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990

Department of the Treasury

# Return of Organization Exempt From Income Tax

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

2008

OMB No 1545-0047

Open to Public

The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service Inspection A For the 2008 calendar year, or tax year beginning 06-01-2008 and ending 05-31-2009 D Employer identification number C Name of organization B Check if applicable Please GUSTAVUS ADOLPHUS COLLEGE use IRS Address change 41-0695524 label or Doing Business As E Telephone number print or Name change type. See Specific (507) 933-8000 ☐ Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite Instruc-**G Gross receipts** \$ 154,142,482 -Termination tions. Amended return City or town, state or country, and ZIP + 4 Saint Peter, MN 56082 Application pending Name and address of Principal Officer H(a) Is this a group return for Kenneth C Westphal ┌ Yes ┌ No affiliates? 800 West College Avenue Saint Peter, MN 56082 H(b) Are all affiliates included? Tax-exempt status (If "No." attach a list See instructions ) Group Exemption Number 🕨 H(c) Web site: ► www gustavus edu K Type of organization ✓ Corporation ✓ trust ✓ association ✓ other ► L Year of Formation 1862 M State of legal domicile MN Part I Summary Briefly describe the organization's mission or most significant activities Activities & Governance See Additional Data Table Check this box [ if the organization discontinued its operations or disposed of more than 25% of its assets Number of voting members of the governing body (Part VI, line 1a) . . . . 3<u>5</u> Number of independent voting members of the governing body (Part VI, line 1b) . . . 5 Total number of employees (Part V, line 2a) . . . 3,167 6 728 Total number of volunteers (estimate if necessary) . 1.881.858 7a Total gross unrelated business revenue from Part VIII. line 12, column (C) . . 7a Net unrelated business taxable income from Form 990-T, line 34 . 7b -298.731 b **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 13,098,408 7,200,526 Revenue Program service revenue (Part VIII, line 2g) . 91,853,997 96,043,480 9 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 10,749,284 181,081 -10,907 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 115,701,689 103,414,180 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 28,091,268 30,721,422 Benefits paid to or for members (Part IX, column (A), line 4) 0 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-15 Expenses 42,661,796 45,384,204 10) O Professional fundraising fees (Part IX, column (A), line 11e) 0 16a b (Total fundraising expenses, Part IX, column (D), line 25  $\frac{2,655,250}{1}$ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 29,413,103 29,889,615 18 Total expenses—add lines 13-17 (must equal Part IX, line 25, column (A)) 100,166,167 105,995,241 19 Revenue less expenses Subtract line 18 from line 12 15,535,522 -2,581,061 Assets or 1 Balances **End of Year Beginning of Year** 20 Total assets (Part X, line 16) 270,927,860 234,205,601 21 Total liabilities (Part X, line 26) 56,528,416 54,792,530 22 Net assets or fund balances Subtract line 21 from line 20 214,399,444 179,413,071 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 Please 2010-04-05 Sign Signature of officer Here Kenneth Westphal VP for Finance and Treasurer Type or print name and title Date Check if Preparer's PTIN (See Gen Inst ) Preparer's signature Paid empolyed 🕨 「 Preparer's Firm's name (or yours if self-employed), address, and ZIP + 4 **Use Only** Phone no May the IRS discuss this return with the preparer shown above? (See instructions) . 

Cat No 11282Y

# Part III Statement of Program Service Accomplishments (See the instructions.)

<b>1</b> See A	Briefly describe the organization	on's mission						
2	Did the organization under the prior Form 990 or 990 If "Yes," describe these ne	-EZ?		rvices during the	year which were	not listed on	Yes	
3	Did the organization cease services?			t changes in how i	t conducts any p		_ Yes	•
4	If "Yes," describe these ch Describe the exempt purposection 501(c)(3) and (4) others, the total expenses	ose achievements organizations and	s for each of th d 4947(a)(1) t	rusts are required	d to report the an			to
4a	(Code 4a Instruction and Academic S Total FTE enrollment for acade				ents and 3 interdisci	.422 ) (Revenue \$ plinary programs, with	96,073,8 a student-facul	•
<b>AL</b>	(Code	) (Evpopees &	14 224 195	welliding arrate of	*	0.) /Dougnus t		0.)
4Ь	(Code  4b Student Services Gustavu Approximately 99% of student Reflection, Office of the Chaple programs	s are involved in at le	ast one extracurr	cular activity Other s	amural club sports, a student services inclu	ude admission, career	center, Center f	or Vocational
4c	(Code  4c Auxiliary Services As a resstudents live in College-owned bookstore provides textbooks a	l residences and eat ii	n the College's Di	ning Service During F	ng as a vital complei Fall 2008, 1,996 stud	lents lived in College-c	wned residence	s The College
	4d Gustavus offers a number students			ıncludıng grants of : r program, ıncludıng v	•	0 ) (Revenue \$ e events and miscelland	eous services pr	0) ovided to
4d	Other program services (Expenses \$	•	edule O ) udıng grants o	f\$	O )(Reve	enue \$	0)	
4e	Total program service ex	penses \$	99,019.87	0 Must equal Pa	rt IX, Line 25. coli	umn (B).		

art IV	Checklist of	Required	Schedules
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	Yes	
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part $I$	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If</i> "Yes," complete Schedule F, Part III	16		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>	17		No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule  J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νο
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	Yes	

Part VI . . . .

### Part IV Checklist of Required Schedules (Continued)

			res	NO
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a	Yes	
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b	Yes	
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
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		Νo
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νo
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νo
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	37		No

Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal			
	of U.S. Information Returns. Enter -0- if not applicable			
	1a 4,014			
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	_	v	
_	gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  Statements filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns?  Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	Yes	
h	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	36	163	
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Νo
b	If "Yes," enter the name of the foreign country			_
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νο
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited  Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		N o
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νο
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h		
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds and section $509(a)(3)$ supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the	8		
9	year?			
	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter	-		
	Initiation fees and capital contributions included on Part VIII, line 12   10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

# Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

<u>Section</u>	Α.	Governing	Body	and	Management	

							Yes	No
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below processes, or changes in Schedule O. See instructions.	, desc	ribe the o	cırcumsta	ances,			
1a	Enter the number of voting members of the governing body	1a			37			
b	Enter the number of voting members that are independent	1b			35			
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?			•		2		Νο
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management co					3		Νο
4	Did the organization make any significant changes to its organizational documents stilled? $\ \ . \ \ \ $	ince 1	he prior	Form 99	0 was	4		Νο
5	Did the organization become aware during the year of a material diversion of the organization	anızat	ıon's ass	ets? .		5		Νo
6	Does the organization have members or stockholders?					6		Νo
7a	Does the organization have members, stockholders, or other persons who may elect governing body?				of the	7a	Yes	
Ь	Are any decisions of the governing body subject to approval by members, stockhold	ers, o	rotherp	ersons?		7b		Νo
8	Did the organization contemporaneously document the meetings held or written activear by the following	ons ui	ndertake	n durıng	the			
а	the governing body?					8a	Yes	
Ь	each committee with authority to act on behalf of the governing body?					8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?					9a		Νο
b	If "Yes," does the organization have written policies and procedures governing the a affiliates, and branches to ensure their operations are consistent with those of the o					9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it must describe in Schedule O the process, if any, the organization uses to review the			_		10	Yes	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section At the organization's mailing address? If "Yes," provide the names and addresses in Sc	,				11		Νο

#### Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 $\cdot$ .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

#### Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed MN
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website. 

  upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

Kenneth C Westphal 800 West College Avenue Saint Peter, MN 56082 (507) 933-7500

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

- \* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- \* 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- \* List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

The check this box in the organization and i	·	Posit	(C	) chec	:k al			(E)	(F)
(A) Name and Title	(B) Average hours per week	Institutional Trustee Individual Trustee or Director		Reportable compensation from the organization (W- 2/1099MISC)		compensation from related organizations (W- 2/1099-	Estimated amount of other compensation from the organization and related organizations		
						_			

### Part VII Continued

			(i tion that a			all			(E)	(F)
<b>(A)</b> Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
			-							
							<u> </u>			
		-	+				$\vdash$			
			-	$\vdash$			$\vdash$			
			+							
1b Total							►	1,610,621		324,931

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►13

			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		Νο
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5	103	No

### **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

( <b>A)</b> Name and business address	(B) Description of services	<b>(C)</b> Compensation
BWBR Architects Lawson Commons Saint Paul, MN 55102	Architectural Services	881,763
Commercial Refrigeration Systems PO Box 1066 Virginia, MN 55792	General Contractor	504,743
Gosewisch Construction Inc 901 Summit Avenue Mankato, MN 56001	General Contractor	312,179
Primarius Limited Promotion 141 South 7th Street Minneapolis, MN 55402	Marketing and Promotion	162,724
Simpson Scarborough LLC 2122 P Street NW Washington, DC 20037	Higher Education Market Research Consulting	153,565
2 Total number of independent contractors (including those in 1) who from the organization	· ' '	6

Part St

Statement of Revenue

					<b>(A)</b> Total Revenue	<b>(B)</b> Related or	<b>(C)</b> Unrelated	(D) Revenue
						Exempt Function Revenue	Business Revenue	Excluded from Tax under IRC 512, 513, or 514
	1a	Federated camp	paigns 1a	0		Nevende		312, 313, 3, 31
딿	ь	Membership due	es	0				
Contributions, gifts, grants and other similar amounts	c	Fundraising eve		58,848				
±±s	d	Related organiza	1c ations	0				
s, E	e	Government grants		1,072,579				
고 왕	f	All other contribution	ns, gifts, grants, and	6,069,099				
₽ E		sımılar amounts not	t included above					
a H	g	Noncash contrib	outions included in					
္မ	١.	lines 1a-1f \$ _			7,200,526			
	h	lotal (Add lines	3 1a-1f)	▶				
9				Business Code				
nua	2a	Tuition and Fees		611,310	74,631,033	74,631,033	0	0
₽ĕ	ь	Residence Halls		721,000	9,930,409	9,652,226	278,183	0
93	С.	Dining Service		722,210	6,994,700	5,878,976	1,115,724	0
že.	d	Book Mark		451,211	2,497,758	2,497,758	0	0
Ĕ	e	Athletic Facilities		713,940	612,273	513,747	98,526	0
SID0	f	All other progra	m service revenue		1,377,307	987,882	389,425	0
<u>*</u>	g	Total. Add lines ► \$ 96,043,480	2a-2f					
	3	Investment inco	ome (including divi	dends, interest				
		other sımılar am	nounts)		1,942,829	0	0	1,942,829
	4	Income from invest	ment of tax-exempt be	ond proceeds	0	0	0	0
	5	Royalties			0	0	0	0
•			(ı) Real	(II) Personal				
	6a	Gross Rents						
	Ь	Less rental expenses						
	С	Rental income or (loss)	0	0				
	d	Net rental incom	ne or (loss)					
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of	48,925,266	0				
		assets other than inventory						
	ь	Less cost or other basis and	50,687,014	0				
		sales expenses Gain or (loss)	-1,761,748	0				
7	c d	Net gain or (loss			-1,761,748	0	0	-1,761,748
	8a	Gross income fr	om fundraising	. ▶				
		events (not incl	udıng					
ne		T	reported on line					
듄		1c) See Part IV	l, line 18 Gif total exceeds					
Ŗ		\$15,000		58,848				
<u>ā</u>	ь	Less direct exp	oensesb	41,288				
돧	С	Net income or (I	loss) from fundraisi	ng events	-10,907	-10,907	0	0
	9a	Gross income fr		·				
		activities See p Complete Schedu						
		exceeds \$15,000	1					
			a					
Other Revenue	b c	Less direct exp	penses <b>b</b> loss) from gaming a	activities				
	10a	Gross sales of I		▶				
		returns and allo						
	ь	Less cost of go	ods sold b					
	С	Net income or (I	loss) from sales of	inventory►				
		Miscellaneous	Revenue	Business Code				
	11a							
	Ь							
	С				0	0	0	0
	d	All other revenu			U	0	0	
	е	Total. Add lines	11a-11d	\$				
Other Revenue	12		Add lines 1h, 2g, 3	, 4, 5, 6d, 7d,	103,414,180	94,150,715	1,881,858	181,081
		8c, 9c, 10c, and 11	e	. ▶				

Page **9** 

# Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) org	anizations mu equired to com	plete columns	all columns. (B), (C), and (D)	
Do	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	30,721,422	30,721,422		
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,354,231	622,018	563,054	169,159
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	32,291,938	29,910,011		1,304,037
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,963,220	1,810,787	65,701	86,732
9	Other employee benefits	7,455,724	6,731,034	377,201	347,489
10	Payroll taxes	2,319,091	2,123,674	90,929	104,488
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	63,162		63,162	
c	Accounting	62,856		62,856	
d	Lobbying	0			
е	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	154,792		154,792	
g	Other	1,035,435	985,131	41,456	8,848
12	Advertising and promotion	250,822	250,822		
13	Office expenses	1,163,532	750,728	230,569	182,235
14	Information technology	544,868	537,488	5,085	2,295
15	Royalties	0			
16	Occupancy	5,255,614	4,938,178	264,385	53,051
17	Travel	1,768,920	1,499,449	199,541	69,930
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0			
19	Conferences, conventions and meetings	143,278	131,720	2,681	8,877
20	Interest	744,389	708,263	36,126	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	5,460,857	5,131,024	274,710	55,123
23	Insurance	606,666	570,023	30,519	6,124
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )				
а	Dining Service Expenses	3,192,487	3,192,487	0	0
b	Study Abroad Expenses	2,126,673	2,126,673	0	0
c	Book Mark Expenses	1,740,973	1,740,973	0	0
d	A cademic Expenses	1,098,233	1,098,233	0	0
e	Lease Expense	919,416	919,416	0	0
f	All other expenses	3,556,642	2,520,316	779,464	256,862
25	Total functional expenses. Add lines 1 through 24f	105,995,241	99,019,870	4,320,121	2,655,250
26	Joint Costs. Check				
	fundraising solicitation	0	0	0	0
				Fo	rm <b>990</b> (2008)

Part X	Balance	Sheet
	Balance	SHEET

			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	104,070	1	75,703
	2	Savings and temporary cash investments	21,118,264	_	19,455,566
	3	Pledges and grants receivable, net	3,478,061	3	3,769,642
	4	Accounts receivable, net	401,782		525,636
	5	Receivables from current and former officers, directors, trustees, key employees or	12.1,1.22	•	
		other related parties Complete Part II of Schedule L	0	5	0
	6	Receivables from other disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$ Complete Part II of Schedule L	0	6	0
	7	Notes and loans receivable, net	5,000	7	5,000
	8	Inventories for sale or use	461,203	8	510,982
2	9	Prepaid expenses and deferred charges	1,113,961	9	1,059,088
Se	10a				
Assets		Land, buildings, and equipment cost basis  10a 168,320,628			
	b	Less accumulated depreciation Complete Part VI of	00 000 054		07.070.450
		Schedule D			97,072,153
	11	Investments—publicly traded securities	93,570,262	11	74,579,402
	12	Investments—other securities See Part IV, line 11 <i>Complete Part VII of Schedule D</i>	47,354,450	12	32,194,109
	13	Investments—program-related See Part IV, line 11 <i>Complete Part VIII</i> of Schedule D .	3,029,655	13	3,310,071
	14	Intangible assets	0	14	0
	15	Other assets See Part IV , line 11 Complete Part IX of Schedule	491,098		1,648,249
	1.0	D	270,927,860	15 16	234,205,601
	16	Total assets. Add lines 1 through 15 (must equal line 34)	14,584,544		15,292,022
	17 18	Accounts payable and accrued expenses .	14,304,344	18	13,292,022
	19	Grants payable	2,088,293		1,950,016
	20	Deferred revenue	25,055,000		23,985,000
8	21	Escrow account liability Complete Part IV of Schedule D	1,690,106		1,597,875
≇	22	Payable to current and former officers, directors, trustees, key	1,000,100	21	1,557,675
Liabilities	22	employees, highest compensated employees, and disqualified		i	
		persons Complete Part II of Schedule L	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable	0	24	0
	25	Other liabilities Complete Part X of Schedule D	13,110,473	25	11,967,617
	26	Total liabilities. Add lines 17 through 25	56,528,416	26	54,792,530
φ		Organizations that follow SFAS 117, check here ► ✓ and complete lines 27 through 29, and lines 33 and 34.			
anc	27	Unrestricted net assets	73,548,324	27	41,753,080
Balance	28	Temporarily restricted net assets	62,243,448	28	61,645,244
Ξ	29	Permanently restricted net assets	78,607,672	29	76,014,747
Fund		Organizations that do not follow SFAS 117, check here ►  and complete			
9	30	lines 30 through 34.  Capital stock or trust principal, or current funds		30	
ets.	31	Paid-in or capital surplus, or land, building or equipment fund		31	
Assets	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	214,399,444		179,413,071
Net	34	Total liabilities and net assets/fund balances	270,927,860		234,205,601
	-	. Stat. Hashields and net assets/idia buildiness	2. 5,527,550	J-T	20 1,200,001
Pa	rt XI	Financial Statements and Reporting			

Dowl VI	Financial	Ctatamanta	and Reporting
7.11.5	l Financiai	Statements	and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes" to lines 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?	2c	Yes	
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits?	3b	Yes	

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As Filed Data -

DLN: 93493095008020

OMB No 1545-0047

### **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)
nonexempt charitable trusts.

Attach to Form 990 or Form 990-EZ. See separate instructions.

2008

Open to Public Inspection

Name of the organization Employer identification					nt if icat io	n numb	er							
GUSTA	AVUS AD	OLPHUS COLLI	EGE .						060552	4				
Pa	rt I	Reason	for Public C	harity Status (to be co	mnleted	hv all or	nanizatio		-0695524 Instruct					
				ation because it is (Please		-			moduce	101137				
1	Ī			nurches, or association of ch					(A)(i).					
2	<u>.</u>	•		tion 170(b)(1)(A)(ii). (Atta				( - / ( - /	(, (-,-					
3	Ţ.			e hospital service organizati			tion 170(l	o)(1)(A)(i	iii). (Attac	h Schedul	le H)			
4	, T	•	·	zation operated in conjuncti			-		• '			e		
-	,		name, city, and	•					_, _(_,(_,	(,(,-		•		
5	Г	•		or the benefit of a college or	universit	v owned o	roperated	by a gove	ernmental	unit desc	ribed ir	<u> </u>		
_	•			(Complete Part II )		,		- / - g				-		
6	Г		. , . , . , .	overnment or governmental	unit descr	ibed in <b>Se</b>	ection 170	(b)(1)(A)	(v).					
7	,	•	-	ally receives a substantial p						n the gene	eral pub	olic		
-	'	=		o)(1)(A)(vi) (Complete Par		. чероп. п.	J a go. o			g	p			
8	Г		-	ped in <b>Section 170(b)(1)(A)</b>	•	oplete Par	tII)							
9	Ţ.		•	ally receives (1) more than		•	•	ontribution	ns, membe	rship fees	and o	ros	5	
	•			lated to its exempt functions										
				estment income and unrelate	-		•	, ,	•			es		
		• • •	•	on after June 30, 1975 See			•			,				
10	Г	·	_	and operated exclusively to					•	ee instruc	tions )			
11	Ė	=	<del>-</del>	and operated exclusively fo	-		•				-	ose	s of	
	·	one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See <b>Section 509(a)(3).</b> Check the box that describes the type of supporting organization and complete lines 11e through 11h												
		_							_	<b>-</b> -	,			
	_	<b>a</b>	• •				nally Integ		d	ГТуре				
е	ı	•	-	rtify that the organization is agers and other than one or			•				•			
		section 50		agers and other than one or	тоге рав	ici, supp	orteu orga	mzations	acsembea	III SCCCIOI	, 505 (0	•/(-,	, 01	
f				d a written determination fro	m the IRS	that it is	a Type I,	Type II o	r Type III	supportin	ng orga	nıza	tıon,	
		check this			J		6						J	
g		Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?												
				r indirectly controls, either	alone or to	gether wi	th persons	describe	d ın (ıı)		Υe	s	No	
		and (III) be	low, the governi	ng body of the the supporte	d organiza	tion?				11g	(i)			
		(ii) a family	/ member of a p	erson described in (i) above	?					11g(	ii)			
		(iii) a 35%	controlled enti	ty of a person described in (	(ı) or (ıı) al	oove?				11g(	iii)			
h		Provide the	following inform	mation about the organizatio	ns the org	anızatıon	supports				•			
		ime of	(ii) EIN	(iii) Type of organization	(iv) I			ou notify	(vi) I				unt of	
		orted		(described on lines 1 - 9		ation in	_	nization	, ,	ation in	su	ppo	rt?	
	O rgan	ızatıon		above or IRC section (See Instructions))		listed in verning	supr	of your		rganized US?				
				(See Instructions)		nent?	3471	,010	"" ""	0.5				
					Yes	No	Yes	No	Yes	No	1			
-														

Total

Part II	Support Schedule for Organizations Described in IRC 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.)

Pι	ıblic Support		, ,	,				
Cale	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not							
	include any "unusual grants ")							
2	Tax revenues levied for the organization's							
	benefit and either paid to or expended on							
_	its behalf The value of services or facilities					<del> </del>		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					1		
5	The portion of total contribution by each							
5	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	· (f)							
6	Public Support subtract line 5 from line							
	4							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts from line 4							
8	Gross income from interest, dividends,							
	payments received on securities loans,							
	rents, royalties and income from similar							
_	sources							
9	Net income from unrelated business							
	activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss							
10	from the sale of capital assets (Explain in							
	Part IV )							
11	Total Support (Add lines 7 through 10)							
12	Gross receipts from related activities, etc	(See instructio	ns )		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and <b>stop here</b>		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	<b>▶</b> □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 School	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.		this box	
	and <b>stop here.</b> The organization qualifies a				,			<b>▶</b> □
b	33 1/3% Test - 2007. If the organization d				15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				<b>▶</b> □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							<b>►</b> □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		•					_
4.0	the organization meets the "facts and circu							n ▶
18	<b>Private Foundation.</b> If the organization did	not check the b	oux on line 13, 1	oa, 100, 1/a or	1/D, check this	oox an	u see	<b>▶</b> □
	ınstructions							F-1

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	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 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
c	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts 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 30 June, 1975		+				
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income Do not include gain or loss						
	from the sale of capital assets						
	(Explain in Part IV )						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and <b>stop here</b>						<b>▶</b> □
	monutation of Dublic Compant Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (			ne 13 column /f	<u> </u>	17	
				-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% Tests - 2008. 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 **33 1/3% Tests - 2007.** 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

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

Schedule A (Form 990 or 990-EZ) 2008

**▶**□

Part IV	<b>Supplemental Information.</b> Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)
	Facts and Circumstances Test

Schedule A (Form 990 or 990-EZ) 2008

DLN: 93493095008020

OMB No 1545-0047

**SCHEDULE D** (Form 990)

Department of the Treasury

► Attach to Form 990. To be completed by organizations that

**Supplemental Financial Statements** 

Open to Public Inspection

answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. Internal Revenue Service **Employer identification number** Name of the organization **GUSTAVUS ADOLPHUS COLLEGE** 41-0695524 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate Contributions to (during year) 3 Aggregate Grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-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 Year 2a Total number of conservation easements h 2b Total acreage restricted by conservation easements 2с c Number of conservation easements on a certified historic structure included in (a) 2d d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year 🕨 7 A mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year 🕨 \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? In Part XIV, 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" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116, 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 0 (i) Revenues included in Form 990, Part VIII, line 1 418,569 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

**►** \$

0

<u>Par</u>	•••• Organizations Maintaining Co	ollections of Art,	Hist	orio	cal Treas	ures, or Othe	r Similar Asse	ets (co	<u>)ntınued)</u>
3	Using the organization's accession and other items (check all that apply)	er records, check any	of the	e foll	owing that a	re a sıgnıfıcant u	se of its collectio	n	
а	▼ Public exhibition		d	<b>▽</b>	Loan or exc	hange programs			
b	Scholarly research		e	Γ	Other				
c	Preservation for future generations								
4	Provide a description of the organization's c Part XIV	ollections and explair	ı how	they	further the	organization's ex	empt purpose in		
5	During the year, did the organization solicit assets to be sold to raise funds rather than							Yes	√ No
Par	Trust, Escrow and Custodial					anızatıon answ	ered "Yes" to F	orm 9	90,
	Part IV, line 9, or reported an a								
1a	Is the organization an agent, trustee, custo included on Form 990, Part X?	dian or other intermed	liary 1	for co	ontributions	or other assets r		Yes	✓ No
b	If "Yes," explain why in Part XIV and compl	ete the following table	:						
							A moi	unt	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21?				굣	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI								
Pa	<b>Endowment Funds.</b> Complete					Form 990, Par wo Years Back (d)		NFaur V	aara Daale
1a	Beginning of year balance	(a)Current Year 114,196,048	(D)	Prior '	rear (C)	wo fears back   (d)	Tillee feats back   (e	e)rour r	ears Back
b	Contributions	2,140,920							
c	Investment earnings or losses	-28,238,573							
d	Grants or scholarships	1,776,971							
e	Other expenditures for facilities	2,545,322							
	and programs								
f	Administrative expenses	154,792							
g	End of year balance	83,621,310							
2	Provide the estimated percentage of the year	ar end balance held as	:						
а	Board designated or quasi-endowment 🕨	10 %							
Ь	Permanent endowment 🕨 90 %								
c	Term endowment ► 0 %								
3a	Are there endowment funds not in the posse	ssion of the organizat	ion tl	hat a	re held and	admınıstered for	the		
	organization by  (i) unrelated organizations						3a(i)	Yes	No
	(ii) related organizations						3a(ii)		$\vdash$
ь	If "Yes" to 3a(II), are the related organization						3b		
4	Describe in Part XIV the intended uses of the	ne organization's endo	wme	nt fu	nds				
Pai	t <b>VI</b> Investments—Land, Building	s, and Equipmen	<b>t.</b> Se	ee Fo	orm 990, P	art X, line 10.			
	Description of investment				Cost or other (investment)	<b>(b)</b> Cost or other basis (other)	(c) Depreciation	<b>(d)</b> Bo	ok value
1a	and				1,428,500	955,993			2,384,49
Ь	Buildings				1,774,210	127,478,736	48,565,038	8	0,687,908
c	easehold improvements		. [		0	0	0		(
d	quipment		. [		0	20,791,168	13,521,180		7,269,98
e	Other				0	15,892,021	9,162,257		6,729,764

97,072,153

Part VII Investments—Other Securities. See	Form 990, Part X, line 12	<u>)</u> .
(a) Description of security or cateory (including name of security)	( <b>b)</b> Book value	<b>(c)</b> Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		Cost of end-of-year market value
Closely-held equity interests		
Other Commodity Funds	2,433,107	F
Other Fund of Funds	19,351,635	F
Other Funds Held by Others	3,820,646	F
Other Real Estate	6,562,323	F
Other Other	26,398	F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12 )	32,194,109	
Part VIII Investments—Program Related. Se	e Form 990, Part X, line 1	13.
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Student Notes Receivable	3,310,071	С
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )	3,310,071	
Part IX Other Assets. See Form 990, Part X, III  (a) Descrip		(b) Book value
Construction in Progress		1,300,546
Other Receivables		263,664
Accrued Interest Receivable		84,039
T. I. (C.) (1) 1 15 000 D (V. 1/D)		1 640 240
<b>Total.</b> (Column (b) should equal Form 990, Part X, col.(B) line in <b>Part X Other Liabilities.</b> See Form 990, Part X		▶ 1,648,249
(a) Description of Liability	(b) A mount	
Federal Income Taxes	0	
Future Interest Discount on Pooled Life Income Funds	1,075,193	
Annuities Payable	7,940,120	
U S Government Grants Refundable	2,952,304	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 )	11,967,617	

Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	103,414,180
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	105,995,241
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-2,581,061
4	Net unrealized gains (losses) on investments	4	-28,228,564
5	Donated services and use of facilities	5	0
6	Investment expenses	6	0
7	Prior period adjustments	7	0
8	Other (Describe in Part XIV)	8	-4,176,748
9	Total adjustments (net) Add lines 4 - 8	9	-32,405,312
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-34,986,373
Part	XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial		40,502,723
_	statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
Ь	Donated services and use of facilities		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIV)	_	60.044.457
e	Add lines 2a through 2d	2e	-62,911,457
3	Subtract line 2e from line 1	3	103,414,180
4	A mounts 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 0  Other (Describe in Part XIV)		
b	other (besenbe in rate xiv)	4-	_
_ C	Add lines 4a and 4b	4c	0
5 Dart	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	103,414,180
1	Total expenses and losses per audited financial statements	1	75,489,096
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	<del>-</del>	, 5,163,636
- а	Donated services and use of facilities		
ь	Prior year adjustments	1	
С	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV) 2d 215,277	1	
e	Add lines 2a through 2d	2e	215,277
3	Subtract line <b>2e</b> from line <b>1</b>	3	75,273,819
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 0		
b	Other (Describe in Part XIV)	1	
c	Add lines <b>4a</b> and <b>4b</b>	4c	30,721,422
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	105,995,241
Par	t XIV Supplemental Information		

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier Return Reference Explanation

### OMB No 1545-0047

#### **SCHEDULE E**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. To be completed by organizations that answer "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

**Schools** 

Name of the organization GUSTAVUS ADOLPHUS COLLEGE

**Employer identification number** 

41-0695524

			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,			
	other governing instrument, or in a resolution of its governing body?	1	Yes	
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?	2	Yes	
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	3	Yes	
	The following nondiscrimination policy appears in the all-college policy manual. Within the limits of its facilities, the College shall be open to all applicants who are qualified according to its admission requirements. The College shall make clear to all applicants the characteristics and expectations of students that it considers relevant to its program Under no circumstances may an applicant be denied admission or financial aid because of race, color, creed, religion, age, sex, sexual orientation, national origin, marital status, disability, veteran status, status with regard to public assistance or other categories protected by federal, state or local anti-discrimination laws. Financial aid administered by the College shall be disbursed on the basis of financial need and academic promise and/or academic ability.			
4	Does the organization maintain the following?			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
	with student admissions, programs, and scholarships?	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)			
_	Does the organization discriminate by rose in any way with respect to			
	Does the organization discriminate by race in any way with respect to Students' rights or privileges?	5a		Νο
-	Statents rights of privileges.	<u> </u>		110
b	Admissions policies?	5b		Νο
_	Final according to the coults are administrative at a ff2			
С	Employment of faculty or administrative staff?	5c		No
d	Scholarships or other financial assistance?	5d		Νo
е	Educational policies?	5e		Νo
f	Use of facilities?	5f		Νο
	Addition and analysis 2			
g	Athletic programs?	5g		No
h	Other extracurricular activities?	5h		Νo
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Yes	
b	Has the organization's right to such aid ever been revoked or suspended?	6b		Νο
_	If you answered "Yes" to either 6a or b, please explain using an attached statement 🏓			
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 CB 587, covering racial nondiscrimination? If "No," attach an explanation	7	Yes	

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DLN: 93493095008020

OMB No 1545-0047

2008

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

**SCHEDULE G** 

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

**Supplemental Information Regarding** 

**Fundraising or Gaming Activities** 

Open to Public Inspection

Name of the organization GUSTAVUS ADOLPHUS COLL	EGE				Employer id	lentification number								
JUSTAVUS ADOLPHUS COLL	.cgc				41-069552	24								
Part I Fundraising Ac	tivities. Complet	e if the oi	rganızat	ion answered "Yes"	to Form 990, Part	IV, line 17.								
Indicate whether the orga  Mail solicitations  Email solicitations  Phone solicitations  In-person solicitations		through ar	ny of the	e Solicitation of r	non-government gran government grants	ts								
<ul> <li>Did the organization have or key employees listed in</li> <li>If "Yes," list the ten highe to be compensated at least</li> </ul>	n Form 990, Part VII st paid individuals or	) or entity · entities (f	in connec	ction with professional f rs) pursuant to agreeme	undraising activities	Yes Yes fundraiser is								
	1	(iii) Dıd fundraıser have custody or control of		(iii) Did fundraiser have custody or control of		(iii) Dıd fundraıser have custody or control of		(iii) Dıd fundraıser have custody or control of		fundraiser have custody or		T	T	
(i) Name of individual or entity (fundraiser)	(ii) Activity	fundrais custo contr	er have dy or ol of	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(or retained by)								
	(ii) Activity	fundrais custo contr	er have dy or ol of	1	(or retained by) fundraiser listed in	(or retained by)								
	(ii) Activity	fundrais custo contr contribu	er have dy or ol of utions?	1	(or retained by) fundraiser listed in	(or retained by)								
• •	(ii) Activity	fundrais custo contr contribu	er have dy or ol of utions?	1	(or retained by) fundraiser listed in	(or retained by)								
	(ii) Activity	fundrais custo contr contribu	er have dy or ol of utions?	1	(or retained by) fundraiser listed in	(or retained by)								
	(ii) Activity	fundrais custo contr contribu	er have dy or ol of utions?	1	(or retained by) fundraiser listed in	(or retained by)								
• •	(ii) Activity	fundrais custo contr contribu	er have dy or ol of utions?	1	(or retained by) fundraiser listed in	(or retained by)								
• •	(ii) Activity	fundrais custo contr contribu	er have dy or ol of utions?	1	(or retained by) fundraiser listed in	(or retained by)								

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

Pai	rt I	Fundraising Events. Comp more than \$15,000 on Form	olete if the organization 990-EZ, line 6a. List o	on answered "Yes" to events with gross rec	Form 990, Part IV, lin eipts greater than \$5,0	e 18, or 000.	repor	ted
	For		(a) Event #1  Football Golf	(b) Event #2 Tennis Gala	(c) O ther Events	( <b>d)</b> To	tal Eve (a) th	
d)	_		(event type)	(event type)	(total number)			0 220
HILL	1	Gross receipts	29,689	17,230	42,310		8 	9,229
Revenue	2	Less Charitable contributions	16,545	16,930	25,373		5	8,848
	3	Gross revenue (line 1 minus line 2)	13,144	300	16,937		3	0,381
	4	Cash Prizes	0		0			0
ses	5	Non-cash Prizes	8,364	. (	2,252		1	0,616
Expenses	6	Rent/Facility costs	8,750	)	13,074		2	1,824
<u>ភ</u> ២	7	Other direct expenses	1,993	27	6,578			8,848
Direct	8	Direct expense summary Add line	es 4 through 7 in column	(d)	•		4	1,288
	9	Net income summary Combine lin	es 3 and 8 ın column (d)				-1	0,907
Par	t II	Gaming. Complete if the organization \$15,000 on Form 990-EZ, lin		"Yes" to Form 990, Pa	art IV, line 19, or repo	rted mo	e thar	ו
Revenue			(a) Bingo	( <b>b)</b> Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	( <b>d)</b> Tota col ( <b>a)</b> th		
_	1	Gross revenue						
- မ	2	Cash prizes						
bens	3	Non-cash prizes						
Direct Expenses	4	Rent/facility costs						
<u></u>	5	Other direct expenses						
	6	Volunteer labor	┌ Yes%_ ┌ No	┌ Yes	│			
	7	Direct expense summary Add lines						
9 a	Is	ter the state(s) in which the organiza the organization licensed to operate				· 9a	Yes	No
b 10a	_	'No," Explain re any of the organization's gaming li	censes revoked, suspen	ded or terminated during	g the tax year?	10a		
b		'Yes," Explain						
11 12		es the organization operate gaming a the organization a grantor, beneficiar				11	+	<u> </u>
		med to administer charitable gaming						

			 <del></del>
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Provide 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?	15a	
Ь	If "Yes," enter the amount of gaming revenue received by the organization <b>&gt;</b> \$ and the amount of gaming revenue retained by the third party <b>&gt;</b> \$		
c	If "Yes," enter name and address		
	Name •		
	Address 🟲		
16	Gaming manager information		
	Name 🟲		
	Gaming manager compensation 🕨 \$		
	Description of services provided 🟲		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year 📂 💲		

**Grants and Other Assistance to Organizations,** Governments and Individuals in the U.S.

OMB No 1545-0047

2008

DLN: 93493095008020

Department of the Treasury Internal Revenue Service Name of the organization

GUSTAVUS ADOLPHUS COLLEGE

Schedule I

(Form 990)

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

Open to Public Inspect ion

Employer identification number

GUSTAVUS ADOLFHUS COLI	LEGE					41-0695524	
Part I General Infor	mation on Gra	nts and Assistance	e			<b>'</b>	
<ul><li>Does the organization mathematics the selection criteria use</li><li>Describe in Part IV the organization</li></ul>	d to award the gra	nts or assistance?					▼Yes   □
Form 990, Part Part IV and Sch	IV, line 21 for a edule I-1 if add	ny recipient that rece tional space is	eived more than \$5,0	00. Check this box	tes. Complete if the call if no one recipient rec	ceived more than \$5,	
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	,	(h) Purpose of grant or assistance
2 Enter total number of seconganizations					·		
3 Enter total number of oth For Paperwork Reduction Act Not			<u> </u>	Cat No 50055			hedule I (Form 990) 2008

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
Student Financial Assistance	2363	30,721,422	0		

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

Ident if ier	Return Reference	Explanation
SchI_P01_S00_L02	Schedule I, Part I, Line 2	Gustavus offers both merit-based and need-based scholarship assistance Merit-based scholarships do not require a student to demonstrate financial eligibility and must be awarded during the Admission process. They also may be awarded as part of a need-based financial aid package. To be renewed the student needs to maintain the established minimum standards. Need-based scholarships are offered to students who demonstrate financial eligibility by filing the FAFSA and Gustavus Financial. Aid Application. The offered amounts will vary from year to year and are determined based on the family's Estimated Family. Contribution (EFC) as determined by FAFSA and availability of funds.

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DLN: 93493095008020

**Schedule J** (Form 990)

Department of the Treasury

Internal Revenue Service

# **Compensation Information**

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

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047 2008

> Open to Public Inspection

Name of the organization GUSTAVUS ADOLPHUS COLLEGE **Employer identification number** 

41-0695524

Ρā	<b>TIBLE</b> Questions Regarding Compensation	n				
					Yes	Νo
1a	Check the appropiate box(es) if the organization pr 990, Part VII, Section A, line 1a Complete Part II					
	First class or charter travel	굣	Housing allowance or residence for personal use			
	✓ Travel for companions		Payments for business use of personal residence			
	Tax idemnification and gross-up payments	ᅜ	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a w provision of all the expenses described above? If "		, , ,	1b	Yes	
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executiv			2	Yes	
3	Indicate which, if any, of the following the organizat organization's CEO/Executive Director Check all t		·			
	Compensation committee	<u> </u>	Written employment contract			
	✓ Independent compensation consultant		Compensation survey or study			
	Form 990 of other organizations	<u>~</u>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990,	Part VII	I, Section A, line 1a			
а	Receive a severance payment or change of control	payment	t?	4a		Νo
b	Participate in, or receive payment from, a suppleme	ental non	nqualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-l	pased co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and p	rovide th	ne applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must co	omplete	lines 5-8.			
5	For persons listed in form 990, Part VII, Section A compensation contingent on the revenues of	, line 1a,	, did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A compensation contingent on the net earnings of	, lıne 1a,	, did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes,"		, , , , , , , , , , , , , , , , , , , ,	7		No
8	Were any amounts reported in Form 990, Part VII, subject to the initial contract exception described in Part III			Ω		No

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
Bruce N Aarsvold	(I) (II)	102,809 0	0	308 0	0	47,186 0	150,303 0	0
John R Ohle	(I) (II)	119,030 0	0	5,863 0	24,375 0	44,841 0	194,109 0	0 0
James L Peterson	(I) (II)	141,749 0	0	27,901 0	0 0	27,566 0	197,216 0	0 0
Mary E Strey	(I) (II)	177,412 0	0	406 0	0	25,776 0	203,594 0	0
Kenneth C Westphal	(I) (II)	156,430 0	0	944 0	0	17,814 0	175,188 0	0
Thomas W Young	(I) (II)	128,726 0	0	1,845 0	0	28,409 0	158,980 0	0
	(i)							
	(ii)							
	(i)							
	(ii) (i)							
	(ii)							
	(i)							
	(ii)		_					
	(i)							
	(ii)							

### Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Return Reference	Explanation
SchJ_P01_S00_L01a	Part I, Line 1a	The President's wife accompanies him on College related business as part of her employment contract with the College As part of the President's contract, he is required to reside in the College-owned residence at the College's expense. The College shall pay for all maintenance and operating expenses of the house, including, but not limited to, housekeeping, grounds keeping, general maintenance and all utilities. The President's residence shall be available for College-related business and entertainment on a regular and continuing basis. The President's contract also provides him a club membership to be used exclusively for College business.
SchJ_P01_S00_L03	Part I, Line 3	The College worked with an independent consultant in connection with the hiring of President John R. Ohle Prior to the time that the President's written contract was finalized and before his salary was established, the Personnel Committee of the Board of Trustees looked at data from the consultant, form 990 of other comparable colleges and universities, compensation surveys of college and university presidents, and data from the independent consultant
SchJ_P01_S00_L04		The President has a supplemental nonqualified retirement plan that has been approved by the Personnel Committee of the Board of Trustees The terms of this plan are set forth in the written contract of the President that has been signed by the Chair of the Board of Trustees

DLN: 93493095008020

OMB No 1545-0047

2008

Open to Public Inspection

### Schedule K (Form 990)

To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a.

**Supplemental Information on Tax Exempt Bonds** 

Department of the Treasury
Internal Revenue Service
Name of the organization

GUSTAVUS ADOLPHUS COLLEGE

Provide descriptions, explanations, and any additional information in Schedule O.

Revenue Service

Employer identification number 41-0695524

Р	art I Bond Issues (Required	d for 2008)												
	(a) Issuer Name	er Name (b) Issuer EIN (c) CUSIP # (d)		ame (b) Issuer EIN (c) CUSIP # (d) Date Issued		(e) Issue Price		<b>(f)</b> Des	cription of	Purpose	<b>(g)</b> De	feased	Bel	) O n half of suer
											Yes	No	Yes	No
A	Minnesota Higher Education Facilities Authority	41-0988525	60416HDT8	10-07-	2004	16,		Construct no install fire s renovate Ol	orınkler sy	ent complex, stems and		х		х
Pa	art III Proceeds (Optional for	r 2008)				_				_				
1	Total Proceeds of Issue			-	Α	E	3		:	D			E	
2	Gross Proceeds in Reserve Funds	S												
3	Proceeds in Refunding or Defeasa	ance Escrows												
4	Other Unspent Proceeds													
5	Issuance Costs from Proceeds													
6	Working Capital Expenditures fro	m Proceeds												
7	Capital Expenditures from Procee	eds												
8	Year of Substantial Completion					•				•		1		
				Yes	No	Yes	No	Yes	No	Yes	No	Ye	s	No
9	Were the bonds issued as part of	a current refunding iss	sue?											
10	Were the bonds issued as part of	an advance refunding	ıssue?											
11	Has the final allocation of procee	ds been made?												
12	Does the organization maintain a final allocation of proceeds?	dequate books and rec	ords to support the											
Pa	rt IIII Private Business Use	(Optional for 2008	)	1						1				
				<u> </u>		E				D			<u>E</u>	
1	Was the organization a partner in which owned property financed by		ember of an LLC ,	Yes	No	Yes	No	Yes	No	Yes	No	Ye	5	No
2	Are there any lease arrangement which may result in private busin		nanced property								_			-
For	Panerwork Reduction Act Notice see th	he Instructions for Form	1990			Cat No. 501	93F			Scl	nedule K	(Form 99	0) 200	8

Schedule K	(Form 990) 20	800	
Part III	Private Bu	siness Use	(Continued)

		A B			(	С	I	D	E		
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?										
3b	Are there any research agreements with respect to the financed property which may result in private business use?										
3с	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or 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 501(c)(3) organization or a state or local government										
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 501(c)(3) organization, or a state or local government											
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										
Pai	rt IV Arbitrage (Optional for 2008)										
		ı	Α	E	3	(	<u>c</u>	ı	<u> </u>	ı	Ε
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T been filed wth respect to the bond issue?										
2	Is the bond issue a variable rate issue?										
3a	Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?										
ь	Name of provider										
С	Term of hedge										
4a Were gross proceeds invested in a GIC?											
ь	Name of provider										
С	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5											
	Were any gross proceeds invested beyond an available temporary period?										

DLN: 93493095008020

OMB No 1545-0047

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# Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ▶ To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

**Transactions with Interested Persons** 

Name of the organization GUSTAVUS ADOLPHUS COLLEGE

Employer identification number

41-0695524

Part I Excess Benefit Transac To be completed by organization									. Part	V , lıne	40b
1 (a) Name of disqualifie			•	•	on of transa					c) Corr	
. (2)			(6) Des						_	Yes	No
2 Enter the amount of tax imposed on section 4958				•			•	\$			
3 Enter the amount of tax, if any, on li			ne organization .	•			<u> </u>	\$			
Part II Loans to and/or From To be completed by organize			n Form 990. Part	IV. lu	ne 26. or Fo	orm 9	90-E	Z. Part	V . line	e 38a	
(a) Name of interested person and purpose	(b) Loan to or from the organization?		rıgınal prıncıpal amount		alance due	<b>(e)</b> I r		(f) Approve		( <b>g)</b> W	ritten ment?
	To From					Yes	Yes No		No	Yes	No
			<b>▶</b> s						<u> </u>	<u> </u>	
Part III Grants or Assistance E To be completed by orga	Benefitting Inter	ested	Persons	90, F	art IV, lır	ne 27					
(a) Name of interested person	1	•	een interested pe ganization	rson	( <b>c)</b> A m	ount o	of grai	nt or ty	pe of a	assista	nce
Dependents	Three Trustees	4 1110 01	gamzation							2	9,250
Part IV Business Transactions To be completed by orga	Involving Inter-	ested /ered "	<b>Persons</b> Yes" on Form 9	90, F	art IV, lır	ne 28	a, 28	b, or	28c.		
(a) Name of interested person	(b) Relationsh between interes person and th	ted ne	(c) A mount of transaction		(d) Descr				(	( <b>e)</b> Sha organiz reven	
	organization								<del></del>	Yes	No
Joyce A Aarsvold	Wife of Bruce N A arsvold		58,3	] [	Compensation includes benefits of \$11,173 for employment as Instructional Technology Support Joyce A Aarsvold reports to the Academic Dean			s		Νο	
Kırsten R O hle	Wife of John R Ohl	e	16,!	a H	Compensation for employment as Ambassador Employment began on July 1, 2008 Kirsten R Ohle reports to the Chair of the Board of Trustees		en R		No		
JackieLynn N Peterson	Wife of Wayne B Peterson		10,.	273 ( (	Compensation includes benefits of \$664 for employment as Director, Gift Planning Employment began on April 15, 2009				Νο		
Charles E Strey	Husband of Mary I Strey	М	75,:	357	Compensat of \$13,251 Director of Life/Assista	for er Resid	nploy ential	ment a	s		No
Krıstıanne R Westphal	Wife of Kenneth C Westphal		74,6	658	Compensat of \$12,558 Registrar	ıon ın	clude	s bene	fits		No

DLN: 93493095008020

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Inspection

#### SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990

**Non-Cash Contributions** 

Name of the organization GUSTAVUS ADOLPHUS COLLEGE

Employer identification number

					41-0695524			
Pa	rt I Types of Property							
		(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	<b>(d</b> Method of do reven	etermı	nıng	
1	Art-Works of art							
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
	Clothing and household							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .	Х	31	431,097	Average High/Low			
	Securities—Closely held stock .			,				
	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Q ualified 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 (describe)							
26	Other (describe)							
27	Other (describe)							
28	Other (describe)							
29	Number of Forms 8283 received which the organization complete Acknowledgement	d Form 828		ar for contributions for	29			0
30a	During the year, did the organiza	ition receiv	e by contribution any prope	rty reported in Part I, lines	1-28 that it must		Yes	No
	hold for at	of tha initi-	contribution and which is	not required to be used for	avamnt nurnasas	I		
	least three years from the date of for the entire holding period? .				· · · · ·	30a		No
b	If "Yes", describe the arrangeme	ent in Part 1	II					
31	Does the organization have a gif	tacceptan	ce policy that requires the r	review of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or us contributions?	e third part • • •	<u>-</u>	to solicit, process, or sell i	non-cash	32a		No
Ь	If "Yes", describe in Part II							
33	If the organization did not report	revenuesı	n Column (c) for a type of p	roperty for which Column (a	a)ıs			
	checked, describe in Part II					I	ı I	

<b>Supplemental Information.</b> Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.							
Identifier	ReturnReference	Explanation					
240111111	Notal III Colored	Explanation					
	1	1					

## SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008

Open to Public
Inspection

Name of the organization GUSTAVUS ADOLPHUS COLLEGE

Employer identification number

41-0695524

ldentifier	Return Reference	Explanation
F990_P03_S00_L04a	Form 990, Part III, Line 4a	All grants and program revenue have been included on 4a since an allocation by program service achievement area is not practical. See Statement 3

ldentifier	Return Reference	Explanation
F990_P06_S0A_L07a	Form 990, Part VI, Section A, Line 7a	The Articles of Incorporation and Bylaw's of the College provide that the elective members of the Board of Trustees of the College shall be elected by the Gustavus Adolphus College Association of Congregations (Association) of the Evangelical Lutheran Church in America (ELCA). The College's elected Board of Trustees must be constituted as follow's Eighteen elected directors shall be elected as representatives of the Association. These individuals at the time of election must be members of a member congregation of the Association. At least five sitting directors elected under these provisions must have been rostered clergy of the ELCA at the time of election to their current terms. A director elected under these provisions may complete his or her current term even if he or she ceases to be a member of a member congregation of the Association. However, such a director is not eligible for election to a new term. Fifteen to eighteen elected directors, the exact number to be determined by the Board, shall be at large directors, nominated by the Board and elected by the Association without contest.

ldentifier	Return Reference	Explanation
F990_P06_S0A_L10	Form 990, Part VI, Section A, Line 10	Federal Form 990 (the 990) was prepared by the Controller and reviewed by the Vice President for Finance and Treasurer Independent tax counsel reviewed the 990 on March 17, 2010. On April 1, 2010, the Audit Committee of the Board of Trustees reviewed and accepted the 990 for filing with the IRS. The 990 was provided to all members of the Board of Trustees on April 5, 2010.

ldentifier	Return Reference	Explanation
F990_P06_S0B_L12c	Form 990, Part VI, Section B, Line 12c	The College's conflict of interest policy was provided to all employees and the Board of Trustees A questionnaire was prepared by legal counsel and sent to all individuals included in Part VII, Section A This will be done on an annual basis. One of the purposes of this questionnaire is to have the individuals described above document any interest that could give rise to conflicts. The questionnaire is reviewed by the President and the Vice President for Finance and Treasurer. In addition, a summary report of interests that could give rise to conflicts is reviewed by the Audit Committee prior to filing of Federal Form 990. If a conflict is identified, the interested party recuses themselves from voting on that matter. The minutes of the meeting shall indicate that the Trustee made disclosure of any actual or potential conflict and that the Trustee abstained from voting.

ldentifier	Return Reference	Explanation
F990_P06_S0B_L15	Form 990, Part VI, Section B, Line 15	The President's compensation is annually reviewed by the Executive Committee of the Board of Trustees. It was last reviewed in May 2009. The Executive Committee reviews compensation survey information of other college and university presidents. This review process is documented in their minutes. The President reviews compensation surveys and the compensation of all vice presidents and other administrative employees on an annual basis. The compensation of all interested persons on Schedule L, Part IV is reviewed by independent persons. The President approves and signs all vice president and administrative contracts. Members of the Board of Trustees do not receive compensation.

ldentifier	Return Reference	Explanation
F990_P06_S0C_L19	Form 990, Part VI, Section C, Line 19	The audited financial statements of the College for the year ended May 31, 2009 are found on the College's wiebsite in the Finance Office section. The following documents are available for public inspection in the President's Office, located in the Carlson Administration Building on the campus in St Peter, MN Articles of Incorporation, Bylaw's and Conflict of Interest Policy

ldentifier	Return Reference	Explanation
F990_P07_S0A_L01a	VII, Section A,	All compensation reported in Part VII and Schedule J is based on 2008 W-2 forms. Gustavus pays its salaried employees on the first day of the month following the month the service was performed in general, benefits may include medical insurance, retirement, dental insurance, disability insurance, dependent care, medical reimbursement and tuition benefit plan

#### DLN: 93493095008020

OMB No 1545-0047

2008

**Open to Public** Inspection

**Employer identification number** 

# **SCHEDULE R** (Form 990)

Name of the organization

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. ► See separate instructions.

**Related Organizations and Unrelated Partnerships** 

SUSTAVUS ADULPHUS CULLEGE				41-0695524	
Part I Identification of Disregarded Entities					
( <b>A)</b> Name, address, and EIN of disregarded entity	<b>(B)</b> Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income E	<b>(E)</b> nd-of-year assets	<b>(F)</b> Direct controlling entity
Part II Identification of Related Tax-Exempt Organizat	ions				
(A) Name, address, and EIN of related organization	<b>(B)</b> Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity sta (if section 501(c))	(F) tus Direct controlling (3)) entity
Greater Gustavus Fund					
800 West College Avenue St Peter, MN56082 41-6038632	Fundraising	MN	501(c)(3)	III-FI	N/A

<b>(A)</b> Name, address, and EIN of related organization	Prim	<b>(B)</b> nary activity	(C) Legal domicile (state or foreign country)	( <b>D</b> ) Direct controlling entity	incom	(E) lominant le(related, lestment, related)	Share	<b>(F)</b> e of total income	<b>(G)</b> Share of end-of- year assets	(H Disprop allocat	l) ortionate tions?	(I) Code V—UBI amount on Box 20 of K-1	Gene mana part	agıng
										Yes	No		Yes	No
Part IV Identification of R	Related	l Organizations	Taxable as	a Corporation	ı or Tr	ust								
(A) Name, address, and EIN of related organ		(B) Primary activity		(C) Legal domicile (state or foreign country)		( <b>D</b> ) Direct contro	olling	(E) Type of entity (C corp, S corp or trust)	(F) Share of total income	end	( <b>G)</b> hare of l-of-yea assets	( <b>H)</b> Percentage r ownership		

(6)

Part V	Transactions	with	Related	Organizations
	i i alisactiviis	AAICII	Related	Oi gainzations

Pa	Transactions with Related Organizations					
	Note. Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No
<b>1</b> D	During the tax year, did the orgranization engage in any of the following transactions wit	th one or more related organizations listed in Parts II	-IV?			
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		[3	1a		No
b	Gift, grant, or capital contribution to other organization(s)		[1	1b		No
С	Gift, grant, or capital contribution from other organization(s)		[	1c		No
d	Loans or loan guarantees to or for other organization(s)		[	1d		No
е	Loans or loan guarantees by other organization(s)		[	1e		No
f	Sale of assets to other organization(s)		[3	1f		No
g	Purchase of assets from other organization(s)		[3	1g		No
h	Exchange of assets		[3	1h		No
	Lease of facilities, equipment, or other assets to other organization(s)		Ī	1i		No
			Ī			
j	Lease of facilities, equipment, or other assets from other organization(s)		Ţ.	1j		No
	Performance of services or membership or fundraising solicitations for other organizations	zation(s)		1k		No
		• •	Ī	<b>1</b> I		No
	1 Sharing of facilities, equipment, mailing lists, or other assets	· ,	Ī	1m		No
	Sharing of paid employees		1	1n		No
			ļ-			
0	Reimbursement paid to other organization for expenses		-  -	10		No
	Reimbursement paid by other organization for expenses		ļ.	1р		No
•			T T			
a	Other transfer of cash or property to other organization(s)		-	1q		No
	O ther transfer of cash or property from other organization(s)		<u> </u>	-+	Yes	
			-			
<u> </u>	If the answer to any of the above is "Yes," see the instructions for information on who	a must complete this line, including severed relations	hins and transaction throsholds			
2		(B)				
	(A) Name of other organization(s)	Transaction	<b>(C)</b> Amount Involved			
(1)		type(a-r)				
(2)						
(3)						
(4)						
(5)						

### Part VI Unrelated Organizations Taxable as a Partnership

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

									_			
<b>(A)</b> Name, address, and EIN of entity	<b>(B)</b> Primary activity	<b>(C)</b> Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		<b>(E)</b> Share of end-of-year assets			( <b>G)</b> Code V—UBI amount on Box 20 of K-1	(H) General o managing partner?	)
			Yes	No		Yes	No		Yes	No		
			•	•		•		Cabadul	D / Form			

Software ID: Software Version:

**EIN:** 41-0695524

Name: GUSTAVUS ADOLPHUS COLLEGE

#### Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa	<u> </u>										
			ion (	(C) n (check all t apply)					(5)	(F)	
<b>(A)</b> Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations	
Gary F Anderson , Trustee	2	Х						0	0	0	
Rodney L Anderson , Trustee	2	Х						0	0	0	
Thomas M Annesley , Trustee	2	Х						0	0	0	
Albert T Annexstad , Trustee	2	Х						0	0	0	
Tracy L Bahl , Trustee	2	Х						0	0	0	
Warren L Beck , Trustee	2	Х						0	0	0	
Rebecca M Bergman , Trustee	2	Х						0	0	0	
Mark E Bernhardson , Trustee/Vice Chair	2	×		х				0	0	0	
Stephen P Blenkush , Trustee	2	X						0	0	0	
A ke Bonnier , Trustee	2	X						0	0	0	
Gordon A Braatz , Trustee	2	Х						0	0	0	
David J Carlson , Trustee	2	X						0	0	0	
John E Chadwick , Trustee	2	Х						0	0	0	
Kelly H Chatman , Trustee	2	X						0	0	0	
Jerome Kıng Del Pıno , Trustee	2	X						0	0	0	
Ardena L Flippin , Trustee	2	X						0	0	0	
James H Gale , Trustee/Chair	8	Х		Χ				0	0	0	
Tanıa K Haber , Trustee	2	X						0	0	0	
Paul L Harrington , Trustee	2	Х						0	0	0	
Patty K Haugen , Trustee	2	X						0	0	0	
Alfred A Henderson , Trustee	2	Х						0	0	0	
George G Hicks , Trustee	2	Х						0	0	0	
Thomas J Hirsch , Trustee	2	Х						0	0	0	
Thomas W Hodnefield , Audit Committee Member	2	×						0	0	0	
Ronald A Jones , Trustee	2	X						0	0	0	
Lında B Keefe , Trustee	2	X						0	0	0	
Paul R Koch , Trustee	2	X						0	0	0	
Daniel A Kolander , Trustee	2	X						0	0	0	
Barbara M Krig , Trustee	2	Х						0	0	0	
Jan M Mıchaletz , Trustee	2	Х						0	0	0	

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa										1
		Posit t	<b>(C</b> tion ( hat a	chec		1			(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
Christine M Morse , Investment	2	Х						0	0	0
Committee Member Martha I Penkhus , Trustee/Secretary	2	X		X				0	0	0
Wayne B Peterson , Trustee	2	X		<del>  ^ -</del>				0	0	
James R Roberts , Investment Committee Member	2	X						0	0	
Jason T Sawyer , Trustee	2	Х						0	0	0
Beth S Schnell , Trustee	2	Х						0	0	0
Karın L Stone , Trustee	2	Х						0	0	0
Russell W Swansen , Investment Committee Member	2	Х						0	0	0
Sally C Turrittin , Trustee	2	Х						0	0	0
Chia Y Vang , Trustee	2	Х						0	0	0
Susan J Wilcox , Trustee	2	Х						0	0	0
Daniel K Zismer , Trustee	2	Х						0	0	0
Mark H Anderson , Vice President for Enrollment Management	50			х				101,187	0	22,991
Gwendolyn H Freed , Vice President for Marketing and Communication	50			х				105,354	0	7,256
John R Ohle , President-July 1, 2008 to May 31, 2009	50			х				124,893	0	69,216
James L Peterson , President-June 2008	50			X				169,650	0	27,566
Mary E Strey , Provost and Vice President for Academic Affairs	50			х				177,818	0	25,776
Henry P Toutain , Vice President for Student Affairs and Dean of Students	50			х				124,327	0	22,935
Kenneth C Westphal , Vice President for Finance and Treasurer	50			х				157,374	0	17,814
Thomas W Young , Vice President for Institutional Advancement	50			х				130,571	0	28,409
Bruce N Aarsvold , Director of Gustavus Technology Services	50					х		103,117	0	47,186
Eric J Eliason , Academic Dean	50					Х		101,072	0	13,751
Darrell H Jodock , Faculty	50					Х		111,246		
Mariangela Maguire , Academic Dean	50					Х		101,449	0	·
Alan I Molde , Athletic Director	50					Х		102,563	0	14,345

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
a Tuition and Fees	611,310	74,631,033	74,631,033	0	0
<b>b</b> Residence Halls	721,000	9,930,409	9,652,226	278,183	0
<b>c</b> Dining Service	722,210	6,994,700	5,878,976	1,115,724	0
<b>d</b> Book Mark	451,211	2,497,758	2,497,758	0	0
e Athletic Facilities	713,940	612,273	513,747	98,526	0

#### Form 990, Part I, Line 1 - Briefly describe the Organization's mission or most significant activities:

Gustavus Adolphus College prepares its students for fulfilling lives of leadership and service and is committed to the core values of excellence, community, justice, service, and faith. It is especially known for strong science, writing, music, athletics, and study abroad programs. The College hosts a chapter of Phi Beta Kappa and is internationally recognized for its annual Nobel Conference sanctioned by The Nobel Foundation in Stockholm, Sweden. The students, faculty, administration, staff and Board of Trustees believe in a strong, open community where all citizens play a vital role. Gustavus has consistently produced graduates who lead lives of uncommon purpose and passion, and demonstrate that they make their lives count.

#### Form 990, Part III, Line 1 - Briefly describe the organization's mission:

Gustavus Adolphus College is a church-related, residential liberal arts college firmly rooted in its Swedish and Lutheran heritage. The College offers students of high aspiration and promise a liberal arts education of recognized excellence provided by faculty who embody the highest standards of teaching and scholarship. . . . The College aspires to be a community of persons from diverse backgrounds who respect and affirm the dignity of all people. It is a community where a mature understanding to the Christian faith and lives of service are nurtured and students are encouraged to work toward a just and peaceful world. The purpose of a Gustavus education is to help students attain their full potential as persons, to develop in them a capacity and passion for lifelong learning, and to prepare them for fulfilling lives of leadership and service in society.