Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

G Do not enter social security numbers on this form as it may be made public.
G Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

| Α | For the | 2015 calen | dar year, or tax | year begir | ning 6/0 |)1 | , 201 | 5, and endir | ng 5/ | 31 | | , 2016 |
|----------------------------|--|--|---|------------------------------------|--|----------------------------------|--------------------------------|-----------------------------|----------------|------------------------------------|------------------|----------------------------------|
| | Check if a | | С | | | | | | | | | fication number |
| | | ess change | St. Olaf (| College | 1 | | | | | 41-0 | 06939 | 979 |
| | | e change | 1520 St. (| Dlaf Av | , renue | | | | | E Telepho | | |
| | | return | Northfi el | | | | | | | 507 | 704 | 2222 |
| | | | | • | | | | | | 307 | - / 00 | -2222 |
| | | eturn/terminated | | | | | | | | | | [‡] 224 225 227 |
| | | nded return | F | | | | | | III-A lo thio | a group retur | | \$ 234, 925, 997. |
| | Applic | cation pending | F Name and addr | ess of principa | al officer: Dav | id Andei | rson | | ` ' | | | 163 |
| | | | Same As C | | | | T | T T | If 'No, | l subordinates ' attach a list. | (see ins | d? Yes No tructions) |
| <u></u> | | empt status | X 501(c)(3) | 501(c) (|)H (in | sert no.) | 4947(a)(1) | or 527 | | | | |
| <u>J</u> | Websi | | <u>w. stol af. e</u> | <u>edu</u> | 1 | | | | | exemption nu | | |
| K | | organization: | X Corporation | Trust | Association | OtherG | | L Year of format | tion: 187 | 4 M s | tate of le | egal domicile: MN |
| Pa | rt I | Summar | у | | | | | | | | | |
| | 1 Br | riefly descri | be the organiza | tion's miss | ion or most s | significant a | ctivities: _ | <u>See Sch</u> e | <u>edule (</u> | <u>)</u> | | |
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| Governance | _ | | | | | | | | | | | |
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| | | | dependent votir | | | | | | | | 3 4 | 27 |
| es | | | of individuals e | | | | | | | | 5 | 26 3, 535 |
| ₹ | | | of volunteers (| | | | | | | | 6 | 700 |
| Activities & | | | ed business reve | | - | | | | | | 7a | -842, 159. |
| | | | l business taxab | | | | | | | | 7b | -1, 233, 217. |
| | | | | | | | | | | Prior Year | | Current Year |
| _ | 8 Co | ontributions | and grants (Pa | rt VIII, line | : 1h) | | | | . 2 | 1, 937, 4 | 35. | 26, 137, 294. |
| Revenue | 9 Program service revenue (Part VIII, line 2g) | | | | | | | | | 7, 223, 9 | | 163, 015, 257. |
| S. | 10 In | vestment in | ncome (Part VIII | , column (| A), lines 3, 4 | , and 7d) | | | | 5, 318, 5 | | 8, 966, 773. |
| æ | 11 Ot | ther revenu | e (Part VIII, coli | ımn (A), li | nes 5, 6d, 8c | , 9c, 10c, ar | nd 11e) | | | 279, 3 | | 410, 918. |
| | 12 To | otal revenue | e' add lines 8 | through 11 | (must equal | Part VIII, co | olumn (A), | line 12) | 20! | 5, 759, 3 | | 198, 530, 242. |
| | 13 Gr | rants and si | imilar amounts | oaid (Part | IX, column (A | A), lines 1-3 |) | | . 60 | 0, 031, 5 | 21. | 65, 408, 640. |
| | 14 Be | enefits paid | to or for memb | ers (Part I | X, column (A |), line 4) | | | | • | | |
| | 15 Sa | alaries, othe | er compensation | i, employe | e benefits (P | . 64 | 4, 322, 5 | 21. | 67, 617, 157. | | | |
| ses | 16a Pr | rofessional | fundraising fees | | | | 73, 242. | | | | | |
| Expenses | | | sing expenses (| | , | | 707212. | | | | | |
| 찣 | | | ses (Part IX, col | | | | | <u> 598, 205.</u> | _ | 1 207 3 | 77 | F2 F10 407 |
| | | • | es. Add lines 13 | | | - | | | | 1, 387, 3 | | 53, 519, 497. |
| | | • | | - | • | - | | | - | 5, 765, 8 | | 186, 618, 536. |
| - 6 0 0 | | evenue iess | expenses. Sub | tract line i | 18 HOITI IIIIE I | 2 | | | _ | 9, 993, 4 | | 11, 911, 706. |
| ets and | 20 To | ntal accote | (Part X, line 16) | | | | | | | ng of Curren | | End of Year |
| Ass I Ba | 20 To | | es (Part X, line 2 | | | | | | , , | <u>7, 230, 3</u> 3, 040, 1 | | 764, 920, 265. 142, 167, 324. |
| Net Assets of Fund Balance | 21 10 | | - | - | | | | | | | | |
| | | | fund balances. | Subilaci | me zi nom ii | ine 20 | | | 634 | 4, 190, 1 | 88. | 622, 752, 941. |
| | rt II | Signatur | | | | | | | | | | |
| Unde | er penalties plete. Decla | s of perjury, I de aration of prepa | eclare that I have exa irer (other than office | mined this reton r) is based on | urn, including acc all information of | ompanying sche which preparer | edules and sta has any knov | atements, and to wledge. | the best of r | ny knowledge | and beli | ef, it is true, correct, and |
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| Ci. | ın | A Signatu | re of officer | | | | | | D | ate | | |
| Siç He | re re | Λ land | et Hanson | | | | | | Vi co | Presid | lont | e CEO |
| | | | print name and title. | | | | | | VICE | FIESI | lent | & CFU |
| | | ,, | preparer's name | | Preparer's sign | ature | | Date | | Check | if | PTIN |
| ь. | : al | | | | Sel f-Pr | | | | | _ | " _. | |
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| | eparer e Only | Firm's name | | | | | | | | Firms!- FULL | - | |
| US | Conny | Firm's addre | ess U | | | | | | | Firm's EIN | J | |
| N 4 | . 46 . 15.5 | 2 -11 - 11 | de nets 100 cc | | | -2 / | | | | Phone no. | | W- |
| Ma | y tne IRS | o aiscuss th | is return with th | e preparer | snown abov | e? (see inst | ructions). | | | | | . Yes No |

| Part | III | Statement of Program Service Accomplishments | | |
|------|----------------|---|-------|---|
| | D=: - £! | Check if Schedule O contains a response or note to any line in this Part III | | · · |
| | - | fly describe the organization's mission: | ء ما | na al |
| | | Olaf College challenges students to excel in the liberal arts, examine fait | | |
| | | ues, and explore meaningful vocation in an inclusive, globally engaged commu | ını t | У |
| | nour | <u>uri shed by Lutheran tradition.</u> | | |
| | Did the | he expenization undertake any cignificant program conjuges during the year which were not listed on the prior | | |
| | | he organization undertake any significant program services during the year which were not listed on the prior | V | NI. |
| | | n 990 or 990-EZ? | Χ | No |
| | | | V | Na |
| | | the organization cease conducting, or make significant changes in how it conducts, any program services? Yes es,' describe these changes on Schedule O. | Χ | No |
| | | | | |
| 4 | Section and re | cribe the organization's program service accomplishments for each of its three largest program services, as measured by e ion 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expression revenue, if any, for each program service reported. | kpens | es, |
| 4 a | (Code | le:) (Expenses \$ 171, 151, 643. including grants of \$ 65, 408, 640.) (Revenue \$ 163, 01) | 5, 25 | 57.) |
| | Post | stsecondary Education - 4 Year, Residential, Liberal Arts Education: In the | , | |
| | | 15-2016 academic year, St. Olaf College enrolled 3,019 full time students and | 1 41 | |
| | | rt time students. The graduating class of 2016 had 775 graduates. A student | | |
| | | culty ratio of 11.93:1 supports St. Olaf students with classroom, laboratory, | | <u> </u> |
| | | f-campus experiences. St. Olaf College is accredited as a degree-granting | | |
| | | stitution by the Higher Learning Commission of the North Central Association | of | |
| | | Leges and Secondary Schools. The College's academic programs are also accred | | $\overline{d} \overline{b} \overline{y}$ |
| | | e American Chemical Society, Commission on Collegiate Nursing Education, Cour | | |
| | | cial Work Education, National Association of Schools of Dance, National Assoc | | |
| | of S | Schools of Music, National Association of Schools of Theatre, and National C | coun | ci I |
| | for | ^ Accreditation of Teacher Education. | | |
| | | | | |
| 4 b | (Code | le:) (Expenses \$ including grants of \$) (Revenue \$ | |) |
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| 4 c | (Code | le:) (Expenses \$ including grants of \$) (Revenue \$ | |) |
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| 4 d | Other | er program services. (Describe in Schedule O.) | | |
| | | penses \$ including grants of \$) (Revenue \$ |) | |
| | | I program service expenses G 171, 151, 643. | , | |

Part IV Checklist of Required Schedules

| | | | Yes | No |
|----|---|------|-----|----|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A | 1 | Х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | Χ | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I | 3 | | Χ |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If 'Yes,' complete Schedule C, Part II</i> | 4 | Х | |
| 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 | | Χ |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I. | 6 | | Χ |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II | 7 | Х | |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III. | 8 | Х | |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV. | 9 | Х | |
| 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 | Х | |
| 11 | If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. | | | |
| | a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI | 11 a | Х | |
| | 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? <i>If 'Yes,' complete Schedule D, Part VII.</i> | 11 b | Χ | |
| | c Did the organization report an amount for investments ' program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII. | 11 c | | Χ |
| | d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX. | 11 d | | |
| | e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X | 11 e | Χ | |
| | 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 | 11 f | Χ | |
| 12 | a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII. | 12a | Χ | |
| | b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional</i> | 12 b | | Х |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E | 13 | Χ | |
| 14 | a Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | Χ |
| | b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If 'Yes,' complete Schedule F, Parts I and IV</i> | 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 or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV | 16 | Х | |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions). | 17 | Х | |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II. | 18 | 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 | | Х |
| | | | | |

Part IV Checklist of Required Schedules (continued)

| | enconnected required (commutative) | | Yes | No |
|-------------|---|-----|-----|----|
| 20 a | Did the organization operate one or more hospital facilities? If 'Yes', complete Schedule H | 20a | | Χ |
| b | If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II. | 21 | | Χ |
| 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 | Χ | |
| 23 | Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i> | 23 | Х | |
| 24 a | a 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 | Х | |
| ŀ | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | Χ |
| (| 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 | | Χ |
| (| 1 Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? | 24d | | Χ |
| 25 a | a 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 | | Χ |
| ŀ | b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I | 25b | | Χ |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes', complete Schedule L, Part II. | 26 | | Х |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i> | 27 | Х | |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| | A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV | 28a | Х | |
| ŀ | o A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV | 28b | | Χ |
| (| 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 | Χ | |
| 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? <i>If 'Yes,' complete Schedule M</i> | 30 | Χ | |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I | 31 | | Χ |
| 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 | | Χ |
| 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? <i>If 'Yes,' complete Schedule R, Part I</i> | 33 | | Χ |
| 34 | Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1. | 34 | Χ | |
| 35 a | a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | Х |
| ŀ | o If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2. | 36 | Χ | |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i> | 37 | | Χ |
| 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 | Χ | |

| Part V Statements Regarding Other IRS Filings and Tax Compliance | | | <u> </u> |
|---|----------|-----|----------|
| Check if Schedule O contains a response or note to any line in this Part V | | | |
| | | Yes | No |
| 1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable1a3, 860 |) | | |
| b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | <u>)</u> | | |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1 c | Х | |
| 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 3, 53! | 5 | | |
| b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | Х | |
| Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) | | | |
| 3 a Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3 a | Х | |
| b If 'Yes' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation in Schedule 0</i> | 3 b | Χ | |
| 4 a 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)? | 4 a | | Х |
| b If 'Yes,' enter the name of the foreign country: G | | | |
| See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts. (FBAR) | | | |
| 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5 a | | Х |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5 b | | Χ |
| c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? | 5 c | | |
| 6 a 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? | 6 a | | Х |
| b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6 b | | |
| 7 Organizations that may receive deductible contributions under section 170(c). | | | |
| | | | |
| a 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? | 7 a | Х | |
| b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? | 7 b | Х | |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7 c | | Х |
| d If 'Yes,' indicate the number of Forms 8282 filed during the year | | | |
| e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7 e | | Х |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7 f | | Χ |
| g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7 g | | |
| h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7 h | | |
| 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 | | Х |
| 9 Sponsoring organizations maintaining donor advised funds. | | | |
| a Did the sponsoring organization make any taxable distributions under section 4966? | 9 a | | Х |
| b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9 b | | Х |
| 10 Section 501(c)(7) organizations. Enter: | | | |
| a Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b | | | |
| 11 Section 501(c)(12) organizations. Enter: | | | |
| a Gross income from members or shareholders | | | |
| b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | | | |
| 12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12 a | | |
| b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year | | | |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| a Is the organization licensed to issue qualified health plans in more than one state? | 13 a | | |
| 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 organization is licensed to issue qualified health plans | | | |
| c Enter the amount of reserves on hand | | | |
| 14 a Did the organization receive any payments for indoor tanning services during the tax year? | 14 a | | Х |
| b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O | 14 b | | |

Form 990 (2015) St. Olaf College 41-0693979 Page 6 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...... Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year.... 27 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent... 26 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? See Schedul e 0 Χ 2 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?..... Χ 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? See Sch 0 4 Χ Did the organization become aware during the year of a significant diversion of the organization's assets?... 5 5 Did the organization have members or stockholders?....See. Schedul e. 0..... Χ 6 7 a 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? See Schedul e 0 Χ 7 a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, See Sch 0 stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Χ a The governing body?..... 8 a Χ **b** Each committee with authority to act on behalf of the governing body?..... 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..... q Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10 a Did the organization have local chapters, branches, or affiliates?..... 10 a b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?........ Χ b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedul e O 12 a Did the organization have a written conflict of interest policy? If 'No,' go to line 13..... Χ b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Χ to conflicts?... 12 b **c** Did the organization regularly and consistently monitor and enforce compliance with the policy? *If 'Yes,' describe in Schedule O how this was done*...See. Schedul e. 0. 13 Did the organization have a written whistleblower policy?..... 13 Χ Did the organization have a written document retention and destruction policy?..... Χ 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? a The organization's CEO, Executive Director, or top management official.. See . Schedul.e. . 0. Χ 15 a **b** Other officers or key employees of the organization...See . Schedul.e..0..... X 15 b If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?..... Χ 16 a **b** If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16 b Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed G MN MI Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. See Schedul e 0

Northfield MN 55057 507-786-2222

G

State the name, address, and telephone number of the person who possesses the organization's books and records:

Janet Hanson 1520 St. Olaf Avenue

20

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

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

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

| | | | | (C) | | | | | | |
|-------------------------------|---|---|-----------------------|---------|--------------|---------------------------------|--------|-------------------------------------|---|--|
| (A) Name and Title | (B) Average hours per | Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from | (E) Reportable compensation from related organizations | (F) Estimated amount of other compensation |
| | week (list any hours for related organiza- tions below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | (W-2/1099-MISC) | from the organization and related organizations |
| (1) Kristine Johnson Chair | 1. 7 0 | Χ | | | | | | 0. | 0. | 0. |
| | 1.7 | ^ | | | | | | 0. | 0. | 0. |
| Vi ce Chai r | 0 | Χ | | | | | | 0. | 0. | 0. |
| (3) Nancy Anderson Regent | <u>1.7</u> 0 | Х | | | | | | 0. | 0. | 0. |
| (4) Kevi n Bethke | 1.7 | > | | | | | | 0 | 0 | 0 |
| Regent | 0 | Χ | | | | | | 0. | 0. | 0. |
| (5) Kari Bj orhus Regent | <u>1.7</u> 0 | Χ | | | | | | 0. | 0. | 0. |
| (6) Gregory Buck | 1. 7 | | | | | | | | | |
| Regent | 0 | Χ | | | | | | 0. | 0. | 0. |
| (7) Leon Clark Jr | 1. 7 | | | | | | | | | |
| Regent | 0 | Χ | | | | | | 0. | 0. | 0. |
| (8) Sam Dotzler | 1. 7 | | | | | | | | | |
| Regent | 0 | Χ | | | | | | 0. | 0. | 0. |
| (9) William Gafkjen | 1. 7 | | | | | | | | | |
| Regent | 0 | Χ | | | | | | 0. | 0. | 0. |
| (10) Peter Gotsch | 1. 7 | | | | | | | | | |
| Regent | 0 | Χ | | | | | | 0. | 0. | 0. |
| (11) John Grotting | 1. 7 | | | | | | | | | |
| Regent | 0 | Χ | | | | | | 0. | 0. | 0. |
| (12) Susan Gunderson | 1. 7 | | | | | | | | | |
| Regent | 0 | Χ | | | | | | 0. | 0. | 0. |
| (13) Eric Hanson | 1.7 | | | | | | | _ | _ | _ |
| Regent | 0 | Χ | | | | | | 0. | 0. | 0. |
| (14) Davi d Hill | 1.7 | | | | | | | _ | _ | _ |
| Regent | 0 | Χ | | | | | | 0. | 0. | 0. |

| Form 990 (2015) St. Olaf College | | | | | | | | | 41-069397 | | | ge 8 |
|--|--------------------------------|----------------------------------|----------------------|---------------|--------------|---------------------------------|----------|-------------------------------------|--|--------------|----------------------------|--------------|
| Part VII Section A. Officers, Directors, Tru | | Key | Em | _ | _ | es, a | nc | d Highest Com | pensated Emp | loyee | S (conti | nued) |
| | (B) | | | (C | - | | | | | | | |
| (A) Name and title | Average hours per | box | , unle: | heck ss pe | erson | than or is both or/truste | an | (D) Reportable compensation from | (E) Reportable compensation from | | (F) stimated | |
| | week (list any | 역 코 | 쿬 | Q, | ā | em Hig | ੂ | the organization (W-2/1099-MISC) | related organizations (W-2/1099-MISC) | cor | npensation of the from the | |
| | hours for | ndividual trustee or director | nstitutional trustee | Officer | (ey employee | hest | me me | | | ar | ganizatio nd related | b |
| | related organiza - tions | 현혈 | onal | , | ploy | com | ` | | | org | janizatior | าร |
| | below dotted | uste | bus | | æ | pens | | | | | | |
| | line) | 0 | 88 | | | Highest compensated employee | | | | | | |
| (15) Lody I/Lonno Hornon | 1 7 | | | | | | | | | | | |
| (15) Jody Kleppe Horner Regent | _ <u>1.</u> _7_ | Х | | | | | | 0. | 0. | | | 0. |
| (16) Ronal d Hunter | 1.7 | ^ | | | | | | 0. | 0. | | | <u> </u> |
| Regent | 0 | Х | | | | | | 0. | 0. | | | 0. |
| (17) Mark Jordahl | 1. 7 | | | | | | | 0. | 0. | | | |
| Regent | 0 | Χ | | | | | | 0. | 0. | | | 0. |
| (18) Ward Klein | 1. 7 | | | | | | | - | | | | |
| Regent | 0 | Χ | | | | | | 0. | 0. | | | 0. |
| (19) Jay Lund | 1. 7 | | | | | | | - | | | | |
| Regent | 0 | Х | | | | | | 0. | 0. | | | 0. |
| (20) Timothy Maudlin | 1. 7 | | | | | | | | | | | , |
| Regent | 0 | Χ | | | | | | 0. | 0. | | | 0. |
| (21) Philip Milne | _1.7_ | | | | | | | | | | | |
| Regent | 0 | Χ | | | | | | 0. | 0. | | | 0. |
| (22) Gretchen Morgenson | <u>1.7</u> | | | | | | | | | | | |
| Regent | 0 | Χ | | | | | | 0. | 0. | | | 0. |
| (23) Jon Sal veson | _1.7_ | ., | | | | | | • | • | | | • |
| Regent | 0 | Х | | | | | | 0. | 0. | | | 0. |
| (24) Glenn Taylor | $-\frac{1}{0}$ | | | | | | | 0 | 0 | | | 0 |
| Regent (25) Al Tindall | 0 1. 7 | Х | | | | | | 0. | 0. | | | 0. |
| Regent | - :_/ - | Х | | | | | | 0. | 0. | | | 0. |
| 1 b Sub-total | | | | | | | 5 | 0. | 0. | | | 0. |
| c Total from continuation sheets to Part VII, Section | on A | | | | | 0 | 3 | 2, 769, 896. | 0. | Ę | 568, 0 | |
| d Total (add lines 1b and 1c) | | | | | | _ | 3 | 2, 769, 896. | 0. | | 68, 0 | |
| 2 Total number of individuals (including but not limited | | | | | | | ed | | 0 of reportable com | pensatio | n | |
| from the organization G 139 | | | | | | | | | | | | |
| | | | | | | | | | | | Yes | No |
| 3 Did the organization list any former officer, direct | tor, or tru | stee, | key | em | ploy | yee, o | r h | ighest compensat | ed employee | | V | |
| on line 1a? If 'Yes,' complete Schedule J for suc | | | | | | | | | | 3 | X | |
| 4 For any individual listed on line 1a, is the sum of the organization and related organizations greate | reportab | le co | mpe | nsa | tion | and c | oth | er compensation to | rom | | | |
| such individual | | | | 11 Y | es | comp | | e Scriedule J Tol | | . 4 | Х | |
| 5 Did any person listed on line 1a receive or accru | e comper | satio | n fro | om a | any | unrela | ate | d organization or | individual | _ | | V |
| for services rendered to the organization? <i>If 'Yes</i> Section B. Independent Contractors | s, comple | ie St | теа | uie | J 10 | Such | ı pe | erson | | 5 | | Χ |
| Complete this table for your five highest compensation from the organization. Report compensation from the organization. | sated ind | epen | dent | cor | ntrad | ctors t | ha | t received more th | nan \$100,000 of | | | |
| | | the c | alend | dar y | year | endin | g w | | ganization's tax yea | | | |
| (A) Name and business addr | ess | | | | | | | (B) Description o | f services | Comp | C) ensatio | n |
| Bon Appetit Management Co. 100 Hamilton Avenue, Suite 300 Palo Alto, Food Service 8 | | | | | | | | 8, 1 | 120, 2 | <u>24</u> 5. | | |
| | | | | | | | | | 164, 0 | | | |
| Muska Electric Company 1985 Oakcrest Avenue Roseville, MN 55113 Electric Contractor | | | | | | | | (| 981, 1 | 192. | | |
| The Boldt Company 2525 N. Roemer Road Appleton, WI 54911 Cnstruction Contract 6 | | | | | | | | 6, 5 | 582, <i>6</i> | 583. | | |
| Thyssenkrupp Elevator Corporation 2801 Net | | | | | | | | | | (| 924, 4 | <u> 187.</u> |
| 2 Total number of independent contractors (including b | | ited to | o tho | se I | istec | abov | e) ۱ | who received more | than | | | |
| \$100,000 of compensation from the organization | G 55 | | | | | | | | | | | |
| BAA | | TEEAC | 108L | 10/1 | 12/15 | | | | | Form | 990 (| 2015) |

Form 990

Continuation Sheet for Form 990

OMB No. 1545-0047

2015

Department of the Treasury Internal Revenue Service

Name of the Organization

St. Olaf College

41-0693979

Part VII Continuation: Officers, Directors, Trustees, Key Employees, and

| (A) | (B) | | | (C | :) | | | (D) | (E) | (F) |
|-------------------------|-----------------------|--------------------------------|-----------------------|---------------|--------------|---------------------------------|--------|-------------------------------------|--|-----------------------------|
| Name and Title | Average hours per | | | | | hat app | - | Reportable compensation from | Reportable compensation from | Estimated amount of other |
| | week (list any | Individual trustee or director | stitu | Officer | Key employee | ighe: | Former | the organization (W-2/1099-MISC) | related organizations (W-2/1099-MISC) | compensation from the |
| | hours for related | dual | tions | `` | mplc | st co | er | | | organization and related |
| | organiza- tions | trus |) tr | |)yee | mpe | | | | organizations |
| | below dotted line) | ee | institutional trustee | | | Highest compensated employee | | | | |
| Theresa Hull Wise | 1.7 | | | | | Ö. | | | | |
| Regent | 0 | Χ | | | | | | 0. | 0. | 0. |
| Davi d Anderson | 40 | | | | | | | | | |
| Presi dent | 0 | | | Χ | | | | 402, 449. | 0. | 62, 061. |
| Jo_Beld | 40 | | | | | | | | | |
| VP of Mission | 0 | | | Χ | | | | 103, 892. | 0. | 29, 967. |
| Enoch Blazis | 40 | | | | | | | | | |
| VP Advancement | 0 | | | Χ | | | | 190, 221. | 0. | 33, 865. |
| Dan Dressen | 40 | | | | | | | | | |
| Assoc Provost | 0 | | | Χ | | | | 120, 882. | 0. | 20, 559. |
| Nathan Engle | 40 | | | | | | | | | |
| Controller | 0 | | | Χ | | | | 88, 285. | 0. | 33, 165. |
| <u>Mark Gelle</u> | 40 | | | | | | | | | |
| CIO | 0 | | | Χ | | | | 120, 486. | 0. | 14, 205. |
| <u>Mi chael Goodson</u> | 40 | | | | | | | | | |
| VP Human Resour | 0 | | | Χ | | | | 148, 951. | 0. | 38, 876. |
| <u> Janet Hanson</u> | 40 | | | | | | | | | |
| VP and CFO | 0 | | | Χ | | | | 193, 568. | 0. | 36, 737. |
| Gregory Kneser | 40 | | | | | | | | | |
| VP & Dean of St | 0 | | | Χ | | | | 149, 232. | 0. | 26, 615. |
| <u>Mi_chael_Kyle</u> | | - | | | | | | | | |
| VP of Admission | 0 | | | Χ | | | | 183, 204. | 0. | 45, 709. |
| <u>Marci Sorter</u> | $-\frac{40}{2}$ | _ | | ., | | | | 040 000 | • | 40.400 |
| Provost Dean Co | 0 | | | Χ | | | | 213, 938. | 0. | 48, 180. |
| Christopher George | $-\frac{40}{2}$ | _ | | | | | | 100 004 | • | 40.040 |
| Dean of Admission | 0 | | | | | Χ | | 128, 234. | 0. | 40, 249. |
| Roberta Lembke | $-\frac{40}{2}$ | _ | | | | | | 104 150 | • | 00 (7) |
| Dir of IT & Librar | 0 | | | | | Χ | | 124, 158. | 0. | 23, 676. |
| Rebecca Otten | $-\frac{40}{2}$ | - | | | | | | 10/ 007 | 0 | 4/ 445 |
| Dir of Development | 0 | | | | | Χ | | 136, 227. | 0. | 16, 145. |
| Lavern Rippley | $-\frac{40}{2}$ | _ | | | | V | | 100 407 | 0 | 22 (00 |
| Professor Sandhara | 0 | | | | | Χ | | 133, 487. | 0. | 23, 699. |
| Peter Sandberg | $-\frac{40}{2}$ | _ | | | | V | | 100 047 | 0 | 20 025 |
| Asst VP Facilities | 0 | | | | | Χ | | 128, 847. | 0. | 28, 925. |
| Angi e Mathews | $\frac{40}{0}$ | _ | | | | | v | 110 040 | 0 | 1/ /00 |
| Former Controller | 0 | | | | | | Χ | 110, 048. | 0. | 16, 620. |
| James May | $\frac{40}{0}$ | | | | | | v | רסד כס | _ | 20 700 |
| Former Provost | 0 | | | | | | Χ | 93, 787. | 0. | 28, 799. |
| | | _ | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

Form **990** Cont 2015

Form **990** (2015) St. Olaf College 41-0693979 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII. (A) Total revenue (B) (C) (D) Revenue excluded from tax Related or Unrelated business exempt under sections 512-514 function revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1a Federated campaigns 1 a **b** Membership dues..... 1b c Fundraising events..... 1 c 152, 278 d Related organizations..... 1 d e Government grants (contributions) 3, 175, 443 f All other contributions, gifts, grants, and similar amounts not included above . . . 22, 809, 573 **g** Noncash contributions included in lines 1a-1f: 5, 634, 609 h Total. Add lines 1a-1f. 26, 137, 294 Program Service Revenue **Business Code** 900099 132502290 132502290 2a Tui ti on and Fees 410, 507 26, 041, 829 b Sales & Services from Aux 611710 27, 107, 419 655, 083 3, 405, 548 3, 214, 330 900099 191, 218 f All other program service revenue. . . g Total. Add lines 2a-2f 163015257 Investment income (including dividends, interest and other similar amounts) -1, 301, 619 9,000,598 7, 698, 979 Income from investment of tax-exempt bond proceeds.. G (i) Real (ii) Personal 6a Gross rents..... 271 5<u>86</u> 54, 169. **b** Less: rental expenses 122, 903. 5, 216. c Rental income or (loss)... 48, 953 148, 683

| | d Net rental income or (I | oss) | G | 197, 636. | 48, 953. | 148, 683. |
|---|--|-------------------|--------------|--------------|----------|--------------|
| ı | 7 a Gross amount from sales of | (i) Securities | (ii) Other | | | |
| | assets other than inventory | 32615335. | 2, 986, 848. | | | |
| | b Less: cost or other basis | | | | | |
| | and sales expenses | | | | | |
| ı | c Gain or (loss) | -207, 866. | 1, 475, 660. | | | |
| | d Net gain or (loss) | | | 1, 267, 794. | | 1, 267, 794. |
| | 8a Gross income from fun (not including\$ | 152 <u>,</u> 278. | | | | |
| | See Part IV, line 18 | a | 75, 451. | | | |
| | b Less: direct expenses. | b | 178, 384. | | | |
| | c Net income or (loss) fr | om fundraising ev | ents G | -102, 933. | | |
| | 9 a Gross income from gar See Part IV, line 19 | ming activities. | | | | |
| ı | b Less: direct expenses. | b | | | | |
| | c Net income or (loss) fr | om gaming activit | ies G | | | |
| | 10 a Gross sales of inventor and allowances | a | | | | |
| ı | b Less: cost of goods so | ld b | 1 75/ 863 | | | |

316, 215.

198530242

136371703

-842, 159,

316, 215

36, 966, 337

Other Revenue

11 a

c Net income or (loss) from sales of inventory.....

Miscellaneous Revenue

d All other revenue . .

e Total. Add lines 11a-11d ...

Total revenue. See instructions

G

G

Business Code

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 r | esponse or note to any | line in this Part IX | | |
|--------|--|------------------------|---|-------------------------------------|---------------------------------------|
| | not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | | | - | |
| 2 | Grants and other assistance to domestic individuals. See Part IV, line 22 | 63, 062, 640. | 63, 062, 640. | | |
| 3 | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | 2, 346, 000. | 2, 346, 000. | | |
| 4 5 | Benefits paid to or for members | 2, 446, 449. | 870, 175. | 1, 116, 234. | 460, 040. |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 0. | 0. | 0. | 0. |
| 7 | Other salaries and wages | 48, 324, 403. | 43, 166, 452. | 3, 190, 450. | 1, 967, 501. |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 4, 288, 794. | 3, 863, 027. | 240, 666. | 185, 101. |
| 9 | Other employee benefits | 9, 178, 116. | 8, 099, 313. | 683, 766. | 395, 037. |
| 10 | Payroll taxes | 3, 379, 395. | 2, 958, 759. | 268, 132. | 152, 504. |
| 11 | Fees for services (non-employees): | 5, 5, 7, 675. | _, , , , , , , , , , , , , , , , , , , | 200, 102. | 102,001. |
| á | Management | | | | |
| k | Legal | 672, 315. | 912. | 671, 213. | 190. |
| (| : Accounting | 96, 457. | | 96, 457. | |
| (| Lobbying | , | | | |
| • | Professional fundraising services. See Part IV, line 17 | 73, 242. | | | 73, 242. |
| f | Investment management fees | 367, 399. | | 367, 399. | |
| g | Other. (If line 11g amount exceeds 10% of line 25, column | 3, 180, 788. | 2, 400, 066. | 519, 583. | 261, 139. |
| 12 | (A) amount, list line 11g expenses on Schedule 0.) Advertising and promotion | 537, 106. | 497, 943. | 38, 664. | 499. |
| 13 | Office expenses | 3, 224, 356. | 2, 565, 188. | 414, 148. | 245, 020. |
| 14 | Information technology | 2, 334, 725. | 1, 815, 069. | 348, 458. | 171, 198. |
| 15 | Royalties | 5, 055. | 4, 180. | 875. | , |
| 16 | Occupancy | 5, 051, 148. | 4, 809, 741. | 178, 709. | 62, 698. |
| 17 | Travel | 8, 172, 663. | 7, 618, 909. | 297, 999. | 255, 755. |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 242, 058. | 206, 919. | 20, 664. | 14, 475. |
| 20 | Interest | 3, 253, 504. | 3, 118, 447. | 133, 796. | 1, 261. |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 12, 446, 403. | 11, 464, 444. | 737, 367. | 244, 592. |
| 23 | Other expenses. Itemize expenses not | 762, 298. | 3, 109. | 759, 189. | |
| 24 | covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| | Food Service | 8, 292, 958. | 7, 903, 867. | 256, 437. | 132, 654. |
| | Tuition paid to other Institut | 2, 050, 095. | 2, 047, 989. | 1, 717. | 389. |
| | Other Expenses | 1, 949, 213. | 1, 889, 156. | | 60, 057. |
| | Membership dues paid to others | 605, 643. | 340, 553. | 250, 835. | 14, 255. |
| | All other expenses | 275, 313. | 98, 785. | 175, 930. | 598. |
| 25 | Total functional expenses. Add lines 1 through 24e | 186, 618, 536. | 171, 151, 643. | 10, 768, 688. | 4, 698, 205. |
| 26 | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here G if following SOP 98-2 (ASC 958-720) | | | | |
| BAA | | TEFΔ0110I 11 | | | Form 990 (2015) |

Part X Balance Sheet

| Check if Schedule O contains a response or note to any line in this Part X Beginning of year Beginning of year Check o | 1 1 |
|--|------------------|
| 1 | |
| 2 Savings and temporary cash investments. 3 Pledges and grants receivable, net. 4 Accounts receivable, net. 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under escelind 4958(r)), persons described in section 4958(r)(3)(8), and contributing employers and sponsoring organizations of section 501(c)(9) woluntary employees beneficiary organizations of section 501(c)(9) woluntary employees beneficiary organizations (see instructions). Complete Part II of Schedule L 7 Notes and loans receivable, net. 8 Inventories for sale or use. 9 Prepaid expenses and deferred charges. 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 1 Investments in publicity traded securities. 11 Investments by publicity traded securities. 12 Investments of other securities. See Part IV, line 11. 13 Investments in other securities. See Part IV, line 11. 14 Intangible assets. 15 Other assets. See Part IV, line 11. 16 Total assets. Add lines 1 through 15 (must equal line 34). 17 Accounts payable and accrued expenses. 18 Grants payable. 19 Deferred revenue. 20 Tax-exempt bond liabilities. 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 22 Loans and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 23 Secured mortagages and notes payable to unrelated third parties. 24 Unsecured notes and loans payable to unrelated third parties. 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 24 Loans and oth | |
| 3 Pledges and grants receivable, net |)57. |
| 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(r)1), persons described in section 4958(r)3(B), and contributing employers and sponsoring organizations of section 591(c)(9) voluntary employees' beneficiary organizations of section 591(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventories for sale or use. 9 Prepaid expenses and deferred charges. 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 1 Investments ' publicly traded securities 1 Investments ' other securities. See Part IV, line 11. 1 Investments ' publicly traded securities. 1 Investments ' program-related. See Part IV, line 11. 2 Investments ' program-related. See Part IV, line 11. 3 Investments ' program-related. See Part IV, line 11. 4 A, 763, 580. 15 Total assets. Add lines 1 through 15 (must equal line 34). 7 Total assets. Add lines 1 through 15 (must equal line 34). 7 Total assets. Add lines 1 through 15 (must equal line 34). 7 Total assets. Add lines 1 through 15 (must equal line 34). 7 Total assets. Add lines 1 through 15 (must equal line 34). 7 Total assets. Add lines 1 through 15 (must equal line 34). 10 Total assets. Add lines 1 through 15 (must equal line 34). 11 Total assets. Add lines 1 through 15 (must equal line 34). 12 Escrow or custodial account liability. Complete Part IV of Schedule D. 13 Cans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L. 20 Cher liabilities (including federal income tax, payables to related third parties. 21 Unsecured notes and loans payable to unrelated third parties. 22 Cother liabilities (inc | 1 12. |
| 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(r)1), persons described in section 4958(r)3(B), and contributing employers and sponsoring organizations of section 591(c)(9) voluntary employees' beneficiary organizations of section 591(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventories for sale or use. 9 Prepaid expenses and deferred charges. 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 1 Investments ' publicly traded securities 1 Investments ' other securities. See Part IV, line 11. 1 Investments ' publicly traded securities. 1 Investments ' program-related. See Part IV, line 11. 2 Investments ' program-related. See Part IV, line 11. 3 Investments ' program-related. See Part IV, line 11. 4 A, 763, 580. 15 Total assets. Add lines 1 through 15 (must equal line 34). 7 Total assets. Add lines 1 through 15 (must equal line 34). 7 Total assets. Add lines 1 through 15 (must equal line 34). 7 Total assets. Add lines 1 through 15 (must equal line 34). 7 Total assets. Add lines 1 through 15 (must equal line 34). 7 Total assets. Add lines 1 through 15 (must equal line 34). 10 Total assets. Add lines 1 through 15 (must equal line 34). 11 Total assets. Add lines 1 through 15 (must equal line 34). 12 Escrow or custodial account liability. Complete Part IV of Schedule D. 13 Cans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L. 20 Cher liabilities (including federal income tax, payables to related third parties. 21 Unsecured notes and loans payable to unrelated third parties. 22 Cother liabilities (inc | 191 . |
| 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L. 6 Loans and other receivables from other disqualified persons (as defined under section 4958(c) (3)), persons described in section 4958(c) (3), and contributing employers and sponsoring organizations of section 501(c) (9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L. 7 Notes and loans receivable, net. 8 Inventories for sale or use. 9 Prepaid expenses and deferred charges. 10a Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D. 11 Investments 'publicly traded securities. 12 Investments ' other securities. See Part IV, line 11. 13 Investments ' program-related. See Part IV, line 11. 14 Intangible assets. 15 Other assets. See Part IV, line 11. 16 Otal assets. Add lines 1 through 15 (must equal line 34). 17 Accounts payable and accrued expenses. 18 Grants payable and accrued expenses. 18 Grants payable and accrued expenses. 19 Deferred revenue. 20 Tax-exempt bond liabilities. 21 Complete Part II of Schedule D. 22 Loans and other receivables from other disqual filed persons (are filed parties). 23 Secured mortgages and notes payable to unrelated third parties. 24 Unsecured notes and loans payable to unrelated third parties. 25 Other liabilities (including federal income tax, payables to related third parties). 26 Other liabilities in clinculed on lines 17-24). Complete Part X of Schedule D. 27 Repair II of Schedule D. 28 Determine the payables of unrelated third parties. 29 Other liabilities in clinculed on lines 17-24). Complete Part X of Schedule D. 20 Control of Schedule D. 21 Linescured notes and loans payable to unrelated third parties. 21 Unsecured notes and loans payable to unrelated third parties. 21 Unsecured notes and loans payable to unrelated third parties. 22 Loans and other liabilities in clinculated on lines 17-24). Complet | |
| section 4958(f)(1)), persons described in section 4958(c)(3)(8), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees beneficiary organizations (see instructions). Complete Part II of Schedule L 7 Notes and loans receivable, net. 9 Prepaid expenses and deferred charges. 9 Prepaid expenses and deferred charges. 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D. 10 Less: accumulated depreciation. 11 Investments ' publicly traded securities. 12 Investments ' other securities. See Part IV, line 11. 13 Investments ' other securities. See Part IV, line 11. 14 Intangible assets. 15 Other assets. See Part IV, line 11. 16 Total assets. See Part IV, line 11. 17 Accounts payable and accrued expenses. 18 Grants payable. 19 Deferred revenue. 20 Tax-exempt bond liabilities. 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 22 Secured mortgages and notes payable to unrelated third parties. 23 Unsecured notes and loans payable to unrelated third parties. 24 Unsecured notes and loans payable to unrelated third parties. 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 27 (2864, 932.) 28 (2964, 932.) 29 (2964, 932.) 29 (2964, 932.) 20 (2964, 932.) 20 (2964, 932.) 20 (2964, 932.) 20 (2964, 932.) 20 (2964, 932.) 21 (2964, 932.) 22 (2964, 932.) 23 (2964, 932.) 25 (2964, 932.) 26 (2973, 303, 41.) 27 (2974, 707.) 28 (2973, 707.) 29 (2973, 707.) 29 (2973, 707.) 29 (2973, 707.) 29 (2973, 707.) 29 (2973, 707.) 29 (2973, 707.) 29 (2973, 707.) 29 (2973, 707.) 29 (2973, 707.) 29 (2973, 707.) 20 (2973, 707.) 20 (2973, 707.) 21 (2964, 703.) 22 (2964, 703.) 23 (2964, 703.) 24 (2964, 703.) 25 (2973, 707.) 26 (2973, 707.) 27 (2973, 707.) 28 (2973, 707.) 29 (2973, 707.) 29 (2973, 707.) 29 (2973, 707.) 29 (2973, 707.) 20 (2973, 707.) 20 (2973, 707.) 21 (2973, 707 | |
| 8 Inventories for sale or use | |
| 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | |
| 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 109. |
| 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D. 10a 390, 989, 795. 10b 153, 918, 356. 227, 303, 423. 10c 237, 071, 4 11 Investments ' publicly traded securities. 174, 228, 641. 11 172, 580, 5 12 Investments ' other securities. See Part IV, line 11. 269, 773, 502. 12 265, 271, 8 13 Investments ' program-related. See Part IV, line 11. 6, 550, 927. 13 6, 451, 8 14 Intangible assets. 14 Intangible assets. 15 Other assets. See Part IV, line 11. 44, 763, 580. 15 57, 102, 9 16 Total assets. Add lines 1 through 15 (must equal line 34). 757, 230, 334. 16 764, 920, 2 17 Accounts payable and accrued expenses. 18, 326, 604. 17 20, 047, 3 18 Grants payable 6, 190, 067. 18 5, 437, 4 19 2, 797, 0 19 Deferred revenue 3, 049, 447. 19 2, 797, 0 20 Tax-exempt bond liabilities 75, 009, 550. 20 97, 084, 7 20 Tax-exempt bond liabilities 75, 009, 550. 20 97, 084, 7 20 20 20 20 20 20 20 | 799. |
| b Less: accumulated depreciation. 10b 153, 918, 356. 227, 303, 423. 10c 237, 071, 4 11 Investments ' publicly traded securities. 174, 228, 641. 11 172, 580, 5 12 Investments ' other securities. See Part IV, line 11. 269, 773, 502. 12 265, 271, 8 13 Investments ' program-related. See Part IV, line 11. 6, 550, 927. 13 6, 451, 8 14 Intangible assets. 14 15 Other assets. See Part IV, line 11. 44, 763, 580. 15 57, 102, 9 16 Total assets. Add lines 1 through 15 (must equal line 34). 757, 230, 334. 16 764, 920, 2 17 Accounts payable and accrued expenses. 18, 326, 604. 17 20, 047, 3 18 Grants payable . 6, 190, 067. 18 5, 437, 4 19 Deferred revenue . 3, 049, 447. 19 2, 797, 0 20 Tax-exempt bond liabilities . 75, 009, 550. 20 97, 084, 7 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 17, 599, 546. 21 14, 826, 4 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties. 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 2, 864, 932. 25 1, 974, 3 | |
| 11 Investments ' publicly traded securities. 174, 228, 641. 11 172, 580, 5 12 Investments ' other securities. See Part IV, line 11. 269, 773, 502. 12 265, 271, 8 13 Investments ' program-related. See Part IV, line 11. 6, 550, 927. 13 6, 451, 8 14 Intangible assets. 14 15 Other assets. See Part IV, line 11. 44, 763, 580. 15 57, 102, 9 16 Total assets. Add lines 1 through 15 (must equal line 34). 757, 230, 334. 16 764, 920, 2 17 Accounts payable and accrued expenses. 18, 326, 604. 17 20, 047, 3 18 Grants payable. 6, 190, 067. 18 5, 437, 4 19 Deferred revenue. 3, 049, 447. 19 2, 797, 0 20 Tax-exempt bond liabilities. 75, 009, 550. 20 97, 084, 7 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 17, 599, 546. 21 14, 826, 4 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties. 23 24 Unsecured notes and loans payable to unrelated third parties, and other liabilities (including federal income tax, payables to related third parties, and other liabilities in the liability of schedule D. < | 139 |
| 12 Investments Other securities. See Part IV, line 11. 269, 773, 502. 12 265, 271, 8 13 Investments program-related. See Part IV, line 11. 6, 550, 927. 13 6, 451, 8 14 Intangible assets. 14 15 Other assets. See Part IV, line 11. 44, 763, 580. 15 57, 102, 9 16 Total assets. Add lines 1 through 15 (must equal line 34). 757, 230, 334. 16 764, 920, 2 17 Accounts payable and accrued expenses. 18, 326, 604. 17 20, 047, 3 18 Grants payable 6, 190, 067. 18 5, 437, 4 19 Deferred revenue 3, 049, 447. 19 2, 797, 0 20 Tax-exempt bond liabilities 75, 009, 550. 20 97, 084, 7 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 17, 599, 546. 21 14, 826, 4 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. 22 22 Complete Part II of Schedule L. 22 23 Unsecured notes and loans payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 2, 864, 932. 25 1, 974, 3 | |
| 13 Investments ' program-related. See Part IV, line 11. | |
| 14 Intangible assets. 15 Other assets. See Part IV, line 11. 16 Total assets. Add lines 1 through 15 (must equal line 34). 17 Accounts payable and accrued expenses. 18 Grants payable. 19 Deferred revenue. 20 Tax-exempt bond liabilities. 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L. 23 Secured mortgages and notes payable to unrelated third parties. 24 Unsecured notes and loans payable to unrelated third parties, and other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 24 25 27 2864, 932. 25 1, 974, 3 | |
| 15 Other assets. See Part IV, line 11. 16 Total assets. Add lines 1 through 15 (must equal line 34). 17 Accounts payable and accrued expenses. 18 Grants payable. 19 Deferred revenue. 20 Tax-exempt bond liabilities. 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L. 21 Secured mortgages and notes payable to unrelated third parties. 23 Unsecured notes and loans payable to unrelated third parties. 24 Unsecured notes and loans payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 24 Adv., 763, 580. 15 F7, 102, 9 757, 230, 334. 16 764, 920, 2 75, 09, 067. 18 5, 437, 4 75, 009, 550. 20 97, 084, 7 17, 599, 546. 21 14, 826, 4 22 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | 500. |
| 16 Total assets. Add lines 1 through 15 (must equal line 34). 17 Accounts payable and accrued expenses. 18 Grants payable. 19 Deferred revenue. 20 Tax-exempt bond liabilities. 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L. 21 Secured mortgages and notes payable to unrelated third parties. 23 Unsecured notes and loans payable to unrelated third parties. 24 Unsecured notes and loans payable to unrelated third parties. 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 25 2 2 2 3 3 4 5 4 764, 920, 2 764, 920, 920, 920, 920, 920, 920, 920, 920 | 771 |
| 18 Grants payable | |
| 18 Grants payable | |
| 19 Deferred revenue 3, 049, 447. 19 2, 797, 0 20 Tax-exempt bond liabilities 75, 009, 550. 20 97, 084, 7 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 17, 599, 546. 21 14, 826, 4 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L. 22 23 Secured mortgages and notes payable to unrelated third parties. 23 24 Unsecured notes and loans payable to unrelated third parties. 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 2, 864, 932. 25 1, 974, 3 | |
| 20 Tax-exempt bond liabilities | |
| 21 Escrow or custodial account liability. Complete Part IV of Schedule D | |
| 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | |
| 23 Secured mortgages and notes payable to unrelated third parties | 170. |
| Unsecured notes and loans payable to unrelated third parties. Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 24 25 2, 864, 932. 25 1, 974, 3 | |
| Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 2, 864, 932. 25 1, 974, 3 | |
| | 313 |
| | |
| Organizations that follow SFAS 117 (ASC 958), check here G | 1. |
| lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets | -02 |
| 27 Unrestricted net assets. 270, 065, 026. 27 264, 095, 5 | |
| 28 Temporarily restricted net assets. 174, 839, 933. 28 156, 381, 6 | |
| lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets. 28 Temporarily restricted net assets. 29 Permanently restricted net assets. Organizations that do not follow SFAS 117 (ASC 958), check here G and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds. 31 Paid-in or capital surplus, or land, building, or equipment fund. 32 Retained earnings, endowment, accumulated income, or other funds. 33 Total net assets or fund balances. 170, 065, 026. 27 264, 095, 5 174, 839, 933. 28 156, 381, 6 189, 285, 229. 29 202, 275, 6 30 31 Paid-in or capital surplus, or land, building, or equipment fund. 31 Setained earnings, endowment, accumulated income, or other funds. 32 634, 190, 188. 33 622, 752, 9 |)90. |
| 30 Capital stock or trust principal, or current funds | |
| 31 Paid-in or capital surplus, or land, building, or equipment fund | |
| 31 Retained earnings, endowment, accumulated income, or other funds | |
| 33 Total net assets or fund balances | 2/1 |
| 34 Total liabilities and net assets/fund balances. 757, 230, 334. 34 764, 920, 2 | |

BAA Form **990** (2015)

| Par | 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 | 198, | 530, | 242. |
| 2 | Total | expenses (must equal Part IX, column (A), line 25) | 2 | 186, | 618, | 536. |
| 3 | Rever | nue less expenses. Subtract line 2 from line 1 | 3 | 11, | 911, | 706. |
| 4 | Net as | ssets or fund balances at beginning of year (must equal Part X, line 33, column (A)). | 4 | 634, | 190, | 188. |
| 5 | Net u | nrealized gains (losses) on investments | 5 | -20, | 856, | 793. |
| 6 | Donat | ed services and use of facilities | 6 | | | |
| 7 | | ment expenses | 7 | | | |
| 8 | Prior | period adjustments | 8 | | | |
| 9 | Other | changes in net assets or fund balances (explain in Schedule O) See Schedul e 0 | 9 | -2, | 492, | 160. |
| 10 | Net as | sets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, | 10 | (22 | 750 | 0.41 |
| Dat | | (B)) | 10 | 622, | 752, | 941. |
| Pai | l All | Financial Statements and Reporting | | | | |
| | | Check if Schedule O contains a response or note to any line in this Part XII | | | | , – |
| 1 | Accou | unting method used to prepare the Form 990: Cash X Accrual Other | | | Yes | No |
| | If the | organization changed its method of accounting from a prior year or checked 'Other,' explain nedule O. | | | | |
| 2 a | W ere | the organization's financial statements compiled or reviewed by an independent accountant? | | 2 | а | Х |
| | s <u>ep</u> ar | s,' check a box below to indicate whether the financial statements for the year were compiled or reviewe ate basis, consolidated basis, or both: Separate basis | d on a | | | |
| | ш | | | | | |
| ľ | | the organization's financial statements audited by an independent accountant? | | 2 | b X | |
| | basis, | s,' check a box below to indicate whether the financial statements for the year were audited on a separa consolidated basis, or both: Separate basis X Consolidated basis Both consolidated and separate basis | te | | | |
| C | If 'Yes reviev | to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, v, or compilation of its financial statements and selection of an independent accountant? | | 2 | c X | |
| | in Sch | organization changed either its oversight process or selection process during the tax year, explain nedule O. | | | | |
| 3 8 | | esult of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Act and OMB Circular A-133? | | 3 | a X | |
| k | | ,' did the organization undergo the required audit or audits? If the organization did not undergo the required audi dits, explain why in Schedule O and describe any steps taken to undergo such audits | | 3 | ь Х | |

BAA Form **990** (2015)

SCHEDULE A (Form 990 or 990-EZ)

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.

G Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Employer identification number St. Olaf College 41-0693979 Part I Reason for Public Charity Status (All organizations must complete this part. See instructions The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's 4 name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.) 7 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts 9 from activities related to its exempt functions' subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.** Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (v) Amount of monetary (iv) Is the organization listed in your governing (vi) Amount of other (iii) Type of organization (described on lines 1-9 above (see instructions)) organization support (see instructions) support (see instructions) document? Yes No (A) (B) (C) (D) (E) Total

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

Schedule A (Form 990 or 990-EZ) 2015

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 | tion A. Public Support | | 1 | | | | |
|--------------|---|--|--|---|--|------------------------------------|-----------------|
| begi | ndar year (or fiscal year nning in) G | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.') | | | | | | |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. | | | | | | |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | | | | | | |
| 5 | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 | Public support. Subtract line 5 from line 4 | | | | | | |
| Sec | tion B. Total Support | | 1 | 1 | 1 | | |
| Cale begi | ndar year (or fiscal year nning in) G | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) Total |
| 7 | Amounts from line 4 | | | | | | |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | |
| 12 | Gross receipts from related activ | rities, etc. (see in | structions) | | | 12 | |
| 13 | First five years. If the Form 990 is organization, check this box and | for the organization stop here | n's first, second, th | nird, fourth, or fifth | tax year as a section | on 501(c)(3) | G 🔲 |
| Sec | tion C. Computation of Pu | blic Support F | Percentage | | | | |
| 14 | Public support percentage for 20 | 115 (line 6, colum | n (f) divided by li | ne 11, column (f) |) | 14 | <u>%</u> |
| | Public support percentage from | | | | | LL | % |
| 16 a | 33-1/3% support test ' 2015. If and stop here. The organization | the organization qualifies as a pu | did not check the blicly supported o | box on line 13, a organization | and line 14 is 33-1 | /3% or more, check | k this box |
| t | 33-1/3% support test ' 2014. If the and stop here. The organization | the organization of qualifies as a pu | lid not check a bo blicly supported o | ox on line 13 or 16 or 16 or 16 or 16 or 16 or 17 or 18 | 6a, and line 15 is | 33-1/3% or more, o | check this box |
| 17 a | 10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts | meets the 'facts-a | and-circumstance | s' test, check this | box and stop her | e. Explain in Part | VI how |
| | o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an | meets the 'facts-a d-circumstances' | and-circumstance test. The organiz | es' test, check this ation qualifies as | box and stop he a publicly support | e. Explain in Part ed organization | VI how the |
| 18 | Private foundation. If the organi | zation did not che | eck a box on line | 13, 16a, 16b, 17a | , or 17b, check th | is box and see inst | tructionsG |
| BAA | <u> </u> | | | | Scl | nedule A (Form 99) | or 990-F7) 2015 |

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| Sec | tion A. Public Support | | | | | | |
|-------|---|-------------------------|---------------------------|----------------------|----------------------|---------------------|------------------|
| | dar year (or fiscal year beginning in) G | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) Total |
| 1 | Gifts, grants, contributions and membership fees received. (Do not include any unusual grants.) | | | | | | |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose. | | | | | | |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513. | | | | | | |
| 4 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| | Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year. | | | | | | |
| С | Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line 7c from line 6.) | | | | | | |
| Sec | tion B. Total Support | | | | | | |
| Calen | dar year (or fiscal year beginning in) ${\sf G}$ | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) Total |
| 9 | Amounts from line 6 | | | | | | |
| 10 a | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| _ | Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| | First five years. If the Form 990 organization, check this box and | stop here | | nd, third, fourth, a | or fifth tax year as | a section 501(c)(3) | |
| | tion C. Computation of Pul | | | | | | |
| | Public support percentage for 20 | - | | | • | | % |
| | Public support percentage from : | | | | | 16 | % |
| | tion D. Computation of Inv | | | | | | |
| 17 | Investment income percentage for | • | | • | | | % |
| 18 | Investment income percentage f | | | | | | % |
| | 33-1/3% support tests ' 2015. If is not more than 33-1/3%, check | this box and sto | p here . The organ | ization qualifies | as a publicly supp | orted organization. | G 🔲 |
| | 33-1/3% support tests ' 2014. If line 18 is not more than 33-1/3% | , check this box | and stop here . Th | e organization qu | ualifies as a public | ly supported organi | ization G |
| 20 | Private foundation. If the organize | zation did not che | eck a box on line | 14, 19a, or 19b, o | check this box and | I see instructions | G |

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

| | 11 0 0 | | V | B1 - |
|----|--|-----|-----|------|
| 1 | Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe | | Yes | No |
| | the designation. If historic and continuing relationship, explain. | 1 | | |
| 2 | Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2) | 2 | | |
| 3 | a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below. | 3a | | |
| | b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination. | 3b | | |
| | 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 | 3c | | |
| 4 | a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 11a or 11b in Part I, answer (b) and (c) below. | 4a | | |
| | b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. | 4b | | |
| | 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(\bar{c})(2)(B) purposes | 4c | | |
| 5 | a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by | | | |
| | amendment to the organizing document) | 5a | | |
| | b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | 5b | | |
| | c Substitutions only. Was the substitution the result of an event beyond the organization's control? | 5с | | |
| 6 | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If 'Yes,' provide detail in Part VI</i> | 6 | | |
| 7 | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ) | 7 | | |
| 8 | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ). | 8 | | |
| 9 | a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI . | 9a | | |
| | b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If 'Yes,' provide detail in Part VI</i> | 9b | | |
| | 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 | 9с | | |
| 10 | a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If 'Yes,' answer 10b below</i> | 10a | | |
| | b Did the organization, have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.) | 10b | | |

| Par | t IV | Supporting Organizations (continued) | | | |
|-----|---|---|-----|-----|-------------|
| 11 | Hac t | he organization accepted a gift or contribution from any of the following persons? | | Yes | No |
| | A per | son who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the | 44 | | |
| | Ü | rning body of a supported organization? | 11a | | |
| | | nily member of a person described in (a) above? | 11b | | |
| | | % controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI | 11c | | Щ_ |
| Sec | tion | B. Type I Supporting Organizations | | | |
| 1 | Did th | ne directors, trustees, or membership of one or more supported organizations have the power to regularly appoint | | Yes | No |
| , | or ele Part If the direct | ct at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. organization had more than one supported organization, describe how the powers to appoint and/or remove tors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, ed to such powers during the tax year. | 1 | | |
| 2 | 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) | | | | |
| _ | that o | operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the orting organization. | 2 | | |
| Sec | | C. Type II Supporting Organizations | | | |
| | - | | | Yes | No |
| 1 | Were | a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees ch of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the | | | |
| | supp | orting organization was vested in the same persons that controlled or managed the supported organization(s) | 1 | | |
| Sec | tion I | D. All Type III Supporting Organizations | | | |
| | | | | Yes | No |
| 1 | Did +k | as examination provide to each of its supported examinations, by the last day of the fifth month of the | | | |
| • | orgar | ne organization provide to each of its supported organizations, by the last day of the fifth month of the nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | | (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the nization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| | organization's governing about into it of the date of floating the title extent not provided. | | | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s) | | | | |
| | | | 2 | | |
| 3 | voice | ason of the relationship described in (2), did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at | | | |
| | in thi | nes during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played s regard | 3 | | |
| Sec | | E. Type III Functionally-Integrated Supporting Organizations | | | |
| 1 | Chack | k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions): | | | |
| ٠. | | | | | |
| a | | The organization satisfied the Activities Test. Complete line 2 below. | | | |
| t | 〓 | The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| C | ; [] T | he organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction | s). | | |
| 2 | Activi | ities Test. Answer (a) and (b) below. | | Yes | No |
| а | suppo orgai | ubstantially all of the organization's activities during the tax year directly further the exempt purposes of the orted organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported nizations and explain how these activities directly furthered their exempt purposes, how the organization was onsive to those supported organizations, and how the organization determined that these activities constituted | | | |
| | subst | antially all of its activities | 2a | | |
| k | the o | ne activities described in (a) constitute activities that, but for the organization's involvement, one or more of rganization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for rganization's position that its supported organization(s) would have engaged in these activities but for the nization's involvement. | 2b | | |
| 3 | Ü | nt of Supported Organizations. <i>Answer (a) and (b) below.</i> | | | |
| | Did th | ne organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of | | | |
| | each | of the supported organizations? Provide details in Part VI | 3a | | |
| b | Did th suppo | ne organization exercise a substantial degree of direction over the policies, programs, and activities of each of its orted organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard | 3b | | |

| Pa | rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga | nızat | ions | |
|-----|---|------------------|--|--------------------------------|
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying trust on No other Type III non-functionally integrated supporting organizations must complete | vembe Section | er 20, 1970. See instruct ions A through E. | ions. All |
| Sec | tion A ' Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Net short-term capital gain | 1 | | |
| 2 | Recoveries of prior-year distributions. | 2 | | |
| 3 | Other gross income (see instructions) | 3 | | |
| 4 | Add lines 1 through 3 | 4 | | |
| 5 | Depreciation and depletion | 5 | | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions). | 6 | | |
| 7 | Other expenses (see instructions). | 7 | | |
| 8 | Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) | 8 | | |
| Sec | tion 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): | | | |
| á | Average monthly value of securities | 1a | | |
| k | Average monthly cash balances | 1b | | |
| (| Fair market value of other non-exempt-use assets | 1c | | |
| - | Total (add lines 1a, 1b, and 1c). | 1d | | |
| • | Discount claimed for blockage or other factors (explain in detail in Part VI): | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 | Subtract line 2 from line 1d. | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). | 4 | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 | Multiply line 5 by .035 | 6 | | |
| 7 | Recoveries of prior-year distributions. | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Sec | tion C ' Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 | Enter 85% of line 1 | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3 | 4 | | |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | | |
| 7 | Check here if the current year is the organization's first as a non-functionally-inte (see instructions). | grated | Type III supporting or | ganization |

BAA Schedule **A** (Form 990 or 990-EZ) 2015

| Par | t V Type III Non-Functionally Integrated 509(a)(3) Su | ipporting Organiza | itions (continued) | |
|------|--|--------------------------------|--|---|
| Sect | tion D ' Distributions | | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exempt pur | rposes | | |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes of in excess of income from activity | | | |
| 3 | Administrative expenses paid to accomplish exempt purposes of su | pported organizations. | | |
| 4 | Amounts paid to acquire exempt-use assets | | | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | | | |
| 6 | Other distributions (describe in Part VI). See instructions | | | |
| 7 | Total annual distributions. Add lines 1 through 6 | | | |
| 8 | Distributions to attentive supported organizations to which the organization Part VI). See instructions | | | |
| 9 | Distributable amount for 2015 from Section C, line 6 | | | |
| 10 | Line 8 amount divided by Line 9 amount | | | |
| | tion E ' Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2015 | (iii) Distributable Amount for 2015 |
| | Distributable amount for 2015 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2015 (reasonable cause required ' see instructions) | | | |
| 3 | Excess distributions carryover, if any, to 2015: | | | |
| a | | | | |
| b | | | | |
| С | | | | |
| d | From 2013 | | | |
| е | From 2014 | | | |
| f | Total of lines 3a through e | | | |
| g | Applied to underdistributions of prior years | | | |
| h | Applied to 2015 distributable amount | | | |
| i | Carryover from 2010 not applied (see instructions) | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from 3f | | | |
| 4 | Distributions for 2015 from Section D, line 7: | | | |
| a | Applied to underdistributions of prior years | | | |
| | Applied to 2015 distributable amount. | | | |
| | Remainder, Subtract lines 4a and 4b from 4. | | | |
| | Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions). | | | |
| 6 | Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions) | | | |
| 7 | Excess distributions carryover to 2016. Add lines 3j and 4c | | | |
| 8 | Breakdown of line 7: | | | |
| а | | | | |
| b | | | | |
| С | Excess from 2013 | | | |
| | Excess from 2014 | | | |
| е | Excess from 2015 | | | |

BAA

Schedule **A** (Form 990 or 990-EZ) 2015

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

Part I Additional Supplemental Information

St. Olaf College in the past has always checked box 7 along with box 2 because the college has always received a substantial part of its support from a governmental unit or from the general public.

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service G Complete if the organization is described below. G Attach to Form 990 or Form 990-EZ. G Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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

- ? 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 instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see instructions), then

| ?? | Section 501(c)(4), (5), or (6) o | organizations: Complete Part III. | | | |
|------|--|---|--|---|---|
| Name | of organization | | | Employer identifica | ation number |
| St. | Olaf College | | | 41-069397 | |
| Par | t I-A Complete if the o | rganization is exempt under section | on 501(c) or is a s | section 527 organia | zation. |
| 1 | Provide a description of the | organization's direct and indirect political c | ampaign activities in | Part IV. | |
| 2 | Political expenditures | | | G\$ | |
| | | | | | |
| Par | - | rganization is exempt under section | | | |
| 1 | 9 | cise tax incurred by the organization under | | | |
| 2 | Enter the amount of any exc | cise tax incurred by organization managers | under section 4955. | G\$ | 0. |
| 3 | If the organization incurred a | a section 4955 tax, did it file Form 4720 for | this year? | | Yes No |
| 4 a | Was a correction made? | | | | Yes No |
| k | If 'Yes,' describe in Part IV. | | | | |
| Par | t I-C Complete if the o | rganization is exempt under section | on 501(c) , excep | t section 501(c)(3). | |
| 1 | Enter the amount directly ex | spended by the filing organization for section | n 527 exempt function | on activities G\$ | |
| 2 | Enter the amount of the filing of function activities | organization's funds contributed to other organ | izations for section 527 | 7 exempt G\$ | |
| 3 | | ditures. Add lines 1 and 2. Enter here and | | G\$ | |
| 4 | Did the filing organization file | e Form 1120-POL for this year? | | | Yes No |
| 5 | Enter the names, addresses organization made payments amount of political contribution | and employer identification number (EIN) s. For each organization listed, enter the all sective that were promptly and directly delal action committee (PAC). If additional spa | of all section 527 pol mount paid from the fivered to a separate po | itical organizations to wifiling organization's fundalitical organization, such | which the filing ds. Also enter the as a separate |
| | (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter-0 | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0 |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |

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

Schedule C (Form 990 or 990-EZ) 2015

| Part II-A Complete if section 501(| the organization | on is exempt under se | ection 501(c)(3) and | d filed Form 5768 (e | lection under |
|--|-------------------------------------|--|------------------------------|-------------------------------------|------------------------------------|
| | • • • | ngs to an affiliated group (and | d list in Part IV each affil | iated group member's nam | e, |
| address, | EIN, expenses, a | nd share of excess lobbying | g expenditures). | | |
| B Check G if the filing | ng organization ch | ecked box A and 'limited co | ontrol' provisions apply | | |
| (The term | Limits on Lobb 'expenditures' me | oying Expenditures eans amounts paid or incu | rred.) | (a) Filing organization's totals | (b) Affiliated group totals |
| 1 a Total lobbying expendit | | | | | |
| | | legislative body (direct lob | | | |
| · | | and 1b) | | | |
| | • | lines 1c and 1d) | | | |
| | | | | | |
| | | mount from the following ta | | | |
| If the amount on line 1e, col | umn (a) or (b) is: | The lobbying nontaxable | amount is: | | |
| Not over \$500,000 | | 20% of the amount on line 1e. | | | |
| Over \$500,000 but not over \$1 | ,000,000 | \$100,000 plus 15% of the excess | s over \$500,000. | | |
| Over \$1,000,000 but not over \$ | | \$175,000 plus 10% of the excess | | | |
| 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 | amount (antar 250 | \$1,000,000. 6 of line 1f) | | | |
| - | | ss, enter -0 | | | |
| · · | | ss, enter -0- | | | |
| | | er line 1h or line 1i, did the or | | | |
| | | inc in or line ii, aid the or | | | Yes No |
| | | 4-Year Averaging Period | Under section 501(h) | | |
| (Som | | nat made a section 501(h) e nns below. See the instruct | lection do not have to | | |
| | | bying Expenditures During | | <u> </u> | |
| | | | | | |
| Calendar year (or fiscal year beginning in) | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) Total |
| Joan Dogmining my | | | | | |
| 2 a Lobbying nontaxable amount | | | | | |
| b Lobbying ceiling amount (150% of line 2a, column (e)) | | | | | |
| c Total lobbying expenditures | | | | | |
| d Grassroots nontaxable amount | | | | | |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | |
| f Grassroots lobbying expenditures | | | | | |
| BAA | | | | Schedule C (Forr | n 990 or 990-EZ) 2015 |

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 of the lobbying activity. | | 1) | (b) | |
|--|--------|------|-----------|--|
| | | No | Amount | |
| See Part IV 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: | | | | |
| a Volunteers? | Χ | | | |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | Χ | | | |
| c Media advertisements? | | Χ | | |
| d Mailings to members, legislators, or the public? | Χ | | 386. | |
| e Publications, or published or broadcast statements? | | Χ | | |
| f Grants to other organizations for lobbying purposes? | | Χ | | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body? | Χ | | 142. | |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | Χ | | |
| i Other activities? | Χ | | 115, 381. | |
| j Total. Add lines 1c through 1i | | | 115, 909. | |
| 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | Χ | · | |
| b If 'Yes,' enter the amount of any tax incurred under section 4912 | | | | |
| c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912 | | | | |
| 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), section 501(| (c)(5) | . or | | |

section 501(c)(6).

| | | | Yes | No |
|---|---|---|-----|----|
| 1 | Were substantially all (90% or more) dues received nondeductible by members? | 1 | | |
| 2 | Did the organization make only in-house lobbying expenditures of \$2,000 or less? | 2 | | |
| 3 | Did the organization agree to carry over lobbying and political expenditures from the prior year? | 3 | | |

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c) (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) Part III-A, line 3, is answered 'Yes.'

| 1 | Dues, assessments and similar amounts from members. | 1 | |
|---|--|-----|--|
| 2 | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). | | |
| | a Current year | 2 a | |
| | carryover from last year. | 2 b | |
| (| Total. | 2 c | |
| 3 | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | 3 | |
| 4 | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the 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 group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Part II-B - Description of Lobbying Activity

In Tax Year 2015 St. Olaf College provided financial support in the form of transportation to students and staff who attended various lobbying and seminars with legislators. In addition, St. Olaf College provided support in the form of compensation to staff involved in these activities and postage for mailings sent to

<u>l egi sl a</u>tors. The primary focus of efforts was to communicate to representatives Part IV | Supplemental Information (continued)

Part II-B - Description of Lobbying Activity (continued)

their continued interest in receiving grants for educational activities.

St. Olaf College is a member of Minnesota Private College Council (MPCC), an organization described in section 501(c)(4) of the Internal Revenue Code. MPCC is an association of private nonprofit institutions of higher education that serves a variety of its members' shared needs, including, but not only, nonpartisan and non-electoral advocacy for public policy that meets students' needs and advances the interests of private higher education. St. Olaf College paid membership dues to MPCC in the amount of \$158,273 during the taxable year. MPCC has divided its expenses for its taxable year ending June 30, 2016, into two groups. Group 1 consists of those expenses that did not in any way support attempts to influence legislation within the meaning of section 501(c)(3) of the Internal Revenue Code ("lobbying"), and Group 2 consists of all other expenses. Group 2 includes many expenses, such as personnel costs, that supported both lobbying and nonlobbying activities. MPCC did not attempt to allocate the Group 2 expenses between lobbying and nonlobbying activities. MPCC has determined that the amount of the Group 2 expenses represents 72.90% of the amount of the dues that MPCC collected in the same taxable year. Assuming that all Group 2 expenses were paid from member dues, and allocating those expenses pro rata based on the dues paid by each member, \$115,381 of St. Olaf College's dues were used to pay Group 2 expenses. The amount of lobbying expenses paid from St. Olaf College's dues was significantly less than that amount.

SCHEDULE D (Form 990)

Supplemental Financial Statements

G 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.
G Attach to Form 990.
G Information about Schedule D (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

m990. Open to Public Inspection

Employer identification number

| | St. Olaf College | | | 41-0693979 | |
|-----|---|---|--|--|----------------------|
| Par | t I Organizations Maintaining Dono | r Advised Funds or Other Sin | nilar Funds or A | | |
| | Complete if the organization answ | vered 'Yes' on Form 990, Part | IV, line 6. | | |
| | | (a) Donor advised funds | (b) |) Funds and other a | ccounts |
| 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 dor | or advisors in writing that the assets | held in donor advis | ed funds | _ |
| , | are the organization's property, subject to the | organization's exclusive legal control | ? | Yes | No |
| • | Did the organization inform all grantees, dono for charitable purposes and not for the benefit impermissible private benefit? | of the donor or donor advisor, or for | any other purpose o | conferringYes | No |
| Par | Conservation Easements. Complete if the organization ans | wered 'Yes' on Form 990, Part | IV, line 7. | | |
| 1 | Purpose(s) of conservation easements held by | | | | |
| | Preservation of land for public use (e.g., r | | • | cally important land | area |
| | X Protection of natural habitat | · L | ervation of a certific | | |
| | Preservation of open space | | | | |
| 2 | Complete lines 2a through 2d if the organization h | eld a qualified conservation contribution | in the form of a cons | servation easement or | n the |
| | last day of the tax year. | | | | |
| | | | | Held at the End of | the Tax Year |
| | Total number of conservation easements | | <u></u> | 2 | |
| k | Total acreage restricted by conservation ease | ments | 2 b | 155 | |
| C | : Number of conservation easements on a certi- | ied historic structure included in (a). | 2c | | |
| C | Number of conservation easements included i structure listed in the National Register. | n (c) acquired after 8/17/06, and not o | on a historic | | |
| 3 | Number of conservation easements modified, trar tax year G | sferred, released, extinguished, or term | nated by the organiza | ation during the | |
| 4 | Number of states where property subject to conse | rvation easement is located G | 1 | | |
| 5 | Does the organization have a written policy re and enforcement of the conservation easemer | garding the periodic monitoring, inspe | ection, handling of v | iolations, | X No |
| 6 | Staff and volunteer hours devoted to monitoring, G 200 | | | | <u> </u> |
| 7 | Amount of expenses incurred in monitoring, inspe | cting, handling of violations, and enforc | ing conservation ease | ements during the year | r |
| 8 | G\$ 21, 741. Does each conservation easement reported or and section 170(h)(4)(B)(ii)? | line 2(d) above satisfy the requirem | ents of section 170(| h)(4)(B)(i) | |
| 0 | | | | | ∐ No |
| | In Part XIII, describe how the organization reports include, if applicable, the text of the footnote conservation easements. See Part XI | o the organization's financial stateme | ents that describes t | he organization's ac | counting for |
| Par | Organizations Maintaining Colle Complete if the organization ans | ctions of Art, Historical Treas wered 'Yes' on Form 990, Part | ures, or Other S IV, line 8. | imilar Assets. | |
| 1 a | If the organization elected, as permitted under art, historical treasures, or other similar assets he in Part XIII, the text of the footnote to its finar | ld for public exhibition, education, or re- | search in furtherance | nent and balance sh of public service, prov | eet works of vide, |
| ŀ | If the organization elected, as permitted under historical treasures, or other similar assets held for following amounts relating to these items: | or public exhibition, education, or resear | ch in furtherance of p | ublic service, provide | works of art, the |
| | (i) Revenue included on Form 990, Part VIII, | | | | 146, 279. |
| | (ii) Assets included in Form 990, Part X | | | | 1, 756, 767. |
| 2 | If the organization received or held works of art, hamounts required to be reported under SFAS | istorical treasures, or other similar asse 116 (ASC 958) relating to these items | ts for financial gain, ps: | | |
| a | Revenue included on Form 990, Part VIII, line | 1 | | | |
| L | Assots included in Form 000 Part V | | | G\$ | |

| Part III Organizations Maintaining Colle | ections of Art, Histo | orical Treasures, or | Other S | Similar Asse | ets (cont | inued) | | | |
|---|---|---|------------|-----------------------|----------------|---|--|--|--|
| 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply): | | | | | | | | | |
| a X Public exhibition | d Loan | or exchange programs | | | | | | | |
| b X Scholarly research | e Other | | | | | | | | |
| c Preservation for future generations | | | | | | | | | |
| 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. See Part XIII | | | | | | | | | |
| 5 During the year, did the organization solicit or to be sold to raise funds rather than to be ma | receive donations of ar intained as part of the c | t, historical treasures, or proapization's collection? | r other si | milar assets | X Yes | No | | | |
| Part IV Escrow and Custodial Arrangen line 9, or reported an amount on | nents. Complete if t | he organization ans | | <u>L</u> | | | | | |
| 1 a Is the organization an agent, trustee, custodia on Form 990, Part X? | | | er assets | not included | X Yes | No | | | |
| b If 'Yes,' explain the arrangement in Part XIII and complete the following table: | | | | | | | | | |
| See Part XIII Amount | | | | | | | | | |
| c Beginning balance | | | | | | 75, 253. | | | |
| d Additions during the year. | | | | | | 00, 094. | | | |
| e Distributions during the year f Ending balance | | | | | | 86, 016. 89, 331. | | | |
| 2 a Did the organization include an amount on Fo | | | | iahility? | X Yes | No | | | |
| b If 'Yes,' explain the arrangement in Part XIII. | | | | _ | | . X | | | |
| 2 respective analysis are are | See Part XII | • | a 011 1 a | | | · [7] | | | |
| Part V Endowment Funds. Complete if | | | rm 990 | , Part IV, lin | e 10. | | | | |
| (a) Current | | | | hree years back | | years back | | | |
| 1 a Beginning of year balance 455, 506 | , 474. 435, 935, 1 | 24. 379, 501, 188 | 3. 328 | , 985, 882. | 345, 29 | 95, 632. | | | |
| b Contributions | , 886. 10, 077, 7 | 35. 13, 924, 729 | 9. 8 | , 953, 711. | | 30, 894. | | | |
| c Net investment earnings, gains, | | | | | | | | | |
| and losses12, 507 | | | | , 567, 892. | | 71, 104. | | | |
| d Grants or scholarships 4, 998 | , 039. 4, 471, 6 | 80. 4, 013, 894 | 1. 3 | <u>, 793, 720.</u> | 3, 76 | <u>62, 023. </u> | | | |
| e Other expenditures for facilities and programs | , 837. 2, 205, 1 | 66. 2, 483, 586 | 5 1 | , 887, 570. | 7 96 | 63, 892. | | | |
| | , 620. 452, 6 | | | 325, 007. | | 93, 625. | | | |
| g End of year balance | | | | , 501, 188. | | 35, 882. | | | |
| 2 Provide the estimated percentage of the curre | | | | 7 7 | 1 2 2 7 7 7 | | | | |
| a Board designated or quasi-endowment G | 37. 41 % | | | | | | | | |
| b Permanent endowment G 41. 42% |) | | | | | | | | |
| c Temporarily restricted endowment G | 21. 17 [%] | | | | | | | | |
| The percentages on lines 2a, 2b, and 2c should e | equal 100%. | | | | | | | | |
| 3 a Are there endowment funds not in the possession organization by: | of the organization that a | are held and administered | for the | | Ye | es No | | | |
| (i) unrelated organizations | | | | | | X | | | |
| (ii) related organizations | | | | | 3a(ii) | X | | | |
| b If 'Yes' on line 3a(ii), are the related organiza | tions listed as required | on Schedule R? | | | 3b | | | | |
| 4 Describe in Part XIII the intended uses of the | organization's endowme | ent funds. See Part | t XIII | | | • | | | |
| Part VI Land, Buildings, and Equipmen | | m 000 Dort IV line | 110 0 | oo Form 000 | Dort V | line 10 | | | |
| Complete if the organization ans | 1 | | | | | | | | |
| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | | cumulated eciation | (d) Boo | | | | |
| 1a Land. | 4 .5= | 1, 232, 890. | 4 | 044 === | | 32, 890. | | | |
| b Buildings. | 1, 487, 270. | 285, 245, 011. | 102, | 011, 572. | 184, 7 | <u> 20, 709.</u> | | | |
| c Leasehold improvements | | F4 F00 453 | 0.4 | 00/ /00 | 4 | 05 705 | | | |
| d Equipment | 100 500 | 51, 582, 157. | | 986, 432. | | 95, 725. | | | |
| e Other | 182, 500. | 51, 259, 967. | | 920, 352. | | 22, 115. 71, 439. | | | |
| BAA | quai i Uiiii 770, Fail A, (| | | | | 990) 2015 | | | |

Schedule **D** (Form 990) 2015

| Part VII Investments Other Securities. | IV1 F 00/ | Doubly Bas 14h Cas Fama | 200 Dart V. Para 10 |
|--|--|--|---|
| Complete if the organization answered | | | |
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end- | of-year market value |
| (1) Financial derivatives | | | |
| (2) Closely-held equity interests. | | | |
| (3) Other Global Equity Funds | | End of Year Market Valu | |
| (A) Global Bond Funds | | End of Year Market Valu | |
| (B) Hedge Funds | | End of Year Market Valu | |
| (C) Real Estate Funds | | End of Year Market Valu | |
| (D) Commodi ty Funds | | End of Year Market Valu | |
| (E) Pri vate Equity Funds | | End of Year Market Valu | e |
| (F) Treasury-Inflation Protected Securi | ties | | |
| (G) | | End of Year Market Valu | |
| (H) Other Investments | 115, 753. | End of Year Market Valu | e |
| (I) | | | |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) G | 265, 271, 871. | | |
| Part VIII Investments ' Program Related. Complete if the organization answered | 'Vos' on Form 000 | N/A Note: N/A Note: N/A | 000 Dart V line 12 |
| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end | Jof-vear market value |
| | (b) Book value | (c) Wethou of Valuation. Cost of Che | 1-01-year market value |
| <u>(1)</u> (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| | | | |
| (8) | | | |
| (9) | | | |
| (10) | | | |
| (10) Total (Column (h) must equal Form 900 Part Y, column (R) line 13.) G | | | |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) G | | | |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) G Part IX Other Assets. | 'Yes' on Form 990 |), Part IV, line 11d. See Form 9 | 990, Part X, line 15. |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) G Part IX Other Assets. Complete if the organization answered (a) Des | 'Yes' on Form 990 scription |), Part IV, line 11d. See Form 9 | 990, Part X, line 15. |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) G Part IX Other Assets. Complete if the organization answered (a) Description (1) Assets Held in Charitable Trust | |), Part IV, line 11d. See Form 9 | |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) G Part IX Other Assets. Complete if the organization answered (a) Description (1) Assets Held in Charitable Trust (2) Deferred Debt Acquisition Cost | |), Part IV, line 11d. See Form 9 | (b) Book value 30, 088, 537. |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) G Part IX Other Assets. Complete if the organization answered (a) Description (1) Assets Held in Charitable Trust (2) Deferred Debt Acquisition Cost (3) Deposits Held by Trustee | | D, Part IV, line 11d. See Form 9 | (b) Book value 30, 088, 537. 23, 041, 178. |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) G Part IX Other Assets. Complete if the organization answered (a) Description (1) Assets Held in Charitable Trust (2) Deferred Debt Acquisition Cost (3) Deposits Held by Trustee (4) Funds Held in Trust by Others | | D, Part IV, line 11d. See Form 9 | (b) Book value 30, 088, 537. 23, 041, 178. 2, 073, 820. |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) G Part IX Other Assets. Complete if the organization answered (a) Description (1) Assets Held in Charitable Trust (2) Deferred Debt Acquisition Cost (3) Deposits Held by Trustee (4) Funds Held in Trust by Others (5) Other Recei vables | |), Part IV, line 11d. See Form 9 | (b) Book value 30, 088, 537. 23, 041, 178. |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 13.). G Part IX Other Assets. Complete if the organization answered (a) Description (a) Description (b) Description (c) Deferred Debt Acquisition Cost (3) Deposits Held by Trustee (4) Funds Held in Trust by Others (5) Other Recei vables (6) | |), Part IV, line 11d. See Form 9 | (b) Book value 30, 088, 537. 23, 041, 178. 2, 073, 820. |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 13.). G Part IX Other Assets. Complete if the organization answered (a) Description (a) Description (b) Description (c) Deferred Debt Acquisition Cost (3) Deposits Held by Trustee (4) Funds Held in Trust by Others (5) Other Receivables (6) (7) | |), Part IV, line 11d. See Form 9 | (b) Book value 30, 088, 537. 23, 041, 178. 2, 073, 820. |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 13.). G Part IX Other Assets. Complete if the organization answered (a) Description (a) Description (b) Description (c) Deferred Debt Acquisition Cost (3) Deposits Held by Trustee (4) Funds Held in Trust by Others (5) Other Receivables (6) (7) (8) | | D, Part IV, line 11d. See Form 9 | (b) Book value 30, 088, 537. 23, 041, 178. 2, 073, 820. |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 13.). G Part IX Other Assets. Complete if the organization answered (a) Description (Column (B) line 13.). G (b) Description (Column (B) line 13.). G (a) Description (Column (B) line 13.). G (b) Description (Column (B) line 13.). G (c) Description (Column (B) line 13.). G (d) Description (Column (B) line 13.). G (e) Description (Colum | | D, Part IV, line 11d. See Form 9 | (b) Book value 30, 088, 537. 23, 041, 178. 2, 073, 820. |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) G Part IX Other Assets. Complete if the organization answered (a) Des (1) Assets Held in Charitable Trust (2) Deferred Debt Acquisition Cost (3) Deposits Held by Trustee (4) Funds Held in Trust by Others (5) Other Receivables (6) (7) (8) (9) (10) | scription | | (b) Book value 30, 088, 537. 23, 041, 178. 2, 073, 820. 1, 899, 439. |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) . G Part IX Other Assets. Complete if the organization answered (a) Description (a) Description (a) Description (b) Description (c) Deferred Debt Acquisition Cost (3) Deposits Held by Trustee (4) Funds Held in Trust by Others (5) Other Receivables (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) | scription | D, Part IV, line 11d. See Form 9 | (b) Book value 30, 088, 537. 23, 041, 178. 2, 073, 820. 1, 899, 439. |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) G Part IX Other Assets. Complete if the organization answered (a) Description (b) Description (c) Deferred Debt Acquisition Cost (3) Deposits Held by Trustee (4) Funds Held in Trust by Others (5) Other Receivables (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. | Scription B) line 15.) | G | (b) Book value 30, 088, 537. 23, 041, 178. 2, 073, 820. 1, 899, 439. |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) . G Part IX Other Assets. Complete if the organization answered (a) Description (a) Description (a) Description (b) Description (c) Deferred Debt Acquisition Cost (3) Deposits Held by Trustee (4) Funds Held in Trust by Others (5) Other Receivables (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) | Scription B) line 15.) | G | (b) Book value 30, 088, 537. 23, 041, 178. 2, 073, 820. 1, 899, 439. |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) G Part IX Other Assets. Complete if the organization answered (a) Description (a) Description (a) Description (a) Description (b) Deferred Debt Acquisition Cost (3) Deposits Held by Trustee (4) Funds Held in Trust by Others (5) Other Receivables (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' on F | 3) line 15.)orm 990, Part IV, line 1 | G | (b) Book value 30, 088, 537. 23, 041, 178. 2, 073, 820. 1, 899, 439. |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) G Part IX Other Assets. Complete if the organization answered (a) Description of liability (1) Assets Held in Charitable Trust (2) Deferred Debt Acquisition Cost (3) Deposits Held by Trustee (4) Funds Held in Trust by Others (5) Other Receivables (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' on F (a) Description of liability (1) Federal income taxes (2) Asset Retirement Obligation | 3) line 15.)orm 990, Part IV, line 1 | 1e or 11f. See Form 990, Part X, line 25 | (b) Book value 30, 088, 537. 23, 041, 178. 2, 073, 820. 1, 899, 439. |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) . G Part IX Other Assets. Complete if the organization answered (a) Description of liability (1) Assets Held in Charitable Trust (2) Deferred Debt Acquisition Cost (3) Deposits Held by Trustee (4) Funds Held in Trust by Others (5) Other Receivables (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' on F (a) Description of liability (1) Federal income taxes (2) Asset Retirement Obligation (3) | 3) line 15.)orm 990, Part IV, line 1 | 1e or 11f. See Form 990, Part X, line 25 | (b) Book value 30, 088, 537. 23, 041, 178. 2, 073, 820. 1, 899, 439. |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) G Part IX Other Assets. Complete if the organization answered (a) Description Cost (3) Deposits Held in Charitable Trust (2) Deferred Debt Acquisition Cost (3) Deposits Held by Trustee (4) Funds Held in Trust by Others (5) Other Receivables (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) Part X Other Liabilities. Complete if the organization answered 'Yes' on F (a) Description of liability (1) Federal income taxes (2) Asset Retirement Obligation (3) (4) | 3) line 15.)orm 990, Part IV, line 1 | 1e or 11f. See Form 990, Part X, line 25 | (b) Book value 30, 088, 537. 23, 041, 178. 2, 073, 820. 1, 899, 439. |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) G Part IX Other Assets. Complete if the organization answered (a) Description Cost (3) Deposits Held in Charitable Trust (2) Deferred Debt Acquisition Cost (3) Deposits Held by Trustee (4) Funds Held in Trust by Others (5) Other Receivables (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' on F (a) Description of liability (1) Federal income taxes (2) Asset Retirement Obligation (3) (4) (5) | 3) line 15.)orm 990, Part IV, line 1 | 1e or 11f. See Form 990, Part X, line 25 | (b) Book value 30, 088, 537. 23, 041, 178. 2, 073, 820. 1, 899, 439. |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) G Part IX Other Assets. Complete if the organization answered (a) Description (Cost) (3) Deposits Held in Charitable Trust (2) Deferred Debt Acquisition Cost (3) Deposits Held by Trustee (4) Funds Held in Trust by Others (5) Other Receivables (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' on F (a) Description of liability (1) Federal income taxes (2) Asset Retirement Obligation (3) (4) (5) (6) | 3) line 15.)orm 990, Part IV, line 1 | 1e or 11f. See Form 990, Part X, line 25 | (b) Book value 30, 088, 537. 23, 041, 178. 2, 073, 820. 1, 899, 439. |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) G Part IX Other Assets. Complete if the organization answered (a) Description of liability (1) Assets Held in Charitable Trust (2) Deferred Debt Acquisition Cost (3) Deposits Held by Trustee (4) Funds Held in Trust by Others (5) Other Receivables (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' on F (a) Description of liability (1) Federal income taxes (2) Asset Retirement Obligation (3) (4) (5) (6) (7) | 3) line 15.)orm 990, Part IV, line 1 | 1e or 11f. See Form 990, Part X, line 25 | (b) Book value 30, 088, 537. 23, 041, 178. 2, 073, 820. 1, 899, 439. |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) | 3) line 15.)orm 990, Part IV, line 1 | 1e or 11f. See Form 990, Part X, line 25 | (b) Book value 30, 088, 537. 23, 041, 178. 2, 073, 820. 1, 899, 439. |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) G Part IX Other Assets. Complete if the organization answered (a) Description of liability (1) Assets Held in Charitable Trust (2) Deferred Debt Acquisition Cost (3) Deposits Held by Trustee (4) Funds Held in Trust by Others (5) Other Receivables (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' on F (a) Description of liability (1) Federal income taxes (2) Asset Retirement Obligation (3) (4) (5) (6) (7) (8) (9) | 3) line 15.)orm 990, Part IV, line 1 | 1e or 11f. See Form 990, Part X, line 25 | (b) Book value 30, 088, 537. 23, 041, 178. 2, 073, 820. 1, 899, 439. |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) G Part IX Other Assets. Complete if the organization answered (a) Description of liability (1) Assets Held in Charitable Trust (2) Deferred Debt Acquisition Cost (3) Deposits Held by Trustee (4) Funds Held in Trust by Others (5) Other Receivables (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' on F (a) Description of liability (1) Federal income taxes (2) Asset Retirement Obligation (3) (4) (5) (6) (7) (8) (9) (10) | 3) line 15.)orm 990, Part IV, line 1 | 1e or 11f. See Form 990, Part X, line 25 | (b) Book value 30, 088, 537. 23, 041, 178. 2, 073, 820. 1, 899, 439. |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) G Part IX Other Assets. Complete if the organization answered (a) Description of liability (1) Assets Held in Charitable Trust (2) Deferred Debt Acquisition Cost (3) Deposits Held by Trustee (4) Funds Held in Trust by Others (5) Other Receivables (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' on F (a) Description of liability (1) Federal income taxes (2) Asset Retirement Obligation (3) (4) (5) (6) (7) (8) (9) | 8) line 15.)orm 990, Part IV, line 1 (b) Book value 1, 974, 31 | 1e or 11f. See Form 990, Part X, line 25 | (b) Book value 30, 088, 537. 23, 041, 178. 2, 073, 820. 1, 899, 439. |

Part XIII Supplemental Information.

| Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per R | eturn | • |
|---|----------------|---------------------------------------|
| Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. | | |
| 1 Total revenue, gains, and other support per audited financial statements | 1 | 111, 263, 046. |
| 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a Net unrealized gains (losses) on investments. 2a -20, 856, 792. | | |
| b Donated services and use of facilities | | |
| c Recoveries of prior year grants 2c d Other (Describe in Part XIII.) See Part XIII 2d -68, 268, 200. | | |
| d Other (Describe in Part XIII.) See Part XIII 2d -68, 268, 200. | | |
| e Add lines 2a through 2d. | 2 e | -89, 124, 992. |
| 3 Subtract line 2e from line 1. | 3 | 200, 388, 038. |
| 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| a Investment expenses not included on Form 990, Part VIII, line 7b | | |
| b Other (Describe in Part XIII.) See Part XIII 4b -1, 857, 796. | | |
| c Add lines 4a and 4b | 4 c | -1, 857, 796. |
| 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5 | 198, 530, 242. |
| · · · · · · · · · · · · · · · · · · · | | . 70 000 2 .2. |
| Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per | | |
| | | |
| Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per | | |
| Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. | Retu | rn. |
| Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities | Retu | rn. |
| Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: | Retu | rn. |
| Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses | Retu | rn. |
| Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities | Retu | rn. |
| Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses | Retu | rn. |
| Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) See Part XIII 2 Audited Financial Statements With Expenses per Audited Financial | Retu | rn. 122, 700, 293. |
| Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities | Retu 1 | rn. 122, 700, 293. 1, 857, 796. |
| Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) See Part XIII e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. 4 a | Retu 1 2 e 3 | rn. 122, 700, 293. 1, 857, 796. |
| Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses. d Other (Describe in Part XIII.) See Part XIII e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.) See Part XIII 4 b 65, 776, 039. | Retu 1 2 e 3 | 1, 857, 796. 120, 842, 497. |
| Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) See Part XIII e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. 4 a | 1 2 e 3 4 c | rn. 122, 700, 293. 1, 857, 796. |

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part II, Line 9 - Organization Reporting Of Conservation Easements

Money received initially was recorded as unrestricted revenue and placed into a board designated quasi-endowment. Expenses that are incurred pertaining to the easements are recorded as operating expenses. The land related to the easements is included in as Property, Plant, and Equipment on the College's balance sheet.

Part III, Line 4 - Description Of Organization Collections & How Furthers Exempt Purpose

The College's collections are composed primarily of artwork donated and displayed on

the premises of the College. The collection furthers the exempt purpose by providing

BAA

Schedule D (Form 990) 2015

Part III, Line 4 - Description Of Organization Collections & How Furthers Exempt Purpose (continued)

subjects for students to observe and interpret.

Part IV, Line 1b - Contributions Or Other Assets Not Included on B/S

The College serves as an agent for several student and other organizations.

Part IV, Line 2b - Explanation Of Escrow Account Liability

Included in Line 21 of Part X are two separate types of liabilities. First are "Liabilities Payable" [\$13,073,837] resulting from Charitable Annuities and Trusts where the College serves as the trustee of the assets and records a liability for the present value of future cash flows estimated to be paid out to the income beneficiaries. In addition, the College also records "Funds Held in Trust for Others" [\$1,752,628] that primarily result from trusts under control of the College that will benefit other organizations at the termination of the Trust.

Part V, Line 4 - Intended Uses Of Endowment Fund

The intended uses of the Endowment Fund include scholarships, endowed faculty chairs, and general support to subsidize various operations.

Part X - FIN 48 Footnote

The College follows the accounting standards for contingencies in evaluating uncertain tax positions. This guidance prescribes recognition threshold principles for the financial statement recognition of tax positions taken or expected to be taken on a tax return that are not certain to be realized. No liability has been recognized by the College for uncertain tax positions as of May 31, 2016.

Schedule D, Part XI, Line 2d Other Revenue Included In F/S But Not Included On Form 990

| Adj to Actuarial Liab for Annuities Pybl | \$ -1, 175, 761 | |
|--|------------------|----|
| Adj. to Retiree Heath Care Liability | 87, 671 | |
| Endowment Fund Investment Mngt Fees | -367, 399 | ١. |
| Loss due to refinancing | -1, 404, 071 | |
| Schol arshi ps and Grants | -65, 408, 640 | |
| Total | \$ -68, 268, 200 |). |

BAA TEEA3305L 06/03/15 Schedule **D** (Form 990) 2015

Schedule **D** (Form 990) 2015 St. Ol af Col Lege

Part XIII Supplemental Information (continued)

| Schedule D, Part XI, Line 4b Other Revenue Included On Form 990 But Not Included In F/S | | |
|--|-----------------|--|
| Cost of Goods Sold on Inventory Loss from Fundraising Events Total | \$ <u>\$</u> | -1, 754, 863. -102, 933. -1, 857, 796. |
| Schedule D, Part XII, Line 2d Other Expenses And Losses Per Audited F/S | | |
| Cost of Goods Sold on Inventory. Loss from Fundraising Events Total | | 1, 754, 863. 102, 933. 1, 857, 796. |
| Schedule D, Part XII, Line 4b Other Expenses Included On Form 990 But Not Included In F/S | | |
| Endowment Fund Investment Mngt Fees. Scholarships and Grants Total | \$ <u>\$</u> | 367, 399. 65, 408, 640. 65, 776, 039. |

BAA Schedule **D** (Form 990) 2015 TEEA3305L 06/03/15

SCHEDULE E (Form 990 or 990-EZ)

Schools

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

G Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

41-0693979

St. Olaf College
Part I

| 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? 2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II. The Col Lege does not engage in signficant advertising activities via newspapers or broadcast media. However, when the Col Lege posts job openings in newspapers the applicable discrimination policies are included. 4 Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4 a X b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4 Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4 c X d Copies of all material used by the organization or on its behalf to solicit contributions? 5 Does the organization discriminate by race in any way with respect to: a Students' rights or privileges? 5 a Students' rights or privileges? | YES NO |
|--|--|
| catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If 'Yes,' please describe. If 'No,' please explain. If you need more space, use Part II. The College does not engage in signficant advertising activities via newspapers or broadcast media. However, when the College posts job openings in newspapers the applicable discrimination policies are included. 4 Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4 b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4 c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4 d Copies of all material used by the organization or on its behalf to solicit contributions? 4 d Copies of all material used by the organization or on its behalf to solicit contributions? 5 Does the organization discriminate by race in any way with respect to: | ory policy toward students by statement in its charter, bylaws, other ning body? |
| Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If 'Yes,' please describe. If 'No,' please explain. If you need more space, use Part II. The College does not engage in signficant advertising activities via newspapers or broadcast media. However, when the College posts job openings in newspapers the applicable discrimination policies are included. 4 Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4 a X b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4 b X c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4 c X d Copies of all material used by the organization or on its behalf to solicit contributions? 4 b X 5 Does the organization discriminate by race in any way with respect to: | he public dealing with student admissions, programs, |
| The College does not engage in signficant advertising activities via newspapers or broadcast media. However, when the College posts job openings in newspapers the applicable discrimination policies are included. 4 Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff?. 4 b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?. 4 c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?. 4 d Copies of all material used by the organization or on its behalf to solicit contributions?. 4 d d X 5 Does the organization discriminate by race in any way with respect to: | minatory policy through newspaper or broadcast media during the on period if it has no solicitation program, in a way that makes |
| newspapers or broadcast media. However, when the College posts job openings in newspapers the applicable discrimination policies are included. 4 Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4 a X b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4 c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4 c X d Copies of all material used by the organization or on its behalf to solicit contributions? 4 d X 5 Does the organization discriminate by race in any way with respect to: | |
| openings in newspapers the applicable discrimination policies are included. 4 Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered 'No' to any of the above, please explain. If you need more space, use Part II. | |
| included. 4 Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4 a X b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? d Copies of all material used by the organization or on its behalf to solicit contributions? 4 c X If you answered 'No' to any of the above, please explain. If you need more space, use Part II. | |
| A Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered 'No' to any of the above, please explain. If you need more space, use Part II. | |
| a Records indicating the racial composition of the student body, faculty, and administrative staff? b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered 'No' to any of the above, please explain. If you need more space, use Part II. | |
| nondiscriminatory basis? c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered 'No' to any of the above, please explain. If you need more space, use Part II. | ent body, faculty, and administrative staff? |
| student admissions, programs, and scholarships? | |
| If you answered 'No' to any of the above, please explain. If you need more space, use Part II. 5 Does the organization discriminate by race in any way with respect to: | |
| 5 Does the organization discriminate by race in any way with respect to: | |
| 5 Does the organization discriminate by race in any way with respect to: | lain. If you need more space, use Part II. |
| 5 Does the organization discriminate by race in any way with respect to: | |
| | |
| a Students rights or privileges: | |
| | 3a X |
| b Admissions policies? 5 b) | |
| c Employment of faculty or administrative staff? | <u>5c X</u> |
| d Scholarships or other financial assistance? | |
| e Educational policies? 5 e | 5 e X |
| f Use of facilities? | 5f X |
| g Athletic programs? | |
| h Other extracurricular activities? | |
| If you answered 'Yes' to any of the above, please explain. If you need more space, use Part II. | plain. If you need more space, use Part II. |
| | |
| | |
| 6 a Does the organization receive any financial aid or assistance from a governmental agency? | |
| | |
| If you answered 'Yes' on either line 6a or line 6b, explain on Part II. See Part II Does the organization certify that it has complied with the applicable requirements of sections | n on Part II. See Part II th the applicable requirements of sections |
| 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' explain on Part II | |

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

Schedule E, Line 6 - Explanation of Aid or Assistance from Governmental Agency

St. Olaf College participates in the Federal Student Financial Aid Program administered through the U.S. Department of Education. St. Olaf students receive funding from campus based programs (Perkins, SEOG and Federal Work Study) as well as Federal Pell Grants and Federal Student Loans. In addition, St. Olaf students receive funding via the Minnesota State Grant, Work Study and SELF Loan programs administered through the Minnesota Office of Higher Education. The College also received other grants through federal and state programs, such as the Department of Education and National Science Foundation.

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

Part I General Information on Activities Outside the United States. Complete if the organization answered 'Yes'

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

(17)

3 a Sub-total......

b Total from continuation sheets to Part I.....

St. Olaf College

Employer identification number

41-0693979

| | on Form 990, Par | t IV, line 14b. | | | | |
|------|---|--|---|---|--|---|
| 1 | For grantmakers. Does the the grantees' eligibility for | e organization mai the grants or assi | ntain records to stance, and the s | substantiate the amount of its quelection criteria used to award | grants and other assista the grants or assistance | e?XYes No |
| 2 | For grantmakers. Describe in United States. Part | | zation's procedure | s for monitoring the use of its gra | nts and other assistance | outside the |
| 3 | Activities per Region. (The | following Part I, I | ine 3 table can b | e duplicated if additional space | e is needed.) | |
| | (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in region | (d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for and investments in region |
| | C. America & | | | | | |
| | Cari bbean | | | Investments | | 73, 582, 000. |
| | East Asia & the Pacific | | | Program Service | Intl Studies | 1, 342, 000. |
| (3) | Europe | | | Program Service | Intl Studies | 2, 425, 000. |
| | Middle East & N. | | | | | 107.000 |
| (4) | Afri ca | | | Program Service | Intl Studies | 127, 000. |
| (5) | North America | | | Program Service | Intl Studies | 75, 000. |
| (6) | Russia & New States | | | Program Service | Intl Studies | 94, 000. |
| (7) | South America | | | Program Service | Music Tours | 81, 000. |
| (8) | South Asia | | | Program Service | Intl Studies | 290, 000. |
| (9) | Sub-Saharan Africa | | | Program Service | Intl Studies | 322, 000. |
| (10) | Europe | | | Program Service | Alumni Study Travel | 338, 000. |
| (11) | Europe | | | Investments | | 10, 000, 000. |
| | Middle East & N. | | | | Alumni Study | |
| (12) | Afri ca | | | Program Service | Travel | 64, 000. |
| | South America | | | Program Services | Alumni Study Travel | 183, 000. |
| | Central America and Carribean | | | Program Services | Intl Studies | 530, 000. |
| (15) | South America | | | Program Services | Intl Studies | 246, 000. |
| (16) | | | | | | |

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

0

Schedule **F** (Form 990) 2015

89, 699, 000.

89, 699, 000.

Schedule F (Form 990) 2015 St. 0l af Col Lege 41-0693979

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

| 1 | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|------|---|--|--|-------------------------|------------------------------------|---------------------------------------|---|--|--|
| (1) | | | | | | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| (5) | | | | | | | | | |
| (6) | | | | | | | | | |
| (7) | | | | | | | | | |
| (8) | | | | | | | | | |
| (9) | | | | | | | | | |
| (10) | | | | | | | | | |
| (11) | | | | | | | | | |
| (12) | | | | | | | | | |
| (13) | | | | | | | | | |
| (14) | | | | | | | | | |
| (15) | | | | | | | | | |
| (16) | | | | | | | | | |
| | er total number of recipient organizat grantee or counsel has provided a ter total number of other organizati | | re recognized as cha uivalency letter | rities by the forei | gn country, recogniz | ed as tax-exempt b | y the IRS, or for whi | ch G_ | 0 |
| | | | | | | | | | |

| BAA | Sch | edule | F (Form 990) 2015 |
|-----|---|-------|--------------------------|
| | Enter total number of other organizations or entities | G | 0 |
| | the grantee of course has provided a section sort(c)(s) equivalency letter. | G | U |

Schedule F (Form 990) 2015 St. 0l af Col l ege 41-0693979

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.

| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of non- cash assistance | (g) Description of non-cash assistance | (h) Method of valuation (book FMV, appraisal other) |
|---------------------------------|--------------------|---------------------------------|--------------------------|---------------------------------|---------------------------------------|--|--|
| (1) | | | | Credit on | | | |
| (1) Merit-Based Aid | C America & Carrib | 34 | 67, 000. | Acct | | | |
| (0) | East Asia & the | | | Credit on | | | |
| (2) Merit-Based Aid | Paci fi c | 39 | 177, 000. | Acct | | | |
| (3) Merit-Based Aid | Europe | 55 | 385, 000. | Credit on Acct | | | |
| (-7 mor) to bacoa 7m a | Russia & New | 00 | 000,000. | Credit on | | | |
| (4) Merit-Based Aid | States | 4 | 19, 000. | Acct | | | |
| (, | | | , | Credit on | | | |
| (5) Merit-Based Aid | South America | 4 | 19, 000. | Acct | | | |
| ,, | | | | Credit on | | | |
| (6) Merit-Based Aid | South Asia | 8 | 64, 000. | Acct | | | |
| | | | | Credit on | | | |
| (7) Merit-Based Aid | Sub-Saharan Africa | 4 | 69, 000. | Acct | | | |
| | | | , | Credit on | | | |
| (8) Need-Based Aid | C America & Carrib | 81 | 125, 000. | Acct | | | |
| | East Asia & the | | | Credit on | | | |
| (9) Need-Based Aid | Paci fi c | 76 | 242, 000. | Acct | | | |
| | | | | Credit on | | | |
| (10) Need-Based Aid | Europe | 155 | 780, 000. | Acct | | | |
| | Russia & New | | | Credit on | | | |
| (11) Need-Based Aid | States | 5 | 11, 000. | Acct | | | |
| | | | | Credit on | | | |
| (12) Need-Based Aid | South America | 11 | 31, 000. | Acct | | | |
| | | | | Credit on | | | |
| (13) Need-Based Aid | South Asia | 39 | 142, 000. | Acct | | | |
| | | | | Credit on | | | |
| (14) Need-Based Aid | Sub-Saharan Africa | 25 | 166, 000. | Acct | | | |
| | East Asia and the | | | Credit on | | | |
| (15) Tuition Waiver | Pa | 2 | 18, 000. | accou | | | |
| | Russia & New | | | Credit on | | | |
| (16) Tuition Waiver | States | 1 | 17, 000. | accou | | | |
| | | | | Credit on | | | |
| (17) Tuition Waviers | Europe | 1 | 14, 000. | Acct | | | |
| (10) | | | | | | | |
| (18) BAA | | | | | | <u> </u> | (Form 990) 2015 |

| Pa | rt IV | Foreign Forms | | |
|----|--------------------------|--|------|------|
| 1 | organi | ne organization a U.S. transferor of property to a foreign corporation during the tax year? If 'Yes,' the ization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign ration (see Instructions for Form 926). | XYes | No |
| 2 | require of Cer | e organization have an interest in a foreign trust during the tax year? If 'Yes,' the organization may be ed to separately file Form 3520, Annual Return To Report Transactions with Foreign Trusts and Receipt tain Foreign Gifts, and/or Form 3520-A Annual Information Return of Foreign Trust With a U.S. r (see Instructions for Forms 3520 and 3520-A; do not file with Form 990). | Yes | X No |
| 3 | organi | e organization have an ownership interest in a foreign corporation during the tax year? If 'Yes,' the ization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain In Corporations (see Instructions for Form 5471). | XYes | No |
| 4 | electin <i>Returr</i> | ne organization a direct or indirect shareholder of a passive foreign investment company or a qualified g fund during the tax year? If 'Yes,' the organization may be required to file Form 8621, Information by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see ctions for Form 8621). | XYes | No |
| 5 | organi | e organization have an ownership interest in a foreign partnership during the tax year? If 'Yes,' the ization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign erships (see Instructions for Form 8865) | XYes | No |
| 6 | If 'Yes | e organization have any operations in or related to any boycotting countries during the tax year? s,' the organization may be required to separately file Form 5713, International Boycott Report (see ctions for Form 5713; do not file with Form 990) | Yes | X No |

BAA TEEA3505L 05/27/15 Schedule **F** (Form 990) 2015

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 - Grantmakers Explanation For Monitoring Use of Funds Outside US

The College offers grants in the form of need or merit based scholarships to students who are studying outside of the United States. Before the grant or award is available and disbursed, the International and Off-Campus Studies Office must approve any program that a student is participating in. Once the grant has been disbursed to the student's account to cover tuition for the study abroad progam, the International and Off-Campus Studies Office maintains contact with the host institutions to monitor the student's attendance and notifies the Financial Aid Office and Student Accounts Office if a student withdraws from an off-campus program.

BAA TEEA3504L 10/12/15 Schedule **F** (Form 990) 2015

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

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

G Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

41-0693979 Olaf College **Fundraising Activities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. X Mail solicitations e X Solicitation of non-government grants Solicitation of government grants b Internet and email solicitations Phone solicitations Special fundraising events X In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?..... X Yes **b** If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name and address of individual (ii) Activity (iv) Gross receipts (v) Amount paid to (vi) Amount paid to (iii) Did fundraiser or entity (fundraiser) from activity (or retained by) (or retained by) have custody or control of contributions? fundraiser listed in organization column (i) Yes No Langley Innovat 3719 Sprigg Street N Χ Frederick MD 21704 20,650 Consulting 2 3 5 6 7 9 10 G Total. 0. List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing. AL AK AR CO CT DE DC HI ME MD MA MI MN MS MO NH NC SC UT VA WA

| | | G (Form 990 or 990-EZ) 2015 St. Ol a | | | 41-069 | |
|---------------------------------|-----------|---|---------------------------------|---|--|--|
| Par | t II | Fundraising Events. Complete if t more than \$15,000 of fundraising List events with gross receipts gre | event contributions | swered 'Yes' on Fo and gross income | rm 990, Part IV, li on Form 990-EZ, | ne 18, or reported lines 1 and 6b. |
| R E | | ÿ . ÿ | (a) Event #1 Gal a (event type) | (b) Event #2 St. Olaf Golf (event type) | (c) Other events None (total number) | (d) Total events (add column (a) through column (c)) |
| R E V E N U E | 1 | Gross receipts | 222, 504. | 5, 225. | | 227, 729. |
| Ě | 2 | Less: Contributions | 152, 028. | 250. | | 152, 278. |
| | 3 | Gross income (line 1 minus line 2) | 70, 476. | 4, 975. | | 75, 451. |
| | 4 | Cash prizes | | | | |
| D | 5 | Noncash prizes | | | | |
| D R E C T | 6 | Rent/facility costs | | | | |
| | 7 | Food and beverages | 59, 633. | | | 59, 633. |
| E X P E N S E S | 8 | Entertainment | 56, 008. | | | 56, 008. |
| N S E | 9 | Other direct expenses | 62, 743. | | | 62, 743. |
| S | 10 11 | Direct expense summary. Add lines 4 thro Net income summary. Subtract line 10 fro | - | | | |
| Par | t III | Gaming. Complete if the organiza \$15,000 on Form 990-EZ, line 6a. | tion answered 'Yes | s' on Form 990, Par | t IV, line 19, or re | |
| R E V E N U E | | | (a) Bingo | (b) Pull tabs/Instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add column (a) through column (c)) |
| Ē | 1 | Gross revenue | | | | |
| E | 2 | Cash prizes | | | | |
| X I P R E E N | 3 | Noncash prizes | | | | |
| C S F E S | 4 | Rent/facility costs | | | | |
| | 5 | Other direct expenses | | | | |
| | 6 | Volunteer labor | Yes% No | Yes% | Yes% | |
| | 7 | Direct expense summary. Add lines 2 thro | ough 5 in column (d) | | G | |
| | 8 | Net gaming income summary. Subtract lin | ne 7 from line 1, colum | ın (d) | | |
| | ls t | er the state(s) in which the organization co he organization licensed to conduct gaming lo,' explain: | activities in each of th | | | Yes No |
| 10 a | —— Wei | re any of the organization's gaming license | s revoked, suspended | or terminated during the | tax year? | Yes No |

b If 'Yes,' explain:

| Sch | edule G (Form 990 or 990-EZ) 2015 St. OLAT COLLege | 41-0693979 | 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: | | |
| á | a The organization's facility. | 13 а | % |
| | b An outside facility | | % |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events books and recor | ds: | |
| | Name G | | |
| | Address G | | |
| ı | a Does the organization have a contract with a third party from whom the organization receives gaming reve b If 'Yes,' enter the amount of gaming revenue received by the organizationG \$ and of gaming revenue retained by the third partyG \$ c If 'Yes,' enter name and address of the third party: | nue? Yes the amount | No |
| | Name G | | |
| | Address G | | |
| 16 | Gaming manager information: | | |
| | Name G | | |
| | Gaming manager compensation G \$ | | |
| | Description of services provided G | | |
| | □ Director/officer □ Employee □ Independent contractor | | |
| 17 | Mandatory distributions | | |
| á | a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? | Yes | No |
| ı | b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent | in the | |
| _ | organization's own exempt activities during the tax year G \$ | | , . |
| Pai | Supplemental Information. Provide the explanations required by Part I, line 2b, c and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide a information (see instructions). | olumns (iii) and (iny additional | (v); |
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SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification r <u>41-0</u>693979 Olaf College Part I General Information on Grants and Assistance 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 criteria used to award the grants or assistance? X Yes No Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. See Part IV Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered 'Yes' on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 1 (a) Name and address of organization or government (b) EIN (f) Method of valuation (book, FMV, appraisal, other) (c) IRC section if applicable (d) Amount of cash grant (e) Amount of non-cash assistance (g) Description of non-cash assistance (h) Purpose of grant or assistance (2) (5) Enter total number of section 501(c)(3) and government organizations listed in the line 1 table .

G

BAA

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

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---|--------------------------|--------------------------|-----------------------------------|---|--|
| 1 Tuition Waiver | 71 | 1, 764, 347. | | | |
| 2 Merit Based Scholarships | 1, 793 | 25, 015, 237. | | | |
| 3 Need Based Financial Aid | 1, 787 | 35, 868, 628. | | | |
| 4 Cl even Schol arshi p | 1 | 10, 000. | | | |
| 5 Gl esne Schol arshi p | 6 | 13, 750. | | | |
| 6 DOE-McNair | 8 | 24, 700. | | | |
| <pre>Independent Educational 7 Activity</pre> | 53 | 92, 388. | | | |

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

Part I, Line 2 - Procedures for Monitoring Use of Grants Funds in U.S.

Grant funds disbursed by the College are predominantly available as merit or need based scholarships. These scholarships are disbursed by the Financial Aid office and are credited directly to the student's account to pay for tuition, room and board. They are then monitored by the Financial Aid Office and the Student Accounts Office, both of whom are notified if the student's enrollment status changes during the semester. These offices monitor whether the grantee is taking the necessary classes and is therefore utilizing the grant as it was intended. If a student's enrollment changes, award adjustments are made. Other grant funds are disbursed by the College through Accounts Payable. Qualification and use of these payments are monitored by the respective departments responsible for the disbursement.

Continuation Page 1 of 1

| (a) Type of grant or assistance (b) Number of recipients (c) Amount of cash grant (c) Amount of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Center for Vocation & Career Assist 100 253, 891. CURI Assistance 10 10, 200. HHMI: Undergrad Science Education 1 6, 000. Cargi II Environmental Studies Grant 5 3, 500. | h assistance |
|--|--------------|
| Assist 100 253,891. CURI Assistance 10 10,200. HHMI: Undergrad Science Education 1 6,000. Cargill Environmental | |
| CURI Assistance 10 10, 200. HHMI: Undergrad Science Education 1 6,000. Cargill Environmental | |
| HHMI: Undergrad Science Education 1 6,000. Cargill Environmental | |
| HHMI: Undergrad Science Education 1 6,000. Cargill Environmental | |
| Education 1 6,000. Cargill Environmental | |
| Cargi II Envi ronmental Studi es Grant 5 3, 500. | |
| Studi es Grant 5 3, 500. | |
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SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees G Complete if the organization answered 'Yes' on Form 990, Part IV, line 23.

G Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
St. Olaf College

Employer identification number

41-0693979

| Par | t I Questions Regarding Compensation | | | | |
|-----|--|--|-----|-----|----|
| | | | | Yes | No |
| 1 a | Check the appropriate box(es) if the organization provided any of VII, Section A, line 1a. Complete Part III to provide any relev | the following to or for a person listed on Form 990, Part vant information regarding these items. Part III | | | |
| | First-class or charter travel | X 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 (e.g., maid, chauffeur, chef) | | | |
| k | If any of the boxes on line 1a are checked, did the organization for | | | | |
| | reimbursement or provision of all of the expenses described | above? If No, complete Part III to explain | 1 b | Х | |
| 2 | Did the organization require substantiation prior to reimbursitrustees, and officers, including the CEO/Executive Director, | | 2 | Х | |
| 3 | Indicate which, if any, of the following the filing organization used CEO/Executive Director. Check all that apply. Do not check a establish compensation of the CEO/Executive Director, but e | d to establish the compensation of the organization's any boxes for methods used by a related organization to explain in Part III. | | | |
| | Compensation committee | X Written employment contract | | | |
| | Independent compensation consultant | X Compensation survey or study | | | |
| | Form 990 of other organizations | X Approval by the board or compensation committee | | | |
| 4 | During the year, did any person listed on Form 990, Part VII, organization or a related organization: | | | | |
| | a Receive a severance payment or change-of-control payment | 4 | 4 a | | Χ |
| | p Participate in, or receive payment from, a supplemental non- | • | 4 b | | X |
| C | : Participate in, or receive payment from, an equity-based con | | 4 c | | Х |
| | 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) organization | ns must complete lines 5-9. | | | |
| 5 | For persons listed on Form 990, Part VII, Section A, line 1a, did t contingent on the revenues of: | the organization pay or accrue any compensation | | | |
| | The organization? | 1 | 5 a | | Χ |
| t | Any related organization? | | 5 b | | Χ |
| | If 'Yes' to line 5a or 5b, describe in Part III. | | | | |
| 6 | For persons listed on Form 990, Part VII, Section A, line 1a, did t contingent on the net earnings of: | the organization pay or accrue any compensation | | | |
| | The organization? | 1 | 6 a | | Χ |
| k | Any related organization? | | 6 b | | Х |
| | If 'Yes' on line 6a or 6b, describe in Part III. | | | | |
| 7 | For persons listed on Form 990, Part VII, Section A, line 1a, payments not described on lines 5 and 6? If 'Yes,' describe in the second section of the second secon | did the organization provide any non-fixed in Part III. | 7 | | Х |
| 8 | Were any amounts reported on Form 990, Part VII, paid or a to the initial contract exception described in Regulations sect | accrued pursuant to a contract that was subject | | | |
| | If 'Yes,' describe in Part III | | 8 | | Χ |
| 9 | If 'Yes' to line 8, did the organization also follow the rebuttable pr section 53.4958-6(c)? | resumption procedure described in Regulations | 9 | | |

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

Schedule J (Form 990) 2015

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 are not 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.

| | | (B) Breakdown | of W-2 and/or 1099-MIS | SC compensation | (C) Detirement | (D) Nentavable | (F) Total of | (F) Compensation |
|--------------------------------|--------------------|------------------|-------------------------------------|-------------------------------------|---|-------------------------|--------------------------------|--|
| (A) Name and Title | (A) Name and Title | | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns(B)(i)-(D) | in column (B) reported as deferred on prior Form 990 |
| David Anderson | (i) | 397, 859. | 0. | 4, 590. | 25, 098. | 36, 963. | 464, 510. | 0. |
| 1 Presi dent | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| Enoch Blazis | (i) | 188, 517. | 0. | 1, 704. | 18, 588. | <u>15, 277.</u> | 224, 086. | 0. |
| 2 VP Advancement | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| Mi chael Goodson | (i) | 146, 337. | 0. | 2, 614. | 12, 919. | 25, 957. | 187, 827. | 0. |
| 3 VP Human Resour | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| Janet Hanson | (i) | 190, 476. | 0. | 3, 092. | 18, 951. | 17, 786. | 230, 305. | 0. |
| 4 VP and CFO | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| Gregory Kneser | (i) | 148, 992. | 0. | 240. | 15, 018. | 11, 597. | 175, 847. | 0. |
| 5 VP & Dean of St | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| Mi chael Kyle | (i) | <u>181, 087.</u> | 0. | 2, 117. | 18, 429. | 27, 280. | 228, 913. | 0. |
| 6 VP of Admission | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| Marci Sorter | (i) | 211, 620. | 0. | 2, 318. | 21, 177. | 27, 003. | 262, 118. | 0. |
| 7 Provost Dean Co | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| Christopher George | (i) | 126, 314. | 0. | 1, 920. | 13, 499. | 26, 750. | 168, 483. | 0. |
| <pre>8 Dean of Admission</pre> | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| Rebecca Otten | (i) | 134, 788. | 0. | 1, 439. | 13, 499. | 2, 646. | 152, 372. | 0. |
| 9 Dir of Development | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| Lavern Rippley | (i) | 131, 361. | 0. | 2, 126. | 13, 415. | 10, 284. | 157, 186. | 0. |
| 10 Professor | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| Peter Sandberg | (i) | 124, 132. | 0. | 4, 715. | 12, 836. | 16, 089. | 157, 772. | 0. |
| 11 Asst VP Facilities | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| Angie Mathews | (i) | 105, 951. | 0. | 4, 097. | 10, 046. | 6, 574. | 126, 668. | 0. |
| 12 Former Controller | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| James May | (i) | 92, 599. | 0. | 1, 188. | 10, 061. | 18, 738. | 122, 586. | 0. |
| 13 Former Provost | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| 14 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 15 | (ii) | | - | | | -=== = | | |
| | (i) | | | | | | | |
| 16 | (ii) | . | T | - | | 1 | T - |] |

BAA TEEA4102L 10/26/15 Schedule J (Form 990) 2015

41-0693979

Part III Supplemental Information

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

Part 1, Line 1a - Relevant Information Regarding Compensation Benefits

Travel for companions - David Anderson - \$3,100

Housing allowance/residence for personal use - David Anderson - \$18,000

SCHEDULE K (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

OMB No. 1545-0047 2015

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

G Attach to Form 990.

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

Open to Public Inspection

Name of the organization Employer identification number St. Olaf College 41-0693979 Bond Issues (b) Issuer EIN (c) CUSIP # (d) Date issued (f) Description of purpose (a) Issuer Name (e) Issue price (g) Defeased (h) On (i) Pooled financing issuer Yes No Yes No Yes No Χ A MNHEFA - Series 6-0 41-0988525 60416HKK9 3/29/2007 46, 207, 404. Construction & Refunding Χ B MNHEFA - Series 7-F 41-0988525 60416HTL8 8/31/2010 34, 045, 664. Refi variable rate debt C MNHEFA - Series 8-G Χ 41-0988525 60416HL51 7/01/2015 61, 107, 599, finance construction and advan D Part II Proceeds С D Amount of bonds retired 255, 000. 5, 860, 000. 36, Amount of bonds legally defeased Total proceeds of issue . 46, 207, 404 34, 045, 664. 61, 107, 599. 3 4 Gross proceeds in reserve funds. 989, 291 2, 446, 575. 5 Capitalized interest from proceeds. 2, 235, 562. Proceeds in refunding escrows 7 Issuance costs from proceeds 310, 982. 293, 295 441, 171. 8 Credit enhancement from proceeds Working capital expenditures from proceeds 9 Capital expenditures from proceeds 10 28, 341, 082 25, 000, 000 11 Other spent proceeds 12, 119, 736. 31, 350, 000. 35, 666, 428. 12 Other unspent proceeds. 13 Year of substantial completion. 2008 2017 Yes No Yes No Yes Yes Χ Χ 14 Were the bonds issued as part of a current refunding issue? 15 Were the bonds issued as part of an advance refunding issue? Χ Χ **16** Has the final allocation of proceeds been made?. Χ Χ Χ Does the organization maintain adequate books and records to support the final allocation of proceeds? 17 Part III Private Business Use Α В С D Yes No Yes No Yes No Yes No Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? Χ Χ Χ Are there any lease arrangements that may result in private business use of bond-financed property? Χ Χ

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

Schedule K (Form 990) 2015

Schedule K (Form 990) 2015 St. 01 af Col Lege 41-0693979 Page 2

Part III Private Business Use (Continued)

| · · · · · | | | | | | | | |
|---|-----|----|-----|----|-----|----|-----|----|
| | | A | | В | | C | | D |
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 3 a Are there any management or service contracts that may result in private business use of bond-financed property? | Χ | | | Х | | Х | | |
| 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? | Х | | | | | | | |
| c Are there any research agreements that may result in private business use of bond-financed property? | | х | | Х | | Х | | |
| d If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? | | | | | | | | |
| Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government | | % | | % | | % | | % |
| 5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government. | | % | | % | | % | | % |
| 6 Total of lines 4 and 5 | | % | | % | | % | | % |
| 7 Does the bond issue meet the private security or payment test? | | Χ | | Х | | Х | | |
| 8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? | | X | | Х | | 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? | Х | | Х | | Х | | | |
| Part IV Arbitrage | | | | | | | | |
| | | Α | | В | | С | | D |
| | Yes | No | Yes | No | Yes | No | Yes | No |
| Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? If 'No' to line 1, did the following apply? | Χ | | | Х | | Х | | |
| 2 If 'No' to line 1, did the following apply? | | | | | | | | |
| a Rebate not due yet? | | | | Χ | Χ | | | |
| b Exception to rebate? | | | | Χ | Χ | | | |
| c No rebate due? | | | Х | | | | | |
| 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? | | Х | | Х | | Х | | |
| 4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? | | Х | | Х | | Х | | |
| b Name of provider | | | | • | | | | • |
| c Term of hedge. | | | | | | | | |
| d Was the hedge superintegrated? | | | | | | | | |
| e Was the hedge terminated? | | | - | | | | | |

BAA Schedule K (Form 990) 2015

Schedule **K** (Form 990) 2015 St. Ol af Col l ege 41-0693979 Page 3

| Control of the contro | | | | | | | | |
|--|--------|-------|-----|----|-----|----|-----|---|
| Part IV Arbitrage (Continued) | | | | | | | | |
| | | A | В | | С | | D | |
| | Yes | No | Yes | No | Yes | No | Yes | N |
| 5 a Were gross proceeds invested in a guaranteed investment contract (GIC)? | Х | | | Χ | | Χ | | l |
| b Name of provider | See Pa | rt VI | | • | | • | | |
| c Term of GIC. | | | | | | | | |
| d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? | Χ | | | | | | | |
| 6 Were any gross proceeds invested beyond an available temporary period? | | Х | | Х | | Χ | | |
| 7 Has the organization established written procedures to monitor the requirements of section 148? | Х | | Х | | Х | | | |
| Part V Procedures To Undertake Corrective Action | | | | | | | • | |
| | | Α | | В | | С | D | |
| las the organization established written procedures to ensure that violations of federal tax equirements are timely identified and corrected through the voluntary closing agreement program | Yes | No | Yes | No | Yes | No | Yes | N |
| if self-remediation is not available under applicable regulations? | Х | | Х | | Х | | | l |

Additional Information

Part 1 line C column f refund of prior issue bond with issue date of 3/29/2007

Part III Line 7 - These are qualified 501(c)3 bond issues.

Part IV Line 2c Column B Arbitrage was done by Springsted and a opinion given by Faegre Baker & Daniels done on October 31, 2014.

Part IV Line 5b & 5c - There are two GIC providers to disclose for the Series 6-0 bond issuance. The information is as follows: MBIA, Inc. with an original GIC term of 6 years DEPFA Bank with an original GIC term of 1 year

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

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

G 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.

G Attach to Form 990 or Form 990-EZ.

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

2015

Department of the Treasury

(9) (10)

Open To Public

OMB No. 1545-0047

| nternal Revenue Service | | | aı | VV VV VV.II S | s.gov/ii | UI 1117 7U. | | | | | | шэрс | CCLIOII | | |
|--|----------------------------------|-------------------------|---|-------------------------|-------------------|----------------------|-----------------|--------------------------------|-----------------|----------|---|------------------------|------------------|-------|--|
| lame of the organization | | | | | | | | Emp | ployer i | dentific | ation no | umber | | | |
| St. Olaf Colleg | е | | | | | | | 41 | -069 | 9397 | 19 | | | | |
| | enefit Trans the organization | actions (sed | ction 50 | 01(c)(3 | 3), sec | ction 501(| (c)(4), and 5 | 501(c)(| (29) | orgar | nizati | ions | only) | | |
| Complete if | the organization | n answered 'Y | es' on F | orm 990 | , Part I | V, line 25a | or 25b, or For | m 990-l | ÈZ, Pa | art V, | line 4 | ₽0b. | , | | |
| (a) Name of disqua | ilified person | (b) R | | between o | | ed | (c) D | (c) Description of transaction | | | | | (d) Corrected? | | |
| 1 | | | person a | nd organiza | ation | | | | | | | | Yes | No | |
| (1) | | | | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | | | | |
| (5) | | | | | | | | | | | | | | | |
| (6) | | | | | | | | | | | | | | | |
| 2 Enter the amount of | of toy inquired | by the ergoniz | otion me | nogoro | or dica | ualified nor | conc during th | o voor i | undor | | | | | | |
| 2 Enter the amount of section 4958 | | | | | | | | | | . G\$ | | | | | |
| 3 Enter the amount of | of tax, if any, o | n line 2, above | e, reimbi | ursed by | the or | ganization. | | | | | | | | | |
| | and/or From | | | | | <u> </u> | | | | <u> </u> | | | | | |
| | he organization | | | | 7. Part | V. line 38a | or Form 990. F | Part IV. I | ine 26 | or if | the | | | | |
| organization | reported an am | ount on Form | 990, Part | X, line | 5, 6, or | 22. | | u , . | 20 | , 0 | | | | | |
| (a) Name of interested person (b) Relationship | | | (c) Purpose (d) Loan to or (e) Original | | | | (f) Balance | due | (g) In (| default? | | | ed (i) Writte | | |
| | with organization of lo | | from the principal amoun organization? | | | cipal amount | | | | | by bo | by board or committee? | | ment? | |
| | | | То | From | | | | | Yes | No | Yes | No | Yes | No | |
| (1) | | | | | | | | | 1.00 | | 100 | 1 | | | |
| (2) | | | | | | | | | | | + | + | | | |
| (3) | | | | | | | | | | | + | + | | | |
| (4) | | | | | | | | | | | + | + | | | |
| (5) | | | | | | | | | | | + | + | | | |
| (6) | | | | | | | | | | | + | + | | | |
| (0) (7) | | | | | | | | | | | + | + | | | |
| (8) | | | | | | | | | | | + | + | | | |
| (o) (9) | | | | | | | | | | | + | + | | | |
| 0) | | | | | | | | | | | + | + | | | |
| tal | J. | | | | | G\$ | | | | | | | | | |
| | Assistance | Donofiting | lmtoros | tod Da | | | | | | | | | | | |
| Complete if t | he organization | answered 'Ves | interes | m 990 F | ersom: Part IV | 5. Iin≙ 27 | | | | | | | | | |
| · · · · · · · · · · · · · · · · · · · | | | | | | | | 1 | | | | | | | |
| (a) Name of intere | sted person | (b) Relationship and | between i the organi | interested p ization | person | (c) Amoun | t of assistance | (d) Typ | oe of ass | sistance | ; (e) |) Purpos | se of assistance | | |
| /4\ | | 1 | | | | | 45/ 55/ | | | | | | | | |
| (1) 7 Individuals | | Relative | | | | | 156, 556. | Di sco | unted | l tui | | | | | |
| (2) | | | | | | | | | | | ai | ide i | n edu | cati | |
| (3) | | | | | | | | | | | $-\!$ | | | | |
| (4) | | | | | | | | | | | \perp | | | | |
| (5) | | | | | | | | | | | - | | | | |
| (6) | | | | | | | | | | | | | | | |
| (7) | | | | | | | | | | | $\perp \!\!\! \perp$ | | | | |
| (8) | | 1 | | | | | | | | | | | | | |

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

Schedule L (Form 990 or 990-EZ) 2015

Part IV Business Transactions Involving Interested Persons. Complete if the organization answered 'Yes' on Form 990, Part IV, line 28a, 28b, or 28c.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | organi | aring of zation's nues? |
|-------------------------------|---|---------------------------|--------------------------------|--------|-------------------------------|
| | | | | Yes | No |
| (1) North Sky | See Part V | 319, 533. | Asset Management Fees | | Χ |
| (2) Substantial Contributor | Regent | 100, 426. | Gift to College | | Χ |
| (3) Substantial Contributor | Key Employee | 701, 205. | Gift to College | | Χ |
| (4) Substantial Contributor | Former Regent | 150, 000. | Gift to College | | Χ |
| (5) Substantial Contributor | Former Regent | 525, 000. | Gift to College | | Χ |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| (10) | | | | | |

Part V Supplemental Information

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

Supplemental Information

North Sky -- Former Regent Piper is Advisor

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Noncash Contributions

 ${\sf G}$ Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.

G Attach to Form 990.

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

OMB No. 1545-0047 2015

Open To Public Inspection

Name of the organization Employer identification number 41-0693979 St. Olaf College Part I Types of Property

| Pai | TI Types of Property | | | | | | | | | |
|-------------|--|-------------------------------|---|---|--|--|--|--|--|--|
| | | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts | | | | | |
| 1 | Art ' Works of art | Х | 11 | 146 249 | Repl mnt cost | | | | | |
| 2 | Art ' Historical treasures | | | 140, 247. | Keprilire cost | | | | | |
| 3 | Art ' Fractional interests | | | | | | | | | |
| 4 | Books and publications. | Х | | 747 558 | Replmnt cost | | | | | |
| 5 | Clothing and household goods | ,, | | 747, 330. | Keprilire cost | | | | | |
| 6 | Cars and other vehicles | | | | | | | | | |
| 7 | Boats and planes. | | | | | | | | | |
| 8 | Intellectual property. | | | | | | | | | |
| 9 | Securities ' Publicly traded | Х | 105 | 1 366 157 | Ave Market Val | | | | | |
| 10 | Securities ' Closely held stock | Λ. | 103 | 4, 300, 437. | Ave warket var | | | | | |
| 11 | Securities ' Partnership, LLC, or trust interests . | | | | | | | | | |
| 12 | Securities ' Miscellaneous | | | | | | | | | |
| 13 | Qualified conservation contribution ' | | | | | | | | | |
| 14 | Qualified conservation contribution ' Other | | | | <u> </u> | | | | | |
| 15 | Real estate ' Residential | Х | 1 | 3/18 000 | Apprai sal | | | | | |
| 16 | Real estate ' Commercial | | | 340, 000. | Appi di Sai | | | | | |
| 17 | Real estate ' Other. | | | | | | | | | |
| 18 | Collectibles | Х | 1 | 4 035 | Repl mnt cost | | | | | |
| 19 | Food inventory. | | | 4,000. | Keprilire cost | | | | | |
| 20 | Drugs and medical supplies | | | | | | | | | |
| 21 | Taxidermy | | | | | | | | | |
| 22 | Historical artifacts | | | | | | | | | |
| 23 | Scientific specimens | | | | | | | | | |
| 24 | Archeological artifacts | | | | | | | | | |
| 25 | Other G (Event Passes) | Χ | 6 | 540. | Repl mnt cost | | | | | |
| 26 | Other G (Equipment) | X | 7 | | Repl mnt cost | | | | | |
| 27 | Other G (Gift Certificat) | X | 78 | | Repl mnt cost | | | | | |
| 28 | OtherG (| | | 5, 1=51 | | | | | | |
| 29 | Number of Forms 8283 received by the organization d | uring the tax | year for contributions for | r which the | | | | | | |
| | organization completed Form 8283, Part IV, Done | | | | 29 131 | | | | | |
| | | | | | Yes No | | | | | |
| 30 <i>a</i> | 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? | | | | | | | | | |
| ŀ | If 'Yes,' describe the arrangement in Part II. | | | | X | | | | | |
| 31 | Does the organization have a gift acceptance police | cy that requi | ires the review of any r | non-standard contribution | ons? 31 X | | | | | |
| | Does the organization hire or use third parties or r | | , | | | | | | | |
| | noncash contributions? | | | | | | | | | |
| k | If 'Yes,' describe in Part II. | | See Part I | l | | | | | | |
| 33 | If the organization did not report an amount in column describe in Part II. | (c) for a typ | e of property for which c | olumn (a) is checked, | | | | | | |

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

Schedule M (Form 990) (2015)

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

Part I, Line 32 - Hire and Use of Third Parties

In tax year 2015, the College used several brokers to sell publicly traded securities that were transferred to the College. In addition, in several tax years, the College has used an auction house to sell collectible items that were donated to the College several years ago.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

G Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

OMB No. 1545-0047

2015

Department of the Treasury Internal Revenue Service

Name of the organization

St. Olaf College

41-0693979

Form 990 Part VI Line 7b-Governing Body

The ByLaws, Article VII, section 7.04 states that "The Executive Committee of the Board of Regents shall be composed of those individuals designated by the Board of Regents from time to time. The Executive Committee shall act only during intervals between meetings of the Board of Regents and shall at all times be subject to the control and direction of the Board of Regents. During such intervals, and subject to such control and direction, the Executive Committee shall have and may exercise all of the authority and powers of the Board of Regents in the management and affairs of the Corporation, subject to such limitations as the Board of Regents may impose. The Executive Committee shall keep regular minutes of its proceedings and report the same to the Board of Regents." During tax year 2015, the committee's members were Lawrence Stranghoener, Kristine Johnson, Kevin Bethke, Philip Milne, Nancy Anderson, Glenn Taylor and David Anderson.

Form 990, Part I, line 1 - Organization's Mission

St. Olaf College challenges students to excel in the liberal arts, examine faith and values, and explore meaningful vocation in an inclusive, globally engaged community nourished by Lutheran tradition.

Form 990, Part VI, Line 2 - Business or Family Relationship of Officers, Directors, Etc.

Business Relationship: Former Regent Piper and Regent Johnson and Regent Salveson

Business Relationship: Regent Johnson and Regent Grotting

Business Relationship: Regent Maudlin and Former Regent Tomson

Business Relationship: Officer King and Regent Gunderson

Business Relationship: Regent Johnson and Regent Buck

Form 990, Part VI, Line 4 - Significant Changes to Organizational Documents

In May 2015, the St. Olaf Board of Regents approved bylaw changes to 1) allow member participation in meetings by means of remote communication, 2) increase meeting

Name of the organization
St. Olaf College
41-0693979

Form 990, Part VI, Line 4 - Significant Changes to Organizational Documents

quorum requirements to 20% from 10% of all members, including 50% of the voting members of the Board of Regents, 3) increase the percentage of membership required to call a special meeting of the Board to 10% from 2%, 4) maintain a board composition in which a majority of Regents are members of the Evangelical Lutheran Church in America (ELCA) or another denomination with which the ELCA or its successors has established full communion, 5) reduce the membership number of ELCA bishops from two to include membership of at least one bishop of the ELCA or a person who is widely recognized as a thought or practice leader in the ELCA, 6) eliminate the ability of a regent to give advance written consent or objection to a proposal to be acted upon at a meeting, and 7) change the term of the Board Chair to three years including a one-year additional term from a four year term. In May 2015 the St. Olaf Board of Regents also approved a revised mission statement reading "St. Olaf College challenges students to excel in the liberal arts, examine faith and values, and explore meaningful vocation in an inclusive, globally-engaged community nourished by Lutheran tradition."

Form 990, Part VI, Line 6 - Explanation of Classes of Members or Shareholder

The Articles of Incorporation of St. Olaf College describe its members as being:

- (a) The members of the Evangelical Lutheran Church in America Churchwide assemblies entitled to vote at such meetings chosen in accordance with the discipline and usage of such Church, or its successor. Such members shall remain members of the Corporation until the convening of the succeeding Churchwide assembly of the Evangelical Lutheran Church in America at which time such members shall give place to the members entitled to vote at such succeeding Churchwide assembly, in accordance with the discipline and usage of said Church, or its successor.
- (b) The officers of the Church
- (c) The President of the Corporation, and

Name of the organization
St. Ol af Col Lege 41-0693979

Form 990, Part VI, Line 6 - Explanation of Classes of Members or Shareholder (continued)

(d) The members of the Board of Regents of the Corporation.

Form 990, Part VI, Line 7a - How Members or Shareholders Elect Governing Body

The primary decision-making members of the Corporation are the Board of Regents.

However, the members of the Evangelical Lutheran Church in America Churchwide

assemblies as well as the Officers of the Church are involved whenever changes are

made to the Board of Regents or when the Articles of Incorporation are amended.

Form 990, Part VI, Line 7b - Decisions of Governing Body Approval by Members or Shareholders

Certain decisions made by the Board of Regents, such as election of Regents and changes to by-laws, must be approved by all members of the Corporation.

Form 990, Part VI, Line 11b - Form 990 Review Process

To review the 990, the Board of Regents delegated the detail review process to the Audit Committee. On February 22, 2017 the Committee reviewed and approved the Form in its entirety. In addition, the form (not including Schedule B) was circulated to all members of the Board of Regents prior to the filing date.

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

On an annual basis, a Conflict of Interest Questionnaire is circulated to the Board of Regents and Officers. The Questionnaire requires the individual to disclose any relationships or transactions that would result or appear to result in a Conflict of Interest. The College collects and reviews the forms and discusses whether the appropriate actions have been taken in voting, discussions, and other meetings to properly recognize the conflict. Restrictions, such as being unable to participate in voting or discussions, may be imposed on any individual who has a conflict. These conflicts are additionally reviewed by the Conflict of Interest Committee, as well as the Board of Regents Audit Committee, on an annual basis in order to ensure the appropriate measures are being followed. In general, any identified conflict of interest is monitored by the Vice President and Chief Financial Officer(for

Name of the organization
St. Ol af Col Lege 41-0693979

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts (continued)

financial statement reporting purposes) and the President's Office (to ensure compliance, proper considerations are made at meetings).

Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

Comparative data for the President and his direct reports, which includes all Vice Presidents, is gathered from CUPA survey data from the 26 members of the Associated Colleges of the Midwest (ACM) and the Great Lakes Colleges Association (GLCA) and for the 24 St. Olaf "Peer Group" liberal arts colleges. The executive committee of the Board of Regents reviews this data and sets the salary for the President. The executive committee considers the recommendation the President makes regarding the other key officers and when the recommendations are approved, sets their salary. The Chair of the Board reviews the decision of the executive committee with the full

sends a letter to the VP of Human Resources indicating the new salary for the President and documentation of the process followed to establish it. That letter is filed with Human Resources. The President reports the new salary for his direct reports, including all Vice Presidents, to Human Resources.

Board of Regents during an executive session of the Board. The Chair of the Board

Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers & Key Employees

Comparative data for all Vice Presidents is gathered from CUPA survey data from the 26 members of the Associated Colleges of the Midwest (ACM) and the Great Lakes Colleges Association (GLCA) and for the 24 St. Olaf "Peer Group" liberal arts colleges. The executive committee of the Board of Regents reviews this data and sets the salary for the President. The executive committee considers the recommendation the President makes regarding the other key officers and when the recommendations are approved, sets their salary. The Chair of the Board reviews the decision of the executive committee with the full Board of Regents during an executive session of the Board. The Chair of the Board sends a letter to the VP of

| Name of the organization | Employer identification number |
|--------------------------|--------------------------------|
| St. Olaf College | 41-0693979 |

Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers & Key Employees (continued)

Human Resources indicating the new salary for the President and documentation of the process followed to establish it. That letter is filed with Human Resources. The President reports the new salary for his direct reports, including all Vice Presidents, to Human Resources.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

The College's governing documents and conflict of interest policy are available upon request of the CFO's Office. The annual form 990, 990T, and financial statements are available on the College's website as well as upon the request of the CFO's Office.

Form 990, Part XI, Line 9 Other Changes In Net Assets Or Fund Balances

| Adj. to Actuarial Liab. for Annuities payable | \$ -1, 175, 761. |
|--|---------------------|
| Adjustment to actuarial libility for annuities payable | 87, 671. |
| Loss due to refinancing | -1, 404, 070. |
| Total | \$ -2, 492, 160. |

SCHEDULE R (Form 990)

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

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

OMB No. 1545-0047 2015

Open to Public Inspection

(f)
Direct controlling entity

(e) End-of-year assets

(d) Total income

Name of the organization

(a)
Name, address, and EIN (if applicable) of disregarded entity

(c) Legal domicile (state or foreign country)

St. Olaf College 41-0693979

(b) Primary activity

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

| (3) | | | | | | | |
|---|--|---|---------------------|---|---------------------------|---------------|----------------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| one or more related tax-exempt organiz | rganizations Complete cations during the tax ye | if the organization ear. | answered 'Yes' | on Form 990, Part | IV, line 34 becaus | se it had | d |
| (a) | (b) | (c) | _ (d) | (e) | (f) | (g Sec 512 | <u>,</u> |
| Name, address, and EIN of related organization | Primary activity | Legal domicile (state or foreign country) | Exempt Code section | Public charity status (if section 501(c)(3)) | Direct controlling entity | controlled | (D)(13) d entity? |
| | | 3 3, | | | Í | Yes | No |
| (1) Employer-Contribution VEBA Trust S | | | | | | | |
| 1520 St. Olaf Avenue | | | | | | | ĺ |
| Northfield, MN 55057 | Employee Benefit | | | | | | ĺ |
| 04-3838456 | PI an | MN | 501c9 | | N/A | | Χ |
| (2) Employee-Contribution VEBA Trust S | | | | | | | l |
| 1520 St. Olaf Avenue Northfield, MN 55057 | Employee Benefit | | | | | | ĺ |
| 04-3838476 | PI an | MN | 501c9 | | N/A | | Х |
| (3) MN Intercollegiate Nursing Consort | | IVIIV | 30107 | | 147 71 | 1 | |
| 1520 St Olaf Avenue | | | | | | | ĺ |
| Northfield, MN 55057 | Nursing Program | | | | | | 1 |
| 41-1717579 | Cl osed 12/31/15 | MN | 501(C)(3) | 11 - Type 2 | N/A | | Χ |
| <u>(4)</u> | | | | | | | 1 |
| | | | | | | | l |
| | | | | | | | 1 |
| BAA For Paperwork Reduction Act Notice, see the Instruc | tions for Form 990 | | TEEA5001L 06/01/15 | | Schedule R (| Form 900 | 1) 2015 |
| DAA TOLLAPCINOLK KCAACIOL ACTIVOLICE, SEE LIE IIISUUL | JULIO 101 1 01111 770. | | ILLASOOIL 00/01/13 | | Julieuule K (| 1 01111 770 | 12010 |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections | (f) Share of total income | (g) Share of end-of-year assets | Dispi tior alloca | h) opor- nate tions? | K-1 (Form | Gene mana parti | i) ral or aging ner? | (k) Percentage ownership |
|--|-------------------------|--|--------------------------------------|--|---------------------------------|--|-------------------------|-------------------------------|-----------|-----------------------|-------------------------------|--------------------------------|
| <u>(1)</u> | | country) | | 512-514) | | | Yes | No | 1065) | Yes | No | |
| (2) | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | |
| | | | | | | | | | | | | |

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

| | 3 | | | | 5 | | | | |
|---|--------------------------------|---|--|---|---------------------------------|--|--------------------------------|-----------------------|----|
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of- year assets | (h) Percentage ownership | Sec 512 controlled | |
| | | oounity) | onny | or trusty | | | | Yes | No |
| (1) Chrtbl Rmndr Annuity (4) | | | | | | | | | |
| 1520 St Olaf Avenue | | | | | | | | | |
| Northfield, MN 55057 | Investment | | | | | | | | |
| | s | MN | N/A | Trust | 0. | 0. | | | Х |
| (2) Chrtbl Rmndr Uni Trust (11) | | | | | | | | | |
| 1520 St Olaf Avenue | Ī | | | | | | | | |
| Northfield, MN 55057 | Investment | | | | | | | | |
| | S | MN | N/A | Trust | 0. | 0. | | | Χ |
| (3) Pooled Income Fund (1) | | | | | | | | | |
| 1520 St Olaf Avenue | Ī | | | | | | | | |
| Northfield, MN 55057 | Investment | | | | | | | | |
| | s | MN | N/A | Trust | 0. | 0. | | | Χ |
| | | | | | | | | | |

| Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | | | | Yes | No |
|--|---------------------------|-----------------|---------------|--------------------|----------------------|-------------|
| 1 During the tax year, did the organization engage in any of the following transactions with one or more related organization | ns listed in Parts II-IV? | | | | | |
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | | | | 1 a | | Χ |
| b Gift, grant, or capital contribution to related organization(s) | | | | 1 b | | Х |
| c Gift, grant, or capital contribution from related organization(s). | | | | 1 c | | Χ |
| d Loans or loan guarantees to or for related organization(s). | | | | 1 d | | Χ |
| e Loans or loan guarantees by related organization(s) | | | | 1 e | | Χ |
| f Dividends from related organization(s) | | | | 1 f | | Χ |
| g Sale of assets to related organization(s) | | | | 1 g | | Χ |
| h Purchase of assets from related organization(s). | | | | 1 h | | Х |
| i Exchange of assets with related organization(s) | | | | 1i | | Χ |
| j Lease of facilities, equipment, or other assets to related organization(s) | | | | 1j | | Χ |
| k Lease of facilities, equipment, or other assets from related organization(s) | | | | 1 k | | Χ |
| Performance of services or membership or fundraising solicitations for related organization(s) | | | | 11 | | X |
| m Performance of services or membership or fundraising solicitations by related organization(s) | | | | 1 m | | Χ |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | | | | 1n | Χ | |
| Sharing of paid employees with related organization(s) | | | 📘 | 10 | Χ | |
| p Reimbursement paid to related organization(s) for expenses | | | | 1 p | Х | |
| Reimbursement paid by related organization(s) for expenses. | | | _ | 1 q | | X |
| y company of the state of the s | | | _ | . 4 | | |
| r Other transfer of cash or property to related organization(s). | | | | 1r | Х | |
| s Other transfer of cash or property from related organization(s) | | | | 1s | $\stackrel{\sim}{-}$ | Х |
| 2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including or | | | | | | |
| (a) | (b) | (c) | Method | (d) | | |
| Name of related organization | Transaction type (a-s) | Amount involved | Method amo | d of de ount ir | eterm nvolve | ining ed |
| | | | | | | |
| (1) Employer-Contribution VEBA Trust St Olaf | r | 767, 295. | | | | |
| (2) MN Intercollegiate Nursing Consort | n | 30. | | | | |
| (3) MN Intercollegiate Nursing Consort | 0 | 2, 385. | | | | |
| (3) WIN THE COLLEGIATE WILSTING CONSOLE | 0 | 2, 305. | | | | |
| (4) MN Intercollegiate Nursing Consort | р | 4. | | | | |
| (5) | | | | | | |
| | | | | | | |
| (6) BAA TEEA5003L 10/12/15 | | | | | | 2015 |

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) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | income (related, unre- lated, excluded from tax under | (e) Are all partners section 501(c)(3) organizations? | | (f) Share of total income | (g) Share of end-of-year assets | allocations? amount in be allocations? 20 of Schedu K-1 | | amount in box mana | | aging | (k) Percentag ownership |
|---|--------------------------------|--|--|---|----|---------------------------------|--|---|----|----------------------|-----|-------|-------------------------------|
| | | | sections 512-514) | Yes | No | • | | Yes | No | | Yes | No | |
| (1) | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| (5) | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | † | | | | | | | | | | | | |
| (6) | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| (7) | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | 1 | | | | | | | | | | | | |
| (8) | | | | | | | | | | | | | |
| | 1 | | | | | | | | | | | | |
| RΔΔ | | | | | | | | | | Schedul | | | |

BAA TEEA5004L 06/01/15 Schedule R (Form 990) 2015

Part VII Supplemental Information

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

| | | nizations Tax | - | | | | | | |
|---|--------------------------------|---|---------------------------------------|--|------------------------------|---------------------------------------|--------------------------------|-----|--|
| (A) Name, address, and EIN of related organization | (B) Primary activity | (C) Legal domicile (state or foreign country) | (D) Direct controlling entity | (E) Type of entity (C corp, S corp, or trust) | (F) Share of total income | (G) Share of end-of-year assets | (H) Percentage ownership | (b) | (I) on 512 (13) rolled tity? |
| | | | | | | | | Yes | No |
| PRE-69 Life Income Trust (1) 1520 St Olaf Avenue Northfield, MN 55057 | Investment | MN | N/A | Trust | 0. | 0. | | | _ |
| Makaun I naama CDUT (2) | S | IVIIV | IV/ A | Hust | 0. | 0. | | | Х |
| Makeup Income CRUT (2) 1520 St Olaf Avenue Northfield, MN 55057 | Investment | MAN | N/A | Truct | | 0 | | | |
| | S | MN | N/A | Trust | 0. | 0. | | | Х |
| | | | | | | | | | |
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