

Form **990**
(Rev. January 2020)
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning **JUN 1, 2019** and ending **MAY 31, 2020**

| | | |
|--|--|---|
| B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending | C Name of organization ST. OLAF COLLEGE Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1520 ST. OLAF AVENUE City or town, state or province, country, and ZIP or foreign postal code NORTHFIELD, MN 55057 | D Employer identification number 41-0693979 E Telephone number 507-786-2222 |
| | F Name and address of principal officer: DAVID ANDERSON SAME AS C ABOVE | G Gross receipts \$ 369,264,612. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? Yes No If "No," attach a list. (see instructions) H(c) Group exemption number ▶ |
| | I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527 | |
| | J Website: ▶ WWW.STOLAF.EDU | |
| | K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶ | L Year of formation: 1874 M State of legal domicile: MN |

Part I Summary

| | | |
|--|---|---|
| | 1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O | |
| Activities & Governance | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | |
| | 3 Number of voting members of the governing body (Part VI, line 1a) | 3 28 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 27 |
| | 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) | 5 3562 |
| | 6 Total number of volunteers (estimate if necessary) | 6 81 |
| | 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a -2,742,518. |
| | b Net unrelated business taxable income from Form 990-T, line 39 | 7b 0. |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | 28,723,742. 18,664,395. |
| | 9 Program service revenue (Part VIII, line 2g) | 183,112,565. 181,683,688. |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 31,667,050. 11,023,734. |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 41,879. 386,266. |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 243,545,236. 211,758,083. |
| | Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) |
| 14 Benefits paid to or for members (Part IX, column (A), line 4) | | 0. 0. |
| 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 67,634,720. 69,536,125. |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) | | 81,576. 159,706. |
| b Total fundraising expenses (Part IX, column (D), line 25) ▶ 5,890,488. | | |
| 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 55,717,264. 53,856,103. |
| 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 210,254,505. 217,620,415. |
| 19 Revenue less expenses. Subtract line 18 from line 12 | 33,290,731. -5,862,332. | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | Beginning of Current Year 843,443,410. End of Year 812,980,169. |
| | 21 Total liabilities (Part X, line 26) | 114,964,036. 111,903,576. |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 | 728,479,374. 701,076,593. |

Part II Signature Block

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

| | | | | | |
|-------------------------------|---|--|-------------------------|---|--------------------------|
| Sign Here | ▶ Signature of officer JANET HANSON, VICE PRESIDENT & CFO Type or print name and title | Date | | | |
| Paid Preparer Use Only | Print/Type preparer's name LAWRENCE H. MOHR, CPA | Preparer's signature LAWRENCE H. MOHR, CPA | Date 03/11/21 | Check if self-employed <input type="checkbox"/> | PTIN P00447603 |
| | Firm's name ▶ BAKER TILLY US, LLP | Firm's EIN ▶ 39-0859910 | | | |
| | Firm's address ▶ 225 S 6TH ST #2300 MINNEAPOLIS, MN 55402 | Phone no. 612.876.4500 | | | |

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the 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.

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 201,102,765. including grants of \$ 94,068,481.) (Revenue \$ 157,080,065.) POSTSECONDARY EDUCATION - FOUR YEAR, RESIDENTIAL, LIBERAL ARTS EDUCATION. IN THE 2019-2020 ACADEMIC YEAR, ST. OLAF COLLEGE ENROLLED 3,050 FULL TIME STUDENTS AND 22 PART TIME STUDENTS. THE GRADUATING CLASS OF 2020 HAD 722 GRADUATES. A STUDENT TO FACULTY RATIO OF 12.2:1 SUPPORTS ST. OLAF STUDENTS WITH CLASSROOM, LABORATORY, AND OFF-CAMPUS EXPERIENCES. ST. OLAF COLLEGE IS ACCREDITED AS A DEGREE-GRANTING INSTITUTION BY THE HIGHER LEARNING COMMISSION OF THE NORTH CENTRAL ASSOCIATION OF COLLEGES AND SECONDARY SCHOOLS. THE COLLEGE'S ACADEMIC PROGRAMS ARE ALSO ACCREDITED BY THE AMERICAN CHEMICAL SOCIETY, COMMISSION ON COLLEGIATE NURSING EDUCATION, COUNCIL ON SOCIAL WORK EDUCATION, NATIONAL ASSOCIATION OF SCHOOLS OF DANCE, NATIONAL ASSOCIATION OF SCHOOLS OF MUSIC, NATIONAL ASSOCIATION OF SCHOOLS OF

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

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

4e Total program service expenses 201,102,765.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|---|--------------|----|
| 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> | 22 X | |
| 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> | 23 X | |
| 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> | 24a X | |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | X |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | X |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | X |
| 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> | 25a | X |
| b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> | 25b | X |
| 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> | 26 | X |
| 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> | 27 X | |
| 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): | | |
| a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> | 28a | X |
| b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> | 28b | X |
| c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> | 28c | X |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | 29 X | |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | 30 X | |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | 31 | X |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | 32 | X |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | 33 | X |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> | 34 X | |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a X | |
| b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 35b | X |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 36 | X |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | 37 | X |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | 38 X | |

Note: All Form 990 filers are required to complete Schedule O

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 |
|---|----------------|----|
| 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 1a 4202 | |
| 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 X | |

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

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 16 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (28), 1b (27), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA, CO, MA, MD, MI, MN, NH, SC, GA, KS, IL
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) DAVID ANDERSON PRESIDENT | 40.00 0.00 | X | | X | | | | 473,162. | 0. | 59,756. |
| (2) MARCI SORTOR PROVOST AND DEAN OF THE COLLEGE | 40.00 0.00 | | | X | | | | 236,840. | 0. | 40,436. |
| (3) JANET HANSON VP AND CFO | 40.00 0.00 | | | X | | | | 212,842. | 0. | 34,284. |
| (4) CARL CROSBY LEHMANN GENERAL COUNSEL | 40.00 0.00 | | | X | | | | 223,963. | 0. | 21,894. |
| (5) MICHAEL KYLE VP FOR ENROLLMENT | 40.00 0.00 | | | X | | | | 206,656. | 0. | 33,386. |
| (6) ENOCH BLAZIS VP FOR ADVANCEMENT | 40.00 0.00 | | | X | | | | 211,248. | 0. | 28,101. |
| (7) MICHAEL GOODSON VP FOR HUMAN RESOURCES | 40.00 0.00 | | | X | | | | 169,853. | 0. | 24,241. |
| (8) HASSEL MORRISON VP FOR STUDENT LIFE | 40.00 0.00 | | | X | | | | 149,397. | 0. | 35,760. |
| (9) CHRISTOPHER GEORGE DEAN OF ADMISSIONS AND FINANCIAL AID | 40.00 0.00 | | | | | X | | 135,634. | 0. | 34,487. |
| (10) BRUCE KING INSTITUTIONAL DIVERSITY | 40.00 0.00 | | | | | X | | 138,646. | 0. | 30,959. |
| (11) ROBERTA LEMBKE CHIEF INFORMATION OFFICER | 40.00 0.00 | | | | | X | | 146,897. | 0. | 21,777. |
| (12) REBECCA OTTEN ASST VP FOR ADVANCEMENT | 40.00 0.00 | | | | | X | | 147,807. | 0. | 15,641. |
| (13) DAN DRESSEN ASSOCIATE PROVOST | 40.00 0.00 | | | X | | | | 134,777. | 0. | 20,486. |
| (14) KATIE WARREN CHIEF MARKETING OFFICER | 40.00 0.00 | | | | | X | | 138,444. | 0. | 14,135. |
| (15) MARK GELLE CHIEF INVESTMENT OFFICER | 40.00 0.00 | | | X | | | | 125,907. | 0. | 25,737. |
| (16) JO BELD SECRETARY | 40.00 0.00 | | | X | | | | 118,325. | 0. | 25,320. |
| (17) NATHAN ENGLE CONTROLLER | 40.00 0.00 | | | X | | | | 94,671. | 0. | 30,455. |

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (18) JAY LUND CHAIR | 1.70 0.00 | X | | X | | | | 0. | 0. | 0. |
| (19) LAWRENCE STRANGHOENER VICE CHAIR | 1.70 0.00 | X | | X | | | | 0. | 0. | 0. |
| (20) GLENN TAYLOR TREASURER | 1.70 0.00 | X | | X | | | | 0. | 0. | 0. |
| (21) JEFFREY BOLTON REGENT | 1.70 0.00 | X | | | | | | 0. | 0. | 0. |
| (22) GREGORY BUCK REGENT | 1.70 0.00 | X | | | | | | 0. | 0. | 0. |
| (23) SEAN BURRESS REGENT | 1.70 0.00 | X | | | | | | 0. | 0. | 0. |
| (24) SONJA CLARK REGENT | 1.70 0.00 | X | | | | | | 0. | 0. | 0. |
| (25) JOAN ERICKSEN REGENT | 1.70 0.00 | X | | | | | | 0. | 0. | 0. |
| (26) STEPHANIE FEHR REGENT | 1.70 0.00 | X | | | | | | 0. | 0. | 0. |
| 1b Subtotal | | | | | | | | 3,065,069. | 0. | 496,855. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 0. | 0. | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 3,065,069. | 0. | 496,855. |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **54**

| | Yes | No |
|---|-----|----|
| 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | 3 | X |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> | 4 | X |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> | 5 | X |

Section B. Independent Contractors

1 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 | (B) Description of services | (C) Compensation |
|---|--------------------------------|---------------------|
| BON APPETIT MANAGEMENT CO., 100 HAMILTON AVENUE, SUITE 400, PALO ALTO, CA 94301 | FOOD SERVICE PROVIDER | 8,969,743. |
| THE BOLDT COMPANY 2525 N. ROEMER ROAD, APPLETON, WI 54911 | CONSTRUCTION CONTRACTOR | 5,250,023. |
| DIS VESTERGRADE 7, COPENHAGEN, DENMARK 1456 | STUDY ABROAD PROVIDER | 918,160. |
| BLUE HEARTH TRAVEL, INC. 711 PRINCESS STREET, ALEXANDRIA, VA 22314 | TRAVEL PROVIDER | 804,013. |
| EBSCO INDUSTRIES PO BOX 1943, BIRMINGHAM, AL 35242 | PUBLICATIONS AND SUBSCRIPTIONS | 695,941. |

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 **46**

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (27) WILLIAM GAFKJEN REGENT | 1.70 0.00 | X | | | | | | 0. | 0. | 0. |
| (28) PETER GOTSCH REGENT | 1.70 0.00 | X | | | | | | 0. | 0. | 0. |
| (29) PAUL GRANGAARD REGENT | 1.70 0.00 | X | | | | | | 0. | 0. | 0. |
| (30) JOHN GROTTING REGENT | 1.70 0.00 | X | | | | | | 0. | 0. | 0. |
| (31) SUSAN GUNDERSON REGENT | 1.70 0.00 | X | | | | | | 0. | 0. | 0. |
| (32) JENNIFER HELLMAN REGENT | 1.70 0.00 | X | | | | | | 0. | 0. | 0. |
| (33) JODY KLEPPE HORNER REGENT | 1.70 0.00 | X | | | | | | 0. | 0. | 0. |
| (34) MARK JORDAHL REGENT | 1.70 0.00 | X | | | | | | 0. | 0. | 0. |
| (35) CHRISTOPHER KLEIN REGENT | 1.70 0.00 | X | | | | | | 0. | 0. | 0. |
| (36) WARD KLEIN REGENT | 1.70 0.00 | X | | | | | | 0. | 0. | 0. |
| (37) JUDD LOEWENSTEIN REGENT | 1.70 0.00 | X | | | | | | 0. | 0. | 0. |
| (38) TIMOTHY MAUDLIN REGENT | 1.70 0.00 | X | | | | | | 0. | 0. | 0. |
| (39) GRETCHEN MORGENSON REGENT | 1.70 0.00 | X | | | | | | 0. | 0. | 0. |
| (40) SCOTT OKUNO REGENT | 1.70 0.00 | X | | | | | | 0. | 0. | 0. |
| (41) JOHN RAITT REGENT | 1.70 0.00 | X | | | | | | 0. | 0. | 0. |
| (42) JON SALVESON REGENT | 1.70 0.00 | X | | | | | | 0. | 0. | 0. |
| (43) ALPHONSO TINDALL REGENT | 1.70 0.00 | X | | | | | | 0. | 0. | 0. |
| (44) THERESA HULL WISE REGENT | 1.70 0.00 | X | | | | | | 0. | 0. | 0. |
| Total to Part VII, Section A, line 1c | | | | | | | | | | |

Part VIII Statement of Revenue

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

| | | | (A) | (B) | (C) | (D) | |
|--|---|---|--|------------------------------------|----------------------------|--|---------|
| | | | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 | |
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a Federated campaigns | 1a | | | | | |
| | b Membership dues | 1b | | | | | |
| | c Fundraising events | 1c | | | | | |
| | d Related organizations | 1d | | | | | |
| | e Government grants (contributions) | 1e | 4,986,304. | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above ... | 1f | 13,678,091. | | | | |
| | g Noncash contributions included in lines 1a-1f | 1g | \$ 3,922,185. | | | | |
| | h Total. Add lines 1a-1f | | 18,664,395. | | | | |
| Program Service Revenue | 2 a TUITION & FEES | Business Code | | | | | |
| | | 611600 | 153,249,481. | 153,249,481. | | | |
| | b AUXILIARY SALES AND SERVICES | 611600 | 25,068,009. | 775,994. | 582,475. | 23,709,540. | |
| | c OTHER | 611600 | 3,366,198. | 3,054,590. | | 311,608. | |
| | d _____ | | | | | | |
| | e _____ | | | | | | |
| | f All other program service revenue | | | | | | |
| g Total. Add lines 2a-2f | | 181,683,688. | | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | 9,079,813. | | -3,377,277. | 12,457,090. | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 Royalties | | | | | | |
| | 6 a Gross rents | 6a | (i) Real | 502,439. | 61,547. | | |
| | | | (ii) Personal | 228,989. | 9,263. | | |
| | | | 6b Less: rental expenses ... | 273,450. | 52,284. | | |
| | c Rental income or (loss) | 6c | | | | | |
| | d Net rental income or (loss) | | 325,734. | | 52,284. | 273,450. | |
| | 7 a Gross amount from sales of assets other than inventory | 7a | (i) Securities | 145,135,220. | 14,046,840. | | |
| | | | (ii) Other | 146,076,530. | 11,161,609. | | |
| | | | 7b Less: cost or other basis and sales expenses | -941,310. | 2,885,231. | | |
| | c Gain or (loss) | 7c | | | | | |
| | d Net gain or (loss) | | 1,943,921. | | | 1,943,921. | |
| | 8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | 8a | | 90,670. | | | |
| b Less: direct expenses | | | 8b | 30,138. | | | |
| c Net income or (loss) from fundraising events | | | | 60,532. | | | 60,532. |
| 9 a Gross income from gaming activities. See Part IV, line 19 | 9a | | | | | | |
| | | b Less: direct expenses | 9b | | | | |
| | | c Net income or (loss) from gaming activities | | | | | |
| 10 a Gross sales of inventory, less returns and allowances | 10a | | | | | | |
| | | b Less: cost of goods sold | 10b | | | | |
| | | c Net income or (loss) from sales of inventory | | | | | |
| Miscellaneous Revenue | 11 a _____ | Business Code | | | | | |
| | b _____ | | | | | | |
| | c _____ | | | | | | |
| | d All other revenue | | | | | | |
| | e Total. Add lines 11a-11d | | | | | | |
| 12 Total revenue. See instructions | | 211,758,083. | 157,080,065. | -2,742,518. | 38,756,141. | | |

Part IX Statement of Functional Expenses

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

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

| Do not include amounts reported on lines 6b, 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 ... | 12,500. | 12,500. | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | 94,055,981. | 94,055,981. | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 2,387,825. | 736,345. | 1,195,425. | 456,055. |
| 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 51,986,876. | 46,038,841. | 3,295,666. | 2,652,369. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 4,505,157. | 3,969,477. | 308,847. | 226,833. |
| 9 Other employee benefits | 7,079,958. | 6,505,988. | 269,129. | 304,841. |
| 10 Payroll taxes | 3,576,309. | 3,108,935. | 271,015. | 196,359. |
| 11 Fees for services (nonemployees): | | | | |
| a Management | | | | |
| b Legal | 117,629. | 69,802. | 47,827. | |
| c Accounting | 121,420. | | 121,420. | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | 159,706. | | | 159,706. |
| f Investment management fees | 1,504,295. | | 1,504,295. | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.) | 2,994,816. | 2,110,765. | 444,132. | 439,919. |
| 12 Advertising and promotion | 434,216. | 386,915. | 22,399. | 24,902. |
| 13 Office expenses | 2,447,803. | 2,032,930. | 216,115. | 198,758. |
| 14 Information technology | 2,750,978. | 2,208,842. | 355,272. | 186,864. |
| 15 Royalties | 11,362. | | 745. | 10,617. |
| 16 Occupancy | 5,647,128. | 5,405,035. | 104,978. | 137,115. |
| 17 Travel | 7,421,722. | 7,065,756. | 204,480. | 151,486. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... | | | | |
| 19 Conferences, conventions, and meetings | 241,273. | 219,302. | 11,669. | 10,302. |
| 20 Interest | 2,557,718. | 2,456,386. | 100,332. | 1,000. |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 13,418,474. | 12,228,907. | 879,077. | 310,490. |
| 23 Insurance | 799,872. | 1,587. | 798,285. | |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a FOOD SERVICE | 7,412,230. | 7,008,847. | 63,170. | 340,213. |
| b TUITION FEES PAID TO OT | 2,389,034. | 2,386,716. | 1,285. | 1,033. |
| c MEMBERSHIP DUES PAID TO | 608,181. | 279,403. | 320,682. | 8,096. |
| d TAX & LICENSE EXPENSE | 261,810. | 170,519. | 90,917. | 374. |
| e All other expenses | 2,716,142. | 2,642,986. | | 73,156. |
| 25 Total functional expenses. Add lines 1 through 24e | 217,620,415. | 201,102,765. | 10,627,162. | 5,890,488. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. | | | | |
| Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) | | | | |

Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year |
|--|--|--------------------------|--------------|--------------------|
| Assets | 1 Cash - non-interest-bearing | 138,659. | 1 | 425,245. |
| | 2 Savings and temporary cash investments | 31,287,345. | 2 | 24,615,282. |
| | 3 Pledges and grants receivable, net | 13,759,905. | 3 | 9,668,851. |
| | 4 Accounts receivable, net | 569,170. | 4 | 451,979. |
| | 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| | 7 Notes and loans receivable, net | 901,650. | 7 | 750,000. |
| | 8 Inventories for sale or use | 141,140. | 8 | 154,033. |
| | 9 Prepaid expenses and deferred charges | 1,682,278. | 9 | 512,331. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 437,045,694. | | |
| | b Less: accumulated depreciation | 10b 193,048,380. | | |
| | 11 Investments - publicly traded securities | 246,735,612. | 10c | 243,997,314. |
| | 12 Investments - other securities. See Part IV, line 11 | 75,888,482. | 11 | 69,362,062. |
| | 13 Investments - program-related. See Part IV, line 11 | 434,510,047. | 12 | 428,073,777. |
| | 14 Intangible assets | 5,912,828. | 13 | 5,142,730. |
| | 15 Other assets. See Part IV, line 11 | | 14 | |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) | 31,916,294. | 15 | 29,826,565. | |
| | 843,443,410. | 16 | 812,980,169. | |
| Liabilities | 17 Accounts payable and accrued expenses | 13,500,045. | 17 | 14,497,677. |
| | 18 Grants payable | 4,948,241. | 18 | 3,540,391. |
| | 19 Deferred revenue | 3,170,180. | 19 | 5,426,522. |
| | 20 Tax-exempt bond liabilities | 78,608,179. | 20 | 74,567,367. |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | 11,952,631. | 21 | 10,952,056. |
| | 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | 2,784,760. | 25 | 2,919,563. |
| | 26 Total liabilities. Add lines 17 through 25 | 114,964,036. | 26 | 111,903,576. |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | |
| | 27 Net assets without donor restrictions | 342,010,101. | 27 | 333,754,638. |
| | 28 Net assets with donor restrictions | 386,469,273. | 28 | 367,321,955. |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | |
| | 29 Capital stock or trust principal, or current funds | | 29 | |
| | 30 Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| | 31 Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| | 32 Total net assets or fund balances | 728,479,374. | 32 | 701,076,593. |
| | 33 Total liabilities and net assets/fund balances | 843,443,410. | 33 | 812,980,169. |

Part XI Reconciliation of Net Assets

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

| | | | |
|----|--|----|--------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 211,758,083. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 217,620,415. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -5,862,332. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 728,479,374. |
| 5 | Net unrealized gains (losses) on investments | 5 | -22,869,375. |
| 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 on Schedule O) | 9 | 1,328,926. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 701,076,593. |

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

| | Yes | No |
|----|-----|----|
| | | |
| 2a | | X |
| | | |
| 2b | X | |
| | | |
| 2c | X | |
| | | |
| 3a | X | |
| | | |
| 3b | X | |

Form 990 (2019)

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--|-----------|-----------|-----------|-----------|-----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 26137293. | 24604391. | 23748728. | 28723742. | 18664395. | 121878549 |
| 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 | 26137293. | 24604391. | 23748728. | 28723742. | 18664395. | 121878549 |
| 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) | | | | | | 5814903. |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 116063646 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--|-----------|-----------|-----------|-----------|-----------------|--------------------------|
| 7 Amounts from line 4 | 26137293. | 24604391. | 23748728. | 28723742. | 18664395. | 121878549 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 9149281. | 16268336. | 60446532. | 10749035. | 9079813. | 105692997 |
| 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.) | 1584009. | 8773155. | 28915827. | 20819105. | 3263044. | 63355140. |
| 11 Total support. Add lines 7 through 10 | | | | | | 290926686 |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 728,242,728. | |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|-------------------------------------|
| 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) | 14 | 39.89 % |
| 15 Public support percentage from 2018 Schedule A, Part II, line 14 | 15 | 39.23 % |
| 16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input checked="" type="checkbox"/> |
| b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | <input type="checkbox"/> |

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 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 | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c 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 Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |

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

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|---|
| 15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2018 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|---|
| 17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2018 Schedule A, Part III, line 17 | 18 | % |

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i> | | |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i> | | |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i> | | |
| b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i> | | |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i> | | |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i> | | |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i> | | |
| 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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i> | | |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> | | |
| b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | | |
| c Substitutions only. Was the substitution the result of an event beyond the organization's control? | | |
| 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i> | | |
| 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | | |
| 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))? <i>If "Yes," provide detail in Part VI.</i> | | |
| b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| 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? <i>If "Yes," provide detail in Part VI.</i> | | |
| 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)? <i>If "Yes," answer 10b below.</i> | | |
| b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i> | | |

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 governing body of a supported organization? | | |
| b A family member of a person described in (a) above? | | |
| c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i> | | |

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

| | Yes | No |
|---|-----|----|
| 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 organization's governing documents in effect on the date of notification, to the extent not previously provided? | | |
| 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i> | | |
| 3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i> | | |

Section E. Type III Functionally Integrated Supporting Organizations

| | | |
|---|--|--|
| 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | |
| a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | |
| c <input type="checkbox"/> 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? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> | | |
| b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i> | | |
| 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? <i>Provide details in Part VI.</i> | | |
| b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i> | | |

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

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

| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|--|--|----------------|-----------------------------|
| 1 | Net short-term capital gain | 1 | |
| 2 | Recoveries of prior-year distributions | 2 | |
| 3 | Other gross income (see instructions) | 3 | |
| 4 | Add lines 1 through 3. | 4 | |
| 5 | Depreciation and depletion | 5 | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | |
| 7 | Other expenses (see instructions) | 7 | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | |

| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
|---|---|----------------|-----------------------------|
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| 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 | |

| Section C - Distributable Amount | | (A) Prior Year | 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 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). | | |

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

| Section D - Distributions | Current Year |
|---|---------------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported 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 is responsive (provide details in Part VI). See instructions. | |
| 9 Distributable amount for 2019 from Section C, line 6 | |
| 10 Line 8 amount divided by line 9 amount | |

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

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.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

OTHER INCOME

Multiple horizontal lines for providing explanations for other income.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF. ▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Name of the organization

ST. OLAF COLLEGE

Employer identification number

41-0693979

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

[X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

| | |
|---|---|
| Name of organization ST. OLAF COLLEGE | Employer identification number 41-0693979 |
|---|---|

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|--|
| 1 | _____ _____ _____ | \$ <u>3,040,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | _____ _____ _____ | \$ <u>2,224,350.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | _____ _____ _____ | \$ <u>400,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| _____ | _____ _____ _____ | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| _____ | _____ _____ _____ | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| _____ | _____ _____ _____ | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|---|---|
| Name of organization ST. OLAF COLLEGE | Employer identification number 41-0693979 |
|---|---|

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
|------------------------------|--|---|----------------------|
| 2 | 1100 SHRS AMZN _____ _____ _____ | \$ 2,220,600. | 01/31/20 |
| _____ | _____ _____ _____ | \$ _____ | _____ |
| _____ | _____ _____ _____ | \$ _____ | _____ |
| _____ | _____ _____ _____ | \$ _____ | _____ |
| _____ | _____ _____ _____ | \$ _____ | _____ |
| _____ | _____ _____ _____ | \$ _____ | _____ |
| _____ | _____ _____ _____ | \$ _____ | _____ |

| | |
|---|---|
| Name of organization ST. OLAF COLLEGE | Employer identification number 41-0693979 |
|---|---|

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---|---------------------|--|-------------------------------------|
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

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

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

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

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

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

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization

ST. OLAF COLLEGE

Employer identification number

41-0693979

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ▶ \$ _____
- 3 Volunteer hours for political campaign activities

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

| (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-. |
|----------|-------------|---------|---|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2019

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | | (a) Filing organization's totals | (b) Affiliated group totals | | | | | | | | | | | | |
|--|---|---|------------------------------------|--------------------|-------------------------------|---|--|---|--|--|---|-------------------|--------------|--|--|
| 1a | Total lobbying expenditures to influence public opinion (grassroots lobbying) | | | | | | | | | | | | | | |
| b | Total lobbying expenditures to influence a legislative body (direct lobbying) | | | | | | | | | | | | | | |
| c | Total lobbying expenditures (add lines 1a and 1b) | | | | | | | | | | | | | | |
| d | Other exempt purpose expenditures | | | | | | | | | | | | | | |
| e | Total exempt purpose expenditures (add lines 1c and 1d) | | | | | | | | | | | | | | |
| f | Lobbying nontaxable amount. Enter the amount from the following table in both columns. | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table> | | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e. | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess 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 \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | Over \$17,000,000 | \$1,000,000. | | |
| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | | | | | | | | | | | | | | |
| Not over \$500,000 | 20% of the amount on line 1e. | | | | | | | | | | | | | | |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess 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 \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | | | | | | | | | | | | | | |
| Over \$17,000,000 | \$1,000,000. | | | | | | | | | | | | | | |
| g | Grassroots nontaxable amount (enter 25% of line 1f) | | | | | | | | | | | | | | |
| h | Subtract line 1g from line 1a. If zero or less, enter -0- | | | | | | | | | | | | | | |
| i | Subtract line 1f from line 1c. If zero or less, enter -0- | | | | | | | | | | | | | | |
| j | If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? | | | | | | | | | | | | | | |

Yes No

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

| Lobbying Expenditures During 4-Year Averaging Period | | | | | |
|---|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) Total |
| 2a 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 | | | | | |

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

| For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity. | (a) | | (b) |
|---|-----|----|----------|
| | Yes | No | Amount |
| 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? | | X | |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .. | | X | |
| c Media advertisements? | | X | |
| d Mailings to members, legislators, or the public? | X | | |
| e Publications, or published or broadcast statements? | | X | |
| f Grants to other organizations for lobbying purposes? | | X | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body? | X | | |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | X | |
| i Other activities? | X | | 117,211. |
| j Total. Add lines 1c through 1i | | | 117,211. |
| 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | X | |
| b If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

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

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

| | | |
|---|----|--|
| 1 Dues, assessments and similar amounts from members | 1 | |
| 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). | | |
| a Current year | 2a | |
| b Carryover from last year | 2b | |
| c Total | 2c | |
| 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | 3 | |
| 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | 4 | |
| 5 Taxable amount of lobbying and political expenditures (see instructions) | 5 | |

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE 1, LOBBYING 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

Part IV Supplemental Information (continued)

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 \$150,018 DURING THE TAXABLE YEAR.

MPCC HAS DIVIDED ITS EXPENSES FOR ITS TAXABLE YEAR ENDING JUNE 30, 2020, 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 50L(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 NON-LOBBYING ACTIVITIES. MPCC DID NOT ATTEMPT TO ALLOCATE THE GROUP 2 EXPENSES BETWEEN LOBBYING AND NON-LOBBYING ACTIVITIES. MPCC HAS DETERMINED THAT THE AMOUNT OF THE GROUP 2 EXPENSES REPRESENTS 78.13% 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, \$117,211 OF ST. OLAF COLLEGE'S DUES WERE USED TO PAY GROUP 2 EXPENSES. THE AMOUNT OF LOBBYING EXPENSES PAID FROM ST. OLAF COLLEGE'S DUES WAS SIGNIFICANTLY LESS THAN THAT AMOUNT.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization **ST. OLAF COLLEGE** Employer identification number **41-0693979**

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

| | (a) Donor advised funds | (b) Funds and other accounts |
|---|------------------------------|------------------------------|
| 1 Total number at end of year | | |
| 2 Aggregate value of contributions to (during year) | | |
| 3 Aggregate value of grants from (during year) | | |
| 4 Aggregate value at end of year | | |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

| | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 2 |
| b Total acreage restricted by conservation easements | 130.00 |
| c Number of conservation easements on a certified historic structure included in (a) | |
| d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register | |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ 0

4 Number of states where property subject to conservation easement is located ▶ 1

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ 200

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ 48,744.

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

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

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

1a If the organization elected, as permitted under FASB 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 FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

▶ \$ 99,636.

(ii) Assets included in Form 990, Part X

▶ \$ 1,979,617.

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 FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2019

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

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

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|----------|
| c Beginning balance | 515,204. |
| d Additions during the year | 161,170. |
| e Distributions during the year | 311,032. |
| f Ending balance | 365,342. |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 540,137,850. | 536,053,533. | 498,709,974. | 447,701,139. | 455,506,474. |
| b Contributions | 4,916,091. | 15,588,231. | 9,050,791. | 9,518,220. | 15,066,886. |
| c Net investment earnings, gains, and losses | -13,616,857. | 548,307. | 45,673,028. | 55,708,370. | -12,507,726. |
| d Grants or scholarships | 6,887,243. | 6,471,566. | 6,075,236. | 5,608,563. | 4,998,039. |
| e Other expenditures for facilities and programs | 6,605,589. | 3,971,684. | 10,161,177. | 8,120,180. | 4,910,837. |
| f Administrative expenses | 1,613,661. | 1,608,971. | 1,143,847. | 489,013. | 455,620. |
| g End of year balance | 516,330,591. | 540,137,850. | 536,053,533. | 498,709,973. | 447,701,138. |

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 34.50 %
 - b Permanent endowment 46.40 %
 - c Term endowment 19.10 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------------------------|-------------------------------------|
| (i) Unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|---------------------|
| 1a Land | | 1,342,890. | | 1,342,890. |
| b Buildings | | 324,297,528. | 128,757,766. | 195,539,762. |
| c Leasehold improvements | | 29,574,644. | 11,788,578. | 17,786,066. |
| d Equipment | | 62,408,576. | 44,782,003. | 17,626,573. |
| e Other | | 19,422,056. | 7,720,033. | 11,702,023. |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 243,997,314. |

Part VII Investments - Other Securities.

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

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|---------------------|---|
| (1) Financial derivatives | | |
| (2) Closely held equity interests | | |
| (3) Other | | |
| (A) HEDGE FUNDS | 117,050,232. | END-OF-YEAR MARKET VALUE |
| (B) PRIVATE EQUITY FUNDS | 79,051,798. | END-OF-YEAR MARKET VALUE |
| (C) GLOBAL EQUITY FUNDS | 159,415,590. | END-OF-YEAR MARKET VALUE |
| (D) REAL ESTATE FUNDS | 27,754,116. | END-OF-YEAR MARKET VALUE |
| (E) COMMODITY FUNDS | 34,873,376. | END-OF-YEAR MARKET VALUE |
| (F) OTHER INVESTMENTS | 298,253. | END-OF-YEAR MARKET VALUE |
| (G) FIXED INCOME FUNDS | 9,425,122. | END-OF-YEAR MARKET VALUE |
| (H) PRIVATE CREDIT FUNDS | 205,290. | END-OF-YEAR MARKET VALUE |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | 428,073,777. | |

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

| 1. (a) Description of liability | (b) Book value |
|---|-------------------|
| (1) Federal income taxes | |
| (2) ASSET RETIREMENT OBLIGATION | 2,919,563. |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) | 2,919,563. |

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

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

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

| | | | | |
|---|---|----|--------------|--------------|
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | 95,700,182. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | |
| a | Net unrealized gains (losses) on investments | 2a | -22,869,375. | |
| b | Donated services and use of facilities | 2b | | |
| c | Recoveries of prior year grants | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | 1,268,394. | |
| e | Add lines 2a through 2d | 2e | | -21,600,981. |
| 3 | Subtract line 2e from line 1 | 3 | | 117,301,163. |
| 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.) | 4b | 94,456,920. | |
| c | Add lines 4a and 4b | 4c | | 94,456,920. |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5 | | 211,758,083. |

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

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

| | | | | |
|---|--|----|-------------|--------------|
| 1 | Total expenses and losses per audited financial statements | | 1 | 123,102,963. |
| 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 | 2b | | |
| c | Other losses | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | -60,532. | |
| e | Add lines 2a through 2d | 2e | | -60,532. |
| 3 | Subtract line 2e from line 1 | 3 | | 123,163,495. |
| 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.) | 4b | 94,456,920. | |
| c | Add lines 4a and 4b | 4c | | 94,456,920. |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5 | | 217,620,415. |

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:

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:

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 SUBJECTS FOR STUDENTS TO OBSERVE AND INTERPRET.

Part XIII Supplemental Information (continued)

PART IV, LINE 1B:

THE COLLEGE SERVES AS AN AGENT FOR SEVERAL STUDENT AND OTHER ORGANIZATIONS.

PART IV, LINE 2B:

INCLUDED IN FORM 990, PART X, LINE 21 ARE TWO SEPARATE TYPES OF LIABILITIES. FIRST ARE "ANNUITIES PAYABLE" OF \$10,383,168 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" OF \$568,888 THAT PRIMARILY RESULT FROM THE TRUSTS UNDER CONTROL OF THE COLLEGE THAT WILL BENEFIT OTHER ORGANIZATIONS AT THE TERMINATION OF THE TRUST.

PART V, LINE 4:

THE INTENDED USES OF THE ENDOWMENT FUND INCLUDE SCHOLARSHIPS, ENDOWED FACULTY CHAIRS, AND GENERAL SUPPORT TO SUBSIDIZE VARIOUS OPERATIONS.

PART X, LINE 2:

THE INTERNAL REVENUE SERVICE HAS DETERMINED THAT THE COLLEGE IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THE COLLEGE IS ALSO EXEMPT FROM STATE INCOME TAXES. HOWEVER, ANY UNRELATED BUSINESS INCOME MAY BE SUBJECT TO TAXATION.

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

Part XIII Supplemental Information (continued)

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, 2020 AND 2019. THE COLLEGE'S TAX RETURNS ARE SUBJECT TO REVIEW AND EXAMINATION BY FEDERAL AND STATE AUTHORITIES.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

| | |
|---|------------|
| ADJUSTMENT TO PRIOR SERVICE COST AND ACTUARIAL LIABILITY FOR RETIREE HEALTH | -115,345. |
| ADJUSTMENT TO ACTUARIAL LIABILITY FOR ANNUITIES PAYABLE | 185,680. |
| SPECIAL FUNDRAISING EXPENSES | -60,532. |
| EXTRAORDINARY GAIN DUE TO SALE OF ASSET | 1,258,591. |
| TOTAL TO SCHEDULE D, PART XI, LINE 2D | 1,268,394. |

PART XI, LINE 4B - OTHER ADJUSTMENTS:

| | |
|---------------------------------------|-------------|
| SCHOLARSHIPS AND GRANTS | 92,952,625. |
| CONSULTING FEES | 1,504,295. |
| TOTAL TO SCHEDULE D, PART XI, LINE 4B | 94,456,920. |

PART XII, LINE 2D - OTHER ADJUSTMENTS:

| | |
|------------------------------|----------|
| SPECIAL FUNDRAISING EXPENSES | -60,532. |
|------------------------------|----------|

PART XII, LINE 4B - OTHER ADJUSTMENTS:

| | |
|--|-------------|
| SCHOLARSHIPS AND GRANTS | 92,952,625. |
| CONSULTING FEES REPORTED AS REVENUE | 1,504,295. |
| TOTAL TO SCHEDULE D, PART XII, LINE 4B | 94,456,920. |

SCHEDULE E
(Form 990 or 990-EZ)

Schools

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

Name of the organization

ST. OLAF COLLEGE

Employer identification number

41-0693979

Part I

| | YES | NO |
|--|----------|----------|
| 1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? | X | |
| 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? | X | |
| 3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II | X | |
| THE COLLEGE DOES NOT ENGAGE IN SIGNIFICANT ADVERTISING ACTIVITIES VIA NEWSPAPERS OR BROADCAST MEDIA. HOWEVER, WHEN THE COLLEGE POSTS JOB OPENINGS IN NEWSPAPERS THE APPLICABLE DISCRIMINATION POLICIES ARE INCLUDED. | | |
| 4 Does the organization maintain the following? | | |
| a Records indicating the racial composition of the student body, faculty, and administrative staff? | X | |
| b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? | X | |
| c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? | X | |
| d Copies of all material used by the organization or on its behalf to solicit contributions? | X | |
| If you answered "No" to any of the above, please explain. If you need more space, use Part II. | | |
| 5 Does the organization discriminate by race in any way with respect to: | | |
| a Students' rights or privileges? | | X |
| b Admissions policies? | | X |
| c Employment of faculty or administrative staff? | | X |
| d Scholarships or other financial assistance? | | X |
| e Educational policies? | | X |
| f Use of facilities? | | X |
| g Athletic programs? | | X |
| h Other extracurricular activities? | | X |
| If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. | | |
| 6a Does the organization receive any financial aid or assistance from a governmental agency? | X | |
| b Has the organization's right to such aid ever been revoked or suspended? | | X |
| If you answered "Yes" on either line 6a or line 6b, explain on Part II. | | |
| 7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II | X | |

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

Schedule E (Form 990 or 990-EZ) 2019

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.

LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:

ST. OLAF PARTICIPATES IN THE FEDERAL STUDENT FINANCIAL AID PROGRAM ADMINISTERED THROUGH THE US DEPARTMENT OF EDUCATION. ST. OLAF STUDENTS RECEIVE FUNDING FROM CAMPUS BASED PROGRAMS (PERKINS, SEOG AND FEDERAL WORK STUDY) AS WELL AS FEDERAL PELL GRANTS AND FEDERAL STUDENT LOANS. IN ADDITION, ST. OLAF STUDENTS RECEIVE FUNDING VIA THE MINNESOTA STATE GRANT, WORK STUDY AND SELF LOAN PROGRAMS ADMINISTERED THROUGH THE MINNESOTA OFFICE OF HIGHER EDUCATION. THE COLLEGE ALSO RECEIVED OTHER GRANTS THROUGH FEDERAL AND STATE PROGRAMS, SUCH AS THE DEPARTMENT OF EDUCATION AND NATIONAL SCIENCE FOUNDATION.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

| | |
|---|---|
| Name of the organization ST. OLAF COLLEGE | Employer identification number 41-0693979 |
|---|---|

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

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

| (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in the region | (d) Activities conducted in the 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 |
|---|-------------------------------------|--|--|--|--|
| CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS, | 0 | 0 | INVESTMENTS | | 258,009,907. |
| EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM | 0 | 0 | INVESTMENTS | | 739,812. |
| EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM | 0 | 0 | PROGRAM SERVICES | STUDENT RECRUITMENT | 8,077. |
| RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBIJAN, BELARUS, | 0 | 0 | PROGRAM SERVICES | STUDENT RECRUITMENT | 2,692. |
| SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES, | 0 | 0 | PROGRAM SERVICES | STUDENT RECRUITMENT | 1,346. |
| SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | 0 | 0 | PROGRAM SERVICES | STUDENT RECRUITMENT | 5,385. |
| CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS, | 0 | 0 | PROGRAM SERVICES | ALUMNI STUDY TRAVEL | 37,000. |
| EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA, | 0 | 0 | PROGRAM SERVICES | ALUMNI STUDY TRAVEL | 86,000. |
| 3 a Subtotal | 0 | 0 | | | 258,890,219. |
| b Total from continuation sheets to Part I | 0 | 0 | | | 6,046,000. |
| c Totals (add lines 3a and 3b) | 0 | 0 | | | 264,936,219. |

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

Schedule F (Form 990) 2019

Part I Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|--|-------------------------------------|---|--|--|-----------------------------------|
| EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM | 0 | 0 | PROGRAM SERVICES | ALUMNI STUDY TRAVEL | 578,000. |
| MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT, | 0 | 0 | PROGRAM SERVICES | ALUMNI STUDY TRAVEL | 54,000. |
| SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | 0 | 0 | PROGRAM SERVICES | ALUMNI STUDY TRAVEL | 204,000. |
| EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA, | 0 | 0 | PROGRAM SERVICES | INTERNATIONAL STUDIES | 980,000. |
| EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM | 0 | 0 | PROGRAM SERVICES | INTERNATIONAL STUDIES | 2,612,000. |
| NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES | 0 | 0 | PROGRAM SERVICES | INTERNATIONAL STUDIES | 69,000. |
| RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBIJAN, BELARUS, | 0 | 0 | PROGRAM SERVICES | INTERNATIONAL STUDIES | 25,000. |
| SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR, | 0 | 0 | PROGRAM SERVICES | INTERNATIONAL STUDIES | 483,000. |
| SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | 0 | 0 | PROGRAM SERVICES | INTERNATIONAL STUDIES | 294,000. |
| EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM | 0 | 0 | PROGRAM SERVICES | MUSIC TOUR | 747,000. |
| Totals | | | | | 6,046,000. |

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) |
|---------------------------------|------------|--------------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Part IV Foreign Forms

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

Schedule F (Form 990) 2019

Part V Supplemental Information

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

PART I, LINE 2:

THE COLLEGE OFFERS GRANTS IN THE FORM OF NEED OR MERIT BASED SCHOLARSHIPS TO STUDENTS WHO ARE STUDYING OUTSIDE OF THE US. 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 PROGRAM, 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.

PART I, LINE 3:

ACCRUAL METHOD

PART IV**LINE 1:**

THE COLLEGE HAS DIRECTLY INVESTED IN FOREIGN CORPORATIONS AND FILED THE REQUIRED FORMS 926 FOR THE TAX YEAR.

LINE 2:

THE COLLEGE HAS DIRECTLY INVESTED IN FOREIGN CORPORATIONS. HOWEVER, THE COLLEGE DOES NOT MEET THE FILING REQUIREMENTS OF FILING FORM 5471 FOR THE TAX YEAR.

LINE 4:

THE COLLEGE HAS DIRECTLY INVESTED IN PASSIVE FOREIGN INVESTMENT COMPANIES. HOWEVER, THE COLLEGE DOES NOT MEET THE FILING REQUIREMENTS

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.

OF FILING FORM 8621 FOR THE TAX YEAR.

LINE 5:

THE COLLEGE HAS DIRECTLY INVESTED IN FOREIGN PARTNERSHIPS AND FILED THE REQUIRED FORMS 8865 FOR THE TAX YEAR.

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization

ST. OLAF COLLEGE

Employer identification number

41-0693979

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|---|-------------------------|--|----|-----------------------------------|---|---|
| | | Yes | No | | | |
| BLACKBAUD - 2000 DANIEL ISLAND DRIVE, CHARLESTON, SC | CONSULTING AND TRAINING | | X | 0. | 39,850. | -39,850. |
| GIVECAMPUS, INC. - 903 G ST, WASHINGTON DC, DC 20003 | CONSULTING AND TRAINING | | X | 0. | 27,238. | -27,238. |
| RUFFALO NOEL LEVITZ - P.O. BOX 718, DES MOINES, IA | CONSULTING AND TRAINING | | X | 0. | 15,442. | -15,442. |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total | | | | | 82,530. | -82,530. |

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

AL, AK, AR, CO, CT, DE, DC, HI, ME, MD, MA, MI, MN, MS, MO, NH, NC, SC, UT, VA, WA

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.

| | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events (add col. (a) through col. (c)) |
|-----------------|--|---|--------------|------------------------|--|
| | | ATHLETIC FUNDRAISING (event type) | (event type) | NONE (total number) | |
| Revenue | 1 Gross receipts | 90,670. | | | 90,670. |
| | 2 Less: Contributions | | | | |
| | 3 Gross income (line 1 minus line 2) | 90,670. | | | 90,670. |
| Direct Expenses | 4 Cash prizes | | | | |
| | 5 Noncash prizes | | | | |
| | 6 Rent/facility costs | | | | |
| | 7 Food and beverages | | | | |
| | 8 Entertainment | | | | |
| | 9 Other direct expenses | 30,138. | | | 30,138. |
| | 10 Direct expense summary. Add lines 4 through 9 in column (d) | | | | 30,138. |
| | 11 Net income summary. Subtract line 10 from line 3, column (d) | | | | 60,532. |

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

| | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
|-----------------|---|---|---|---|---|
| | | | | | |
| Revenue | 1 Gross revenue | | | | |
| | 2 Cash prizes | | | | |
| Direct Expenses | 3 Noncash prizes | | | | |
| | 4 Rent/facility costs | | | | |
| | 5 Other direct expenses | | | | |
| | 6 Volunteer labor | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | |
| | 7 Direct expense summary. Add lines 2 through 5 in column (d) | | | | |
| | 8 Net gaming income summary. Subtract line 7 from line 1, column (d) | | | | |

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

| | | | |
|-------------------------------|--|-----|---|
| a The organization's facility | | 13a | % |
| b An outside facility | | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c If "Yes," enter name and address of the third party:

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, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: BLACKBAUD

(I) ADDRESS OF FUNDRAISER: 2000 DANIEL ISLAND DRIVE, CHARLESTON, SC 29492

(I) NAME OF FUNDRAISER: RUFFALO NOEL LEVITZ

(I) ADDRESS OF FUNDRAISER: P.O. BOX 718, DES MOINES, IA 50303

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization **ST. OLAF COLLEGE** Employer identification number **41-0693979**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|---|----------------|--|---------------------------------|--|--|--|---|
| CAPITAL UNIVERSITY 1 COLLEGE AND MAIN COLUMBUS, OH 43209 | 31-4379435 | 501(C)(3) | 7,500. | 0. | | | KNUTSON GRANT |
| CHRISTUS REX LUTHERAN CAMPUS CENTER - 3012 UNIVERSITY AVE - GRAND FORKS, ND 58203 | 45-0283172 | CHURCH | 5,000. | 0. | | | KNUTSON GRANT |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

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

3 Enter total number of other organizations listed in the line 1 table ▶ 1.

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

Schedule I (Form 990) (2019)

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

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|------------------------------------|--------------------------|--------------------------|-----------------------------------|---|---------------------------------------|
| TUITION WAIVER | 155 | 2,166,815. | 0. | | |
| MERIT BASED SCHOLARSHIPS | 2226 | 32,120,220. | 0. | | |
| NEED BASED FINANCIAL AID | 2286 | 58,028,383. | 0. | | |
| EDUCATIONAL OPPORTUNITY ASSISTANCE | 390 | 240,133. | 0. | | |
| VOCATION & CAREER ASSISTANCE | 356 | 545,080. | 0. | | |

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:

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 NORMAL 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

Part IV Supplemental Information

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.

PART III, EMERGENCY GRANTS TO STUDENTS:

EMERGENCY GRANTS TO STUDENTS REPRESENTS THE HIGHER EDUCATION RELIEF FUNDING PROVIDED BY THE CARES ACT FOR DIRECT DISTRIBUTION TO STUDENTS.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization **ST. OLAF COLLEGE** Employer identification number **41-0693979**

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input checked="" type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

| | Yes | No |
|-----------|-----|----|
| 1b | X | |
| 2 | X | |
| 4a | | X |
| 4b | | X |
| 4c | | X |
| 5a | | X |
| 5b | | X |
| 6a | | X |
| 6b | | X |
| 7 | | X |
| 8 | | X |
| 9 | | |

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

Schedule J (Form 990) 2019

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

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

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|--|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| (1) DAVID ANDERSON PRESIDENT | (i) | 463,525. | 1,000. | 8,637. | 25,200. | 34,556. | 532,918. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (2) MARCI SORTOR PROVOST AND DEAN OF THE COLLEGE | (i) | 232,129. | 1,000. | 3,711. | 21,855. | 18,581. | 277,276. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (3) JANET HANSON VP AND CFO | (i) | 203,796. | 3,000. | 6,046. | 19,332. | 14,952. | 247,126. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (4) CARL CROSBY LEHMANN GENERAL COUNSEL | (i) | 221,624. | 1,000. | 1,339. | 19,892. | 2,002. | 245,857. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (5) MICHAEL KYLE VP FOR ENROLLMENT | (i) | 203,728. | 1,000. | 1,928. | 19,029. | 14,357. | 240,042. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (6) ENOCH BLAZIS VP FOR ADVANCEMENT | (i) | 208,952. | 1,000. | 1,296. | 19,182. | 8,919. | 239,349. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (7) MICHAEL GOODSON VP FOR HUMAN RESOURCES | (i) | 166,275. | 1,000. | 2,578. | 15,416. | 8,825. | 194,094. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (8) HASSEL MORRISON VP FOR STUDENT LIFE | (i) | 147,873. | 1,000. | 524. | 14,103. | 21,657. | 185,157. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (9) CHRISTOPHER GEORGE DEAN OF ADMISSIONS AND FINANCIAL AID | (i) | 133,943. | 1,000. | 691. | 13,241. | 21,246. | 170,121. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (10) BRUCE KING INSTITUTIONAL DIVERSITY | (i) | 136,999. | 1,000. | 647. | 10,417. | 20,542. | 169,605. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (11) ROBERTA LEMBKE CHIEF INFORMATION OFFICER | (i) | 145,897. | 1,000. | 0. | 13,621. | 8,156. | 168,674. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (12) REBECCA OTTEN ASST VP FOR ADVANCEMENT | (i) | 146,366. | 1,000. | 441. | 13,241. | 2,400. | 163,448. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (13) DAN DRESSEN ASSOCIATE PROVOST | (i) | 128,318. | 3,000. | 3,459. | 11,785. | 8,701. | 155,263. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (14) KATIE WARREN CHIEF MARKETING OFFICER | (i) | 137,157. | 1,000. | 287. | 12,344. | 1,791. | 152,579. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (15) MARK GELLE CHIEF INVESTMENT OFFICER | (i) | 122,794. | 1,000. | 2,113. | 11,680. | 14,057. | 151,644. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

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 I, LINE 1A:

TRAVEL FOR COMPANIONS - DAVID ANDERSON - \$949

HOUSING ALLOWANCE/RESIDENCE FOR PERSONAL USE - DAVID ANDERSON - \$16,800

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.** ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization **ST. OLAF COLLEGE** Employer identification number **41-0693979**

| Part I | Bond Issues | SEE PART VI FOR COLUMNS (A) AND (F) CONTINUATIONS | | | | | | | | | | | |
|--------|---|---|----------------|-------------|-----------------|--------------------------|----------------------------|--------------|----|-------------------------|----|----------------------|----|
| | | (a) Issuer name | (b) Issuer EIN | (c) CUSIP # | (d) Date issued | (e) Issue price | (f) Description of purpose | (g) Defeased | | (h) On behalf of issuer | | (i) Pooled financing | |
| | | | | | | | | Yes | No | Yes | No | Yes | No |
| A | MINNESOTA HIGHER EDUCATION FACILITIES AUT | 41-0988525 | 60416HTL8 | 08/31/10 | 34045664. | REFUND PRIOR ISSUANCES | X | | | X | | X | |
| B | MINNESOTA HIGHER EDUCATION FACILITIES AUT | 41-0988525 | 60416HL51 | 07/01/15 | 61107599. | FINANCE CONSTRUCTION AND | | X | | X | | X | |
| C | MINNESOTA HIGHER EDUCATION FACILITIES AUT | 41-0988525 | 60416HZ80 | 09/15/16 | 25628247. | REFUND OUTSTANDING BALAN | | X | | X | | X | |
| D | | | | | | | | | | | | | |

| Part II | Proceeds | A | | B | | C | | D | |
|---------|--|------|-------------|------|-------------|-----|-------------|-----|----|
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 | Amount of bonds retired | | 32,440,000. | | 9,060,000. | | | | |
| 2 | Amount of bonds legally defeased | | | | | | | | |
| 3 | Total proceeds of issue | | 34,045,664. | | 61,107,599. | | 25,628,247. | | |
| 4 | Gross proceeds in reserve funds | | | | | | | | |
| 5 | Capitalized interest from proceeds | | | | | | | | |
| 6 | Proceeds in refunding escrows | | | | | | | | |
| 7 | Issuance costs from proceeds | | 293,295. | | 441,171. | | 265,273. | | |
| 8 | Credit enhancement from proceeds | | | | | | | | |
| 9 | Working capital expenditures from proceeds | | | | | | | | |
| 10 | Capital expenditures from proceeds | | | | 25,000,000. | | 2,468. | | |
| 11 | Other spent proceeds | | 32,440,000. | | 35,666,428. | | 25,360,506. | | |
| 12 | Other unspent proceeds | | | | | | | | |
| 13 | Year of substantial completion | 2010 | | 2015 | | | | | |
| 14 | Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? | X | | X | | X | | | |
| 15 | Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? | | X | X | | X | | | |
| 16 | Has the final allocation of proceeds been made? | X | | X | | X | | | |
| 17 | Does the organization maintain adequate books and records to support the final allocation of proceeds? | X | | X | | X | | | |

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

Part III Private Business Use

| | A | | B | | C | | D | |
|--|-----|-------|-----|-------|-----|-------|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? | | X | | X | | X | | |
| 2 Are there any lease arrangements that may result in private business use of bond-financed property? | | X | | X | | X | | |
| 3a Are there any management or service contracts that may result in private business use of bond-financed property? | | X | | X | | X | | |
| b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? | | | | | | | | |
| c Are there any research agreements that may result in private business use of bond-financed property? | | X | | X | | X | | |
| 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 | | .00 % | | .00 % | | .00 % | | % |
| 5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government | | .00 % | | .00 % | | .00 % | | % |
| 6 Total of lines 4 and 5 | | .00 % | | .00 % | | .00 % | | % |
| 7 Does the bond issue meet the private security or payment test? | | X | | X | | X | | |
| 8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued? | | X | | X | | X | | |
| b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of | | % | | % | | % | | % |
| c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? | | | | | | | | |
| 9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? | X | | X | | X | | | |

Part IV Arbitrage

| | A | | B | | C | | D | |
|--|-----|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? | | X | | X | | X | | |
| 2 If "No" to line 1, did the following apply? | | | | | | | | |
| a Rebate not due yet? | | X | | X | | X | | |
| b Exception to rebate? | | X | | X | | X | | |
| c No rebate due? | X | | X | | X | | | |
| If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed | | | | | | | | |
| 3 Is the bond issue a variable rate issue? | | X | | X | | X | | |

Part IV Arbitrage (continued)

| | A | | B | | C | | D | |
|--|-----|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? | | X | | X | | X | | |
| b Name of provider | | | | | | | | |
| c Term of hedge | | | | | | | | |
| d Was the hedge superintegrated? | | | | | | | | |
| e Was the hedge terminated? | | | | | | | | |
| 5a Were gross proceeds invested in a guaranteed investment contract (GIC)? | | X | | X | | X | | |
| b Name of provider | | | | | | | | |
| c Term of GIC | | | | | | | | |
| d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? | | | | | | | | |
| 6 Were any gross proceeds invested beyond an available temporary period? | | X | | X | | X | | |
| 7 Has the organization established written procedures to monitor the requirements of section 148? | X | | X | | X | | | |

Part V Procedures To Undertake Corrective Action

| | A | | B | | C | | D | |
|---|-----|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations? | X | | X | | X | | | |

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

SCHEDULE K, PART I, BOND ISSUES:

(A) ISSUER NAME: MINNESOTA HIGHER EDUCATION FACILITIES AUTHORITY

(A) ISSUER NAME: MINNESOTA HIGHER EDUCATION FACILITIES AUTHORITY

(F) DESCRIPTION OF PURPOSE: FINANCE CONSTRUCTION AND ADVANCE REFUNDING

(A) ISSUER NAME: MINNESOTA HIGHER EDUCATION FACILITIES AUTHORITY

(F) DESCRIPTION OF PURPOSE:
REFUND OUTSTANDING BALANCE OF SERIES SEVEN-F BOND

SCHEDULE K, PART IV, ARBITRAGE, LINE 2C:

(A) ISSUER NAME: MINNESOTA HIGHER EDUCATION FACILITIES AUTHORITY
DATE THE REBATE COMPUTATION WAS PERFORMED: 01/13/2020

(A) ISSUER NAME: MINNESOTA HIGHER EDUCATION FACILITIES AUTHORITY
DATE THE REBATE COMPUTATION WAS PERFORMED: 06/18/2020

(A) ISSUER NAME: MINNESOTA HIGHER EDUCATION FACILITIES AUTHORITY
DATE THE REBATE COMPUTATION WAS PERFORMED: 10/14/2020

Part IV Business Transactions Involving Interested Persons.

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

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
|-------------------------------|---|---------------------------|--------------------------------|---|----|
| | | | | Yes | No |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Part V Supplemental Information.

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

SCH L, PART III, GRANTS OR ASSISTANCE BENEFITTING INTERESTED PERSONS:

(C) AMOUNT OF GRANT \$ 32,000.

(D) TYPE OF ASSISTANCE: DISCOUNTED TUITION

(E) PURPOSE OF ASSISTANCE: AID IN EDUCATION

(C) AMOUNT OF GRANT \$ 98,804.

(D) TYPE OF ASSISTANCE: TUITION WAIVER

(E) PURPOSE OF ASSISTANCE: AID IN EDUCATION

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

Open to Public Inspection

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.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization **ST. OLAF COLLEGE** Employer identification number **41-0693979**

Part I Types of Property

| | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|--|----------------------------|---|--|---|
| 1 Art - Works of art | X | 7 | 119,636. | REPLACEMENT COST |
| 2 Art - Historical treasures | | | | |
| 3 Art - Fractional interests | | | | |
| 4 Books and publications | X | | 18,889. | REPLACEMENT COST |
| 5 Clothing and household goods | X | | 5,000. | REPLACEMENT COST |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities - Publicly traded | X | 74 | 3,775,425. | FMV |
| 10 Securities - Closely held stock | | | | |
| 11 Securities - Partnership, LLC, or trust interests | | | | |
| 12 Securities - Miscellaneous | | | | |
| 13 Qualified conservation contribution - Historic structures | | | | |
| 14 Qualified conservation contribution - Other | | | | |
| 15 Real estate - Residential | | | | |
| 16 Real estate - Commercial | | | | |
| 17 Real estate - Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | | | | |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other ▶ (OTHER GIFTS I) | X | 5 | 2,735. | REPLACEMENT COST |
| 26 Other ▶ (MUSICAL INSTR) | X | 1 | 500. | REPLACEMENT COST |
| 27 Other ▶ () | | | | |
| 28 Other ▶ () | | | | |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 0

| | Yes | No |
|---|-----|----|
| 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? | | X |
| b If "Yes," describe the arrangement in Part II. | | |
| 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? | X | |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? | X | |
| b If "Yes," describe in Part II. | | |
| 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. | | |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2019

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

SCHEDULE M, PART I, COLUMN (B):

THE COLLEGE IS REPORTING THE NUMBER OF CONTRIBUTIONS IN COLUMN (B).

SCHEDULE M, LINE 32B:

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

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

ST. OLAF COLLEGE

Employer identification number

41-0693979

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION 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 III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

THEATRE, AND NATIONAL COUNCIL FOR ACCREDITATION OF TEACHER EDUCATION.

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

THE EXECUTIVE COMMITTEE OF THE BOARD OF REGENTS SHALL BE COMPOSED OF THOSE
INDIVIDUALS DESIGNATED BY THE BOARD OF REGENTS FROM TIME TO TIME. DURING
THE TAX YEAR 2019, THE COMMITTEE'S MEMBERS WERE JAY LUND BOARD CHAIR,
LAWRENCE STRANGHOENER BOARD VICE CHAIR, GLENN TAYLOR TREASURER, JEFFREY
BOLTON, SUSAN GUNDERSON, JENNIFER HELLMAN, JODY HORNER, TIMOTHY MAUDLIN,
THERESA WISE, AND DAVID ANDERSON PRESIDENT. 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.

FORM 990, PART VI, SECTION A, LINE 2:

REGENTS P. GRANGAARD AND J. LUND - BUSINESS RELATIONSHIP

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

Schedule O (Form 990 or 990-EZ) (2019)

| | |
|--|--|
| Name of the organization ST. OLAF COLLEGE | Employer identification number 41-0693979 |
|--|--|

REGENTS J. RAITT AND P. GOTSCH - BUSINESS RELATIONSHIP

FORMER REGENTS K. JOHNSON AND T. PIPER HAVE A BUSINESS RELATIONSHIP WITH
CURRENT REGENTS J. GROTTING AND J. SALVESON.

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

THE MEMBERS OF THE ST. OLAF CORPORATION SHALL BE THOSE INDIVIDUALS HOLDING
THE FOLLOWING POSITIONS AND OFFICES: (A) THE MEMBERS 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, (D) THE MEMBERS OF THE BOARD OF REGENTS OF THE
CORPORATION.

FORM 990, PART VI, SECTION A, LINE 7A:

THE MANAGEMENT AND DIRECTION OF THE BUSINESS AND AFFAIRS OF THE 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 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, SECTION A, LINE 7B:

SOME DECISIONS MADE BY THE BOARD OF REGENTS, SUCH AS CERTAIN CHANGES TO THE

Name of the organization

ST. OLAF COLLEGE

Employer identification number

41-0693979

COLLEGE'S BY-LAWS, MUST BE APPROVED BY ALL MEMBERS OF THE CORPORATION.

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

TO REVIEW THE FORM 990, THE BOARD OF REGENTS DELEGATED THE DETAIL REVIEW PROCESS TO THE AUDIT COMMITTEE ON FEBRUARY 24, 2021 THE COMMITTEE REVIEWED AND APPROVED THE FORM IN ITS ENTIRETY. IN ADDITION, THE FORM (NOT INCLUDING SCHEDULE B) WAS CIRCULATED TO ALL THE MEMBERS OF THE BOARD OF REGENTS PRIOR TO THE FILING DATE.

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

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 THAT 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). A REPORT OF IDENTIFIED CONFLICTS BY THE BOARD OF REGENTS AND OFFICERS IS PROVIDED TO THE AUDIT COMMITTEE ON AN ANNUAL BASIS AS AN AGENDA ITEM, AS WELL AS DOCUMENTED WITHIN THE MEETING MINUTES.

| | |
|---|---|
| Name of the organization ST. OLAF COLLEGE | Employer identification number 41-0693979 |
|---|---|

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

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 THE HUMAN RESOURCES. THE PRESIDENT REPORTS THE NEW SALARY FOR HIS DIRECT REPORTS, INCLUDING ALL VICE PRESIDENTS, TO HUMAN RESOURCES. THIS PROCESS WAS MOST RECENTLY CONDUCTED IN AUGUST, 2019.

FORM 990, PART VI, SECTION C, LINE 19:

THE COLLEGE'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST OF THE CFO'S OFFICE. THE ANNUAL FORM 990, 990-T, 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, CHANGES IN NET ASSETS:

| | |
|---|-----------|
| ADJUSTMENT TO PRIOR SERVICE COST AND ACTUARIAL LIABILITY FOR RETIREE PLAN | -115,345. |
| ADJUSTMENT TO ACTUARIAL LIABILITY FOR ANNUITIES PAYABLE | 185,680. |

Name of the organization

ST. OLAF COLLEGE

Employer identification number

41-0693979

EXTRAORDINARY GAIN DUE TO SALE OF ASSET 1,258,591.

TOTAL TO FORM 990, PART XI, LINE 9 1,328,926.

Multiple horizontal lines for additional reporting details.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

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.

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

OMB No. 1545-0047

2019

Open to Public Inspection

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 entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|--|-------------------------|---|---------------------|---------------------------|-------------------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
|---|-------------------------------------|---|-------------------------------|---|---|--|----|
| | | | | | | Yes | No |
| EMPLOYEE CONTRIBUTION VEBA TRUST - 04-3838476, 8625 ANDREW CARNEGIE BLVD, CHARLOTTE, NC 28262 | PROVIDES RETIREE HEALTH BENEFITS | MISSOURI | 501(C)(9) | | EMERITI RETIREMENT HEALTH SOLUTIONS | | X |
| EMPLOYER CONTRIBUTION VEBA TRUST - 04-3838456, 8625 ANDREW CARNEGIE BLVD, CHARLOTTE, NC 28262 | PROVIDES RETIREE HEALTH BENEFITS | MISSOURI | 501(C)(9) | | EMERITI RETIREMENT HEALTH SOLUTIONS | | X |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

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

Schedule R (Form 990) 2019

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

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

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? | |
|---|-------------------------|---|-------------------------------------|--|---------------------------------|--|--------------------------------|---|----|
| | | | | | | | | Yes | No |
| MAKEUP INCOME CHARITABLE UNIT TRUST (3) 1520 ST. OLAF AVENUE NORTHFIELD, MN 55057 | INVESTMENTS | MN | N/A | TRUST | N/A | N/A | N/A | X | |
| CHARITABLE REMAINDER ANNUITY TRUST (2) 1520 ST. OLAF AVENUE NORTHFIELD, MN 55057 | INVESTMENTS | MN | N/A | TRUST | N/A | N/A | N/A | X | |
| CHARITABLE REMAINDER UNIT TRUST (19) 1520 ST. OLAF AVENUE NORTHFIELD, MN 55057 | INVESTMENTS | MN | N/A | TRUST | N/A | N/A | N/A | X | |
| POOLED INCOME FUND (1) 1520 ST. OLAF AVENUE NORTHFIELD, MN 55057 | INVESTMENTS | MN | N/A | TRUST | N/A | N/A | N/A | X | |
| LIFE INCOME TRUST (2) 1520 ST. OLAF AVENUE NORTHFIELD, MN 55057 | INVESTMENTS | MN | N/A | TRUST | N/A | N/A | N/A | X | |

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.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

| | Yes | No |
|--|-----|----|
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | | X |
| b Gift, grant, or capital contribution to related organization(s) | X | |
| c Gift, grant, or capital contribution from related organization(s) | | X |
| d Loans or loan guarantees to or for related organization(s) | | X |
| e Loans or loan guarantees by related organization(s) | | X |
| f Dividends from related organization(s) | | X |
| g Sale of assets to related organization(s) | | X |
| h Purchase of assets from related organization(s) | | X |
| i Exchange of assets with related organization(s) | | X |
| j Lease of facilities, equipment, or other assets to related organization(s) | | X |
| k Lease of facilities, equipment, or other assets from related organization(s) | | X |
| l Performance of services or membership or fundraising solicitations for related organization(s) | | X |
| m Performance of services or membership or fundraising solicitations by related organization(s) | | X |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | | X |
| o Sharing of paid employees with related organization(s) | | X |
| p Reimbursement paid to related organization(s) for expenses | | X |
| q Reimbursement paid by related organization(s) for expenses | | X |
| r Other transfer of cash or property to related organization(s) | | X |
| s Other transfer of cash or property from related organization(s) | | X |

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.

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|--------------------------------------|-------------------------------|------------------------|--|
| (1) EMPLOYER CONTRIBUTION VEBA TRUST | B | 817,275. | BOOK AMOUNT |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |

Part VII Supplemental Information

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

Multiple horizontal lines for providing supplemental information.