of proceeds been made? Working capital expenditures from proceeds FACILITIES FACILITIES FACILITIES FACILITIES Capital expenditures from proceeds Credit enhancement from proceeds Capitalized interest from proceeds Amount of bonds legally defeased Gross proceeds in reserve funds Proceeds in refunding escrows Issuance costs from proceeds Year of substantial completion HIGHER HIGHER HIGHER HIGHER (a) Issuer name Part III Private Business Use Other unspent proceeds Amount of bonds retired Total proceeds of issue Other spent proceeds **Bond Issues** MINNESOTA MINNESOTA EDUCATION B EDUCATION MINNESOTA C EDUCATION MINNESOTA D EDUCATION Proceeds Part Part ! 9 œ 0 9 δ 4 ō 9 얼

bond-financed property?

10-19-16 | HA For Panerwork Reduction Act Notice can the Instructions

◆Are there any lease arrangements that may result in private business use of

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Was the organization a partner in a partnership, or a member of an LLC,

which owned property financed by tax-exempt bonds?

Schedule K (Form 990) 2016

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Yes

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Yes

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Yes

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Yes

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632121 10-19-16 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 53

Supplemental Information on Tax-Exempt Bonds

2016 Open to Public Inspection

(g) Defeased (h) On behalf (i) Pooled financing Yes No Employer identification number × × OMB No 1545-0047 41-0694721 Yes No of issuer × × Ω ĝ × × Yes (f) Description of purpose O Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions,
explanations, and any additional information in Part VI.
 Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990. FINANCING FINANCING 13,680,000.CSBR 32,240,000.CSBR œ CONTINUATIONS (e) Issue price (d) Date Issued 12/01/16 12/01/16 (A) FOR COLUMN FACILITIES AUT41-098852560416H2T0 (c) CUSIP # NONE AUT/41-0988525 (b) Issuer EIN UNIVERSITY SEE PART ▶ Attach to Form 990. AUGSBURG FACILITIES HIGHER HIGHER (a) Issuer name Name of the organization **Bond Issues** MINNESOTA B EDUCATION MINNESOTA A EDUCATION Proceeds Department of the Treasury Internal Revenue Service SCHEDULEX (Form 990) Part II Part | ပ

_	Amount of bonds retired								
N	Amount of bonds legally defeased								
က	Total proceeds of issue	33,83	33,836,864.	13,58	13,584,240.			<u> </u>	
4	Gross proceeds in reserve funds	2,61	2,611,717.	1,10	1,108,197.			 	
2	Capitalized interest from proceeds	1,32	1,328,839.						
9	Proceeds in refunding escrows								
^	Issuance costs from proceeds	36	366,737.	15	155,614.				
80	Credit enhancement from proceeds								
6	Working capital expenditures from proceeds								
9	Capital expenditures from proceeds	16,67	16,671,932.	7,16	7,160,077.				
Ŧ	Other spent proceeds								
2		12,8	12,857,639.	5,16	5,160,352.				
13	13 Year of substantial completion		2017	7	2017				
		Yes	No	Yes	8	Yes	ž	Yes	2
14	Were the bonds issued as part of a current refunding issue?		×		×				
5	Were the bonds issued as part of an advance refunding issue?		×		×				
16	Has the final allocation of proceeds been made?	X		×					
4	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					
۵	Part III Private Business Use								
		∢		8		O		٥	

632121 10-19-16 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 54

2 • Are there any lease arrangements that may result in private business use of

Was the organization a partner in a partnership, or a member of an LLC,

which owned property financed by tax-exempt bonds?

Schedule K (Form 990) 2016

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Yes

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Yes

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Yes

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Yes

Schedule K (Form 990) 2016 AUGSBURG UNIVERSITY			41-	41-0694721	ଗ	ENTTTY		Page
Use (Continued)								
	V			В		O	۵	
3a Are there any management or service contracts that may result in private	Yes	No	Yes	S	Yes	S.	Yes	No No
business use of bond-financed property?	×			×		×	×	
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside	×						×	
c Are there any research agreements that may result in private business use of bond-financed property?	-	×		×		×		×
counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by	-						c	
		T . 0 0 %		% 00.		% 00.	7	% 79.7
5 Enter the percentage of financed property used in a private business use as a result of								
unrelated trade or business activity carried on by your organization, another		0		ò		00	,	00
		1		8 8		8 6		% 69
Т		\$ >						>
		4				4		4
8a Has there been a sale or disposition of any of the bond-financed property to a non-		>		;		-		;
		×		×		×		×
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed								
Jo	}	%		%	}	%		
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections						-		
1141:12 and 1145:2?			Ì		}			
9 Has the organization established written procedures to ensure that all nonqualified								
bonds of the issue are remediated in accordance with the requirements under								
Regulations sections 1.141-12 and 1 145-2?	×		×		×		×	
Part IV∜ Arbitrage								
		A		В		O	۵	
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	Š	Yes	No	Yes	o _N	Yes	No
Penalty in Lieu of Arbitrage Rebate?		×		×		×		×
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		×		×	×		×	
b Exception to rebate?	×		×			×		×
c No rebate due?		×		X		X		×
If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
performed								
3 is the bond issue a variable rate issue?	×			X		X	Х	
4a Has the organization or the governmental issuer entered into a qualified								
hedge with respect to the bond issue?		×		Х		×		×
b Name of provider								
c Term of hedge								
d ∢Was the hedge superintegrated?								
e Was the hedge terminated?								
632122 10-19-16						Sche	Schedule K (Form 990) 2016	m 990) 2016

Schedule K (Form 990) 2016 AUGSBURG UNIVERSITY			41-	41-0694721	Ä	ENTITY	.71	Page 2
Use (Cor								[•
		A		В	0			
3a Are there any management or service contracts that may result in private	Yes	2×	Yes	₽×	Yes	2	Yes	2
b if "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X		X				
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside			i					
counsel to review any research agreements relating to the financed p								
4 Enter the percentage of financed property used in a private business use by						,		į
entities other than a section 501(c)(3) organization or a state or local or	-	% 00.		% 00.		%		%
5 Enter the percentage of financed property used in a private business use as a result of								
unrelated trade or business activity carried on by your organization, another		00.		00		79		70
Section 50 (CRS) organization, or a state or local government.		ł		1		\$ 8		8 8
1		1		×				<u> </u>
8a Has there been a sale or disposition of any of the bond-financed property to a non-								
governmental person other than a 501(c)(3) organization since the bonds were issued?		X		×				
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed							!	
of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections								
1 141·12 and 1.145·2?	-							
9 Has the organization established written procedures to ensure that all nonqualified					-			
bonds of the issue are remediated in accordance with the requirements under	:		;					
Regulations sections 1 141-12 and 1.145-2?	×		×					
Part IV Arbitrage								
		A		8	0			
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	2	Yes	Ŷ.	Yes	ŝ	Yes	Š
ı		٧		×				
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?	×	-	×					
b Exception to rebate?		×		×				
c No rebate due?		×		×				
If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
performed	,];					
3 Is the bond issue a variable rate issue?	×		×					
4a Has the organization or the governmental issuer entered into a qualified	-	;		;	-			
hedge with respect to the bond issue?		×		×				
b Name of provider								
c Term of hedge								
d € Was the hedge superintegrated?								
e Was the hedge terminated?								
632.122 10-19-16						Sch	Schedule K (Form 990) 2016	m 990) 2016

Page 3 Schedule K (Form 990) 2016 ŝ å Yes Yes × × ₽× ŝ Yes Yes × × 41-0694721 2 × နှ Yes Yes × × Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions ₽× ŝ × Yes Yes × × d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? Has the organization established written procedures to monitor the requirements of federal tax requirements are timely identified and corrected through the voluntary Has the organization established written procedures to ensure that violations of closing agreement program if self-remediation isn't available under applicable 5a Were gross proceeds invested in a guaranteed investment contract (GIC)? 6 Were any gross proceeds invested beyond an available temporary period? AUGSBURG UNIVERSITY Part V Procedures To Undertake Corrective Action Part IV Arbitrage (Continued) Schedule K (Form 990) 2016 b Name of provider section 148? c Term of GIC 632123 10-19-16

Schedule K (Form 990) 2016 AUGSBURG UNIVERSITY			41-(-0694721		ł		Page 3
Part IV Arbitrage (Continued)								
	4		- [8	- [S	- [
	Yes	2>	Yes	S >	Yes	2	Yes	o N
		4		4				
								-
٦l		×		×				
Were any gross proceeds invested beyond an available temporary		:		:				
7 Has the organization established written procedures to monitor the requirements of section 148?	×		×					
Part V Procedures To Undertake Corrective Action								
Į	V			8		O		
	Yes	2	Yes	2	Yes	ટ	Yes	N _o
Has the organization established written procedures to ensure that violations of								
closing agreement program if self-remediation isn't available under applicable								
regulations?	×		×					
Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions	s on Schadule k	(. See instru	ctions					
PART I, BOND ISSUES:				:				
(A) ISSUER NAME: MINNESOTA HIGHER EDUCATION FACILITIES AUTHORITY	LITIES A	UTHOR	ΤŢΙ					
	- 1							
(A) ISSUER NAME: MINNESOTA HIGHER EDUCATION FACILITIES		AUTHORITY	ITY					
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NAME: MINNESOIR HIGHER EDUCALION		TOT TO	1					
(A) ISSUER NAME: MINNESOTA HIGHER EDUCATION FACILITIES AUTHORITY	LITIES A	UTHOR	ТŢ	i i				
						:		
(A) ISSUER NAME: MINNESOTA HIGHER EDUCATION FACILITIES		AUTHORITY	ΤŢΙ					
TOTAL CONTRACT CHONDRANCE CONTRACTOR	- 1	0011011	1,00					
(A) ISSUER NAME: MINNESOTA HIGHER EDUCATION FACI	FACILITIES	AUTHORITY	X.1.7					
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•	-							
						1.		
632123 10-19-16						8	hedule K (Fo	Schedule K (Form 990) 2016

SCHEDULE L

Transactions With Interested Persons

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

➤ Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service	► Informatio	n abou						Form 990-E2 1 its instruction		t www.irs.gov/f	form9	90.		pen T spect		lic
Name of the organizatio	n AUGSBU	RG	UNIVE	RSI	TY								rident		on nu	ımber
<u> </u>	Benefit Tran															
	f the organizatio							ine 25a or 25I	b, or	Form 990-EZ, F	Part V,	line 4	<u>0b</u>	1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1		
(a) Name of disqual	lified person	(D) F	Relationshi person a			•	itied	(0	c) De	scription of trar	nsacti	on			Corre es	cted? No
			<u></u>							·				+	-3	140
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														+	\dashv	
2 Enter the amount of	of tax incurred by	the o	rganizatio	n man	agers	or disc	ualifie	d persons du	rına '	the vear under						-
section 4958	•	,	J		J		•			,		> \$				
3 Enter the amount of	of tax, if any, on l	ine 2,	above, rei	mburs	ed by	the or	ganıza	tion				> \$				
Part II Loans to	and/or Fro	m Int	erected	Don	cone	,										
	f the organizatio						Part \	/ line 38a or l	Form	QQO Part IV In	ne 26	or if th	he ora	nızatı	on	
	_						,	, iiiic ooa oi i	01111	550, 1 aic 14, iii	10 20,	01 11 11	ic orga	11112411	0,1	
(a) Name of	1 1 7	•							(f)	Balance due			(h) Ap	proved ard or	1 (1) **	/ritten
Interested person with organization of loan of											ment?					
WILLIAM FRAM	E EODME	organization of loan from the organization?						94,965.	 -	383,305.	Yes	No X	Yes	No	Yes X	No
WIDDIAM FRAM	E FORME	-	DOAIN_	AUA	-	-	1.	74,303.	┝	303,303.		1-	╀┻		_	
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Total Part III Grants of	or Assistance	Bor	ofiting	Intor	roeto	d Do		▶ \$		383,305.			1		· · ·	
	f the organization		-													
(a) Name of intere			(b) Relatio				·	Amount of	П	(d) Type	of	1	(e) Purp	ose of	 f
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LHA For Paperwork R	eduction Act N	otice,	see the Ir	nstruc	tions	for For	m 990	or 990-EZ.		Sch	edule	L (Fo	rm 990	or 99	90-EZ) 2016

632131 10-24-16

SEE PART V FOR CONTINUATIONS

Schedule L (Form 990 or 990-EZ) 2016

053-5E01

SCHEDULE M (Form 990)

Noncash Contributions

2016

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Open To Public

Name of the organization AUGSBURG UNIVERSITY

Employer identification number 41-0694721

Par	t Types of Property						
		(a)	(b)	(c)	(d)		
		Check if	Number of	Noncash contribution amounts reported on	Method of dete		
		applicable	contributions or items contributed	Form 990, Part VIII, line 1g	noncash contributi	on amoun	is
1	Art - Works of art		Itorno dorrandatos	1 0, 0.00 1 0		·	
2	Art - Historical treasures						
3	Art - Fractional interests		·				
4	Books and publications		<u> </u>				
	•		* ;		<u> </u>		
5	Clothing and household goods Cars and other vehicles				<u></u>		
6		<u> </u>					
7	Boats and planes			<u> </u>			
8	Intellectual property	<u> </u>	29	622 129	STOCK MARKET	ייים ווח	ਾਜਵ
9	Securities - Publicly traded	<u> </u>		022,123.	DIOCK PARKET	Q001	<u>по</u>
10	Securities - Closely held stock	ļ	 .	<u></u>			
11	Securities - Partnership, LLC, or						
_	trust interests				 		
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other					 -	
15	Real estate - Residential			<u></u>	<u> </u>		
16	Real estate - Commercial	ļ					
17	Real estate - Other	<u> </u>					
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies		<u></u>				
21	Taxidermy			<u> </u>			
22	Historical artifacts						
23	Scientific specimens		<u>L</u>				
24	Archeological artifacts						
25	Other (AUCTION ITEMS)	X	128	18,763.	ESTIMATED FM	IV	
26	Other ()						
27	Other ()						
28	Other ()						
29	Number of Forms 8283 received by the organ	zation durin	g the tax year for o	contributions			
	for which the organization completed Form 82	83, Part IV,	Donee Acknowled	gement 29		0	l
	•					Yes	No
30a	During the year, did the organization receive b	y contribution	on any property re	ported in Part I, lines 1 throu	gh 28, that it		Ţ.,
	must hold for at least three years from the dat					•	3
	exempt purposes for the entire holding period			•		30a	X
b	If "Yes," describe the arrangement in Part II.			•	Γ		3.52
31	Does the organization have a gift acceptance	policy that r	equires the review	of any nonstandard contribu	utions?	31 X	w 156°
	Does the organization hire or use third parties						<u> </u>
	contributions?		J	,,,		32a	x
h	If "Yes," describe in Part II.				۲		<u> </u>
33	If the organization didn't report an amount in	column (c) fo	r a type of propert	ty for which column (a) is che	ecked.		3
~	describe in Part II	201011111 (O) TC	. a type of propert	.,	,		,
I HA		the Instruc	tions for Form 90	30.	Schedule M (F	orm 990)	(2016)
LHA	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 99	90.	Schedule M (F	orm 990)	(2016)

632141 08-23-16

Part II	Suppl is repor	ement	tal Info	rmation	e number of	Information	required by s, the numb	Part I, lin er of item	es 30b, 32b, ar s received, or a	nd 33, and w	thether the orga on of both. Also	nization
SCHEDU	JLE M	, PA	RT I,	COLU	MN (B)	<u>:</u>						
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Schedule M (Form 990) (2016)

632142 08-23-16

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

NAMIBIA

632211 08-25-16

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.

Open to Public

OMB No 1545-0047

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Inspection

Name of the organization

AUGSBURG UNIVERSITY

Employer identification number 41-0694721

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: COMMITTED TO INTENTIONAL DIVERSITY IN ITS LIFE AND WORK. AN AUGSBURG EDUCATION IS DEFINED BY EXCELLENCE IN THE LIBERAL ARTS AND PROFESSIONAL STUDIES, GUIDED BY THE FAITH AND VALUES OF THE LUTHERAN CHURCH, AND SHAPED BY ITS URBAN AND GLOBAL SETTINGS. FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: NATIONAL SOCIETY FOR EXPERIENTIAL EDUCATION. AUGSBURG RANKS AMONG THE TOP PRODUCERS OF NATIONAL AND INTERNATIONAL STUDENT FELLOWSHIP AWARDEES. OUR PASSION FOR ACCESS AND EXCELLENCE IN THE LIBERAL ARTS AND PROFESSIONAL STUDIES IS GUIDED BY THE FAITH AND VALUES OF THE LUTHERAN CHURCH, WHICH CALL THE UNIVERSITY TO EDUCATE STUDENTS TO BE INFORMED CITIZENS, THOUGHTFUL STEWARDS, CRITICAL THINKERS, AND RESPONSIBLE LEADERS. FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: MORE THAN 100 STUDENTS EACH YEAR WITH COUNSELING, SUBSTANCE-FREE HOUSING, AND LEADERSHIP DEVELOPMENT. FINALLY, THROUGH THE INTEGRATED SERVICES OF THE ENROLLMENT CENTER, STUDENTS AND FAMILIES CAN RECEIVE COUNSELING AND SUPPORT WITH TUITION PAYMENT PLANS, SCHOLARSHIPS, FINANCIAL AID, AND REGISTRATION. FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES: MEXICO, GUATEMALA, EL SALVADOR, NICARAGUA,

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

Schedule O (Form 990 or 990-EZ) (2016)

FORM 990, PART VI, SECTION A, LINE 1:

THE EXECUTIVE COMMITTEE CONSISTS OF THE CHAIR AND OTHER OFFICERS, PLUS AT
LEAST FOUR OTHER MEMBERS ELECTED BY THE BOARD OF REGENTS. THE EXECUTIVE

COMMITTEE HAS THE AUTHORITY OF THE BOARD OF REGENTS IN THE MANAGEMENT OF
THE BUSINESS OF THE UNIVERSITY IN THE INTERVAL BETWEEN MEETINGS OF THE
BOARD OF REGENTS, AND THE EXECUTIVE COMMITTEE IS AT ALL TIMES SUBJECT TO
THE CONTROL AND DIRECTION OF THE BOARD OF REGENTS.

FORM 990, PART VI, SECTION A, LINE 4:

THE UNIVERSITY FILED RESTATED ARTICLES OF INCORPORATION ON MARCH 2, 2017 TO LEGALLY CHANGE THE NAME FROM "AUGSBURG COLLEGE" TO "AUGSBURG UNIVERSITY" EFFECTIVE SEPTEMBER 1, 2017.

FORM 990, PART VI, SECTION A, LINE 6:

THE VOTING MEMBERS OF THE UNIVERSITY ARE THE GOVERNING MEMBERS. THE GOVERNING MEMBERSHIP CONSISTS OF:

- (1) SEVENTY-SIX MEMBERS FROM THE FOLLOWING SYNODS OF THE EVANGELICAL

 LUTHERAN CHURCH IN AMERICA: MINNEAPOLIS AREA SYNOD, SAINT PAUL AREA SYNOD,

 SOUTHEASTERN MINNESOTA SYNOD, AND NORTHWEST SYNOD OF WISCONSIN. EACH SUCH

 SYNOD SHALL HAVE REPRESENTATION WHICH SHALL BE PROPORTIONATE TO ITS

 COMPARATIVE BAPTIZED MEMBERSHIP;
- (2) THE BISHOP, OR THE BISHOP'S DESIGNEE, FROM EACH SUCH SYNOD;
- (3) TEN MEMBERS FROM THE BOARD OF REGENTS;
- (4) FOUR MEMBERS FROM THE FACULTY: THE CHAIR OF THE FACULTY SENATE AND THE
 632212 08-25-16 Schedule O (Form 990 or 990-EZ) (2016)

Name of the organization **Employer identification number** AUGSBURG UNIVERSITY 41-0694721 CHAIRS OF AUGSBURG UNIVERSITY'S THREE DIVISIONS-FINE ARTS AND HUMANITIES. NATURAL AND SOCIAL SCIENCES, AND PROFESSIONAL STUDIES; (5) THREE MEMBERS OF THE UNIVERSITY ADMINISTRATION DETERMINED IN THE DISCRETION OF THE PRESIDENT; AND (6) TWO CURRENT STUDENTS HOLDING ELECTED SEATS AS MEMBERS OF THE STUDENT GOVERNMENT. MEMBERS FROM EACH CONSTITUENT GROUP SHALL BE SELECTED BY PROCEDURES DETERMINED BY THEIR PARTICULAR BODY UNLESS OTHERWISE SPECIFIED IN THESE BYLAWS. FORM 990, PART VI, SECTION A, LINE 7A: THE GOVERNING MEMBERSHIP ELECTS THE MEMBERS OF THE UNIVERSITY'S BOARD OF REGENTS AND THE NOMINATING COMMITTEE. THE GOVERNING MEMBERSHIP ALSO ESTABLISHES AND ELECTS MEMBERS TO SUCH OTHER COMMITTEES IT DEEMS NECESSARY TO CONDUCT ITS BUSINESS. FORM 990, PART VI, SECTION A, LINE 7B: THE GOVERNING MEMBERSHIP MUST APPROVE AMENDMENTS TO THE ARTICLES OF INCORPORATION OR BYLAWS OF THE UNIVERSITY, TO MERGE OR CONSOLIDATE WITH ANOTHER CORPORATION, TO DISPOSE OF ALL OR SUBSTANTIALLY ALL THE ASSETS OF THIS UNIVERSITY, OR TO DISSOLVE THE UNIVERSITY. THE GOVERNING MEMBERSHIP RECEIVES REPORTS FROM THE BOARD OF REGENTS AND ADMINISTRATION OF THE UNIVERSITY AND GENERALLY ACQUAINTS ITSELF WITH THE PROGRESS AND NEEDS OF THE UNIVERSITY. ITS OBJECTIVES ARE TO STRENGTHEN THE 632212 08-25-16 Schedule O (Form 990 or 990-EZ) (2016) Name of the organization

AUGSBURG UNIVERSITY

Employer identification number 41-0694721

UNIVERSITY SPIRITUALLY AND ACADEMICALLY, TO PROMOTE THE UNIVERSITY IN

APPROPRIATE FORUMS, AND TO PROVIDE WHATEVER OTHER FORMS OF ASSISTANCE IT

MAY FIND FEASIBLE AND APPROPRIATE. IT MAY MAKE RECOMMENDATIONS TO THE BOARD

OF REGENTS AS IT DEEMS ADVISABLE.

FORM 990, PART VI, SECTION B, LINE 11B:

AN INDEPENDENT PUBLIC ACCOUNTING FIRM PREPARES THE FORM 990 BASED ON DATA SUPPLIED BY MANAGEMENT OF THE UNIVERSITY. THE DRAFT OF THE FORM 990 IS REVIEWED BY MANAGEMENT WITH ANY CORRECTIONS AND CHANGES BEING INCORPORATED INTO THE DOCUMENT. THE UPDATED DRAFT OF THE FORM 990 IS PROVIDED TO THE AUDIT COMMITTEE FOR THEIR REVIEW AND APPROVAL FOR SUBMISSION. A PUBLIC INSPECTION COPY OF THE FORM 990 IS MADE AVAILABLE TO THE BOARD OF REGENTS PRIOR TO SUBMISSION.

FORM 990, PART VI, SECTION B, LINE 12C:

AUGSBURG UNIVERSITY HAS BOTH A CONFLICT OF INTEREST POLICY SPECIFIC TO ITS
BOARD OF REGENTS AND EMPLOYEES TO PROTECT AND SAFEGUARD THE INTERESTS OF
AUGSBURG UNIVERSITY. EACH YEAR, THE BOARD OF REGENTS ARE REQUIRED TO
DISCLOSE ANY POTENTIAL OR ACTUAL CONFLICTS OF INTEREST IN THEIR SERVICE TO
AUGSBURG UNIVERSITY. SUCH FORMS ARE REVIEWED BY THE BOARD CHAIR, OR HIS/HER
DESIGNEE, WITH APPROPRIATE ACTION TAKEN. REGENTS ARE REQUIRED TO DISCLOSE
ANY CONFLICT PRIOR TO DISCUSSION AT MEETINGS AND TO RECUSE THEMSELVES FROM
VOTING, AS RECORDED IN THE MINUTES.

AUGSBURG UNIVERSITY ALSO SEEKS TO AVOID CONFLICTS BETWEEN THE PERSONAL

INTERESTS OF EMPLOYEES AND THE INTERESTS OF THE UNIVERSITY. IN THE EVENT AN

EMPLOYEE OR THEIR FAMILY MEMBER MAY HAVE A FINANCIAL, PERSONAL, OR

PROFESSIONAL INTEREST THAT COULD POTENTIALLY CREATE AN ADVERSE CONFLICT OF

632212 08-25-16

Schedule O (Form 990 or 990-EZ) (2016)

INTEREST INVOLVING THE UNIVERSITY, THE EMPLOYEE IS REQUIRED TO PROVIDE

WRITTEN DISCLOSURE TO THE APPROPRIATE VICE PRESIDENT. THE EMPLOYEE IS THEN

REQUIRED TO REFRAIN FROM PARTICIPATING IN THE UNIVERSITY'S CONSIDERATION OR

PROCESSING OF THE TRANSACTION TO AVOID ANY INFLUENCE UPON SUCH TRANSACTION.

FORM 990, PART VI, SECTION B, LINE 15A:

THE PRESIDENT'S COMPENSATION IS REVIEWED, AND ADJUSTED IF NECESSARY,

ANNUALLY BY THE BOARD OF REGENTS EXECUTIVE COMMITTEE. IN YEARS WHERE AN

EXTERNAL FIRM IS NOT ENGAGED, HUMAN RESOURCES PROVIDES SURVEY DATA FROM THE

COLLEGE AND UNIVERSITY PROFESSIONAL ASSOCIATION FOR HUMAN RESOURCES

(CUPA-HR). THIS INFORMATION IS BASED ON OVER 150 SCHOOLS THAT COMPARE TO

AUGSBURG REGARDING ENROLLMENT SIZE, ACADEMIC PROGRAMS, BUDGET SIZE, AS WELL

AS OTHER ELCA COLLEGES. THIS INFORMATION IS SENT TO THE EXECUTIVE COMMITTEE

EACH SUMMER AND THEN THE REVIEW OCCURS DURING THE NEXT FEW MONTHS BEFORE

BEING COMMUNICATED TO THE PRESIDENT IN FALL BY THE BOARD CHAIR. IF A SALARY

INCREASE IS APPROVED BY THE BOARD, A PERSONNEL ACTION REQUEST FORM IS

SUBMITTED. THIS PROCESS LAST OCCURRED IN 2017.

THE PRESIDENT ANNUALLY REVIEWS THE COMPENSATION FOR ALL MEMBERS OF THE

PRESIDENT'S LEADERSHIP TEAM (PLT). HE DETERMINES THE COMPENSATION FOR HIS

DIRECT REPORTS, BUT LEAVES THE FINAL DECISION TO THE APPROPRIATE VICE

PRESIDENT FOR EMPLOYEES THAT DO NOT REPORT DIRECTLY TO HIM. HUMAN RESOURCES

PROVIDES SURVEY DATA FROM THE COLLEGE AND UNIVERSITY PROFESSIONAL

ASSOCIATION FOR HUMAN RESOURCES (CUPA-HR), AS WELL AS INDUSTRY SPECIFIC

COMPENSATION INFORMATION FOR CERTAIN POSITIONS. THE CUPA-HR SALARY

INFORMATION IS BASED ON APPROXIMATELY 150 COLLEGES BOTH NATIONALLY AND

ACROSS THE MIDWEST AND INCLUDES INSTITUTIONS WITH SIMILAR STUDENT

ENROLLMENT AND BUDGET SIZE, AS WELL AS OTHER ELCA COLLEGES. HUMAN RESOURCES

632212 08-25-16

AUGSBURG UNIVERSITY	41-0694721
PROVIDES THIS INFORMATION TO THE PRESIDENT EACH SPRING,	AND THE REVIEW
OCCURS DURING THE NEXT FEW MONTHS. THE PRESIDENT COMMUNI	CATES THE
COMPENSATION INCREASE TO THE PLT MEMBER AND HUMAN RESOUR	CES ENSURES A
PERSONNEL ACTION REQUEST FORM IS COMPLETED. THIS PROCESS	LAST OCCURRED IN
2017.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE UNIVERSITY MAKES ITS GOVERNING DOCUMENTS, CONFLICT O	F INTEREST POLICY,
AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON RE	QUEST.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
ADJUSTMENT OF ACTUARIAL LIABILITY	-66,509.
CHANGE IN ALLOWANCE FOR UNCOLLECTIBLE PLEDGES	-183,012.
TOTAL TO FORM 990, PART XI, LINE 9	-249,521.

SCHEDULE R (Form 990)

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2016

▶ Information about Schedule R (Form 990) and its instructions is at www.lrs.gov/form990.

► Attach to Form 990.

Open to Public Inspection

Schedule R (Form 990) 2016 (g) Section 512(b)(13) Employer identification number 41-0694721 ę controlled entity? Direct controlling Yes entity 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. Direct controlling entity End-of-year assets status (if section 501(c)(3)) <u>e</u> Public charity Total income Exempt Code section ত্ত 豆 Legal domicile (state or Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 Legal domicile (state or foreign country) foreign country) Primary activity Primary activity or Paperwork Reduction Act Notice, see the Instructions for Form 990. AUGSBURG UNIVERSITY Name, address, and EIN (if applicable) Name, address, and EIN of related organization of disregarded entity Name of the organization Department of the Treasury Internal Revenue Service Part II Part I

Page 2 41-0694721

Schedule R (Form 990) 2016 AUGSBURG UNIVERSITY

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

	•													
(k)	General or Percentage managing ownership partner?													re related
(0)	General or managing partner?					_		Ι						ا ق
)	Gene man; part							L			L			ူ်
(9)	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)													because it had o
(£)	Disproportionate allocations?					_			_					. IV, line 34
	ے اے	+		_	\vdash		 	+	 _				 	Part
(6)	Share of end-of-year assets													" on Form 990,
€	Share of total income													on answered "Yes
(e)	Predominant income (related, unrelated, excluded from tax under sections 512-514)						-	-		-		. =	-	ration or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related
(P)	Direct controlling entity												İ	pration or Trust. Cor
<u>(၁</u>	Legal domicile (state or foreign country)													as a Corp
(p)	Primary activity													janizations Taxable
(a)	Name, address, and EIN of related organization													Part iv Identification of Related Organizations Taxable as a Corpor

Part IV coganizations treated as a corporation or trust during the tax year

(a)	(q)	(၁)	(p)	(e)	(£)	(6)	3	Ξ	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp,	Shar	Share of end-of-year	Percentage ownership	Section 512(b)(13) controlled entity?	(13) (13) /2
		country)		(25)		51255		Yes	ş
ZEBRA INVESTMENTS SIX LIMITED									
FIVE SIMPSON STREET			AUGSBURG		ï				
WINDHOEK, WEST, NAMIBIA	FOREIGN CAMPUS	NAMIBIA	UNIVERSITY	C CORP	•	246,907.	100.00	×	
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632162 09-06-16		70				Sche	Schedule R (Form 990) 2016	(066	2016

Schedule R (Form 990) 2016 AUGSBURG UNIVERSITY

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Part V	

Michael Communication of the second supplies of the Computation of the supplies of the supplie				ŕ	22.	1
Note: Complete line in any entity is listed in Farts in, in, or it is scriedule. 1. During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more re	lated organizations listed	in Parts II:IV?	-		2
a Receipt of (I) interest, (ii) annuties, (iii) rovalties, or (iv) rent from a controlled entity	>	•		13		×
				9		×
	-			2		×
				Ş		×
					+	>
 Loans or loan guarantees by related organization(s) 				2	\dagger	4
	-			٠.	1	>
† Dividends from related organization(s)				=	1	اه
g Sale of assets to related organization(s)				19		$_{st} $
h Purchase of assets from related organization(s)	-			ŧ		×
i Exchange of assets with related organization(s)				; =		×
j Lease of facilities, equipment, or other assets to related organization(s)				=		$ \times $
k Lease of facilities, equipment, or other assets from related organization(s)				+	· t	×
	anization(s)			=		×
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			Ę		×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	tion(s)			Ę		×
Sharing of paid employees with related organization(s)				9		×
					T	1
b Rembursement paid to related organization(s) for expenses				ō	<u>; </u>	×
				P	┢	×
						1
r Other transfer of cash or property to related organization(s)				<u></u>		×
s Other transfer of cash or property from related organization(s)				1s	T	×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	who must complete the	nis line, including covered	relationships and transaction thresholds.			
(a)	(q)	(c)	(p)			
Name of related organization	Transaction type (a·s)	Amount involved	Method of determining amount involved	pevio/		
(2)	-					}
<u> G</u>			•			
(5)			,			
·/ (9)	_		!			
632163 09-06-16	7.1		Schedule R (Form 990) 2016	R (Form	990)	2016

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue)

(k) Percentage ownership							
General or managing partner?							
20 mar 1 par	· · · · · · · · · · · · · · · · · · ·	-	 	<u> </u>	<u> </u>		
Code V-UBI General or Percentage amount in box 20 managing of Schedule K-1 partner? Ownership (Form 1065) Yes No							
(h) Disproportionate allocations?							
(g) Share of end-of-year assets							
(f) Share of total income							
(e) Are all partners sec 501(c)(3) ons Yes No			 >				
Predominant income (related, unrelated, excluded from tax under sections 512-514)			-				
(c) Legal domicile (state or foreign country)		:				!	
(b) Primary activity							
(a) Name, address, and EIN of entity							

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Office of the Minnesota Secretary of State Minnesota Business & Nonprofit Corporations

Amendment to Articles of Incorporation

Minnesota Statutes, Chapter 302A or 317.1



Read the instructions before completing this form. Filing Fee: \$55 for expedited service in-person and online filings, \$35 for mail

1. Corporate Name. (Required)

Augsburg College	
List the name of the company prior to any desired name of	change
2 This amendment is effective on the day it is filed with	the Secretary of State, unless you indicate another date, no later
than 30 days after filing with the Secretary of State	03/02/2017
3. The following amendment(s) to articles regulating the amended article(s) indicating which article(s) is (are) being fit in the space provided, attach additional pages.	Format: (mm/dd/yyyy) above corporation were adopted. (Insert full text of newly ng amended or added.) If the full text of the amendment will not
ARTICLE	· .
See attached.	
person(s) whose signature would be required who has au capacities. I further certify that I have completed all required and in compliance with the applicable chapter of I am subject to the penalties of perjury as set forth in Sec Signature of Authorized Person or Authorized Agent Email Address for Official Notices Enter an email address to which the Secretary of State carcontroller@augsburg.edu	ment as the person whose signature is required, or as agent of the athorized me to sign this document on his/her behalf, or in both uired fields, and that the information in this document is true and Minnesota Statutes. I understand that by signing this document ction 609.48 as if I had signed this document under oath
List a name and daytime phone number of a person v	who can be contacted about this form:
Kristin Hansen	612-330-1026
Contact Name	Phone Number
Entities that own, lease, or have any financial interest must register with the MN Dept. of Agriculture's Con	t in agricultural land or land capable of being farmed rporate Farm Program.
Does this entity own, lease, or have any financial interes Yes No 🕥	at in agricultural land or land capable of being farmed?

RESTATED ARTICLES OF INCORPORATION OF AUGSBURG UNIVERSITY

ARTICLE I - NAME AND LOCATION

The name of this corporation shall be Augsburg University, and its principal place of business shall be in the City of Minneapolis, County of Hennepin, and State of Minnesota. Its registered office shall be at:

Augsburg University 2211 Riverside Avenue Minneapolis, MN 55454

ARTICLE II - PURPOSE

Augsburg University educates students to be informed citizens, thoughtful stewards, critical thinkers, and responsible leaders. The Augsburg experience is supported by an engaged community that is committed to intentional diversity in its life and work. An Augsburg education is defined by excellence in the liberal arts and professional studies, guided by the faith and values of the Lutheran church, and shaped by its urban and global settings.

ARTICLE III - BASIS FOR WORK AND MEMBERSHIP

The Corporation accepts as the basis for its work and educational program the doctrines of the Christian faith as revealed in the canonical books of the Holy Scriptures and as set forth in the three ecumenical creeds, the Unaltered Augsburg Confession and Luther's Small Catechism. This Corporation shall have members with voting rights, who shall be elected as prescribed in the Bylaws of this Corporation.

In case of dissolution, all assets of this Corporation in excess of liabilities shall become the property of the Minneapolis Area Synod, the Saint Paul Area Synod, the Southeastern Minnesota Synod, and the Northwest Synod of Wisconsin of the Evangelical Lutheran Church in America or their successors.

ARTICLE IV - NATURE OF THE CORPORATION AND CONDITIONS OF MEMBERSHIP

In furtherance of its purposes, this corporation may engage in, advance, promote, support and administer activities and projects of every kind and nature whatsoever in its own behalf or as the agent, trustee or representative of others; provided that all the powers of this corporation shall be exercised only so that this corporation's operations are exclusively within the contemplation of Section 501(c)(3) of the Internal Revenue Code.

No substantial part of the activities of this corporation shall consist of carrying on propaganda or otherwise attempting to influence legislation. This corporation shall not participate in or intervene in

(including the publishing or distributing of statements) any political campaign on behalf of (or in opposition to) any candidate for public office.

There shall be no capital stock of this Corporation and no contribution shall be required as a condition of membership. The Corporation shall not afford pecuniary gain, incidentally or otherwise, to its members.

The period of duration shall be perpetual.

ARTICLE V - FINANCIAL RESPONSIBILITIES

Church affiliation shall not cause the Evangelical Lutheran Church in America in its church wide, synodical, or congregational expressions to incur or be subject to the liabilities or debts of this Corporation nor this Corporation to the liabilities nor debts of the ELCA or its synods.

Likewise, members of this corporation shall not be personally liable for payment of any debts or obligations of this corporation of any nature whatsoever, nor shall any of the property of the members be subject to payments of the debts or obligations of this corporation to any extent whatsoever.

ARTICLE VI - GOVERNING BOARD

The Board of Regents of Augsburg University shall be the governing board of the Corporation

The number, term of office, powers, authority and duties of members of the Board of Regents, the time and place of their meetings, and such other regulations as are not inconsistent with the express provisions of these Articles of Incorporation shall be as specified from time to time in the Bylaws of this Corporation.

ARTICLE VII - AMENDMENTS

Both the Board of Regents and the members of this Corporation must approve amendments to these Articles of Incorporation.

Revised: September 18, 2015

Filed: April 5, 2016

Revised: March 2, 2017 Filed: March 2, 2017



Work Item 937903500035 Original File Number 3611-NP

STATE OF MINNESOTA
OFFICE OF THE SECRETARY OF STATE
FILED
03/02/2017 11:59 PM

Steve Simon Secretary of State

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