F20C EEN346 Employee-Contribution VEBA Trust St. Olaf College

XD576 2.000

DIAGNOSTIC REPORT

TRUST NAME: Employee-Contribution VEBA Trust St. Olaf

FEDERAL EIN: 04-3838476 TRUST NUMBER: 04-3838476

** No Severe Diagnostics Detected **

Informational Diagnostics: Total 1

Federal (1)

- 1. Part I, Line 22 (Prior Year) plus Line 19, (Current Year) does not equal Line 22 (Current Year)
- ** No Electronic Filing Alerts Detected **
- ** No Electronic Filing Rejects Detected **
- ** No Electronic Filing XML Validation Errors Detected **

Do Not Submit This Form To the IRS Unless Requested To Do So-Retain This Form IRS *e-file* Signature Authorization Form 8879-EO OMB No. 1545-1878 for an Exempt Organization For calendar year 2012, or fiscal year beginning _____ , 2012, and ending _____ , 20 ____ Department of the Treasury ▶ Do not send to the IRS. Keep for your records. Internal Revenue Service Name of exempt organization **Employer identification number** EMPLOYEE-CONTRIBUTION VEBA TRUST ST. OLAF 04-3838476 Name and title of officer STEPHEN COLLIER, SVP, HEAD OF TAX Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0on the applicable line below. **Do not** complete more than 1 line in Part I. 1a Form 990 check here ► | X | b Total revenue, if any (Form 990, Part VIII, column (A), line 12) ____ 1b **b** Total revenue, if any (Form 990-EZ, line 9) 2b 2a Form 990-EZ check here ▶ **b Total tax** (Form 1120-POL, line 22) 3a Form 1120-POL check here ▶ b Tax based on investment income (Form 990-PF, Part VI, line 5). 4b 4a Form 990-PF check here ▶ Form 8868 check here > **b Balance Due** (Form 8868, Part I, line 3c or Part II, line 8c) 5b 5a Part II Declaration and Signature Authorization of Officer Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2012 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only X Lauthorize TIAA BOARD OF OVERSEER _____ to enter my PIN as my signature Enter five numbers, but on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Officer's signature

Part | Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

1 3 5 3 7 5 8 6 5 5 2

do not enter all zeros

Date -

I certify that the above numeric entry is my PIN, which is my signature on the 2012 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2012)

ERO's signature

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

A F	or th	e 201	2 calendar year, or tax year begin	ning	, 2012,	and ending			, 2	20				
B c	heck if ap	pplicable:	c Name of organization EMPLOYEE – (COLLEGE	CONTRIBUTION VEBA	TRUS'	T ST. OLA	AF D) Employer ident	ification nu	ımber				
X	Addre		Doing Business As					04-38384	176					
	┨ `	e change	Number and street (or P.O. box if mail is a	not delivered to street address)	F	Room/suite	TE	Telephone num						
	-	l return	8625 ANDREW CARNEGIE F	REW CARNEGIE BLVD ATTN CORP TAX 877 535-3910										
	+	inated	City, town or post office, state, and ZIP co		121		\pm	011 333	<u> </u>					
	Amer	nded	CHARLOTTE, NC 28262				ا	Gross receipts	\$	634	, 853			
		ication	F Name and address of principal officer:	ANGELA MATHEWS	7		_	(a) Is this a group re		Yes	X No			
	pendi	ing	1520 ST OLAF AVENUE	NORTHFIELD MN	, 5505'	7	Н	affiliates? (b) Are all affiliates	included?	Yes	No			
$\overline{}$	Tax-ex	kempt st		_	947(a)(1) or			If "No," attach a						
			www.stolaf.edu	(inscretio.)	747(4)(1) 01	327	— н	(c) Group exemptio						
		of organ		Association Other		I Year of for		n: 2006 M Sta			MO			
_	rt I		nmary	Association Other		L Teal of lot	matio	<u>200</u> q o	ne or legar	donniciic.	1.10			
ı u	1		describe the organization's mission or	most significant activities:										
	'		PROVIDE RETIREE HEALTH	_	EMDI.O	VED/S FOR	MFD		 '2'					
Se			THEIR SPOUSES AND DEPI					ואַע סדי						
nar			VIDED AS DESCRIBED IN T			K DHIVHI I	. 0 1	<u> </u>						
Governance	2			scontinued its operations or		of more than 2		f its not assots						
	3		er of voting members of the governing					1	.		1			
တ္	1	Numb	er of independent voting members of the	no governing hody (Part VI. li	ino 1h)			4						
Activities &	5		number of individuals employed in cale								NONE			
į	6										NONE			
⋖	_	Total	number of volunteers (estimate if necess unrelated business revenue from Part VI	odiy)			• •	7.			NONE			
			related business taxable income from I								NONE			
		ivet ui	metated business taxable income norm	01111 930-1, IIIIe 34				Prior Year	_	rrent Ye				
	8	Contri	butions and grants (Part VIII, line 1h)				+							
Jue	9							274,069	<u></u>	3.0.1	,622			
Revenue	10							18,693			2,659			
æ	11		revenue (Part VIII, column (A), lines 5, 6				10,000			12	.,009			
	12		revenue - add lines 8 through 11 (must					292,762	 	21/	,281			
	13		s and similar amounts paid (Part IX, colu					232,102	-	314	, 201			
	14		ts paid to or for members (Part IX, colu					247,404	1	220	3,997			
	15		es, other compensation, employee bene		247,405	-	220	1991						
ses	l .					_								
Expenses			sional fundraising fees (Part IX, column											
Ä			fundraising expenses (Part IX, column (I					14,224	1 2	2,683				
			expenses (Part IX, column (A), lines 11 expenses. Add lines 13-17 (must equal					261,628			.,680			
	19		ue less expenses. Subtract line 18 from					31,134			2,601			
-Se		neven	ue less expenses. Subtract line to from	Time 12			adinni	ສະ, ⊥ວະ ng of Current Yea		nd of Yea				
sts c	20	Total	pageta (Part V. line 16)			_	-g	323,470			,143			
Net Assets or Fund Balances	21		assets (Part X, line 16) iabilities (Part X, line 26)					25,974		333	NON			
und/	22		sets or fund balances. Subtract line 21					297,496		300	, 143			
	rt II		nature Block	monnine 20	<u></u>			231,430	<i>)</i> 1	399	,143			
			•	is return, including accompanyi	na schedule	es and statemen	ts, and	d to the best of m	 ıv knowleda	ge and be	elief, it is			
true	e, corre	ect, and	of perjury, I declare that I have examined the complete. Declaration of trepare (whet that	n officer) is based on all informat	ion of which	h preparer has ar	ny knov	wledge.						
			CHARLES	\sim				08/01/	/2013					
Sig	n		Signature of officer					Date	2015					
Hei	re		STEPHEN COLLIER, SVP,H	EAD OF TAX										
			Type or print name and title	<u> </u>										
			Type preparer's name	Preparer's signature		Date		Check if	PTIN					
Paid	I							self-employed						
•	oarer	Firm's	s name	1		1		irm's EIN						
Use	Only	1	s address					hone no.						
Mav	the I		cuss this return with the preparer show	n above? (see instructions)			1.5	none no.		Yes	X No			
			Reduction Act Notice, see the separate	_			• •	<u> </u>			(2012)			

Page 2 Form 990 (2012)

Pa	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III	
1	Briefly describe the organization's mission:	
•	TO PROVIDE RETIREE HEALTH BENEFITS TO THE EMPLOYER'S FORMER EMPLOYEES	
	AND THEIR SPOUSES AND DEPENDENTS, ALTHOUGH OTHER BENEFITS MAY BE	
	PROVIDED AS DESCRIBED IN THE PLAN DOCUMENT.	
	PROVIDED AS DESCRIBED IN THE PLAN DOCUMENT.	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	X No
•	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	X No
4	Describe the organization's program service accomplishments for each of its three largest program services, as measu expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$including grants of \$) (Revenue \$)	
	HEALTH BENEFITS AND INSURANCE PREMIUMS PAID TO MEMBERS.	
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)	
4с	(Code:) (Expenses \$including grants of \$) (Revenue \$)	
4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)	
4-	T.1	

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,"			7.7
	complete Schedule A	1		X
2 3	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2		X
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	_		
_	Part III	5		X
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	6		Х
7	"Yes," complete Schedule D, Part I	0		Λ
,	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i>			21
Ū	complete Schedule D, Part III	8		Χ
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 $V \ldots \ldots$	10		Χ
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			7,7
	complete Schedule D, Part VI	11a		X
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more	11b		Х
	of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	110		
U	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			- 21
-	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
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		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if		,	
4.0	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	77
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
D	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
-	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	<u> </u>	Χ
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
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		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		7.7
20 -	If "Yes," complete Schedule G, Part III	19 20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		Λ
<u> </u>	in 165 to line 20a, did the organization attach a copy of its addition infinitely statements to this feturity	200		

Checklist of Required Schedules (continued) Part IV Yes Nο 21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization 21 Χ Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States 22 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 Χ 23 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 24a Χ Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?...... 24d 25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction 25a 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? 25b 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II. 26 Χ Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 27 substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled 27 Χ 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): 28a Χ A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV...... A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Χ 28b 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 29 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified Χ 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes." complete Schedule N. 31 Χ 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," Χ 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Χ 33 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, 37 Χ 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and

Form **990** (2012)

Form 990 (2012)

Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V Part V

to Enter the number reported in Box 3 of Form 1096. Enter -0 -if not applicable .	CHECK	Schedule O contains a response to any question in this Part V	<u> </u>		
b Enter the number of Forms W-2G included in line 1a. Enter -0 if not applicable. Did the organization comply with backup withholding rules for reportable payments to vendors a reportable gaming (gambling) winnings to prize winners?. 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return. b if at least one is reported on line 2a, did the organization file all required federal employment tax return Note. If the sum of lines 1a and 2a is greater than 250, you may be required to -file (see instructions). 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? b if Yes, has tifled a form 990-17 for this year? If Y-No- provide an explanation in Schedule 0. 4a At any time during the calendar year, did the organization have an interest in, or a signature or other author over, a financial account in a foreign country. ▶ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization file Form 8886-T? Ca Does the organization have annual gross receipts that are normally greater than \$100,000, and did to organization solicit any contributions that were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization enceive a payment in excess of \$75 made party as a contribution and partly for goc and services provided to the payor? b if Yes, did the organization notify the donor of the value of the goods or services provided? c Did the organization service any funds, directly or indirectly, to an apersonal benefit contract? b if Yes, did the organ				Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors a reportable gaming (gambling) winnings to prize winners? 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 3 Bid the organization have unrelated business gross income of \$1,000 or more during the year? 3 Bid the organization have unrelated business gross income of \$1,000 or more during the year? 3 Bid the organization have unrelated business gross income of \$1,000 or more during the year? 3 Bid the organization have unrelated business gross income of \$1,000 or more during the year? 4 At any time during the calendar year, did the organization have an interest in, or a signature or other author over, a financial account in a foreign country; ▶ 5 Bid Step entructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5 Was the organization sparty to a prohibited tax shelter transaction at any time during the tax year? 5 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at Iny time during the tax year? 5 Did any taxable party notify the organization file Form 8886.7? 6 Does the organization have annual gross receipts that are normally greater than \$100.000, and did to organization solicit any contributions that were not tax deductible as charitable contributions? 5 If "Yes," did the organization include with every solicitation an express statement that such contributions grifts were not tax deductibles? 6 If "Yes," did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goc and services provided to the payor? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goc and services provided to the payor? 9			-		
reportable gaming (gambling) winnings to prize winners? 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 b if at least one is reported on line 2a, did the organization file all required federal employment tax return Note. If the sum of lines is and 2a is greater than 250, you may be required to e-file (see instructions). 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? b if Yes, has it filed a form 990-T for this year? If Yes, "provide an explanation in Schedule 0. 4a At any time during the calendar year, did the organization have an interest in, or a signature or other author over, a financial account in a foreign country. ► See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction of the Yes' to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did to organization solicit any contributions that were not tax deductible? 7 Organizations solicit any contributions that were not tax deductible? 8 Organizations that may receive deductible contributions under section 170(c). 9 Did the organization receive a payment in excess of \$75 made party as a contribution and partly for god and services provided to the payor? b If Yes," did the organization in excess of \$75 made partly as a contribution and partly for god and services provided to the payor? b If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contributions gifts were not tax deductible? b If the organization is even a part of the payor organization file form			-		
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and services provided to the payor? b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it we required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year	-				
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c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it we required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year. d If "Yes," indicate the number of Forms 8282 filed during the year. Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract g if the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h if the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supportion organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? Sponsoring organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 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 d 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.) 11a 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 in more than one state? Note. See the instructio			7a		
required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year		,	7b		
d If "Yes," indicate the number of Forms 8282 filed during the year	_		_		
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f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contrar g if the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?. h if the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supportion organizations. Did the supporting organization, or a donor advised fund maintained by a sponsorior organization, have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 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 10b 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.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 104 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? 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 2 Enter the amount of reserves on hand 3 Did the organization receive any payments for indoor tanning		0 ,	70		
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b Did the organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12	-		9a		
10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12			9b		
a Initiation fees and capital contributions included on Part VIII, line 12	_		36		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities					
11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders					
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.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 104 b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	•	•			
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12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 104 b If "Yes," enter the amount of tax-exempt interest received or accrued during the year					
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year			12a		
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c Enter the amount of reserves on hand					
14a Did the organization receive any payments for indoor tanning services during the tax year?					
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> JSA 040 1.000			14a		X
JSA 040 1.000	•		14b		
				990 ((2012)
		00.08/01/2013 13:05:47 04-3838476		6 6	_
		01 3030170	,	J	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management Yes Nο 1a Enter the number of voting members of the governing body at the end of the tax year. 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. Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Χ 2 3 Did the organization delegate control over management duties customarily performed by or under the direct Χ 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? . . . Χ 4 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Χ 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint Χ 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, Χ 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Χ 8a 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at Χ Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Χ If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Χ 12a 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." 12c 13 Did the organization have a written whistleblower policy?.... 13 Χ 14 14 Did the organization have a written document retention and destruction policy?...... 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? Χ 15a Χ 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement Χ 16a 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? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶_______ Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 18 available for public inspection. Indicate how you made these available. Check all that apply. Another's website X Upon request Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the 20 organization: ►TIAA-CREF TRUST COMPANY TEL: (877)535-3910 JSA

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

Check if Schedule O contains a response to any question in this Part VII

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

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.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (C) / A \ /D\ Position /DI /E\ /E\

(A) Name and Title	(B) Average hours per week (list any	box,	unles	neck ss pe	rson	than o is both or/trust	an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) TIAA-CREF TRUST COMPANY TRUSTEE	1.00		Х					750.	NONE	NONE
_(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)	L									

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Part VII Section A. Officers, Directors, T	rustees, Ke	y Em	plo	yee	es, a	and F	ligh	nest Compensat	ed Employees (d	continued)
(A) Name and title	Name and title hours per week (list any hours for hours		(E) Reportable compensation from related	(F) Estimated amount of other						
	organizations below dotted line)	Individual trustee or director	Institutionaltrustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(15)	_									
(16)	_									
(17)	_									
(18)	_									
(19)	_									
(20)	_									
(21)	_									
(22)	-									
(23)	_									
(24)	_									
(25)	_									
1b Sub-total	Section A .						* * *	750.	NON	E NONE
2 Total number of individuals (including but no reportable compensation from the organizati		hose	liste 0	d al	bov	e) who	re	ceived more than	\$100,000 of	
3 Did the organization list any former off employee on line 1a? If "Yes," complete Sche	icer, directo	or, or ch ind	trı <i>livid</i>	uste ual	e, 	key e	mp	loyee, or highes	t compensated	Yes No
4 For any individual listed on line 1a, is the organization and related organizations of individual	reater than	\$15	0,0	00?	lf	Yes	, (complete Schedu		4 X
5 Did any person listed on line 1a receive of for services rendered to the organization? If	r accrue co	mpen	satio	on f	fron	n any	un	related organization		5 X
Complete this table for your five highest co compensation from the organization. Report year.	•	•								
(A) Name and business a	ddress							(B) Description of se	rvices ((C) Compensation
2 Total number of independent contractor	s (including	g but	t n	ot	limi	ted t	o :	those listed abo	ve) who	

received more than \$100,000 of compensation from the organization ▶ 0

Part	t VIII	Statement of Rever Check if Schedule O co		nse to any questi	on in this Part VIII			
				7 4 300	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions) and similar amounts not included in the contributions in the contribution i						
ne				Business Code				
Program Service Revenue	2a b c d	EMPLOYEE CONTRIBU		900099	301,622.	301,622.		
Ē	е							
Progra	f g	All other program service rev Total. Add lines 2a-2f		D	301,622.			
	3	Investment income (including	g dividends, intere	est, and	,			10.00
		other similar amounts)			10,231.			10,23
	4	Income from investment of ta						
	5	Royalties · · · · · · · · ·	(i) Real	(ii) Personal				
	0-	C	(1,7 1.1001	(,				
	6a	Gross rents						
	b	Less: rental expenses Rental income or (loss)						
	d C	Net rental income or (loss)						
	_		(i) Securities	(ii) Other				
	7a	Gross amount from sales of assets other than inventory	323,000					
	b	Less: cost or other basis	•					
		and sales expenses	320,572					
	С	Gain or (loss)	2,428					
	d	Net gain or (loss)		▶	2,428.			2,42
<u>e</u>	8a	Gross income from fundra	ising					
en		events (not including \$						
ě		of contributions reported on	line 1c).					
F		See Part IV, line 18						
Other Revenue	b	Less: direct expenses						
0	c 9a	Net income or (loss) from fun Gross income from gaming a						
		See Part IV, line 19						
	b c	Less: direct expenses Net income or (loss) from gar						
	10a	Gross sales of inventor returns and allowances	ory, less					
	b c	Less: cost of goods sold Net income or (loss) from sale	es of inventory.					
		Miscellaneous Reven		Business Code				
	11a							
	b							
	c							
	d	All other revenue						
	е	Total. Add lines 11a-11d ·						
	12	Total revenue. See instructio	ns		314,281.	301,622.		12,65

Form 990 (2012)

Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a respoi				
	not include amounts reported on lines 6b, 7b, 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 governments and				
	organizations in the United States. See Part IV, line 21 .				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members	228,997.			
5	Compensation of current officers, directors,	,			
_	trustees, and key employees				
6	Compensation not included above, to disqualified				
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section				
U	401(k) and 403(b) employer contributions)				
9					
	Other employee benefits				
10	-				
11	Fees for services (non-employees):	12,683.			
_	Management	12,003.			
	Legal				
	Accounting				
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
12	(A) amount, list line 11g expenses on Schedule O.)				
13	Advertising and promotion				
14	Office expenses				
15	Information technology				
16	Royalties				
	Occupancy				
17 18	Travel				
10	Payments of travel or entertainment expenses				
19	for any federal, state, or local public officials Conferences, conventions, and meetings				
20 21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23					
23 24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
a b					
C					
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	241,680.			
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				
	following SOP 98-2 (ASC 958-720)				
ICV					

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Part X Balance Sheet

га	rt A	Dalatice Street			
		Check if Schedule O contains a response to any question in this Par			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
				5	
	6	Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers			
		and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary		6	
S	_	organizations (see instructions). Complete Part II of Schedule L		7	
Assets	7	Notes and loans receivable, net		8	
As	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges		9	
	10 a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D		10	
			202 470	10c	200 142
	11	Investments - publicly traded securities	323,470.	11	399,143.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	202 470	15	200 142
	16	Total assets. Add lines 1 through 15 (must equal line 34)	323,470.	16	399,143
	17	Accounts payable and accrued expenses	25,974.	17	
	18	Grants payable		18 19	
	19	Deferred revenue		20	
	20	Tax-exempt bond liabilities			
Liabilities	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ij	22	Loans and other payables to current and former officers, directors,			
Lia l		trustees, key employees, highest compensated employees, and		22	
	22	disqualified persons. Complete Part II of Schedule L		23	
	23	Secured mortgages and notes payable to unrelated third parties		24	
	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			
				25	
	26	of Schedule D	25,974.	26	NONE
	20	Organizations that follow SFAS 117 (ASC 958), check here ▶ and	23,314.	20	INOINE
es		complete lines 27 through 29, and lines 33 and 34.			
anc	27	Unrestricted net assets		27	
Bal	28	Temporarily restricted net assets		28	
pq	29	Permanently restricted net assets		29	
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here X and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds	297,496.	30	399,143.
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund	, , , , , , , , , , , , , , , , , , , ,	31	
Net Assets	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	297,496.	33	399,143.
_	34	Total liabilities and net assets/fund balances	323,470.	34	399,143.
			,		Form 990 (2012)

Form **990** (2012)

	<u> </u>					9~ - -
Part 2	Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI	<u> </u>	<u></u>		Х	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3	14,2	281.
2	Total expenses (must equal Part IX, column (A), line 25)	2		2	41,6	580.
3	Revenue less expenses. Subtract line 2 from line 1	3			72,6	501.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		2	97 , 4	<u> 196.</u>
5	Net unrealized gains (losses) on investments	5			29,() <u>46.</u>
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		3	99,1	<u>L43.</u>
Part 2	i v					
	Check if Schedule O contains a response to any question in this Part XII				Х	
					Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplai	n in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	d or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ted c	n a			
	separate basis, consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over-	_				
	of the audit, review, or compilation of its financial statements and selection of an independent account			2c	_X	
	If the organization changed either its oversight process or selection process during the tax year, e	xplai	n in			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t fort	h in			
	the Single Audit Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo such audit or audits explain why in Schedule O and describe any steps taken to undergo such au		the	3b		

Form **990** (2012)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

2012

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization **Employer identification number** 04-3838476 EMPLOYEE-CONTRIBUTION VEBA TRUST ST. HEADING, ITEM B THE ORGANIZATION'S ADDRESS WAS CHANGED TO THE ADDRESS OF THE TRUSTEE TIAA-CREF TRUST COMPANY. EXPLANATION FOR FORM 990, PAGE 6, PART VI, LINE 4 On December 30, 2011, St. Olaf College and TIAA-CREF Trust Company signed an amended and restated Trust Agreement for the Employee Contribution VEBA Trust St. Olaf College. EXPLANATION FOR FORM 990, PAGE 6, PART VI, LINE 8a TIAA-CREF Trust Company is a directed trustee for the organization. All requests received from the plan sponsor or participants are captured through a recorded line or service request. FORM 990, PAGE 6, PART VI, LINE 11-DESCRIPTION OF PROCESS FOR REVIEW TIAA-CREF Trust Company as trustee is responsible for preparation of Form 990 based on the financial information contained in our records. Upon completion, a copy of Form 990 is forwarded to the plan sponsor for review and approval. Once approved, Form 990 is then filed with the federal taxing authority by the regulatory deadline. DESCRIPTION FOR MAKING DOCUMENTS PUBLIC FORM 990, PAGE 6, PART VI, LINE 19 The organization has not adopted any formal policies, nor does the organization have any direct employees. The organization does follow

Page 2 Schedule O (Form 990 or 990-EZ) (2012)

Name of the organization	Employer identification number						
EMPLOYEE-CONTRIBUTION VEBA TRUST ST. OLAF	04-3838476						
the documents and policies of the plan sponsor which is avai	lable upon						
reugest.							
CHANGE IN ACCOUNTING METHOD OR DESCRIPTION OF OTHER METHOD USED							
FORM 990, PAGE 11, PART XII, LINE 1							
The change in account method is due to a change in record ke	eping to						
the TIAA-CREF Trust Company.							
EXPLANATION FOR FORM 990, PART XI, LINE 9							
An adjustment to the current year net assets reflected in Pa	rt I, line						
22 of \$29,046 represents unrealized gains for the 2012 tax y	ear.						

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047
2012

Department of the Treasury
Internal Revenue Service

Name of the organization

Part I

EMPLOYEE-CONTRIBUTION VEBA TRUST ST. OLAF

(a)

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

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(b)

(c)

Open to Public Inspection

(f)

Employer identification number

04-3838476

(e)

Name, address, and EIN (if applicable) of disregarded entity			P	rimary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	Direct co ent	
<u>(1)</u>									
(2)									
(3)									
<u>(4)</u>									
<u>(5)</u>									
(6)									
Part II	Identification of Related Tax-Exempt Organizations one or more related tax-exempt organizations during the	(Complete if the he tax year.)	ie org	janization ansv	vered "Yes" to Fo	rm 990, Part IV,	line 34 because	it had	
	(a) Name, address, and EIN of related organization	(b) Primary activi	ty	(c) Legal domicile (sta		(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13 controlled entity?	
/4) CDD	DADE HIT GUDDI EMENE							Yes	No
_(1) <u>SEE</u>	PART_VII_SUPPLEMENT								
(2)									
(3)									
(4)									
(5)									
(6)									
<u>(7)</u>									+
]							

Schedule R (Form 990) 2012

Part III Iden	tification of Relate	ed Organizations	Taxable	as a Partnersh	ip (Complete if the o	organization an	swered "Yes" t	o Fo	rm 9	990, Part IV, li	ne 3	4	
beca	use it had one or r	more related orga	nizations	treated as a pa	rtnership during the	tax year.)				04-3	838	476	
	(a) dress, and EIN of organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	Dispropo alloca		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part	aging	(k) Percentage ownership
			,,		·			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percen- tage ownership	(i) Section 512(b)(1 controllentity)
(1)							Yes N
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

Schedule R (Form 990) 2012

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

Not	te. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	s No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	1	а	X
b	Gift, grant, or capital contribution to related organization(s)	1	b	X
С	Gift, grant, or capital contribution from related organization(s)	1	С	X
d	Loans or loan guarantees to or for related organization(s)	1	d	X
е	Loans or loan guarantees by related organization(s).	1	е	X
_				
f	Dividends from related organization(s)	1	ıf	X
a a	Sale of assets to related organization(s)	1	g	X
h	Purchase of assets from related organization(s)	1	h	X
	Evenance of assets with related organization(s)	· · · · -;	ii 🗀	$\frac{1}{X}$
:	Exchange of assets with related organization(s)	• • •	ii j	$\frac{1}{X}$
J	Lease of facilities, equipment, or other assets to related organization(s)			$+^{\Lambda}$
١.	Lance of facilities, assuingment, as other constant superinsticular	1	le .	77
K	Lease of facilities, equipment, or other assets from related organization(s)	· · · <u> '</u>	k	X
ı	Performance of services or membership or fundraising solicitations for related organization(s)	· · · [II	X
m		<u> 1</u>	m	X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		n	X
0	Sharing of paid employees with related organization(s)	🔼	0	X
р	Reimbursement paid to related organization(s) for expenses	1	р	X
q	Reimbursement paid by related organization(s) for expenses	🔼	q	X
r	Other transfer of cash or property to related organization(s)	1	r	X
s	Other transfer of cash or property from related organization(s)		s >	
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction		lds.	
	(a) (b) (c)	(c	I)	
	Name of other organization Transaction type (a-s) Amount involved V	nethod of o		
	type (a-5)	amount	iivoive	u
(1)				
٠٠,				

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2012 Page 4

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	ominant e (related, d, excluded tax under Are all partners section 501(c)(3) organizations?		(f)	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			section 512-514)	Yes	No			Yes	No	(, , , , , , , , , , , , , , , , , , ,	Yes	No	
(1) SEE PART VII SUPPLEMENT													
(2)													
(3)													
<u>(4)</u>													
(5)													
<u>(6)</u>													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Schedule R (Form 990) 2012

Schedule R (Form 990) 2012 Page 5 Part VII **Supplemental Information** Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

Schedule R (Form 990) 2012 Page **5**

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

Supplement to Schedule R, Part II, Form 990

Name of entity: St. Olaf College

Address of Entity: 1520 St. Olaf Avenue, Northfield, MN 55057

Employer ID Number:41-0693979 Primary Activity:Higher Education

Legal domicile state:MN

Exempt code section:501(c)(3)

Public charity status:170(b)(1)(A)(ii) Direct controlling entity:Not Applicable Sec. 512(b)(13) Controlled Entity: No