Form	99	0

Department of the Treasury

Open to Public

OMB No. 1545-0047

2016

		nue Service			Ion about Forms			-				insper	cion	
		e 2016 calen		ax year beg	inning 6/	01	, 2016,	and endir	ig 5/			, 2017		
В		applicable:	С								-	ification num	ber	
	Addr	ress change	St. Olar								-0693			
	Nam	ne change	1520 St								hone num			
	Initia	al return	Northfie	ela, MN	55057					50	7-786	-2222		
	Final	return/terminated												
	Ame	ended return								G Gross	receipts	\$ 277,6	531,819.	
	Appl	lication pending	F Name and a	address of princ	ipal officer: Dav	vid Ande	rson		H(a) Is this	-			Yes X No	
			Same As	C Above	;				H(b) Are all If 'No,'	subordinate	es include	d?	Yes No	
I	Tax-ex	empt status	X 501(c)(3)	501(c)	() ◄ (i	insert no.)	4947(a)(1) or	527				a dottorio)		
J	Webs	site: ► ww	w.stolaf	.edu					H(c) Group	exemption	number 🕨	•		
κ	Form o	of organization:	X Corporation	Trust	Association	Other ►	L	ear of format	tion: 187	4 M	State of I	egal domicile:	MN	
Pa	rtl	Summar					•							
	1 B	Briefly descri	be the organ	ization's mis	ssion or most	significant a	activities:See	Sched	ule O.					
a	_													
Activities & Governance														
ũ	_													
Ň					ion discontinu							sets.		
ഷ					verning body (29	
Se					ers of the gov in calendar y								28	
viti	6 T	otal number	of volunteer	s empioyeu s (estimate	if necessary).	ear 2016 (P	art v, iirie za)			5		<u>3,630</u> 700	
\cti					n Part VIII, co								<u>700</u> 251,804.	
4					e from Form								145,148.	
						,			1	Prior Yea			ent Year	
	8 C	Contributions	and grants	Part VIII, lir	ne 1h)					5,137,			604,390.	
Revenue					ne 2g)					3,015,			839,142.	
ver	10 Ir	nvestment in	come (Part)	√III, column	(A), lines 3, 4	4, and 7d).				3,966,			455,019.	
Å	11 C	Other revenue	e (Part VIII,	column (A),	lines 5, 6d, 8	c, 9c, 10c, a	and 11e)			410,			290,333.	
	12 ⊺	otal revenue	e – add lines	8 through 1	1 (must equa	l Part VIII, d	olumn (A), lii	ne 12)	. 198	3,530,	242.	214,1	188,884.	
	13 C	Grants and si	milar amoun	ts paid (Par	t IX, column ((A), lines 1-	3)		. 65	5,408,	640.	69,3	300,123.	
	14 B	Benefits paid	to or for me	mbers (Part	IX, column (/	A), line 4)								
~	15 S	Salaries, othe	er compensa	compensation, employee benefits (Part IX, column (A), lines 5-10)							157.	68,3	333,150.	
Expenses	16 a P	Professional	fundraising f	ees (Part IX	, column (A),	line 11e)				73,	242.	-	174,857.	
per	b⊺	otal fundrais	ina expense	s (Part IX. d	olumn (D), lir	ne 25) ►	4 68	3,136.		,			,	
Щ					lines 11a-11c		1		-	3,519,	107	53 (663,419.	
					st equal Part I					5,618,			471,549.	
					18 from line					L,911,			717,335.	
28			0.0001							ng of Curre			of Year	
Net Assets or Fund Balances	20 T	otal assets (Part X, line	16)						1,920,			923,602.	
Ass	21 ⊺	otal liabilitie	s (Part X, lir	, e 26)						2,167,		128,9	924,309.	
Net	22 N	let assets or	fund balanc	es Subtract	line 21 from	line 20				2,752,			999,293.	
	rt II	Signatur		00. 000.00					. 022	<u>, 152,</u>	941.	070,3	<u>, 295, 295.</u>	
				examined this r	eturn including a	companying co	adulas and stater	ments and to	the best of n		e and beli	ief it is true o	correct and	
comp	olete. Dec	laration of prepa	rer (other than o	ficer) is based of	eturn, including ac on all information (of which prepare	er has any knowled	dge.	the best of h	iy knowledg		iei, it is tiue, t	correct, and	
Sig	ın	Signatu	re of officer						Da	ate				
He	re	Jane	et Hanso	n					Vice	Presi	dent	& CFO		
			print name and											
		Print/Type p	reparer's name		Preparer's sig	nature		Date		Check	if	PTIN		
Pa	id				Self-P	repared				self-emplo	oyed			
	eparer	Firm's name	► I											
	e Only		ss ►							Firm's EIN				
										Phone no.				
Мау	the IR	S discuss th	is return with	the prepar	er shown abo	ve? (see ins	structions)					. Yes	No	
					e the separate			TE	EA0113L 11/	/16/16		Forr	n 990 (2016)	

		2016)	St.	Ola	f C	colle	ege											41	-06	9397	9	Ρ	age 2
Par	t III							ce Acc															
								sponse o	or not	e to ar	ıy line	in thi	s Part	:									
1	-	y descri		-																			
								<u>s stu</u>															
								gful		<u>atio</u>	n <u>in</u>	an	inc	lusi	<u>lve</u> ,	<u>_glc</u>	<u>bal</u>	ly_er	igag	<u>ed</u> c	ommu	<u>init</u>	У
	nou	<u>rishe</u>	d_by	<u>Lut</u>	: <u>he</u> :	ran_	trad	lition	•														
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2		990 or				, ,					•	2					•				Vac	v	No
								chedule												· 🔲	Yes	Х	No
2								make si		ant ch	andes	in ho	wito	onduc	ts ar	w proc	iram s	ervices	?		Yes	Х	No
3		s,' desc							grinic		anges		w it c	onduc	t3, ai	iy proç	ji ani s			· 🔟	163	Λ	NO
4	Descr Sectio	ribe the	organi c)(3) a	zation nd 501	's pr I (c)(4	ogram 4) org	n servio anizati	ce accor ions are vice rep	reau	ired to	s for e report	ach of the a	f its th Imoun	iree la it of gr	rgest rants	progra and al	am se locatio	rvices, ons to o	as m others	easure s, the t	ed by e otal e	expens xpens	ses. es,
4 a	(Code):) (Exp	ense	es \$	176.	394,3	29	inclu	ding g	rants	of \$	69	.30	0.12	3.)	(Reven	ue S	\$ 164	4.83	9.14	12.)
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4 b	(Code):) (Exp	ense	es \$				inclu	ding g	rants	of \$)	(Reven	ue s	\$)
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1.	Othar	nroara	m conv	ices /	Jeco	riha in	Sche	dule O.)															
40	Expe		\$	1005 (L	2030			ncluding		ts of	Ś				١	(Reve	nue d	5)	
4		progran			Jenc	es 🕨		176,)	(1.000	iuc h	•				,	
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Form 990 (2016) St. Olaf College
Part IV Checklist of Required Schedules

a	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	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part L.	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? If 'Yes,' complete Schedule C, Part II	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		Х
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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, 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? 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.			
ä	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	
ł	Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11 b	Х	
(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		Х
C	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		Х
e	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Х	
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	Х	
12 a	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a	Х	
	• Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13	Х	
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
ł	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 (Å), 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

41-0693979	Page 4
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	n 990 (2016) St										41-06	93979		Page 4
Pa	rt IV Checklis	t of Re	quire	d Sche	edules (c	continued))							
													Yes	
20a	Did the organizati	on opera	ate one	e or more	e hospital fa	acilities? If	'Yes,' co	omplete So	chedule H			20a	1	Х
Ł	If 'Yes' to line 20a	a, did the	e orgar	nization a	attach a cop	py of its aud	dited fina	ancial stat	ements to	this return?		201)	
21	Did the organizati domestic governm	on repor nent on f	rt more Part IX	than \$5 , columr	5,000 of grai n (A), line 1	nts or other ? <i>If 'Yes,' c</i>	r assista complete	nce to any Schedule	y domestic e <i>I, Parts I</i>	organizatic and II	n or	21	Х	
22	Did the organizati column (A), line 2	on repor ? If 'Yes	rt more s <i>,' com</i>	than \$5 plete Sc	5,000 of grai chedule I, Pa	nts or other Parts I and II	r assista //	nce to or f	for domes	tic individua	ls on Part IX	, 22	Х	
23	Did the organizatio and former officers <i>Schedule J</i>	, director	s, trust	ees, key	employees,	and highest	compen	sated empl	loyees? If '	Yes,' comple	's current <i>te</i>	23	Х	
24 a	Did the organizatio the last day of the complete Schedu	e vear, th	nat was	s issued	after Decer	mber 31, 20)02? <i> f '</i>)	Yes.' answ	/er lines 24	4b through 2	24d and	24	X	
ł	b Did the organizati		-)	Х
Ċ	Did the organizatio any tax-exempt b	n mainta	in an e	scrow ac	count other t	than a refund	ding escr	row at any	time during	g the year to	defease	24		Х
	Did the organizati													X
	a Section 501(c)(3), transaction with a	501(c)(4	4). and	501(c)(2	29) organiza	ations. Did t	the orga	nization er	ngage in a	an excess be	enefit			X
ł	Is the organization that the transactior Schedule L, Part	has not	been re	eported c	on any of the	e organizatio	n's prior	Forms 990) or 990-EZ	? If 'Yes,' co	mplete	251	0	Х
26	Did the organizatio former officers, di <i>If 'Yes,' complete</i>	n report a rectors, <i>Schedu</i>	any am trustee <i>le L. P</i>	ount on F es, key e <i>art II</i>	Part X, line 5 employees, l	5, 6, or 22 fo highest con	or receiva	ables from o ed employ	or payables ees, or dis	s to any curre squalified pe	ent or ersons?	26		х
27	Did the organizatio contributor or empl of any of these pe	n provide oyee the	e a gran reof, a	nt or othe grant sel	er assistance lection comm	to an officer	r, directo er, or to a	r, trustee, l a 35% cont	key employ trolled entit	vee, substant ty or family m	ial iember		Х	
28	Was the organization instructions for ap	on a part	y to a b filing t	ousiness threshold	transaction v	with one of the second sec	the follow	ving parties	s (see Sche	dule L, Part	V			
ä	A current or forme	•	-						Schedule	L, Part IV.		28	1	Х
ł	A family member o Schedule L, Part											28	0	Х
(An entity of which a officer, director, t	a current rustee, c	or form or direc	ner office t or indir	er, director, tr rect owner?	rustee, or ke ' <i>If 'Yes,' co</i>	ey employ Somplete	vee (or a fa Schedule i	amily memb <i>L, Part IV</i>	per thereof) v	vas an	28		
29	Did the organizati	on recei	ve mor	e than \$	\$25,000 in n	non-cash co	ontributio	ons? If 'Ye	s,' comple	ete Schedule	М	29	Х	
30	Did the organizati contributions? If '	on recei Yes.' coi	ve con mplete	tribution <i>Schedu</i>	is of art, his ile M	torical treas	sures, or	r other sim	nilar assets	s, or qualifie	d conservati	on 30	Х	
31	Did the organizati		'											Х
32	Did the organizatio Schedule N, Part											32		Х
33	Did the organizatio 301.7701-2 and 3	n own 10 01.7701-	0% of a 3? <i>If</i> '	an entity Yes,' cor	disregarded mplete Sche	as separate edule R, Pa	e from the	e organizati	ion under F	Regulations s	ections	33		Х
34	Was the organiza and Part V, line 1	tion rela	ted to a	any tax-	exempt or t	axable entit	ty? <i>If 'Ye</i>	es,' compl	lete Sched	lule R, Part	II, III, or IV,	34	Х	
35 a	a Did the organizati												1	Х
ł	b If 'Yes' to line 35a entity within the n	a, did the neaning	e orgar of sect	ization i tion 512(receive any (b)(13)? <i>If</i> "	payment fr Yes,' compl	rom or e <i>lete Sch</i>	ngage in a edule R. F	any transa Part V, line	ction with a	controlled	351	0	
36	Section 501(c)(3) organization? If '	organiza	ations.	Did the	organizatio	on make any	y transfe	ers to an e	xempt nor	n-charitable	related		X	
37	Did the organizatio treated as a partr	n conduc	t more	than 5%	of its activiti	ies through a	an entitv	that is not	a related o	organization a	and that is			Х
38	Did the organizatio Note. All Form 99	n comple	ete Sche	edule O a	and provide e	explanations	s in Sche	dule O for I	Part VI. lin	es 11b and 1	9?		X	
														(2016)

Form 990 (2016)

BAA

Form 990 (2016) St. Olaf College 41-0	693979	P	age 5
Part V Statements Regarding Other IRS Filings and Tax Compliance			
Check if Schedule O contains a response or note to any line in this Part V			
		Yes	No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1 a	3,557		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Х	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State- ments, filed for the calendar year ending with or within the year covered by this return 2a	3,630		
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)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	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 Q</i>		Х	
 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? b If 'Yes,' enter the name of the foreign country: ► 	4a		Х
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			Х
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?			Λ
-			
6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organizat solicit any contributions that were not tax deductible as charitable contributions?	tion 6a		Х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
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	-	Х	
services provided to the payor?		X	
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b	Λ	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			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?			Х
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
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?			
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring	····· / II		
organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?			
b Did the sponsoring 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 10a			
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 11 a			
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?	12a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b	12a		
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?	13a		
Note. See the instructions for additional information the organization must report on Schedule O.			
с , , , , , , , , , , , , , , , , , , ,			
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			•
14a Did the organization receive any payments for indoor tanning services during the tax year?			Х
b If 'Yes,' has it filed a Form 720 to report these payments? <i>If 'No,' provide an explanation in Schedule O</i>		000 (0010

Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b be a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or chan Schedule O. See instructions.	low, a ges ir	and า	for
Check if Schedule O contains a response or note to any line in this Part VI.			. X
Section A. Governing Body and Management		V	
1 a Enter the number of voting members of the governing body at the end of the tax year 1 a 29If 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. 1 a		Yes	No
 b Enter the number of voting members included in line 1a, above, who are independent 1b 28 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? See Schedule 0. 	2	Х	
officer, director, trustee, or key employee?	2	Λ	
of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
since the prior Form 990 was filed? See Sch 0	4	Х	37
 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders?See.Schedule.0 	5 6	Х	Х
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. Schedule. 0	7 a	Х	
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?	7 b	Х	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8 a	X X	
 b Each committee with authority to act on behalf of the governing body?	8 b	Λ	
organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9		X
Section B. Policies (This Section B requests information about policies not required by the Internal Re	1	e Co Yes	
10 a Did the organization have local chapters, branches, or affiliates?	10 a	res	No X
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?	11 a	Х	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O		17	
12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	12a	Х	
to conflicts?	12b	Х	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was doneSee. Schedule Q.	12 c	Х	
13 Did the organization have a written whistleblower policy?14 Did the organization have a written document retention and destruction policy?	13 14	X X	
15 Did the process for determining compensation of the following persons include a review and approval by independent	14	Λ	
persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official. See Schedule.0	15 a	Х	
b Other officers or key employees of the organizationSee .Schedule. O	15b	X	
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?	16 a		Х
 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? 	16b		1
Section C. Disclosure			
 17 List the states with which a copy of this Form 990 is required to be filed ► <u>CA MA MD MI MN NH SC</u> 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s 	only)	availa	
for public inspection. Indicate how you made these available. Check all that apply. X Own 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 availal the public during the tax year. See Schedule O	ole to		
20 State the name, address, and telephone number of the person who possesses the organization's books and records:			
Janet Hanson 1520 St. Olaf Avenue Northfield MN 55057 507-786-2222			0010
BAA TEEA0106L 11/16/16	Form	990 (20161

Form 990 (2016) St. Olaf College									41-06939	79 Page 7	
Part VII Compensation of Officers, Directo Independent Contractors	ors, Tru	stee	es, I	Key	' Er	nplo	bye	es, Highest C			
Check if Schedule O contains a response of	or note to	any	line	in t	his I	Part '	VII.				
Section A. Officers, Directors, Trustees, Ke	ey Empl	oye	es,	an	d H	ighe	est	Compensated	d Employees		
1 a Complete this table for all persons required to be listed organization's tax year.	. Report co	ompe	ensat	tion	for tl	ne ca	lenc	dar year ending wit	h or within the		
• 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 of reportable compensation from the organization and any	related org	ganiz	atior	ns.						han \$100,000	
• List all of the organization's former directors or truste organization, more than \$10,000 of reportable compen											
List persons in the following order: individual trustees employees; and former such persons.	or director	rs; in	stitu	utior	nal ti	ruste	es;	officers; key emp	loyees; highest con	npensated	
Check this box if neither the organization nor any relate	ed organiz	ation	com	npen	sate	d any	y cu	rrent officer, direct	or, or trustee.		
				(C)							
(A) Name and Title	(B) Average hours	thar	n one s both	box, an o	unles fficer	eck mo is pers and a ee)	on	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other	
(1) Lawrence Stranghoener	1.7									0	
Chair (2) Knisting Johnson	0	Х						0.	0.	0.	
_(2) Kristine_Johnson Vice Chair	<u>1.7</u> 0	Х						0.	0.	0.	
(3) Nancy Anderson Regent	<u>1.7</u> 0	Х						0.	0.	0.	

(3) Nancy Anderson	1.7_						
Regent	0	Х			0.	0.	0.
(4) Kevin Bethke	1.7						
Regent	0	Х			0.	0.	0.
(5) Kari Bjorhus	1.7						
Regent	0	Х			0.	0.	0.
(6) Jeffrey Bolton	1.7						
Regent	0	Х			0.	0.	0.
(7) Gregory Buck	1.7						
Regent	0	Х			0.	0.	0.
(8) Sam Dotzler	1.7_						
Regent	0	Х			0.	0.	0.
(9) William Gafkjen	1.7						
Regent	0	Х			0.	0.	0.
(10) Peter Gotsch	1.7						
Regent	0	Х			0.	0.	0.
(11) John Grotting	1.7						
Regent	0	Х			0.	0.	0.
(12) Susan Gunderson	1.7						
Regent	0	Х			0.	0.	0.
(13) Eric Hanson	1.7_						
Regent	0	Х			0.	0.	0.
(14) David Hill	1.7_						
Regent	0	Х			0.	0.	0.
BAA	TEEA0	107L	11/16/16				Form 990 (2016)

Form 990 (2016) St. Olaf College

41-0693979 Page 8

Par	t VII Section A. Officers, Directors, Tru	-	Key	Em	plo	bye	es, a	and	d Highest Com	pensated Emp	oloyees (continued)
		(B)			(C)					
	(A) Name and title	Average hours per	box	, unles	neck ss pe	erson	e than is both or/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
		week (list any hours	oro	Inst	Officer	Key	High	For	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the
		for related	Individual trustee or director	nstitutional trustee	icer	Key employee	Highest compensated employee	Former			organization and related organizations
		organiza - tions	al tru	nal t		bloye	e				organizatione
		below dotted line)	stee	uste		e	ensa				
		inic)		ø			ited				
(15)	Jody_Kleppe_Horner	1.7									
	Regent	0	Х						0.	0.	0.
(16)	Ronald Hunter	_1.7_									
	Regent	0	Х						0.	0.	0.
(17)	Mark_Jordahl	<u>1.7</u>									
	Regent	0	Х						0.	0.	0.
(18)	Ward_Klein	<u>1.7</u>								0	
(10)	Regent	0	Х						0.	0.	0.
(19)	Jay_Lund Regent		Х						0.	0.	0.
(20)	Timothy Maudlin	1.7	Λ						0.	0.	0.
<u>()</u>	Regent		Х						0.	0.	0.
(21)	Philip Milne	1.7								0	
	Regent	0	Х						0.	0.	0.
(22)	Gretchen Morgenson	1.7									
	Regent	0	Х						0.	0.	0.
(23)	Callyssa Ozzello	<u>1.7</u>									
	Regent	0	Х						0.	0.	0.
(24)	John_Raitt	<u>1.7</u>								0	
(25)	Regent	0	Х						0.	0.	0.
(25)	Jon_Salveson Regent	$\frac{1.7}{0}$	Х						0.	0.	0.
1 b	Sub-total	0	Λ					►	0.	0.	
	Total from continuation sheets to Part VII, Section	on A	 						3,024,102.	0.	
	Total (add lines 1b and 1c)								3,024,102.	0.	
	Total number of individuals (including but not limited							ved	more than \$100,00		
	from the organization ► 48										
											Yes No
3	Did the organization list any former officer, direct	tor, or tru	stee,	key	em	ploy	yee,	or h	nighest compensat	ted employee	2 4
	on line 1a? If 'Yes,' complete Schedule J for such	h individu	ial		••••						3 χ
4	For any individual listed on line 1a, is the sum of the organization and related organizations greate	reportab			nsa If 'V	tion	and	oth	er compensation	from	
	such individual	·									4 X
5	Did any person listed on line 1a receive or accrue	e comper	isatio	n fro	om a	any	unre	late	ed organization or	individual	
	for services rendered to the organization? If 'Yes	,' comple	ete So	chedi	ule	J fo	r suc	ch p	erson		5 X
	Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of										
	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.										
(A) Name and business address (C) Description of services (C) Compensation											
The Boldt Company 2525 N. Roemer Road Appleton, WI 54911 Construction Contrac 16,344,027.											
Bon	Bon Appetit Management Co. 100 Hamilton Avenue, Suite 400 Palo Alto, Food Service 8,235,301.										
		200 S W						00	Insurance Adv		1,073,242.
	System Inc 4330 Centerville Road White								Construction		809,196.
-	Kiefer Speciality Flooring, Inc 2910 Falling Waters Blvd Lindenhurst Construction Contrac 730,340. 2 Tatal number of independent contractors (including but not limited to these listed above) who received more than										
2	2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 53										

Form 990

Continuation Sheet for Form 990

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

Department of the Treasury Internal Revenue Service

Name of the Organization

St. Olaf College Employler Identification number 41-0693979

(A)	Highest Compensated Employees (A) (B) (C)			(D)	(E)	(F)				
Name and Title						hat app	ly)	Reportable		Estimated
	Average hours per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Glenn_Taylor	1.7									
Regent	0	Х						0.	0.	0.
Alphonso Tindall Regent	$-\frac{1.7}{0}$	х						0.	0.	0.
Theresa Hull Wise	1.7									
Regent	0	Х						0.	0.	0.
David Anderson	40									
President	0	t		Х				421,479.	0.	75,952.
Jo Beld	40									
VP of Mission	0	ł		Х				106,698.	0.	30,912.
Enoch Blazis	40							100,000.		00,912.
VP Advancement	0-	t		Х				207,630.	0.	28,095.
Dan Dressen	40					-		20170301		20,090.
Assoc Provost	$-\frac{10}{0}$	ł		Х				125,148.	0.	20,930.
Nathan Engle	40					-		120/110.		20,550.
Controller	$-\frac{10}{0}$	ł		Х				89,101.	0.	34,388.
Mark Gelle	40							00/1011		01/0001
CIO	$-\frac{10}{0}$	ł		Х				123,970.	0.	13,948.
Michael Goodson	40					-		12075701		10,910.
VP Human Resour	0-	t		Х				152,290.	0.	42,978.
Janet Hanson	40									
VP & CFO	0	ł		Х				196,079.	0.	39,968.
Gregory Kneser	40							19070791		037300.
VP Student Life	0-	t		Х				151,871.	0.	26,376.
Michael Kyle	40							101/0/11		20/0/01
VP Admissions	0	ł		Х				187,074.	0.	47,040.
Carl Crosby Lehmann	40							20170120		,
VP Gen Counsel	0	ł		Х				123,397.	0.	1,071.
Marci Sortor	40									
Provost Dean Co	0	t		Х				218,890.	0.	47,863.
Christopher George	40									1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Dean of Admission	0	ł				Х		130,795.	0.	41,477.
Bruce King	40							2007/001		
Instit Diversity	0	ł				Х		136,562.	0.	39,709.
Rebecca Otten	40									
Dir of Development	0	t				Х		144,463.	0.	16,246.
LaVern Rippley	40							,		- /
Professor		t				Х	1	136,574.	0.	24,336.
Peter Sandberg	40									-,
Asst VP of Facilit	0	t				Х		131,363.	0.	29,848.
Roberta Lembke	40									-,
Director of IT and Library		t	1				Х	127,061.	0.	24,512.

OMB No. 1545-0047

2016

Continuation Sheet for Form 990

Department of the Treasury		Con	unu	au	011	01		101			2016
Internal Revenue Service Name of the Organization										Employler Identification nu	mber
St. Olaf Colle	ae									41-0693979	
Part VII Continua Highest	ation: Officers, D Compensated Er	irectors nployee	, Tru s	ste	es,	Ke	y Em	nplo	oyees, and		
(A))	(B)			(0				(D)	(E)	(F)
Name an		Average hours per week (list any hours for related organiza- tions below dotted line)	Individual truste or director			Key employee	hat employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Angela Mathews		<u>40</u>	ŀ								
Budgeting & Au	xiliary Oper	0	 +					Х	113,657.	0.	16,244.
			+								
			+								
			-								
			-								
			+								
			-								
			-								
			-								
			-								
			-								
			-								
			<u> </u>								
			+								
			ļ								

Form 990 Cont 2016

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Form 990 (2016) St. Olaf College Part VIII Statement of Revenue

Page 9

			(A) Total revenue	(B)	(C) Unrelated	(D)
			Total Tevenue	Related or exempt function revenue	business revenue	Revenue excluded from under sectic 512-514
1a	a Federated campaigns 1 a					
	b Membership dues 1b	1.60.106				
	c Fundraising events 1 c d Related organizations 1 d	160,406.				
	e Government grants (contributions) 1 e	3,002,532.				
		3,002,332.				
	All other contributions, gifts, grants, and similar amounts not included above 1 f	21,441,452.				
Ģ	g Noncash contributions included in lines 1a-1f: \$	5,100,125.				
ł	n Total. Add lines 1a-1f		24,604,390.			
2		Business Code	104100511	104100511		
-		900099	134183711.	134183711.	11E CE1	
	• <u>Sales & Services from Aux</u> • <u>Other</u>	<u>611710</u> 900099	27,952,879. 2,702,552.	806,267.	445,651.	<u>26,700,9</u> 184,7
Ċ		900099	2,102,332.	2,511,102.		104,7
e						
	All other program service revenue					
Ģ	g Total. Add lines 2a-2f	•••••	164839142.			
3	Investment income (including dividend other similar amounts)	s, interest and ►	15 060 450		220 720	1 0 0 0 1
4	Income from investment of tax-exemption		15,960,450.		-239,738.	16,200,1
5	Royalties					
	(i) Real	(ii) Personal				
	a Gross rents 219,505					
	Less: rental expenses 153,218					
	Rental income or (loss) 66,287					
	d Net rental income or (loss)	(ii) Other	112,178.		45,891.	66,2
7 a	a Gross amount from sales of assets other than inventory 69561236					
	b Less: cost or other basis					
	and sales expenses 61147981	. 250,652.				
	Gain or (loss) 8,413,255	. 81,314.				
C	d Net gain or (loss)	►	8,494,569.			8,494,5
8 a	Gross income from fundraising events					
	(not including \$ <u>160,406.</u> of contributions reported on line 1c).					
	See Part IV, line 18	a 78,210.				
ł		b 178,641.				
•	c Net income or (loss) from fundraising		-100,431.			
9 a	a Gross income from gaming activities. See Part IV, line 19	a				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activ	/ities►				
		a <u>1,983,133.</u>				
	 b Less: cost of goods sold c Net income or (loss) from sales of inverse 	b <u>1,704,547.</u>	270 506			270 5
Ľ	Miscellaneous Revenue	Business Code	278,586.			278,5
11 a						
ł	,,,					
0	°					
	d All other revenue	•				

	Check if Schedule O contains a r				
Do 6b,	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	7,000.	7,000.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	63,548,123.	63,548,123.		
3	Grants and other assistance to foreign organizations, foreign governments, and for- eign individuals. See Part IV, lines 15 and 16	5,745,000.	5,745,000.		
4	Benefits paid to or for members	0,110,0001	0,,10,0001		
5	Compensation of current officers, directors, trustees, and key employees	2,592,487.	831,402.	1,293,022.	468,063.
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	49,809,716.	44,654,502.	3,242,910.	1,912,304.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	4,353,941.	3,892,202.	263,534.	198,205.
9	Other employee benefits	8,042,320.	7,348,242.	339,767.	354,311.
10	Payroll taxes	3,534,686.	3,079,305.	300,207.	155,174.
	Fees for services (non-employees):	3,334,000.			100/1/4.
	a Management				
1	b Legal	319,157.	275,941.	43,216.	
(c Accounting	107,572.	- ,	107,572.	
(Lobbying				
(e Professional fundraising services. See Part IV, line 17	174,857.			174,857.
	Investment management fees	397,934.		397,934.	
ç	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.)	3,422,121.	2,436,343.	722,325.	263,453.
12	Advertising and promotion.	361,190.	332,601.	28,312.	277.
13	Office expenses	2,791,097.	2,199,683.	335,630.	255,784.
14	Information technology	2,399,017.	1,949,250.	352,274.	97,493.
15	Royalties	6,048.	4,072.	1,976.	
16		6,394,252.	6,071,670.	259,882.	62,700.
17 18	Travel. Payments of travel or entertainment expenses for any federal, state, or local public officials.	6,339,977.	5,934,300.	202,262.	203,415.
19	Conferences, conventions, and meetings	256,260.	224,746.	16,718.	14,796.
20	Interest	3,161,545.	3,030,016.	130,258.	1,271.
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	12,748,708.	11,701,316.	818,097.	229,295.
	Insurance 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.)	668,362.	1,753.	666,526.	83.
ä	Food Service	8,954,879.	8,300,874.	446,119.	207,886.
	Juition paid to other Institut	2,578,494.	2,576,332.	1,379.	783.
	All_Other_Expenses	1,870,403.	1,798,660.		71,743.
	Membership dues paid to others	635,442.	353,715.	271,274.	10,453.
	All other expenses.	250,961.	97,281.	152,890.	790.
	Total functional expenses. Add lines 1 through 24e	191,471,549.	176,394,329.	10,394,084.	4,683,136.
20	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► if following SOP 98-2 (ASC 958-720)				
R۵۵					Form 990 (2016)

St. Olaf College

Form 990 (2016)

Form 990 (2016)St. Olaf CollegePart XBalance Sheet

r art A	Check if Schedule O contains a response or note to	o any line in this Part X			
		-	(A) Beginning of year		(B) End of year
1	Cash – non-interest-bearing		291,057.	1	526,541.
2	Savings and temporary cash investments		15,738,412.	2	17,439,095.
3	Pledges and grants receivable, net	8,898,491.	3	7,949,405	
4	Accounts receivable, net	261,775.	4	457,694	
5	Loans and other receivables from current and former trustees, key employees, and highest compensated e Part II of Schedule L	mployees. Complete		5	
6	Loans and other receivables from other disgualified p			5	
0	section 4958(f)(1)), persons described in section 4958(c)(employers and sponsoring organizations of section 501(c beneficiary organizations (see instructions). Complete		6		
2 7	Notes and loans receivable, net			7	750,000
8 7 8 8 9	Inventories for sale or use		593,109.	8	729,076
ζ 9	Prepaid expenses and deferred charges		658,799.	9	1,133,717
10	a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	1 1			
	b Less: accumulated depreciation		237,071,439.	10 c	248,672,936
11		/ / / /	172,580,530.	11	193,376,979
12	Investments – other securities. See Part IV, line 11.	265,271,871.	12	291,799,776	
13	Investments - program-related. See Part IV, line 11.		6,451,808.	13	6,792,854
14	Intangible assets.		0,451,000.	14	0,752,034
15	Other assets. See Part IV, line 11		57,102,974.	15	36,295,529
16	Total assets. Add lines 1 through 15 (must equal line		764,920,265.	16	805,923,602
17	Accounts payable and accrued expenses		20,047,300.	17	16,965,377
18	Grants payable	5,437,487.	18	5,446,640	
19	Deferred revenue	2,797,048.	19	3,510,633	
20	Tax-exempt bond liabilities		97,084,701.	20	85,252,405
21	Escrow or custodial account liability. Complete Part	IV of Schedule D	14,826,475.	21	15,213,398
21 22 22	Loans and other payables to current and former office key employees, highest compensated employees, an Complete Part II of Schedule L	d disqualified persons.		22	
23				23	
24	Unsecured notes and loans payable to unrelated third			24	
25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com		1,974,313.	25	2,535,856
26	Total liabilities. Add lines 17 through 25		142,167,324.	26	128,924,309
0	Organizations that follow SFAS 117 (ASC 958), check he lines 27 through 29, and lines 33 and 34.	re ► X and complete			
27	Unrestricted net assets		264,095,592.	27	282,661,370
28	Temporarily restricted net assets		156,381,653.	28	180,998,707
29			202,275,696.	29	213, 339, 216
27 28 29 30 31 32 33	Organizations that do not follow SFAS 117 (ASC 958), cl and complete lines 30 through 34.	neck here ►			
5 0 30	Capital stock or trust principal, or current funds			30	
8 31	Paid-in or capital surplus, or land, building, or equipm			31	
S 32	Retained earnings, endowment, accumulated income			32	
E 33	Total net assets or fund balances		622,752,941.	33	676,999,293
ž 34	Total liabilities and net assets/fund balances		764,920,265.	34	805,923,602
BAA			107, 520, 203.	U r	Form 990 (201

Forn	1990 (2016) St. Olaf College 41-0	693979		Pa	ge 12
Pa	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI.				. Х
1	Total revenue (must equal Part VIII, column (A), line 12)	1 21	4,18	38,8	384.
2	Total expenses (must equal Part IX, column (A), line 25)		91,4	71,5	<u>549.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3 2	22,73	17,3	35.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)).	4 62	22,7	52,9	<u>941.</u>
5	Net unrealized gains (losses) on investments.		31,8	59,2	273.
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). See Schedule O	9	-33	30,2	256.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10 67	76,9	99,2	293.
Pai	t XII Financial Statements and Reporting	·			
	Check if Schedule O contains a response or note to any line in this Part XII				· 🗌
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.				
28	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	l on a			
ł	Were the organization's financial statements audited by an independent accountant?		2 b	Х	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis X Consolidated basis Both consolidated and separate basis	e			
(If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2 c	Х	
•	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.				
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a	Х	ļ
ł	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3 b	Х	
BAA			Form	990 ((2016)

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.

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is

OMB	No.	1545	-0047
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Open	to P	Public
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Departn Internal	nent of the Treasury Revenue Service	► Inf	formation about Sche	edule A (Form 990 or 99 at <i>www.irs.gov/form</i> 99	90-EZ) a <i>0.</i>	nd its in	structions is	Inspection		
Name o	f the organization	1					Employer identifica	ation number		
St.	Olaf Colle						41-069397			
Part				rganizations must o				tions.		
The o	<u> </u>	•		For lines 1 through 12,		-	•			
1	A church, conv	vention of church	nes, or association of cl	nurches described in sec	ion 170(b)(1)(A)((i).			
2	X A school desc	ribed in section	170(b)(1)(A)(ii). (Attach	Schedule E (Form 990 or	990-EZ).)				
3		•		ization described in sec						
4		0	tion operated in conju	unction with a hospital of	describe	d in sec	:tion 1 70(b)(1)(A)(iii) . E	inter the hospital's		
	name, city, a	nd state:								
5	An organizati	nization operated for the benefit of a college or university owned or operated by a governmental unit described in 170(b)(1)(A)(iv). (Complete Part II.)								
6	A federal, sta	ate, or local gov	ernment or governme	ental unit described in s	ection 1	70(b)(1)	(A)(v).			
7	An organization in section 17	on that normally i 0(b)(1)(A)(vi). (receives a substantial p Complete Part II.)	part of its support from a	governm	ental uni	it or from the general pul	blic described		
8	A community	trust described	l in section 170(b)(1)(A)(vi). (Complete Part I	l.)					
9		r a non-land-gra	nt college of agriculture	tion 170(b)(1)(A)(ix) oper (see instructions). Enter	the nan	ne, city, a				
10										
11	An organizati	on organized a	nd operated exclusive	ly to test for public safe	ety. See	sectior	ı 509(a)(4).			
12	or more publi	clv supported o	rganizations describe	ely for the benefit of, to d in section 509(a)(1) of upporting organization	r sectio	n 509(a)(2). See section 509(a	ut the purposes of one)(3). Check the box in		
а	organization(s	oorting organizati) the power to re rt IV, Sections A	equiarly appoint or elect	d, or controlled by its sup a majority of the directo	ported or rs or trus	rganizat tees of t	ion(s), typically by giving the supporting organization) the supported on. You must		
b	management	pporting organiz of the supporting t e Part IV, Sect	organization vested in	ontrolled in connection the same persons that c	with its ontrol or	support manage	ed organization(s), by the supported organizat	having control or ion(s). You		
C	Type III function	onally integrated s) (see instructi	. A supporting organizations). You must com	ion operated in connectio plete Part IV, Sections	n with, ai A, D, an	nd functio d E.	onally integrated with, its	supported		
d	Type III non-fu functionally in instructions).	unctionally integ ntegrated. The of You must com	rated. A supporting org organization generally plete Part IV. Section	anization operated in cor must satisfy a distribu s A and D, and Part V.	nection tion req	with its s uiremen	supported organization(s t and an attentiveness) that is not requirement (see		
e	Check this bo	ox if the organiz	ation received a writt	en determination from t supporting organization	he IRS					
g	Provide the follo	wing informatio	n about the supported	d organization(s).	-					
(i	i) Name of supported of	organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	in your a	s the ion listed overning nent?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
					Yes	No				
(A)										
(B)										
(C)										
(D)										
(E)										
Total										

	(Complete only if you checked organization fails to qualify			if the organization		der Part III. If the	
Sec	tion A. Public Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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	vities, etc. (see ins	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)	►
	tion C. Computation of Pul						
	Public support percentage for 20	•					%
15	Public support percentage from	2015 Schedule A,	Part II, line 14.			15	%
16a	33-1/3% support test-2016. If t and stop here. The organization	he organization di qualifies as a pul	d not check the plicly supported o	box on line 13, an organization	d line 14 is 33-1/3	3% or more, check	<pre>< this box</pre>
b	33-1/3% support test-2015. If the and stop here. The organization	e organization did qualifies as a pu	d not check a box blicly supported	k on line 13 or 16a organization	a, and line 15 is 3	3-1/3% or more, c	check this box
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstance	es' test, check this	box and stop he	re. Explain in Part	VI how
	10%-facts-and-circumstances te 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	re. Explain in Part ted organization.	· VI how the
18	Private foundation. If the organized	zation did not che	ck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see ins	structions 🕨

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

Schedule A (Form 990 or 990-EZ) 2016 St. Olaf College

Schedule A (Form 990 or 990-EZ) 2016

41-0693979

Page 2

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Part III

Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
	lar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not 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.						
74	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						
	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support		1			l l	
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6						
1 0 a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from						
h	similar sources Unrelated business taxable						
D	income (less section 511						
	taxes) from businesses acquired after June 30, 1975						
с	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of						
	capital assets (Explain in						
13	Part VI.) Total support. (Add lines 9,						
	10c, 11, and 12.)						
14	First five years. If the Form 990 organization, check this box and	is for the organiza	ation's first, secor	nd, third, fourth, c	or fifth tax year as	a section 501(c)(3	³⁾ ► □
Sec	tion C. Computation of Pu						
-	Public support percentage for 20		-	ne 13, column (f)))	15	0/0
16	Public support percentage from	2015 Schedule A,	Part III, line 15.			16	0/0
Sec	tion D. Computation of Inv	estment Incor	ne Percentage	e		• •	
17	Investment income percentage f	or 2016 (line 10c,	column (f) divide	ed by line 13, colu	ımn (f))	17	010
18	Investment income percentage f						010
19a	33-1/3% support tests-2016. If						d line 17
۲ ۲	is not more than 33-1/3%, check 33-1/3% support tests-2015. If		• •	•		-	
a	line 18 is not more than 33-1/3%						
20	Private foundation. If the organi		•		•		

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

No Yes Are all of the organization's supported organizations listed by name in the organization's governing documents? 1 If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. 1 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 2 described in section 509(a)(1) or (2). 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below. 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 4a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below. 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. Δh **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 4c 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes.' answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by 5a amendment to the organizing document). b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b c Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c 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 6 or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of 6 the filing organization's supported organizations? If 'Yes,' provide detail in Part VI. 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(Č)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ). 7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' 8 complete Part I of Schedule L (Form 990 or 990-EZ). 8 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI. 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? *If 'Yes,' provide detail in Part VI.* 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*. 9c 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer 10b below. 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

Part IV	Supporting Organizations (continued)		_	
			Yes	No
11 Has	the organization accepted a gift or contribution from any of the following persons?			
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the				
	rning body of a supported organization?	11a		
b A family member of a person described in (a) above? 11b				
c A 35	% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c		
Section	B. Type I Supporting Organizations			

- 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the			
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).	I		

Section D. All Type III Supporting Organizations

Yes No 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the 1 organization's governing documents in effect on the date of notification, to the extent not previously provided? 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 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played 3 in this regard.

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
 - a The organization satisfied the Activities Test. Complete line 2 below.
 - **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
 - c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

2 Activities Test. Answer (a) and (b) below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in **Part VI identify those supported** organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- **b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- 3 Parent of Supported Organizations. Answer (a) and (b) below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in **Part VI** the role played by the organization in this regard.

41-0693979

Page 5

Yes

1

2

No

No

Yes

2a

2b

3a

3h

Page 6

1	Check here if the organization satisfied the Integral Part Test as a qualifying true instructions. All other Type III non-functionally integrated supporting organization	st on No ons mus	v. 20, 1970 (explain ir t complete Sections A	n Part VI). See through E.
ec	tion A – Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
ec	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 shor tax year or assets held for part of year):	t		
ä	Average monthly value of securities	1a		
ł	Average monthly cash balances	1b		
0	Fair market value of other non-exempt-use assets	1c		
C	1 Total (add lines 1a, 1b, and 1c)	1d		
e	e 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		
ec	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 integrated Type III supporting organization (see instructions).

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Schedule A (Form 990 or 990-EZ) 2016

Page 7

ection D – Distributions			Current Year
1 Amounts paid to supported organizations to accomplish exempt pur	poses		
2 Amounts paid to perform activity that directly furthers exempt purposes o in excess of income from activity	f supported organizatior	ns,	
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 in Part VI). See instructions.	on is responsive (provide	e details	
9 Distributable amount for 2016 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
ection E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required – explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2017. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			

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Schedule A (Form 990 or 990-EZ) 2016

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

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.

SCH	EDL	JLE	Ξ	С	
(Form	99 0	or	9	9 0-E 2	Z)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.
 ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2016 Open to Public Inspection

OMB No. 1545-0047

• 5	Section 501(c)(3) organization	on Form 990, Part IV, line 3, or Form 990-EZ, l ns: Complete Parts I-A and B. Do not comp ction 501(c)(3)) organizations: Complete Pa	lete Part I-C.		
	Section 527 organizations: Co				
		on Form 990, Part IV, line 4, or Form 990-EZ,			
		that have filed Form 5768 (election under sect			
• S F	Section 501(c)(3) organization Part II-A.	is that have NOT filed Form 5768 (election	under section 501(h)): Complete Part II-B. D	o not complete
If the (Pro	e organization answered 'Yes xy Tax) (see separate instruc	• ·	(see separate instruc	ctions) or Form 990-EZ,	Part V, line 35c
_	of organization	organizations: Complete Part III.		Employer identifica	tion number
	5				
	01af College	rganization is exempt under section	on 501(c) or is a	41-069397	
	Provide a description of the	organization's direct and indirect political on of 'political campaign activities')			
2	Political campaign activity e	xpenditures (see instructions)		►\$	
3	Volunteer hours for political	campaign activities (see instructions)		. • · · · · · · · · · · · · · · · · · ·	
Par	t I-B Complete if the o	rganization is exempt under secti	on 501(c)(3).		
1	Enter the amount of any exc	rganization is exempt under sections is exempt under sections is a section of the organization under	section 4955	►\$	0.
2	Enter the amount of any exe	cise tax incurred by organization managers	under section 4955	►\$	0.
3		a section 4955 tax, did it file Form 4720 for			
-					
t	If 'Yes,' describe in Part IV.				
Par		rganization is exempt under section			
1	Enter the amount directly ex	pended by the filing organization for section	on 527 exempt function	on activities 🏲 \$	
2	Enter the amount of the filing function activities	organization's funds contributed to other organ	nizations for section 52	7 exempt►\$	
3	Total exempt function exper line 17b	nditures. Add lines 1 and 2. Enter here and	on Form 1120-POL,	►\$	
4	Did the filing organization fil	e Form 1120-POL for this year?			Yes No
5	amount of political contribution	and employer identification number (EIN) s. For each organization listed, enter the a ns received that were promptly and directly de al action committee (PAC). If additional spa	livered to a separate p	olitical organization, such	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 (For	m 990 or 990-EZ) 2016

Schedule C (Form 990 or 990-EZ) 201	¹⁶ St. Olaf Co	ollege		41-069	3979 Page 2
	the organizatio	n is exempt under se	ction 501(c)(3) and	l filed Form 5768 (e	lection under
A Check ► if the filin	ig organization belon	gs to an affiliated group (and	l list in Part IV each affili	ated group member's nam	ne,
address,	EIN, expenses, an	d share of excess lobbying	expenditures).		
B Check ► if the filir	ng organization che	cked box A and 'limited co	ntrol' provisions apply.		
(The term		/ing Expenditures ans amounts paid or incur	red.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditu	ures to influence pu	blic opinion (grass roots lo	bbying)		
b Total lobbying expenditu	ures to influence a	legislative body (direct lobl	oying)		
c Total lobbying expenditu	ures (add lines 1a a	and 1b)			
d Other exempt purpose e	expenditures				
		nes 1c and 1d)			
f Lobbying nontaxable an both columns	nount. Enter the an	nount from the following ta	ble in		
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,	Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000.				
Over \$1,000,000 but not over \$	\$1,500,000	\$175,000 plus 10% of the excess	over \$1,000,000.		
Over \$1,500,000 but not over \$	Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000.				
Over \$17,000,000		\$1,000,000.			
g Grassroots nontaxable a	amount (enter 25%	of line 1f)			
h Subtract line 1g from lir	ne 1a. If zero or les	s, enter -0			
i Subtract line 1f from lin	e 1c. If zero or less	s, enter -0			
		r line 1h or line 1i, did the org			Yes No
(Som	e organizations the columns be	4-Year Averaging Period at made a section 501(h) e elow. See the separate inst	lection do not have to	complete all of the five rrough 2f.)	
	Lobi	oying Expenditures During	4-Year Averaging Peri	iod	
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
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 (Form 990 or 990-EZ) 2016

	(a)		(b)
For each 'Yes' response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	Yes	No	Am	ount
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?	Х			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Х			
c Media advertisements?		Х		
d Mailings to members, legislators, or the public?	Х			465
e Publications, or published or broadcast statements?		Х		
f Grants to other organizations for lobbying purposes?		Х		
q Direct contact with legislators, their staffs, government officials, or a legislative body?	Х			103
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х		
i Other activities?	Х		1	11,890
j Total. Add lines 1c through 1i				12,458
2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х		,
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)(6).	(c)(5)	, or		
				Yes No
1 Were substantially all (90% or more) dues received nondeductible by members?				
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the	orior y	ear?	3	
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501 (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) answered 'Yes.'	(c)(5) Part I	, or s Ⅲ-A, I	ection 5 line 3, is	01(c)
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		2a		
b Carryover from last year		2 b		
c 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		

Schedule C (Form 990 or 990-EZ) 2016 St. Olaf College 41-0693979 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)).

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 2016 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

legislators. The primary focus of efforts was to communicate to representatives BAA Schedule C (Form 990 or 990-EZ) 2016

Page 3

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 \$141,971 during the taxable year.

MPCC has divided its expenses for its taxable year ending June 30, 2017, 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 78.81% 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, \$111,890 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.

OMB No. 1545-0047 Supplemental Financial Statements SCHEDULE D ► Complete if the organization answered 'Yes' on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. (Form 990) 16 **Open to Public** Department of the Treasury Internal Revenue Service Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Inspection Name of the organization Employer identification number St. Olaf College 41-0693979 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered 'Yes' on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year..... 1 Aggregate value of contributions to (during year). 2 3 Aggregate value of grants from (during year)..... Aggregate value at end of year 4 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds No are the organization's property, subject to the organization's exclusive legal control?... Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring 6 No impermissible private benefit?..... Yes Part II **Conservation Easements.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Х Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a gualified conservation contribution in the form of a conservation easement on the 2 last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements..... 2a 2 **b** Total acreage restricted by conservation easements..... 2b 155 c Number of conservation easements on a certified historic structure included in (a)..... 2 c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2 d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year ► 4 Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, 5 and enforcement of the conservation easements it holds?..... X No Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 200 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 ►\$ 21,906. Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(ii)?..... Yes No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. See Part XIII 9 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered 'Yes' on Form 990, Part IV, line 8. 1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. **b** If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: ►Ś (i) Revenue included on Form 990, Part VIII, line 1..... 36,014 (ii) Assets included in Form 990, Part X..... 792.781 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1..... ►\$

 b Assets included in Form 990, Part X.....

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

 TEEA3301L
 08/15/16

Schedule D (Form 990) 2016

►Ś

Schedule D (Form 990) 2016 St. (41-0693		
Part III Organizations Mainta	ning Collections	of Art, Histori	cal Treasures, or	Other Similar Ass	ets (continued)	
3 Using the organization's acquisition items (check all that apply):	, accession, and other	records, check any	of the following that are	e a significant use of its o	collection	
a X Public exhibition			exchange programs			
b X Scholarly research	- 4:	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 						
 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?						
Part IV Escrow and Custodia line 9, or reported an a	Arrangements.	Complete if the	e organization ans	wered 'Yes' on Fo	m 990, Part IV,	
1 a Is the organization an agent, trus on Form 990, Part X?				r assets not included	X Yes No	
b If 'Yes,' explain the arrangement	in Part XIII and com	plete the following	table:	· · · · ·		
See Part XIII					Amount	
c Beginning balance					789,331.	
d Additions during the yeare Distributions during the year					663,466.	
f Ending balance					<u> </u>	
2a Did the organization include an a						
b If 'Yes,' explain the arrangement				-		
	Se	e Part XIII				
Part V Endowment Funds. C	omplete if the org	ganization ansv	vered 'Yes' on Fo	r <u>m 990, Part IV, lir</u>		
	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back	
1 a Beginning of year balance	447,701,139.					
b Contributions	9,518,220.	15,066,886	5. 10,077,735	13,924,729.	8,953,711.	
c Net investment earnings, gains, and losses	55,708,370.					
d Grants or scholarships	5,608,563.	4,998,039	9. 4,471,680	4,013,894.	3,793,720.	
 e Other expenditures for facilities and programs f Administrative expenses 	8,120,180.	4,910,837				
q End of year balance	<u>489,013.</u> 498,709,974.					
2 Provide the estimated percentage					579,301,100.	
a Board designated or quasi-endowm	-	1.50 %				
b Permanent endowment ►	39.20%					
c Temporarily restricted endowmer		0 %				
The percentages on lines 2a, 2b, ar						
3a Are there endowment funds not in t organization by:	he possession of the o	rganization that are	held and administered	for the	Yes No	
(i) unrelated organizations					3a(i) X	
(ii) related organizations					3a(ii) X	
b If 'Yes' on line 3a(ii), are the rela	-	•			3b	
4 Describe in Part XIII the intended		ation's endowment	funds. See Part	: XIII		
Part VI Land, Buildings, and Complete if the organi		'Yes' on Form	990, Part IV, line	11a. See Form 99	0, Part X, line 10.	
Description of property	(a) Cost (in	t or other basis vestment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value	
1 a Land			1,232,890.		1,232,890.	
b Buildings		,405,300.	293,856,810.	109,042,287.	186,219,823.	
c Leasehold improvements					17 670 410	
d Equipment		102 500	54,755,144.	37,076,725.	17,678,419.	
Total. Add lines 1a through 1e. (Column		182,500.	<u>60,521,344</u> .	17,162,040.	<u>43,541,804.</u> 248,672,936.	
BAA					lle D (Form 990) 2016	

Schedule D (Form 990) 2016 St. Olat College		41-0693979 Page 3
	Yes' on Form 990	0, Part IV, line 11b. See Form 990, Part X, line 12
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other Hedge Funds	92,055,671.	End of Year Market Value
(A) Private Equity Funds	57,579,384.	End of Year Market Value
(B) Global Equity Funds	64,821,715.	End of Year Market Value
(C) Global Bond Funds	22,836,636.	End of Year Market Value
(D) Real Estate Funds		End of Year Market Value
(E) Commodity Funds	· · · ·	End of Year Market Value
(F) Treasury-Inflation Protected Secur		
(G)		End of Year Market Value
(H) Other Investments		End of Year Market Value
(l)	115,755.	
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) ►	291,799,776.	
Part VIII Investments – Program Related.	291,199,110.	N/A
Complete if the organization answered	'Yes' on Form 990	0, Part IV, line 11c. See Form 990, Part X, line 13
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ►	•	
Part IX Other Assets.	N/A	
		0, Part IV, line 11d. See Form 990, Part X, line 15
	scription	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
<u>(6)</u>		
(7)		
(8)		
(9) (10)		
	D) line 15)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 15.)	▶
Part X Other Liabilities.	Form OOD Dort IV line 1	10 or 11f Coo Form 000 Port V line 05
Complete if the organization answered 'Yes' on F		
(a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) Asset Retirement Obligation	2,535,85	
(3)		
(4)		
(5)		
<u>(6)</u>		
(7)		
(8)		
(9)		
(10)		
(11)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	2,535,85	56.

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

Schedule D (Form 990) 2016 St. Olaf College	41-0693	979 Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue		
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	177,824,822.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments	9,273.	
b Donated services and use of facilities 2b		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.) See Part XIII 2d -70,028	3,312.	
e Add lines 2a through 2d.	2e	-38,169,039.
3 Subtract line 2e from line 1.		215,993,861.
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 4a		
b Other (Describe in Part XIII.) See Part XIII 4b -1,804	4,977.	
c Add lines 4a and 4b.	4c	-1,804,977.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	214,188,884.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expense	ses per Return	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	1	123,578,468.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities 2a		
b Prior year adjustments		
c Other losses		
d Other (Describe in Part XIII.) See Part XIII 2d 1,804	4,977.	
e Add lines 2a through 2d.	2e	1,804,977.
3 Subtract line 2e from line 1		121,773,491.
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 4a		
b Other (Describe in Part XIII.) See Part XIII 4b 69,698	8,058.	
c Add lines 4a and 4b.	-	69,698,058.
5 Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>)	5	191,471,549.
Part XIII Supplemental Information.		

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

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) 2016

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 "Annuities Payable" \$13,336,999 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" \$1,876,399 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, 2017.

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	
Adj. to Retiree Heath Care Liability	-586,667.
Endowment Fund Investment Mngt Fees	-397,934.
Loss due to refinancing	-1,306,705.
Scholarships and Grants	-69,300,124.
Total	\$ -70,028,312.

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	-1,704,547. -100,430. -1,804,977.
Schedule D, Part XII, Line 2d Other Expenses And Losses Per Audited F/S	
Cost of Goods Sold on Inventory Loss from Fundraising Events	1,704,547. 100,430. 1,804,977.
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	 397,934. 69,300,124. 69,698,058.

				OMB No. 1545-0047				
SCHEDULE E (Form 990 or 990-EZ)					2016 Open to Public			
Department of the Treasury Internal Revenue Service	Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.irs.gov/f		nspect		IC			
Name of the organization		mployer identification	umber					
St. Olaf Colle	ege 4	1-0693979						
Part I				YES	NO			
				TE3	NO			
governing instrur	ation have a racially nondiscriminatory policy toward students by statement in its chain nent, or in a resolution of its governing body?		1	Х				
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 organiza period of solicitation the policy known to the	tion publicized its racially nondiscriminatory policy through newspaper or broadcast m on for students, or during the registration period if it has no solicitation program, in a way that o all parts of the general community it serves? If 'Yes,' please describe. If 'No,' please expla	nedia during the at makes ain. If you	2	X				
	e, use Part II		3	Х				
	e does not engage in signficant advertising activities or broadcast media. However, when the College posts		-					
	n newspapers the applicable discrimination policies an		-					
included.		<u> </u>	-					
			-					
4 Does the organiz	ation maintain the following?		-					
a Records indicatin	ig the racial composition of the student body, faculty, and administrative staff? \ldots		4 a	Х				
	nting that scholarships and other financial assistance are awarded on a racially y basis?		4 b	Х				
	ogues, brochures, announcements, and other written communications to the public dealing v							
	ns, programs, and scholarships?			X				
•	erial used by the organization or on its behalf to solicit contributions?		4 d	Х				
ii you answered	no to any of the above, please explain. If you need note space, use I at it.							
			-					
			-					
	ation discriminate by race in any way with respect to:							
a Students' rights of	pr privileges?		5 a		Х			
h Admissions polis	ieo?		5 h		37			
D Admissions polic	ies?		5 b		Х			
c Employment of fa	aculty or administrative staff?		5 c		Х			
d Scholarships or c	other financial assistance?		5 d		Х			
e Educational polic	ies?		5 e		Х			
f Use of facilities?			5 f		Х			
g Athletic programs	\$?		5 g		Х			
h Other extracurric	ular activities?		5 h		Х			
	Yes' to any of the above, please explain. If you need more space, use Part II.		•		<u></u>			
			_					
6a Does the organiz	ation receive any financial aid or assistance from a governmental agency?		6 a	Х				
	tion's right to such aid ever been revoked or suspended?		-	Λ	Х			
	es' on either line 6a or line 6b, explain on Part II. See Par		5.5		71			
7 Does the organiz 4.01 through 4.05	ation certify that it has complied with the applicable requirements of sections of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If Part II		7	X				
		edule E (Form 99			2016)			

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		Statement of Activities Outside the United States				
(Form 990)	 Complete if the or 	ganization answer	red 'Yes' on Form 990, Part IV, line ach to Form 990.	e 14b, 15, or 16.	2016	
Department of the Treasury Internal Revenue Service	 Informat 	ion about Sched	ule F (Form 990) and its instru <i>.irs.gov/form</i> 990.	ctions is	Open to Public Inspection	
Name of the organization			•	Employer id	entification number	
St. Olaf College				41-069		
	nation on Activiti Part IV, line 14b.	es Outside th	e United States. Complet	te if the organiza	tion answered 'Yes'	
1 For grantmakers. Does	the organization mai	intain records to	substantiate the amount of its	grants and other ass	istance,	
the grantees' eligibility	for the grants or assi	stance, and the s	selection criteria used to award	the grants or assistant	ance? X Yes No	
	be in Part V the organiz t V	zation's procedure	s for monitoring the use of its gra	ants and other assistar	nce 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 the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed (d) is a program service, describe specific type of service(s) in the region	expenditures for	
C. America &			_			
(1) Caribbean			Investments		83,387,000.	
(2) Europe			Investments		10,000,000.	
East Asia & the						
(3) Pacific			Program Service	Intl Studies	1,379,000.	
(4) Europe			Program Service	Intl Studies	2,448,000.	
Middle East & N.						
(5) Africa			Program Service	Intl Studies	234,000.	
Russia & Neighborin (6) States	ng		Program Service	Intl Studies	127,000.	
(7) South America			Program Service	Intl Studies	382,000.	
(8) South Asia			Program Service	Intl Studies	28,000.	
(9) Sub-Saharan Africa			Program Service	Intl Studies	151,000.	
C. America &						
(10) Carribean			Program Service	Intl Studies	363,000.	
(11) South America			Program Service	Music Tours	104,000.	
East Asia & the				Alumni Study		
(12) Pacific			Program Service	Travel	610,000.	
Russia &the				Alumni Study	202.000	
(13) Neighboring States			Program Services	Tour Alumni Study	393,000.	
(14) Sub-Saharan Africa			Program Service	Travel	258,000.	
Central America & t	-he			Alumni Study	200,000.	
(15) Caribbea			Program Service	Travel	702,000.	
				Alumni Study		
(16) Europe			Program Services	Travel	926,000.	
				Student		
(17) Europe			Program services	Recuitment	11,000.	
3a Sub-total					101,503,000.	
b Total from continuation sheets to Part I					7,000.	
c Totals (add lines 3a and 3b)		0			101,510,000.	

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

Schedule F (Form 990) 2016

Page 2

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									
	inter total number of recipient organiza e grantee or counsel has provided								0
BAA	inter total number of other organizat								0 (Form 990) 2016

Page 3

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 noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book FMV, appraisal other)
				Credit on			
(1) Merit-Based Aid	C America & Carrib	13	155,000.	Acct			
	East Asia & the			Credit on			
(2) Merit-Based Aid	Pacific	29	198,000.	Acct			
				Credit on			
(3) Merit-Based Aid	Europe	114	1,312,000.	Acct			
				Credit on			
(4) Merit-Based Aid	Russia & Neighbors	6	83,000.	Acct			
				Credit on			
(5) Merit-Based Aid	South America	38	184,000.	Acct			
				Credit on			
(6) Merit-Based Aid	South Asia	5	56,000.	Acct			
			,	Credit on			
(7) Merit-Based Aid	Sub-Saharan Africa	13	148,000.	Acct			
	C. America &		.,	Credit on			
(8) Need-Based Aid	Carrib	12	92,000.				
	East Asia & the		,	Credit on			
(9) Need-Based Aid	Pacific	77	668,000.				
() Hood Babba Hild	1001110			Credit on			
(10) Need-Based Aid	Europe	314	2,225,000.				
() Nood Babea Mid	Russia & Neighbors		2722070001	Credit on			
(11) Need-Based Aid	Rabbia a Reighboib	18	150,000.				
() Nood Babea Mid		10	100,000.	Credit on			
(12) Need-Based Aid	South America	16	70,000.				
		10	10,000.	Credit on			
(13) Need-Based Aid	South Asia	24	201,000.				
	South Asia	27	201,000.	Credit on			
(14) Need-Based Aid	Sub-Saharan Africa	8	68,000.				
(1) Need Dased Ald	Sub Saliarali Attica	0	00,000.	Credit on			
(15) Tuition Waivers	C America & Carrib	1	16 000				
	East Asia & the	1	16,000.	Credit on			
(16) Tuition Waivers	Pacf	1	21 000				
VY IUILION WAIVERS	Paci	l	31,000.				
	Couth America	-	40.000	Credit on			
(17) Tuition Waivers	South America	<u>_</u>	42,000.				
(19) maiting Marri	Provene		46.000	Credit on			
(18) Tuition Waviers BAA	Europe	2	46,000.	ACCT		<u> </u>	(Form 990) 2016

che	edule F (Form 990) 2016 St. Olaf College	41-0693979	Page 4
Pa	rt IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If 'Yes,' the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926).	XYes	No
2	Did the organization have an interest in a foreign trust during the tax year? If 'Yes,' the organization may be required to separately file Form 3520, Annual Return To Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If 'Yes,' the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Cell	tain	—

	Foreign Corporations (see Instructions for Form 5471).	XYes	No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If 'Yes,' the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621).	XYes	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If 'Yes,' the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	XYes	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If 'Yes,' the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Yes	X No

BAA

TEEA3505L 09/26/16

Schedule F (Form 990) 2016

Part V Supplemental Information

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

Part I, Line 2 - 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.

Page 5

Continuation Sheet for Schedule F (Form 990)

 Attach to Form 990 to list additional information for Schedule F (Form 990) Part I, line 3; Part II, line 1; or Part III.
 See instructions for Schedule F (Form 990). 2016

Continuation Page 1 Of 1

Name of the organization			· · · · · · · · · · · · · · · · · · ·	Employer identifi	cation number
St. Olaf College				41-06939	79
Part I Continuation of A	Activities per R	egion. (Sched	dule F (Form 990), Part I		
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
				Student	
South Asia			Program Services	Recruitment	1,000.
East Asia & the Pacific			Program Services	Student Recruitment	6,000.
Totals	0	0			7,000.

7,000. Schedule F Cont (Form 990) 2016

		Supplem	ental Informa	ation Reg	garding F	undraising or Gami	ing Activ	ities	OMB No. 1545-0047			
	HEDULE G m 990 or 990-EZ)	Comple				orm 990, Part IV, line 17, 18 ,000 on Form 990-EZ, line 6		the	2016			
Intern	tment of the Treasury al Revenue Service	► Informatio	on about Schedule			or Form 990-EZ. and its instructions is at w i	0		Open to Public Inspection			
	of the organization	a b						mployer identifica				
_	Fundraising	Activities. Comple				on Form 990, Part IV, lin		1 005557)	—		
Par		Z filers are not re	1 1			owing activities. Check	all that a					
1	X Mail solicitation	U		rougii ariy		X Solicitation of non-		1.5				
	X Internet and		S			X Solicitation of gove	0	0				
	X Phone solicita					X Special fundraising						
c	I X In-person sol	icitations										
2a						ncluding officers, directo rofessional fundraising			X Yes N	lo		
ł		0 highest paid ind	dividuals or enti	ities (fund		rsuant to agreements				U		
(i)	Name and addres or entity (fund		(ii) Activity	have custo	fundraiser dy or control ributions?	(iv) Gross receipts from activity	(or ret fundrais	ount paid to ained by) ser listed in umn (i)	(vi) Amount paid to (or retained by) organization)		
	Norris Peters	on		Yes	No		001	unnin (1)		—		
1	1638 Mississi		Consulting & Working									
	St Paul MN 55		with		Х			84,575.				
2	Give Campus I 903 G ST	nc										
_	Washington DC	DC 20003	Consulting		Х			47,125.				
	West Wind Con							,				
3	120 Brindley	ST Ste 7										
	Ithica NY 148		Consulting		Х			24,000.				
4	Plus Delta Pa 6965 El Camin											
-	Carisbad CA 9		Consulting & Training		Х			8,877.				
	Blackbaud Inc							·				
5	2000 daniel I											
	Charleston SC	29492	Consulting		Х			8,280.		—		
6												
7												
8												
9												
10												
	_			1	•							
Tota						anduila di ana I I-		172,857.).		
3	List all states in wh or licensing.	nich the organizati	on is registered of	or licensed	I TO SOLICIT CO	ontributions or has been	notified it i	s exempt from	registration			
						N <u>IAKSKY</u> LAN			<u>MS_MO_MT_NE</u>			
	<u>NV NH NJ NM</u>	I NY NC ND	<u>OH OK OR P</u>	PA PR F	RI SC SI	<u>D TN TX UT VT V</u>	<u>VA WV M</u>	NI WY DC		_		
					·	·				_		
										—		

Schedule G (Form 990 or 990-EZ) 2016 St. Olaf College

41-0693979 Page **2**

Part II	Fundraising Events. Complete if the organization answered 'Yes' on Form 990, Part IV, line 18, or reported
	more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b.
	List events with gross receipts greater than \$5.000.

R			(a) Event #1 Gala (event type)	(b) Event #2	(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	238,616.			238,616.
Ĕ	2	Less: Contributions	160,406.			160,406.
	3	Gross income (line 1 minus line 2)	78,210.			78,210.
	4	Cash prizes.				
D	5	Noncash prizes	503.			503.
1	6	Rent/facility costs				
R E C T	7	Food and beverages	69,665.			69,665.
E X P	8	Entertainment	91,277.			91,277.
EXPENSES	9	Other direct expenses	17,196.			17,196.
	10 11	Direct expense summary. Add lines 4 thr Net income summary. Subtract line 10 fr	om line 3, column (d).			-100,431.
Par	t III	Gaming. Complete if the organiza \$15,000 on Form 990-EZ, line 6a.	ition answered 'Yes	s' on Form 990, Pai	rt IV, line 19, or re	ported more than
REVENUE			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
Ŭ	1	Gross revenue				
F	2	Cash prizes				
EXPENSES	3	Noncash prizes				
CS TE S	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes%	Yes% No	Yes%	
	7	Direct expense summary. Add lines 2 thr	ough 5 in column (d)			
	8	Net gaming income summary. Subtract li	ne 7 from line 1, colum	ın (d)		
	ls th	er the state(s) in which the organization contended on the organization licensed to conduct gaming lo,' explain:	g activities in each of th			
		e any of the organization's gaming license 'es,' explain:		or terminated during the		

Schedule G (Form 990 or 990-EZ) 2016

Schedule G (Form 990 or 990-EZ) 2016 St. Olaf College 4	1-0693979	Page 3
11 Does the organization conduct gaming activities with nonmembers?	· · · · · · · · · · · · · · · · · · ·	es 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?	Ye	es No
13 Indicate the percentage of gaming activity conducted in:		
a The organization's facility.		00
b An outside facility.14 Enter the name and address of the person who prepares the organization's gaming/special events books and records		010
Name ►		
Address ►		
 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue b If 'Yes,' enter the amount of gaming revenue received by the organization < \$ and the of gaming revenue retained by the third party < \$ c If 'Yes,' enter name and address of the third party: 	ue?	Yes 🗌 No
Name ►		
Address ►		
16 Gaming manager information:		
Name ►		
Gaming manager compensation ► \$		
Description of services provided		
Director/officer Employee Independent contractor		
17 Mandatory distributions		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	[,]	Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	the	
organization's own exempt activities during the tax year ► \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, co	lumne (iii) ar	nd (v):
and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide an information. See instructions	y additional	iu (v),

SCHEDULE I		G	rants and Ot	her Assistance	to Organizatior	IS,	L	OMB No. 1545-0047
(Form 990)		Gov	/ernments, a	nd Individuals i	n the United St	ates		2016
Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.								Open to Public
Department of the Treasury Internal Revenue Service		Information	n about Schedule	l (Form 990) and its inst	ructions is at www.irs.	gov/form990.		Inspection
Name of the organization							Employer identifi	
St. Olaf Colleg	e						41-06939	79
Part I General Info								
the selection criteri	a used to award th	he grants or assistan	ce?	r assistance, the grantees				X Yes No
				unds in the United States.			Part IV	
Part II Grants and Form 990, F				and Domestic Gov more than \$5,000. I				
1 (a) Name and addres or govern	s of organization ment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Reconciling Work	S							
1669 Arcade Stre	et, Ste 2							
St. Paul, MN 551	06	36-3209636	501C(3)	7,000.	0.			Knutson Grant
(2)								
(3)								
<u>(3)</u>								
(4)								
<u>(5)</u>								
(0)								
<u>(6)</u>								
(7)								
<u></u>								
(8)								
			-	in the line 1 table			••••••	1
	-						• • •	0
BAA For Paperwork Red	auction Act Notice	e, see the instruction	s tor Form 990.		TEEA3901L	11/03/16	Schedu	le I (Form 990) (2016)

41-0693979

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 Tuition Waiver	60	1,539,426.			
		_, ,			
2 Merit Based Scholarships	2,157	26,513,740.			
3 Need Based Financial Aid	3,303	35,015,974.			
Scholarships for NonTuition 4 & Fees	67	101,020.			
Independent Educational 5 Activity	58	97,375.			
Center for Vocation & Career 6 Assist	147	276,838.			
Title IX W/O Legal 7 /Compliance	3	3,750.			

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.

departments responsible for the dispursement.

SCHEDULE J	Compensation Information		ON	IB No. 1	545-004	17
(Form 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest Com	pensated Employee	s	2016		
	Complete if the organization answered 'Yes' on Form 990, Part IN	V, line 23.				
Department of the Treasury Internal Revenue Service	Attach to Form 990. Information about Schedule J (Form 990) and its instructions is at w	ww.irs.aov/form99		Publiction	ic	
Name of the organization			ntification nu	nber		
St. Olaf Colle		41-0693	3979			
Part I Question	s Regarding Compensation					
1 a Check the approp	riate box(es) if the organization provided any of the following to or for a person lis	ted on Form 990, Pa	art		Yes	No
	ne 1a. Complete Part III to provide any relevant information regarding these	Pa	rt III			
	r charter travel					
X Travel for co		•	ence			
	fication and gross-up payments		0			
Discretionary	y spending account Personal services (such as, r	maid, chauffeur, che	f)			
	s on line 1a are checked, did the organization follow a written policy regarding pay or provision of all of the expenses described above? If 'No,' complete Part II			1 b	Х	
	tion require substantiation prior to reimbursing or allowing expenses incurre- icers, including the CEO/Executive Director, regarding the items checked in			2	Х	
CEO/Executive [any, of the following the filing organization used to establish the compensation of Director. Check all that apply. Do not check any boxes for methods used by a nsation of the CEO/Executive Director, but explain in Part III.	the organization's a related organizat	ion to			
Compensatio	on committee X Written employment contra	ct				
Independent	compensation consultant X Compensation survey or st	udy				
Form 990 of	other organizations X Approval by the board or c	ompensation comr	nittee			
4 During the year, organization or a	did any person listed on Form 990, Part VII, Section A, line 1a, with respectarelated organization:	t to the filing				
	ance payment or change-of-control payment?			4a		Х
	r receive payment from, a supplemental nonqualified retirement plan?			4b 4c		X
•	r receive payment from, an equity-based compensation arrangement? i lines 4a-c, list the persons and provide the applicable amounts for each ite			40		Х
		in in art in.				
Only section 50	1(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5 For persons listed contingent on th	l on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any e revenues of:	compensation				
-	1?			5 a		Х
	inization?			5 b		Х
	or 5b, describe in Part III.					
contingent on th	I on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any e net earnings of:					
-	l?			6 a		<u>X</u>
	inization?			6 b		Х
	ed on Form 990, Part VII, Section A, line 1a, did the organization provide and escribed on lines 5 and 6? If 'Yes,' describe in Part III	y nonfixed		-		
				7		Х
to the initial con	nts reported on Form 990, Part VII, paid or accrued pursuant to a contract th tract exception described in Regulations section 53.4958-4(a)(3)? a in Part III			8		Х
section 53.4958-	did the organization also follow the rebuttable presumption procedure described in $6(c)$?			9		
BAA For Paperwork	Reduction Act Notice, see the Instructions for Form 990.	S	chedule J	(Form	990)	2016

TEEA4101L 08/19/16

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.

(A) Name and Title		(B) Breakdown	of W-2 and/or 1099-MIS	SC compensation	(C) Potiromont	(D) Nontaxable	(E) Total of	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	benefits	columns(B)(i)-(D)	
David Anderson	(i)	<u>415,935.</u>	0.	5,544.	<u>38,323</u> .	<u>37,629</u> .	497,431.	0.
1 President	(ii)	0.	0.	0.	0.	0.	0.	0.
Enoch Blazis	(i)	<u>205,980.</u>	<u> </u>	1,650.	19,064.	9,031.	235,725.	0.
2 VP Advancement	(ii)	0.	0.	0.	0.	0.	0.	0.
Michael Goodson	(i)	<u>149,825.</u>	<u> </u>	2,465.	15,611.	<u> </u>	195,268.	0.
3 VP Human Resour	(ii)	0.	0.	0.	0.	0.	0.	0.
Janet Hanson	(i)	<u>192,917.</u>	0.	3,162.	19,437.	20,531.	236,047.	0.
4 VP & CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
Gregory Kneser	(i)	<u> 151,631.</u>	<u> </u>	240.	15,268.	11,108.	178,247.	0.
5 VP Student Life	(ii)	0.	0.	0.	0.	0.	0.	0.
Michael Kyle	(i)	<u>185,389.</u>	<u> </u>	<u> </u>	<u>18,837.</u>	<u>28,203.</u>	234,114.	0.
6 VP Admissions	(ii)	0.	0.	0.	0.	0.	0.	0.
Marci Sortor	(i)	216,455.	0.	2,435.	19,920.	<u> </u>	266,753.	0.
7 Provost Dean Co	(ii)	0.	0.	0.	0.	0.	0.	0.
Christopher George	(i)	129,157.	0.	1,638.	13,785.	<u> </u>	172,272.	0.
8 Dean of Admission	(ii)	0.	0.	0.	0.	0.	0.	0.
Bruce King	(i)	135,321.	0.	1,241.	12,014.	<u> </u>	176,271.	0.
9 Instit Diversity	(ii)	0.	0.	0.	0.	0.	0.	0.
Rebecca Otten	(i)	143,127.	0.	1,336.	13,785.	2,461.	160,709.	0.
10 Dir of Development	(ii)	0.	0.	0.	0.	0.	0.	0.
LaVern Rippley	(i)	134,374.	0.	2,200.	13,700.	10,636.	160,910.	0.
11 Professor	(ii)	0.	0.	0.	0.	0.	0.	0.
Peter Sandberg	(i)	126,915.	0.	4,448.	13,107.	16,741.	161,211.	0.
12 Asst VP of Facilit	(ii)	0.	0.	0.	0.	0.	0.	0.
Roberta Lembke	(i)	125,969.	0.	1,092.	12,985.	11,527.	151,573.	0.
13 Director of IT and Library	(ii)	0.	0.	0.	0.	0.	0.	0.
Angela Mathews	(i)	109,417.	0.	4,240.	10,280.	5,964.	129,901.	0.
14 Budgeting & Auxiliary Opera	(ii)	0.	0.	0.	0.	0.	0.	0.
15	(i) (ii)		<u>_</u>				<u>_</u>	
	(i)						1	†
16	(i) (ii)		+		+		+	1
			TEE4/1021 08/19	116	I		L Calcadada	L (Earm 990) 2016

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Schedule J (Form 990) 2016

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 - \$2,752

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

SCHEDULE K

(Form 990)

Supplemental Information on Tax-Exempt Bonds

 Complete if the organization answered 'Yes' on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
 Attach to Form 990. ▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service Name of the organization

St. Olaf College Part I Bond Issues

Employer identification number

41-0693979

(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue p	rice	(f) Desc	cription of pu	urpose	Defe	g) eased	issu	lf of Jer	finar	ooled ncing
	41 0000505	60 41 CUTURO	0.400.40005	16.00			6 D 6			No	Yes	-	Yes	-
A MNHEFA - Series 6-0 B MNHEFA - Series 7-F	41-0988525	60416HKK9 60416HTL8	3/29/2007 8/31/2010			<u>Constructio</u> Refi variab			Х	X		X X		X X
C MHEFA - Series 8-G	41-0988525	60416HIL8 60416HL51							n X	Λ		X		X
D MHEFA - Series 8 - N	41-0988525	60416HZ80	7/01/2015 9/15/2016			Constructio Refund bala			X		$\left - \right $	X		X
Part II Proceeds	41 0900325	0041011200	9/13/2010	23,02	0,247. 1	Ceruna Dara	IICE SELLE	5 / 1	Λ		<u> </u>	Λ		
					A		В	0	;			D)	
1 Amount of bonds retired.				45,4	05,000	30,3	25,000.	2.1	45,0	00.				
2 Amount of bonds legally d	efeased							,	- / -					
3 Total proceeds of issue				46,2	07,404	1. 34,0	45,664.	61,1	07,5	99.	2	5,6	28,2	247.
4 Gross proceeds in reserve	funds						95,191.		- / -			- / -		15.
5 Capitalized interest from p					35,562									
6 Proceeds in refunding esc	rows				•									
	eds				10,982	2. 2	93,295.	4	41,1	70.		2	65,2	273.
	proceeds				·									
9 Working capital expenditur	res from proceeds													
	proceeds				41,082	2.		25,0	00,0	00.			2,4	168.
11 Other spent proceeds				. 12,1	19,736	5. 31,3	50,000.	35,6	66,4	28.	2	5,3	60,5	606.
12 Other unspent proceeds.														
13 Year of substantial comple					200	8			2	017			2	2016
				Yes	No	Yes	No	Yes	No	0	Yes	s	Ν	0
14 Were the bonds issued as	part of a current refunding	issue?			Х	Х		Х					χ	(
15 Were the bonds issued as	part of an advance refundir	ng issue?		. X			Х	Х			Х			
16 Has the final allocation of	proceeds been made?			. Х		Х		Х			Х			
17 Does the organization mai of proceeds?	ntain adequate books and r	ecords to support	the final allocation	. Х		х		Х			Х			
Part III Private Busines	s Use													
· · ·					A		В	C	;			D)	
				Yes	No	Yes	No	Yes	No	0	Yes	s	N	0
1 Was the organization a pa property financed by tax-e	rtner in a partnership, or a xempt bonds?	member of an LL	C, which owned		х		Х		Х	ζ			Χ	ζ
2 Are there any lease arrang bond-financed property?	gements that may result in p				X		Х		Х	ζ			Х	ζ

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

Schedule K (Form 990) 2016

OMB No. 1545-0047

2016

Open to Public Inspection

41-0693979 Part III Private Business Use (Continued) В С Α D Yes No Yes No Yes No Yes No **3a** Are there any management or service contracts that may result in private business use of bond-financed property? Х Х 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 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?..... 4 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 2 ŝ 2 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 Total of lines 4 and 5. % % 6 7 Does the bond issue meet the private security or payment test?..... Х Х Х 8 a 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 **b** If 'Yes', to line 8a, enter the percentage of bond-financed property sold or disposed of 2 2 2 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 Х Part IV Arbitrage Α B С D Yes No Yes No Yes No Yes No Has the issuer filed Form 8038-T. Arbitrage Rebate, Yield Reduction and Penalty Х Х Х in Lieu of Arbitrage Rebate?..... 2 If 'No' to line 1, did the following apply? a Rebate not due vet?..... Х Х Х **b** Exception to rebate?..... Х Х Х c No rebate due? Х Х 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 Х 4a Has the organization or the governmental issuer entered into a gualified 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?.....

Schedule K (Form 990) 2016 St. Olaf College

Page 2

Schedule K (Form 990) 2016 St. Olaf College

Part IV Arbitrage (Continued)

		Α	E	3		C		D
	Yes	No	Yes	No	Yes	No	Yes	No
5 a Were gross proceeds invested in a guaranteed investment contract (GIC)?	Х			Х		Х		Х
b Name of provider	See Par	rt VI				•		
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	Х							
6 Were any gross proceeds invested beyond an available temporary period?		Х		Х		Х		Х
7 Has the organization established written procedures to monitor the requirements of section 148 ?	Х		Х		Х		Х	
Part V Procedures To Undertake Corrective Action	-		•	•		•	•	
Has the organization established written procedures to ensure that violations of federal tax		Α	E	3	(C		D
requirements are timely identified and corrected through the voluntary closing agreement program	Yes	No	Yes	No	Yes	No	Yes	No
if self-remediation isn't available under applicable regulations?	Х		Х		Х		Х	
Part VI Supplemental Information Provide additional information for response	oc to quor	tions on t	Schodulo	K Soo in	ctructions	•	-	

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

Additional Information

Part 1 Line C Column f refund of prior issue bond with issue date of 3/29/2007

Part 3 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 This bond has been retired in 2017

SCHED			Transa	ction	s Witl	h Inte	erested	Persons				0	MB No.	1545-00	47
(Form 99	90 or 990-EZ)	Complete if t	28b, or 2	8c, or I	Form 990)-EZ, P	art V, line 38	Ba or 40b.	a, 25b, 2	6, 27,	28a,		20	16	
Department Internal Rev	t of the Treasury venue Service	► Info	► rmation about	Attach Schedu	to Form	1 99 0 o rm 990	r Form 990-I) or 990-EZ)	EZ.	uctions i	s		0	pen To Inspe	o Pub ection	lic
Name of the	e organization								Em	ployer i	dentific	ation nu	mber		
	laf Collec										9397				
Part I	Complete if	enefit Transa the organization	actions (sec n answered 'Ye	tion 5 s' on F	01(c)(3 orm 990	8), seo , Part I	ction 501(IV, line 25a	c)(4), and { or 25b, or Fo	501(c)(rm 990-E	(29) (EZ, Pa	o <mark>rga</mark> r art V,	nizati line 40	ons d Ob.	only).	
1	(a) Name of disqu	alified person	(b) Re		between d nd organiza		ed	(c) [Description	of trans	action			(d) Cor	rected?
(1)				•	5									Yes	No
(2)															
(3)															
(4)															
(5)															
(6)															
		of tax incurred l									.►s				
		of tax, if any, or									Ŧ				
Part II		and/or From			-		gamzation				. γ				
	Complete if	the organization reported an am	answered 'Yes	' on For	m 990-E	Z, Part 5, 6, or	V, line 38a c 22.	or Form 990, F	Part IV, I	ine 26	; or if	the			
(a) Name	of interested person	(b) Relationship with organization	(c) Purpose of Ioan	fror	an to or n the ization?	(prin	e) Original cipal amount	(f) Balance	e due	(g) In (default?	by bo	proved ard or hittee?	(i) W agree	
				To	From					Yes	No	Yes	No	Yes	No
(1)															
(2)															
(3)															
(4)										-					
(5) (6)										-		-			
(0)															
(8)															
(9)															
(10)															
Total							▶\$								
Part III		Assistance the organization	Benefiting I	nteres	sted Pe	erson	s.								
	•	0			,			- (i - t	(-1) T			(-)	D	(
	(a) Name of intere	ested person	(b) Relationship and	the organ	interested p	person	(C) Amount	of assistance	(a) Typ	e or as	sistance	(e)	Purpose	e or assi	stance
(1) 4	Individua	ls	Discounte	ed Tu	ition			117,056.	Disc	ount	ed '	ſuit	ion		
(2)												ai	de	in E	ducat:
(3)															
(4)															
(5)															
(6) (7)															
(8)															
(9)															
(10)							1								
		1 1 4 1 1	tice, see the In	ctructi	one for E		00 or 000 E7	,	Cab	مابيام			or 990	E7 2	010

Schedule L (Form 990 or 990-EZ) 2016 St. Olaf College

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	òrganiz	aring of zation's nues?
				Yes	No
(1) Substantial Contributor	Regent	1,000,000.	Gift to College		Х
(2) Substantial Contributor	Regent	900,000.	Gift to College		Х
(3) Substantial Contributor	Regent	1,000,000.	Gift to College		Х
(4) Substantial Contributor	Former Regent	500,000.	Gift to College		Х
(5)					
(6)					
(7)					
(8)					
(9)					
10)					

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

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury	
Internal Revenue Service	

Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.
 Attach to Form 990.
 Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization

111330.

Employer identification number 41-0693979

St. Part			roper	ŧv
		ノヒコ・	roper	ιγ

			(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Meth noncash	nod of (d) determir bution a	ning mounts
1	Art – Wo	rks of art	Х	5	31,199.	Replm	nt c	ost	
2	Art – His	torical treasures							
3	Art – Fra	ctional interests							
4	Books ar	d publications	Х		68,106.	Replm	nt c	ost	
5	0	and household goods							
6	Cars and	other vehicles							
7	Boats an	d planes							
8	Intellectu	al property							
9		s – Publicly traded		104	4,937,378.	Avg M	arke	t Val	
10	Securities	s – Closely held stock							
11	Securities	s - Partnership, LLC, or trust interests .							
12	Securities	s – Miscellaneous							
13		conservation contribution – tructures							
14	Qualified	conservation contribution - Other							
15	Real esta	te – Residential	Х	1	58,000.	Appra	ised	Valu	
16	Real esta	te – Commercial							
17	Real esta	ite – Other							
18	Collectibl	es	Х	1	90.	Replm	nt c	ost	
19	Food inve	entory							
20	Drugs an	d medical supplies							
21	Taxiderm	у							
22	Historical	artifacts							
23	Scientific	specimens							
24	Archeolo	gical artifacts							
25	Other 🕨	(Equipment)	Х	2	5,017.	Replm	nt c	ost	
26		(Event Passes)	Х	3	210.	Replm	nt c	ost	
27	Other 🕨	(Gift Certificat)	Х	1	25.	Replm	nt c	ost	
28		(Recordings, CDs,)	Х	1	100.	Replm	nt c	ost	
29		f Forms 8283 received by the organization of							
	organizat	ion completed Form 8283, Part IV, Done	e Acknowle	dgement		29			116
								Yes	No
30a	it must h	e year, did the organization receive by contr old for at least three years from the date	of the initia	I contribution, and which	ch isn't required to be u	ised			
_		pt purposes for the entire holding period	?				30 a		X
	,	lescribe the arrangement in Part II.							
31	Does the	organization have a gift acceptance pol	cy that requ	ires the review of any r	nonstandard contributio	ns?	31	Х	
	noncash	organization hire or use third parties or contributions?	0		· · · · · · · · · · · · · · · · · · ·		. 32 a	Х	
b	lf 'Yes,' o	lescribe in Part II.		See Part I	I				
	describe	anization didn't report an amount in colu in Part II.	.,	, , , , , , , , , , , , , , , , , , ,	nich column (a) is chec	ked,			
BAA	For Pape	erwork Reduction Act Notice, see the Inst	structions fo	or Form 990.		Schedu	e M (F	orm 99 <mark>0</mark>) (2016)

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

In tax year 2016, 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)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

St. Olaf College

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 2016, the committee's members were Lawrence Stranghoener Board Chair, Kristine Johnson Board Vice Chair, Jody Horner, Philip Milne, Timothy Maudlin, Kevin Bethke, Glenn Taylor and David Anderson President.

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: High Five King and Regent Gunderson

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

In August 2016, the St. Olaf Board of Regents approved a number of changes to the Articles of Incorporation and Bylaws.

Significant changes to the Articles of Incorporation included the following:

1)Replacing the ELCA Churchwide Assembly with the ELCA Church Council in the listing

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

of members,

2)Eliminating the detailed description of the composition of the Board.

Significant changes to the Articles of Incorporation included the following:

- 1) Clarifying terms of office for elected Regents,
- 2) Clarifying provisions for removing appointed Regents,
- 3) Adding a specific provision for confidentiality,
- 4) Modifying provisions for officers of the Board,
- 5) Specifying that committees may include committee members who are not Regents,
- 6) Clarifying the voting requirements for members of the Executive Committee.

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

The members of St. Olaf Corporation shall be those individuals holding the following Positions and offices:

(a) The members of the Evangelical Lutheran Church in America Church Council, or succeeding body of the Evangelical Lutheran Church in America or its successor, (the "Church Council"), as such members are appointed in accordance with the discipline and usage of the Evangelical Lutheran Church in America, or its successor. Such members of the Church Council shall remain members of the Corporation until they no longer serve as members of the Church Council:

- (b) The officers of the Evangelical Lutheran Church in America, or its successor:
- (c) The President of the Corporation: and
- (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 management and direction of the business and affairs of St. Olaf Corporation shall be vested in a Board of Regents. To the extent consistent with the Articles of Incorporation and permissible under Minnesota Statutes Chapter 317A, the Bylaws of

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

the Corporation shall specify the number, term of office, method of selection, removal, powers and duties of the Board of Regents of the Corporation, the time and place of their meetings, voting rights and such other regulations relating to the Board of Regents as may be desired.

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 March 7, 2018 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 financial statement reporting purposes) and the President's Office (to ensure compliance, proper considerations are made at meetings).

St. Olaf College

Employer identification number 41-0693979

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

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 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

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

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 prior service costs and Retiree Heath Care Liability	\$ -586,670.
Adjustment to actuarial libility for annuities payable	1,563,119.
Loss due to refinancing	-1,306,705.
Total	\$ -330,256.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

▶ Information about Schedule R (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

St. Olaf College

Employer identification number 41-0693979

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

(a) Name, address, and EIN (if applicable) of disregarded er	ntity	(b) Primary ac	tivity	(c Legal domi or foreign	icile (state	То	(d) tal income	End-of	(e) -year assets	Direc	(f) ct controlling entity
<u>(1)</u>											
(2)											
<u>(3)</u>											
Part II Identification of Related Tax-Exempt Or one or more related tax-exempt organization	ganizations ations during	s. Complete g the tax ye	if the org ar.	anization	answered	'Yes'	on Form 990), Part	IV, line 34 t	pecaus	se it had
(a) Name, address, and EIN of related organization	(b Primary)) activity	(c Legal domi or foreign	cile (state	(d) Exempt (sectio		(e) Public charity (if section 501)		(f) Direct contro entity	olling	(g) Sec 512(b)(13) controlled entity?
											Yes No

(1) Employer-Contribution_VEBA_Trust_S					
1520 St. Olaf Avenue					
Northfield, MN 55057	Employee Benefit				
04-3838456	Plan	MN	501c9	N/A	Х
(2) Employee-Contribution VEBA Trust S					
1520 St. Olaf Avenue					
Northfield, MN 55057	Employee Benefit				
04-3838476	Plan	MN	501c9	N/A	Х
(3)					
(4)					

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

Schedule R (Form 990) 2016 St. Olaf College

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 controllin entity	ng (related, unre excluded fror under section	lated, n tax ons	(f) nre of total ncome	Sha end-o	(g) are of of-year sets	Dispi tior	h) ropor- nate ations?	K-1 (Form	Gene mana) ral or aging ner?	(k) Percentage ownership
		country)		512-514))				Yes	No	1065)	Yes	No	
(1)														
	-													
	-													
(2)														
	-													
(3)														
	-													
Part IV Identification of line 34 becaus	of Related Organ e it had one or r	nizations nore relat	Taxable a ed organi	s a Corporations treated	n or Trus as a corp	Complete oration or	if the o trust du	organizati Iring the	ion ar tax y	nswei ear.	red 'Yes' on F	form 99	0, Pa	t IV,
(a) Name, address, and EIN	of related organizat	on Prima	(b) ary activity	(c) Legal domicile (state or foreign country)	(d) Direct controllin entity	g (C corp	(e) of entity o, S corp, trust)	(f) Share total inc	e of	Sł	(g) hare of end-of- year assets	(h) Percentag ownershij	contr	(i) 512(b)(13) olled entity?
(1) Chrtbl Rmndr Ann	111+12 (2)				-					_			Ye	s No
1520 St Olaf Ave		+												
Northfield, MN 5		Inve	estment											
		• – +	S	MN	N/A	Tr	ust		C).	0.			Х
(2) Chrtbl Rmndr Uni														
1520 St Olaf Ave														
Northfield, MN 5	5057	Inve	estment		/-				-					
· Decled Trans. T			S	MN	N/A	Tr	ust		C).	0.			Х
(3) Pooled Income Fu: 1520 St olaf Ave:		· _ +												
Northfield, MN 5			estment											
			S	MN	N/A	Tr	ust		0).	0.			Х
			-		,					•				290) 2016

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(6) BAA

Part V Transactions With Related Organizations. Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	No			
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations lis	sted in Parts II-IV?							
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			1a		Х			
b Gift, grant, or capital contribution to related organization(s)								
c Gift, grant, or capital contribution from related organization(s)			1c		<u>Х</u> Х			
d Loans or loan guarantees to or for related organization(s).			1d		Х			
e Loans or loan guarantees by related organization(s)			1e		X			
f Dividends from related organization(s).			1f		Х			
g Sale of assets to related organization(s)			1g		Х			
h Purchase of assets from related organization(s)			1h		Х			
i Exchange of assets with related organization(s)			1i		Х			
j Lease of facilities, equipment, or other assets to related organization(s)			1j		Х			
k Lease of facilities, equipment, or other assets from related organization(s)								
Performance of services or membership or fundraising solicitations for related organization(s).			11		Х			
m Performance of services or membership or fundraising solicitations by related organization(s).								
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)								
o Sharing of paid employees with related organization(s)			10		X X			
p Reimbursement paid to related organization(s) for expenses			1p		Х			
q Reimbursement paid by related organization(s) for expenses			1q		Х			
•								
r Other transfer of cash or property to related organization(s).			1 r	Х				
m Performance of services or membership or fundraising solicitations by related organization(s). 1m n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s). 1m o Sharing of paid employees with related organization(s). 1n p Reimbursement paid to related organization(s) for expenses. 1p q Reimbursement paid by related organization(s) for expenses. 1q r Other transfer of cash or property to related organization(s). 1r s Other transfer of cash or property from related organization(s). 1s 2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. (C) Mame of related organization Transaction type (a-s) Amount involved memory								
			Į		X			
(a)	_ (b)	(c)	(d)				
Name of related organization		Amount involved	amount inve		ermining			
			annoann					
(1) Employer-Contribution VEBA Truct St Olaf	r	703 197						
() Employer concludation VEDA Hust Sc olar	r	795,407.						
(2)								
(3)								
(4)								
(5)								

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)	(d) Predominant income (related, unre- lated, excluded (e) Are all partners section 501(c)(3) organizations?		(f) (g) Share of total income end-of-year assets		(h) Dispropor- tionate allocations?		K-1	(j) General or managing partner?		(k) Percentage ownership	
			from tax under sections 512-514)	Yes	No			Yes	No	(Form 1065)	Yes	No	ł
(1)													
(2)													
(3)													
(4)													
**													
<u>(5)</u>													
(6)													
!													
(7)													
**													
(8)													
!													

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Schedule **R** (Form 990) 2016 St. Olaf College Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(A)	(B) Primary activity	(C)	(D)	(E)	(F)	(G)	(H) Percentage	(l)	
(A) Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or	(F) Share of total income	(G) Share of end-of-year assets	Percentage ownership	Sectio (b)	(I) Section 512 (b)(13) controlled	
		country)		trust)				contr ent	rolled tity?	
									No	
Life_Income_Fund_(2)									<u> </u>	
1520 St Olaf Avenue										
Northfield, MN 55057	Investment									
	S	MN	N/A	Trust	0.	0.			Х	
Makeup Income Chariable Unit T										
1520 St olaf Avenue										
Northfield, MN 55057	-	101	37.43	— .						
	Investment	MN	N/A	Trust	0.	0.			Х	
									<u> </u>	
									 	
									1	
									<u> </u>	
									1	
									1	
									1	
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