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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

2008

OMB No 1545-0047

Open to Public Inspection

A Fo	r the :	2008 ca	lendar yea		07-01-2008	and ending 06-30-20	009		
B Che	eck if a	pplicable	Please		T BUSINESS OFF			D Employer	identification number
☐ Add	iress ch	ange	use IRS label or						
┌ Nar	ne cha	nge	print or	Doing business as				E Telephone	e number
┌ Init	ial retu	rn	Specific	Number and street (or P	O box if mail is	not delivered to street add	tress) Room/si	ute	
┌ Ter	mınatıo	on	Instruc- tions.	37 S College Ave	o box ii iiiaii ib	Tot don't or our to our out add		G Gross reco	eipts \$ 85,038,608
☐ Am	ended	return		City or town, state or cou	untry, and ZIP +	4			
_									
i Whi	nication	i penung							
					ipal Officer				urn for
	est of applicable by lease and the prices change me change in the print or the pri		j tes je No						
						•	H(b) Are	e all affiliates incl	uded?
I la	x-exem	ipt status	✓ 501(c))(3) ◀ (insert no) 4	1947(a)(1) or	527			ist See instructions)
J W	eb sit	e: 🕨 ww	w csbsju ed	lu			H(c) G	roup Exemption	Number ►
К Тур	e of org	janization	Corporat	ion trust association	other ►		L Year of	Formation 1913	M State of legal domicile MN
Pa	rt I	Sum	mary						
	1			e organization's missio	n or most sıgr	ificant activities			
ance				_	•				
Governance	2	Check	this box	ıf the organization disc	ontinued its o	perations or disposed	l of more tha	n 25% of its ass	sets
	3	Number	r of voting r	nembers of the governi	ng body (Part	VI, line 1a)		. 3	42
2 6 40	4	Numbe	r of ındepen	ndent voting members o	fthe governin	g body (Part VI, line	1b)	4	42
ĕ	5	Total n	umber of en	nployees (Part V, line 2	2a)			5	2,425
Activities &	6	Total n	umber of vo	olunteers (estimate if ne	ecessary) .			6	40
ĕ	7a	Total gi	ross unrela	ted business revenue fr	rom Part VIII	line 12, column (C)		7	a 1,376,021
	b	Net unr	elated busi	ness taxable income fr	om Form 990-	T, line 34		7	b 0
							ı	Prior Year	Current Year
a.	8	Contri	butions and	d grants (Part VIII, line	e 1 h)			6,902,044	4,710,970
Ravenue	9	Progra	am service	revenue (Part VIII, line	e 2g)			74,219,918	76,165,697
9.63	10			,		•		1,912,528	1,741,286
_	11		•	, , , , , , , , , , , , , , , , , , , ,				-301,505	837,637
	12		revenue—a	dd lines 8 through 11 (i	must equal Pa	rt VIII, column (A), l	ine	82.732.985	83,455,590
	13		and simila	ar amounts paid (Part I)	X. column (A).	lines 1-3)			_
									
							5 5 -		
\$,		(, , , ,	,		30,716,486	32,505,236
Expenses	16a	Profes	sional fund	raising fees (Part IX, c	olumn (A), line	e 11e)		10,000	35,985
ភិ	ь	(Total f	undraising ex	penses, Part IX, column (D),	line 25 <mark>2,519,44</mark>	9)			
	17	Other	expenses ((Part IX, column (A), lın	nes 11a-11d,	11f-24f)		24,908,692	23,977,796
	18	Total	expenses—	add lines 13–17 (must	t equal Part IX	, line 25, column (A))	78,129,797	81,547,522
	19	Reven	ue less exp	oenses Subtract line 18	8 from line 12			4,603,188	1,908,068
\$ 8 8 8							Begi	nning of Year	End of Year
Sets aan	20	Total	assets (Par	rt X, line 16)				151,901,270	142,915,883
Net Assets or Fund Balances	21	Totall	liabilities (F	Part X, line 26)				47,968,858	46,301,185
2 E	22	Netas	sets or fun	d balances Subtract li	ne 21 from line	e 20		103,932,412	96,614,698
Pai	t II	Sign	ature Blo	ock					
Plea Sign Here	se	Under p and beli Sign	enalties of pe lef, it is true, o ature of office	erjury, I declare that I have ecorrect, and complete Decla			nsed on all infor	mation of which pre 010-05-10	
		Туре	or print nam	e and title					
		Preparer	's k			Date		Preparer's PT	IN (See Gen Inst)
Paid								-	
Prepa	arer's			5			<u> </u>	F	
Use (Only			/				EIN F	
			- · •					Phone no	
May t	ha I R	C discus	ss this retii	rn with the preparer sho	own ahove? (S	ee instructions) .			

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

1	Briefly describe the organization's mission The mission of the College of Saint Benedict is to provide for women the best residen integrated learning, exceptional leadership for change and wisdom for a lifetime	tial liberal arts education in the Catholic universit	y tradition The college fosters
2	Did the organization undertake any significant program services duri the prior Form 990 or 990-EZ?	ng the year which were not listed on	┌ Yes ┌ No
3	Did the organization cease conducting or make significant changes is services?	n how it conducts any program	「Yes ເ∨ັNo
4	Describe the exempt purpose achievements for each of the organizat Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are re others, the total expenses, and revenue, if any, for each program serv	equired to report the amount of grants a	
4a	(Code) (Expenses \$ 15,357,044 including gra Higher Education Auxiliary Revenue (dining, housing, etc.) (1495 students)	ants of \$ 0) (Revenue \$	16,750,641)
4b	Other program services (Fine arts programming, etc.)	ants of \$ 0) (Revenue \$	600,222)
4c	(Code) (Expenses \$ 55,465,030 including gra Higher Education Educational Instruction-2068 Fall FTE students enrolled in underg		59,687,200)
4d	Other program services (Describe in Schedule O) (Expenses \$ 0 including grants of \$	0) (Revenue \$	0)
4e		qual Part IX, Line 25, column (B).	, , , , , , , , , , , , , , , , , , ,

Part 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		Νo
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		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
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		No
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	Yes	
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? <i>If "Yes," complete Schedule F, Part II</i>	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		Νο
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17	Yes	
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		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
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		Νο
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
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		Νο
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		N o
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		Νο
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		No

Part IV Checklist of Required Schedules (Continued)

			Yes	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		No
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? <i>If</i> " <i>Yes," complete Schedule L, Part IV</i> .	28c		No
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		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
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		No
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		No
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		No
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, Part VI	37		No

Pai	rt 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				
	<u></u>	1a 170	1		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to	vendors and reportable			
	gaming (gambling) winnings to prize winners?		1c	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax</i> Statements filed for the calendar year ending with or within the year covered by this				
		2a 2,425	<u> </u>		
b	If at least one is reported in 2a, did the organization file all required federal employme Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this r		2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during treturn?	the year covered by this	3a	Yes	
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Sched	ule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a sign				
	over, a financial account in a foreign country (such as a bank account, securities acco		4a	Yes	
ь	If "Yes," enter the name of the foreign country CH , CI , EI , JA , XE				
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Repo	ort of Foreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during	the tax year?	5a		N o
	Did any taxable party notify the organization that it was or is a party to a prohibited ta				No No
			5b		
С	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt E Tax Shelter Transaction</i> ?	· · · ·	5c		
6a	Did the organization solicit any contributions that were not tax deductible?		6a		Νο
b	If "Yes," did the organization include with every solicitation an express statement that were not tax deductible?	such contributions or gifts	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 contri more?	bution of \$75 or	7a	Yes	
ь	If "Yes," did the organization notify the donor of the value of the goods or services pro-	vided?	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	7d	1		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay p benefit contract?	remiums on a personal	7e		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a person	al henefit contract?	7f		No
a	For all contributions of qualified intellectual property, did the organization file Form 88		7g		
_	For contributions of cars, boats, airplanes, and other vehicles, did the organization file		–		
	required?		7h		
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds and				
	supporting organizations. Did the supporting organization, or a fund maintained by a speexcess business holdings at any time during the	onsoring organization, have	8		
9	year?				
	Did the organization make any taxable distributions under section 4966?		9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter				
	100	.0a			
	F	.0Ь			
11					
	Gross income from members or shareholders				
	<u> </u>	1a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	1b			
12-	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in $\ln t$	eu of Form 10412	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the		124		
U	year	.2b			

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

Section A. 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, describe the circumstances, processes, or changes in Schedule O. See instructions.							
1a	Enter the number of voting members of the governing body 1a 42							
b	Enter the number of voting members that are independent 1b 42							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νο				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Νο				
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νο				
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νo				
6	Does the organization have members or stockholders?							
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?							
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νo				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following							
а	the governing body?	8a	Yes					
b	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		Νo				
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b						
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes					
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		No				

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 another's website upon request

- Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of 19 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

Susan Palmer 37 S College Ave Saint Joseph, MN 56374 (320) 363-5298

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	(B) Average hours per week	(C) Position (check all that apply)							(5)	(F)
(A) Name and Title		Individual Trustee or Chrector	Institutional Trustee	Officei	Reportable compensation from related	Reportable compensation from the organization (W-	compensation from related organizations (W- 2/1099-	Estimated amount of other compensation from the organization and related organizations		
							-			

Part VII Continued

		(C) Position (check all that apply)							(E)	(F)	
(A) Name and Title	(B) Average hours per week	Average R. Diovee Con North Charles Con Office Per North Charles Con Office Per North Charles Con Office Per North Charles Con Org	(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						
										_	
										_	
							$\vdash\vdash$				
							Н				
1b Total							▶	1,358,449	9 0	200,109	
2 Total number of individuals (including	those in 1	a) who r	ecer	ved	moi	re thar	n \$1	00,000 ın reportabl	e	•	

compensation from the organization▶9

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee			
	on line 1a? If "Yes," complete Schedule J for such individual	3		Νo
	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			
	ındıvıdual	4	Yes	
	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 I for such person	n.		No

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
Palmer Printing PO Box 1575 Sauk River Industrial Park Saint Cloud, MN 56302	Printing	316,733
Trobecs School Bus Service Inc 413 S County Road 2 Saint Stephen, MN 56375	Bus driving	134,671
Works Computing Inc 1801 American Boulevard E Suite 12 Bloomington, MN 55425	Software Programming	115,176
Rapid Rain Inc PO Box 298 Sauk Rapids, MN 56379	Irrigation system	106,005
2 Total number of independent contractors (including those in 1) who re	. , ,	4

Statement of Revenue

					/= \	(B) I	(6)	(5)
					(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
	1a	Federated campaigns	1a	0				,, 5. 52 F
ints ints	ь	Membership dues .		0				
Contributions, gifts, grants and other similar amounts	С	Fundraising events .	1b 	29,668				
iffs, ⊩ar	d	Related organizations	1 c	0				
	a e	Government grants (contri						
ons sir	f	All other contributions, gifts		3,282,834				
buti ther	•	similar amounts not include	ed above	3,202,031				
ntri d o	g	Noncash contributions	s included in					
သူ	h	lines 1a-1f \$ Total (Add lines 1a-1f			4,710,970			
		Total (Add lilles 1a-11	.,	>				
<u>a</u>	2a	Tuition and Fees		Business Code 611,310	59,687,200	59,687,200	0	
nuev	ь	Auxiliary revenues (dining,	bookstore,	721,310	, ,	14,526,061	1,352,214	0
æ		student housing)		·		, ,		
МСе	c d	Other sources - Fine Arts P	iogramming	711,190	600,222	600,222	0	0
ž. Sč	e							
ra E	f	All other program serv	VICE revenue		0	0	0	n
Program Service Revenue						Ŭ		
- 4	g	Total. Add lines 2a-2f ► \$ 76,165,697						
	3	Investment income (ii	ncluding divi	dends, interest				
		other similar amounts)		1,103,439	0	0	1,103,439
	4	Income from investment o	of tax-exempt be	ond proceeds	0	0	0	0
	5	Royalties			0	0	0	0
		(1)) Real	(II) Personal				
	6a	Gross Rents	24,098	0				
	Ь	Less rental expenses	55,473	0				
	С	Rental income or (loss)	-31,375	0				
	d	Net rental income or ((loss)		-31,375	0	-31,375	0
	7a	Gross amount from sales of assets other than inventory	ecurities 637,847	(II) Other 0				
	b	Less cost or other basis and	0	0				
	c	sales expenses Gain or (loss)	637,847	0				
	d	Net gain or (loss)	,		637,847	0	0	637,847
	8a	Gross income from fur events (not including		. ▶				
Other Revenue		\$	18 tal exceeds	20,000				
er –	ь	Less direct expenses		29,668 7,639				
o th	С	Net income or (loss) f	rom fundrais	ing events	0	0	0	О
-	9a	Gross income from ga activities See part IV Complete Schedule G if exceeds \$15,000	, line 19 ⁻ <i>total</i>					
	ь	Less direct expenses	a 					
	c	Net income or (loss) f		activities				
	10a	Gross sales of invento	ory less	•				
		returns and allowance	a a	2,388,918				
	С	Net income or (loss) f	rom sales of		869,012	813,830	55,182	0
	11a							
	ь							
	С							
	d	All other revenue			0	0	0	0
	e	Total. Add lines 11a-1		•				
	12	Total Revenue. Add III	nes 1h 2a ?	0 4 5 6d 7d	83,455,590	75,627,313	1,376,021	1,741,286
]	8c, 9c, 10c, and 11e .			,,	,,	, -,	Form 990 (2008)

Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) organizations must complete column (A) but are not re				
n od	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0	0		<u> </u>
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	25,028,505	25,028,505		
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,082,439	251,992	634,718	195,729
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	24,400,264	20,417,697		1,196,698
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,558,117	1,263,829	209,149	85,139
9	Other employee benefits	3,495,947	2,681,647	689,997	124,303
10	Payroll taxes	1,968,469	1,596,677	264,231	107,561
11	Fees for services (non-employees)				
а	Management				
b	Legal	370,629	118,935	251,694	0
С	Accounting	196,019		196,019	
d	Lobbying				
е	Professional fundraising See Part IV, line 17	35,985			35,985
f	Investment management fees	45,900	45,900		
g	Other				
12	Advertising and promotion	537,965	186,704	161,075	190,186
13	Office expenses	912,606	464,207	280,380	168,019
14	Information technology	979,992	404,197	490,808	84,987
15	Royalties				
16	Occupancy	4,472,106	3,862,728	609,378	
17	Travel	1,846,691	1,636,735	106,052	103,904
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings	476,982	221,595	169,778	85,609
20	Interest	1,367,417	1,298,713	68,704	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4,231,948	3,677,547	554,401	
23	Insurance	212,352		212,352	
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	Equipment Repair and Maintenance	742,548	696,059	24,043	22,446
b	Memberships	260,587	44,876	178,688	37,023
c	Student Programming	2,447,381	2,145,545	301,836	
d	Expendable equipment	118,021	36,161	0	81,860
	Supplies	4,758,652	4,741,825	16,827	0
	All other expenses	. ,	, , , , , , , , , , , , , , , , , , , ,	,	
25	Total functional expenses. Add lines 1 through 24f	81,547,522	70,822,074	8,205,999	2,519,449
26	Joint Costs. Check If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	,,		-,,	_,,

Part X	Balance	Shoot
	Balance	Sneer

1	Cash—non-interest-bearing	Beginning of year		
		0	1	End of year 0
2	Savings and temporary cash investments	15,030,197	2	15,224,634
3	Pledges and grants receivable, net	7,593,951	3	6,313,685
4	Accounts receivable, net	662,656	4	653,924
5	Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L</i>	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	6,687,901	7	6,962,987
8	Inventories for sale or use	182,097	8	372,445
و 🗠	Prepaid expenses and deferred charges	193,572	9	537,873
ssets 100	Land, buildings, and equipment cost basis 10a 138,534,325			
⋖ .		-		
'	Schedule D	76,045,229	10c	75,163,114
11	Investments—publicly traded securities	34,121,164	11	27,894,728
12	Investments—other securities See Part IV, line 11 <i>Complete Part VII of Schedule D</i>	9,159,571	12	8,048,502
13	Investments—program-related See Part IV, line 11 <i>Complete Part VIII</i> of Schedule D .		13	
14	Intangible assets	0	14	0
15	Other assets See Part IV, line 11 Complete Part IX of Schedule D	2,224,932	15	1,743,991
16	Total assets. Add lines 1 through 15 (must equal line 34)	151,901,270	16	142,915,883
17	Accounts payable and accrued expenses .	4,913,644	17	5,703,685
18	Grants payable	0	18	0
19	Deferred revenue	1,252,757	19	1,540,819
20	Tax-exempt bond liabilities	33,379,397	20	30,660,402
<u>. 60</u> 21	Escrow account liability Complete Part IV of Schedule D		21	0
Liabilities 57	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
≝	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		24	0
25	Other liabilities Complete Part X of Schedule D	8,423,060	25	8,396,279
26	Total liabilities. Add lines 17 through 25	47,968,858	26	46,301,185
у ф	Organizations that follow SFAS 117, check here ► 🔽 and complete lines 27 through 29, and lines 33 and 34.			
9 27 28 28	Unrestricted net assets	66,145,148	27	59,116,949
<u>중</u> 28	Temporarily restricted net assets	7,334,777	28	6,963,382
글 29	Permanently restricted net assets	30,452,487	29	30,534,367
or Fund	Organizations that do not follow SFAS 117, check here F and complete lines 30 through 34.			
	Capital stock or trust principal, or current funds		30	
30 31 32 32 32	Paid-in or capital surplus, or land, building or equipment fund		31	
	Retained earnings, endowment, accumulated income, or other funds		32	
≱ 33	Total net assets or fund balances	103,932,412	33	96,614,698
34	Total liabilities and net assets/fund balances	151,901,270	34	142,915,883
Part >	Financial Statements and Reporting			

ParitXI	Financial	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		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
С	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	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits?	3b	Yes	

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As Filed Data -

DLN: 93493133026470

Employer identification number

OMB No 1545-0047

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Open to Public Inspection

COLLE	GE OF	ST BENEDICT B	SUSINESS OFF								
							41	41-0969244			
Pa	rt I	Reason	for Public C	harity Status (to be co	mpleted	by all or	ganızatıo	ns) (See	Instruct	ions)	
The	organı	zation is not	a private found	ation because it is (Please	check onl	ly one org	anızatıon))			
1	\sqcap	A church, c	onvention of ch	nurches, or association of ch	urches de	scribed in	Section 1	L70(b)(1)((A)(i).		
2	굣	A school de	escribed in Sec	tion 170(b)(1)(A)(ii). (Attac	ch Schedu	ıle E)					
3	Г	A hospital	or a cooperativ	e hospital service organizati	on descril	bed in Sec	tion 170(L	o)(1)(A)(i	ii). (Attac	h Schedul	le H)
4	Г	A medical research organization operated in conjunction with a hospital described in Section 170(b)(1)(A)(iii). Enter the									
	•	hospital's name, city, and state									
5	Г			or the benefit of a college or	universit	v owned o	r operated	by a gove	rnmental	unit desc	ribed in
_	•			(Complete Part II)		,		-, - 3			
6	г			overnment or governmental	unit descr	nhed in Se	ction 170	(b)(1)(A)	(v)		
7	<u>'</u>	•	_	ally receives a substantial p						n tha gana	vral nublic
•	,			o)(1)(A)(vi) (Complete Par		зирроп по	ili a gove	illille litai t	11111 01 11011	i the gene	riai public
	_		-		•	nlata Dar	.				
8 9	<u>'</u>		•	oed in Section 170(b)(1)(A) ally receives (1) more than		•	•			rahın faar	
9	1	_							•		•
		•		lated to its exempt functions	-		•	, ,	•		
				estment income and unrelate						() IIOIII Du	sillesses
10	_			on after June 30, 1975 See and operated exclusively to						a instrus	tions \
10	<u>'</u>	_	_	and operated exclusively to	•		•				•
11	ı	-	-	orted organizations describe					•	•	
				type of supporting organiza						500010115	os(u)(s)i oncok
		_					nally Integ		d	Гтуре	III - Other
e	Γ	By checkin	g this box, I ce	rtıfy that the organızatıon ıs	not contro	olled direc	tly or ındı	rectly by o	one or mor	e dısqualı	fied persons
				agers and other than one or	more publ	licly suppo	orted orga	nızatıons (described	ın sectior	1 509 (a)(1) or
_		section 50		d a western determination fro	+b.a IDC	* +6-+ .+	a Tuna I	Tuna II a	- Tuna III		
f		check this		d a written determination fro	om the IRS	S that it is	a Type I,	Type II o	r Type III	Supportin	ig organization,
g				as the organization accepted	d any gift	or contrib	utıon from	any of the	<u> </u>		•
		following pe									
		(i) a perso	n who directly o	r indirectly controls, either a	alone or to	gether wi	th persons	describe	d ın (ıı)		Yes No
		and (III) be	low, the governi	ng body of the the supported	d organiza	tion?				11g	(i)
		(ii) a family	/ member of a p	erson described in (i) above	?					11g(ii)
		(iii) a 35%	controlled ent	ty of a person described in ((i) or (ii) al	bove?				11g(iii)
h		Provide the	following infori	mation about the organizatio	ns the org	janızatıon	supports				
				1	1		1		1		T
	(i) Name of Supported Organization		(ii) EIN	(iii) Type of organization	1	s the	1 1 . 1	ou notify	I	s the	(vii) A mount of
				(described on lines 1 - 9 above or IRC section		ation in Iisted in		nızatıon) of your	_	ation in rganized	support?
				(See Instructions))		verning	supp			US?	
						ment?					
					Yes	No	Yes	No	Yes	No	

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) 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					 		
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) 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 stop here		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	▶ □
								•
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 stop here. The organization qualifies a				,			▶ □
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				▶ □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							► □
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	Private Foundation. If the organization did	not check the b	oux on line 13, 1	oa, 160, 1/a or	1/D, check this	oox an	u see	▶ □
	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) 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						
С	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) 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 stop here						▶ □
	manufaction of Dublic Compact 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	Supplemental Information. 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

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Supplemental Financial Statements

Open to Public

emai Revenue Service		Inspection
Name of the organization COLLEGE OF ST BENEDICT BUSINESS OFF		Employer identification number
SOLLEGE OF ST BENEDICT BOSINESS OFF		41-0969244
Part I Organizations Maintaining Donor A organization answered "Yes" to Form 9		unds or Accounts. Complete if the
organization answered Tes to Form 5	(a) Donor advised funds	(b) Funds and other accounts
Total number at end of year		
Aggregate Contributions to (during year)		
Aggregate Grants from (during year)		
Aggregate value at end of year		
Did the organization inform all donors and donor adv		nor advised Yes No
Did the organization inform all grantees, donors, and used only for charitable purposes and not for the be impermissible private benefit?		·
Part II Conservation Easements. Complete	e if the organization answered "Yes" t	to Form 990, Part IV, line 7.
Purpose(s) of conservation easements held by the of Preservation of land for public use (e.g., recreation Protection of natural habitat Preservation of open space	tion or pleasure)	n historically importantly land area
Complete lines 2a-2d if the organization held a qua on the last day of the tax year	illned conservation contribution in the form	Held at the End of the Year
a Total number of conservation easements		2a
b Total acreage restricted by conservation easemen	its	2b
 Number of conservation easements on a certified l 	nistoric structure included in (a)	2c
d Number of conservation easements included in (c)	acquired after 8/17/06	2d
Number of conservation easements modified, transf	ferred, released, extinguished, or terminati	ed by the organization during
the taxable year 🕨		
Number of states where property subject to conserv	vation easement is located ►	
Does the organization have a written policy regarding enforcement of the conservation easements it holds		lations, and
Staff or volunteer hours devoted to monitoring, insp	ecting and enforcing easements during the	e year ►
A mount of expenses incurred in monitoring, inspect	ing, and enforcing easements during the y	ear ►\$
Does each conservation easement reported on line $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?	2(d) above satisfy the requirements of se	ction Yes No
In Part XIV, describe how the organization reports of balance sheet, and include, if applicable, the text of the organization's accounting for conservation ease	the footnote to the organization's financia	·
art III Organizations Maintaining Collecti Complete If the organization answered		or Other Similar Assets.
a If the organization elected, as permitted under SFA art, historical treasures, or other similar assets hel provide, in Part XIV, the text of the footnote to its fi	d for public exhibition, education or resear	ch in furtherance of public service,
b If the organization elected, as permitted under SFA historical treasures, or other similar assets held for provide the following amounts relating to these item	public exhibition, education, or research	
(i) Revenues included in Form 990, Part VIII, line	1	▶ \$
(ii) Assets included in Form 990, Part X		▶ \$
If the organization received or held works of art, his following amounts required to be reported under SFA	·	or financial gain, provide the
a Revenues included in Form 990, Part VIII, line 1		- \$
b Assets included in Form 990, Part X		► \$

Par	Organizations Maintaining Co	llections of Art,	Hist	toric	<u>cal Treasi</u>	ires, or Othe	<u>r Similar Ass</u>	ets (co	ntınued)
3	Using the organization's accession and other items (check all that apply)	records, check any	of the	e foll	owing that ai	re a sıgnıfıcant u	se of its collectio	n	
а	Public exhibition		d	Γ	Loan or exc	hange programs			
b	Scholarly research		e	Γ	Other				
c	Preservation for future generations								
4	Provide a description of the organization's co Part XIV	llections and explair	n how	they	further the	organization's ex	empt purpose in		
5	During the year, did the organization solicit o assets to be sold to raise funds rather than to							Yes	┌ No
Par	t IV Trust, Escrow and Custodial A					anızatıon answ	ered "Yes" to F	orm 9	90,
	Part IV, line 9, or reported an am								
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?			for c	ontributions	or other assets		Yes	┌ No
b	If "Yes," explain why in Part XIV and comple	te the following table	!						
							A mo	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 Fo	rm 990, Part X, line	21?				Г	Yes	┌ No
	If "Yes," explain the arrangement in Part XIV								
Pa	Tt V Endowment Funds. Complete i	f the organization (a)Current Year		were Prior		Form 990, Par wo Years Back (d)		NEOUR V	ears Back
1a	Beginning of year balance	37,792,704	(0)	PHOI	real (C)	wo rears back (u)	Tillee fears back (e)roui te	ars back
ь	Contributions	1,366,988							
c	Investment earnings or losses	-7,086,156							
d	Grants or scholarships	949,963							
e	Other expenditures for facilities	139,054							
	and programs								
f	Administrative expenses	0							
g	End of year balance	30,984,519							
2	Provide the estimated percentage of the year	end balance held as	5						
а	Board designated or quasi-endowment 🕨	14 %							
Ь	Permanent endowment ► 86 %								
c	Term endowment ► 0 %								
3a	Are there endowment funds not in the posses	sion of the organizat	ion t	hat a	re held and a	admınıstered for	the		
	organization by (i) unrelated organizations						3a(i)	Yes	No No
	(ii) related organizations		• •				3a(ii)	_	No
ь	If "Yes" to 3a(II), are the related organization						3b	1	
4	Describe in Part XIV the intended uses of the	e organization's endo	wme	nt fu	nds				
Par	t VI Investments—Land, Buildings	, and Equipmen	t. Se	ee F	orm 990, P	art X, line 10.			
	Description of investment				Cost or other (investment)	(b)Cost or other basis (other)	(c) Depreciation	(d) Boo	ok value
1a	_and				0	855,996			855,990
b	Buildings				0	89,242,137	30,327,221	5	3,914,916
С	_easehold improvements				0	0	0		(
d	Equipment				0	43,943,883	30,508,018	1.	3,435,865
e	Other				0	4,492,309	2,535,972	_	1,956,337

75,163,114

Part VIII Investments—Other Securities. See	Form 990, Part X, line 1.	2.	
(a) Description of security or cateory (including name of security)	(b) Book value		d of valuation - year market value
Financial derivatives and other financial products	8,048,502		F
Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	8,048,502		
Part VIII Investments—Program Related. Se	e Form 990, Part X, line		
(a) Description of investment type	(b) Book value		d of valuation -year market value
		Cost of the of	year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, li	no 15		
(a) Descri			(b) Book value
AR Other and Due from SJU and SOSB			1,527,892
Deposits held by construction trustee			74,019
Deferred debt acquisition costs			142,080
Beleffed debt dequisition costs			112,000
Total. (Column (b) should equal Form 990, Part X, col.(B) line .	15)	<u> </u>	1,743,991
Part X Other Liabilities. See Form 990, Part X		· · · · · · · · · · · · · · · · · · ·	1,743,991
(a) Description of Liability	(b) A mount		
Federal Income Taxes	(=,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Funds held for others	80,717		
Current portion of annuities payable	64,207		
Asset retirement obligation	1,693,508		
Annuities payable, net of current portion	361,252		
Perkins refundable grant payable	6,196,595		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	0.000.000		
iotai. (Column (b) should equal Form 330, Pall A, Col (b) line 25)	8,396,279	İ	

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	83,455,59
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	81,547,52
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	1,908,06
4	Net unrealized gains (losses) on investments	4	-8,972,20
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-253,57
9	Total adjustments (net) Add lines 4 - 8	9	-9,225,78
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-7,317,71
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Re	eturn
1	Total revenue, gains, and other support per audited financial statements	1	75,759,28
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
е	Add lines 2a through 2d	2e	-7,442,72
3	Subtract line 2e from line 1	3	83,202,01
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		
b	Other (Describe in Part XIV)		
с _	Add lines 4a and 4b	4c	253,57
5 Dog	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	83,455,59
1	Total expenses and losses per audited financial statements	1	83,077,00
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	_	
– a	Donated services and use of facilities		
ь	Prior year adjustments	1	
c	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV) 2d 0	1	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	83,077,00
4	Amounts 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 45,900		
b	Other (Describe in Part XIV)]	
c	Add lines 4a and 4b	4c	-1,529,47
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	81,547,52
	t XIV Supplemental Information		01,547,52

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

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 X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Ident if ier	Return Reference	Explanation
SchD_P05_S00_L04	Schedule D, Part V, Line 4	Endowment funds are designated for a variety of purposes, the largest being student scholarship. In addition, there are endowments established for the purpose of faculty development, research, sustainability, as well as faculty chairs for departments.
SchD_P10_S00_L00	Schedule D, Part X	The Internal Revenue Service has determined that the college is exempt from federal tax under Section 501(c) (3) of the Internal Revenue code the College is also exempt from state income taxes however, any unrelated business income may be subject to taxation
SchD_P11_S00_L08	Schedule D, Part XI, Line 8	A djustment of actuarial liability
SchD_P12_S00_L02d	Schedule D, Part XII, Line 2d	Cost of goods sold for bookstore and retail store
SchD_P12_S00_L04b	Schedule D, Part XII, Line 4b	A djustment of A ctuarial Liability
SchD_P13_S00_L04b	Schedule D, Part XIII, Line 4b	Cost of goods sold from bookstore, local store, and rent expense

Schools

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. **Employer identification number**

Name of the organization COLLEGE OF ST BENEDICT BUSINESS OFF 41-0969244 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? Yes 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 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 Yes CSB publicizes the racially nondiscriminatory policy through student and family communications during the admissions process and through HR advertisements during the hiring process Does the organization maintain the following? a 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 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 4d d Copies of all material used by the organization or on its behalf to solicit contributions? 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 race in any way with respect to a Students' rights or privileges? 5a Νo **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? 5c Νo d Scholarships or other financial assistance? 5d Νo e Educational policies? 5e Νo f Use of facilities? 5f Νo g Athletic programs? 5g Νo 5h h Other extracurricular activities? Νo If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement) 6a Does the organization receive any financial aid or assistance from a governmental agency? 6a Yes **h** Has the organization's right to such aid ever been revoked or suspended? 6b Νo 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

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DLN: 93493133026470

OMB No 1545-0047

2008

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

Statement of Activities Outside the United States

Open to Public

	ne of the organization					Employer ide	entification number
СО	LLEGE OF ST BENEDICT	BUSINESS OFF				41-096924	4
P	art I General Infor	mation on Ac	tivities Outsi	de the United States	s. Complete		
	"Yes" to Form 9				5. 00p.000	, a a. ga.	
1	For grantmakers. Do	es the organiza	ition maintain r	ecords to substantiate	the amount	of the grant	ts or
	assistance, the grante	ees' eligibility fo	or the grants or	assistance, and the se	lection crite	rıa used to a	a wa rd
	·		_				
2	For grant makers. Descri United States	be in Part IV the	organization's pr	ocedures for monitoring t	he use of grar	nt funds outsic	de the
3	Activites per Region (II	sa Schadula F-1	(Form 990) if add	ditional space is needed)			
_	Activites per Region (o	Se Schedule 1-1	(1 01111 9 9 0) 11 au	(d) Activities conducted in	(a) If activit	ty listed in (d)	
		(b) Number of		region (by type) (i.e.,	1	am service,	(f) Total expenditures in
	(a) Region	offices in the	employees or agents in region	fundraising, program services, grants to recipients located in		ecific type of	
		region		the region)		s) in region	
	ntral America and the	0	0	Program Services	Student prog	grams and	125,710
_	t Asia and the Pacific	0	0	Program Services	coursework Student Prog	arome and	611,869
cas	t Asia and the Pacific			Program Services	Course Work	-	611,869
Eur	ope (including Iceland and	0	0	Program Services	Student prog		1,737,934
	enland)			-	course work		
Sou	ith America	0	0	Program Services	Student prog	grams and	148,081
	C 1 A C			D 6	course work		07.576
Sub	-Saharan Africa	0	0	Program Services	Student prog	jrams and	97,576
Sou	ith Asia	0	0	Program Services	Student prog	rams and	15,708
					course work		·
_							
					1		

Totals.

2,736,878

Pa	Part IV,	line 15, for any edule F-1 if add	sistance to Orga recipient who rec litional space is ne	nizations or Entiti eived more than \$5, eded.	es Outside the Ur ,000. Check this bo	nited States. Composite of the composition of the c	plete if the organiza received more thai	tion answered "Yes n \$5,000	" to Form 990, ▶ 厂
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		_							
		-							
		-							
		-							
		-							
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		- -							
		-							
		-							
		-							
		-							
		-							
		-							
		-							
2	Enter total nu has provided	mber of organi a section 501(c	zations that are re	cognized as charities	s by the foreign cou	ntry or for which th	e grantee or counse	el . ▶	
3	Enter total nu	mber of other of	organizations or er	ntities				. ▶	

	F-1 (Form 990) if a			ted States. Complete	ii ule organization a	iliswered tes to form	990, Part IV, line 16.
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non- cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2008

Complete this part t	o provide the information required	ın Part I, line 2, and any other additional information.
Identifier	ReturnReference	Explanation

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As Filed Data -

DLN: 93493133026470

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

SCHEDULE G

Supplemental Information Regarding Fundraising or Gaming Activities

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.

Open to Public Inspection

	ne of the organization LLEGE OF ST BENEDICT BU	ISINESS OFF				E	mployer iden	tification number
	ELEGE OF ST BENEDICT BO	3311(233 011				4	1-0969244	
Pa	rt I Fundraising Act	tivities. Complet	e if the oi	rganızat	ion answered "Yes"	to Form 9	90, Part IV	, lıne 17.
1 a b c d	Indicate whether the organ Mail solicitations Email solicitations Phone solicitations In-person solicitations		through ar	ny of the	following activities Cho e Solicitation of r f Solicitation of g g Special fundrai	non-govern governmen	ment grants t grants	
2a b	Did the organization have a or key employees listed in If "Yes," list the ten highes to be compensated at leas	Form 990, Part VII st paid individuals of) or entity r entities (f	ın conne undraise	ction with professional f rs) pursuant to agreem	fundraising ents under	activities? which the fur	
	(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) fundrais custo contr contribu	er have dy or ol of	(iv) Gross receipts from activity	(or retained	unt paid to ained by) er listed in l (i)	(vi) A mount paid to (or retained by) organization
			163	110				
						1		
Tota	al	•	•					
								

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

ΜN

Pai	t I	Fundraising Events. Com more than \$15,000 on Form	plete if the organization 990-EZ, line 6a. List o	on answered "Yes" to events with gross rec	Form 990, Part IV, li ceipts greater than \$5	ne 18 ,000.	3, or i	eport	:ed
			(a) Event #1 Blazer Open golf event	(b) Event #2	(c) O ther Events (total number)		d col	al Eve (a) thi	
Φ	1		(event type) 37,307	,		+		3.	7,307
Revenue	2	Gross receipts	29,668			+-			9,668
Æ		contributions	,			\bot			
	3	Gross revenue (line 1 minus line 2)	7,639	1					7,639
	4	Cash Prizes	0)					0
မှ	5	Non-cash Prizes	0)					0
Expenses	6	Rent/Facility costs	5,338	3				!	5,338
	7	Other direct expenses	2,301			\top			2,301
Direct			as 4 through 7 in solumn	(4)	b.	\dagger			7,639
Δ	8	Direct expense summary Add line Net income summary Combine lir	-	• •		-			0
Par	t II	II Gaming. Complete if the or	ganızatıon answered '		art IV, line 19, or repo	orted	more	e thar	1
<u>—</u>		\$15,000 on Form 990-EZ, lin	ne 6a. (a) Bingo	(b) Pull tabs/Instant	(c) O ther gaming			gamıng	
Revenue				bingo/progressive bingo		COI	(a) till	ough co	(c))
	1	Gross revenue							
Ses	2	Cash prizes							
Expenses	3	Non-cash prizes							
Direct D	4	Rent/facility costs							
౼	5	Other direct expenses							
	6	Volunteer labor	┌ Yes	┌ Yes	┌ Yes				
	7	Direct expense summary Add lines	s 2 through 5 ın column (d)					
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	ımn (d)					
								Yes	No
9 a		ter the state(s) in which the organiza the organization licensed to operate					9a		
b	If'	'No," Explain					<u> </u>		
10a	— We	ere any of the organization's gaming l	ıcenses revoked, suspen	ided or terminated during	g the tax year?		10a		
b	If'	'Yes," Explain							
	_								
11	D o	es the organization operate gaming a	activities with nonmembe	rs?			11		
12		the organization a grantor, beneficial							
	for	med to administer charitable gaming	7			•	12		

			
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 > \$ and the amount of gaming revenue retained by the third party > \$		
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 📂 💲		

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Grants and Other Assistance to Organizations,

Governments and Individuals in the U.S.

OMB No 1545-0047

2008

DLN: 93493133026470

Department of the Treasury Internal Revenue Service Name of the organization

COLLEGE OF ST BENEDICT BUSINESS OFF

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

						41-0969244	
Part I General Infor	mation on Gra	nts and Assistance	9			•	
 Does the organization method the selection criteria use Describe in Part IV the organization 	ed to award the gra	nts or assistance?					F Yes □ I
Form 990, Part Part IV and Sch	IV, line 21 for a nedule I-1 if add	ny recipient that rece itional space is	eived more than \$5,0	00. Check this box	tes. Complete if the confirmation 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					•		
For Paperwork Reduction Act No			<u> </u>	Cat No 50055			nedule I (Form 990) 2008
3 Enter total number of oth For Paperwork Reduction Act No			<u> </u>				nedule I (Form 990) 20

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) Number of recipients	(c) 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
Tuition and Fee Scholarship	2078	25,028,505	0	Cost	

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	Documentation is maintained and reporting is completed to substantiate grant award uses

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As Filed Data -

DLN: 93493133026470

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Compensation Information

2008

Open to Public Inspectio<u>n</u>

Department of the Treasury Internal Revenue Service

Name of the organization
COLLEGE OF ST BENEDICT BUSINESS OFF

ın Part III

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.

41-0969244 **Questions Regarding Compensation** Νo Yes Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First class or charter travel Housing allowance or residence for personal use Payments for business use of personal residence Travel for companions Health or social club dues or initiation fees Tax idemnification and gross-up payments Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain **1**b Yes Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Yes Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Written employment contract Compensation committee Compensation survey or study Independent compensation consultant Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a Receive a severance payment or change of control payment? Νo 4b Participate in, or receive payment from, a supplemental nonqualified retirement plan? Νo 4c Νo Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III 501(c)(3) and 501(c)(4) organizations only must complete lines 5-8. For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of a The organization? 5a Νo 5b Νo Any related organization? If "Yes," to line 5a or 5b, describe in Part III For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? 6a Νo 6b Any related organization? Νo If "Yes," to line 6a or 6b, describe in Part III For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Νo Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe

Cat No 50053T

Νo

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)(1)-(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 (ii) Bonus & incentive compensation		(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
MaryAnn Baenninger	(ı) (ıı)	315,696 0	0	0	0 0	49,928 0	365,624 0	152,119
Susan Palmer	(ı) (ıı)	188,138 0	0	0	0 0	17,403 0	205,541	89,804 0
Rıta Knuesel	(ı) (ıı)	159,642 0	0	0	0 0	21,564 0	181,206 0	76,356 0
Stuart Lang	(ı) (ıı)	152,646 0	0	0	0 0	28,368 0	181,014 0	73,401 0
Mary Geller	(ı) (ıı)	116,189 0	0	0	0	31,425 0	147,614 0	54,807 0
	(ii) (i)							
	(ii) (i)							
	(ii) (i)							
	(ii) (i)							
	(ii)							
	(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	Schedule J, Part I, Line 1a	The college president is required to live on campus in a designated residence. Club dues are paid for a membership to the Minneapolis Club in MaryAnn Baenninger's name

Schedule J (Form 990) 2008

DLN: 93493133026470

Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

2008

Department of the Treasury Internal Revenue Service To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule 0.

Open to Public Inspection

Name of the organization **Employer identification number** COLLEGE OF ST BENEDICT BUSINESS OFF 41-0969244 Bond Issues (Required for 2008) (h) O n (q) Defeased Behalf of (f) Description of Purpose (a) Issuer Name (b) Issuer EIN (c) CUSIP # (d) Date Issued (e) Issue Price Issuer Yes No Yes No Minnesota Higher Education To fund various remodel projects on Facilities Authority 41-0988525 060416HDB 07-01-2004 7.965.000 Χ Χ campus Minnesota Higher Education Finance construction of new dining Х Χ Facilities Authority 41-0988525 60416HHV9 10-01-2006 7,345,000 buildilng Minnesota Higher Education Refinance 2 prior bonds and fund Χ Authority 41-0988525 19,430,000 Χ 60416HMB7 04-29-2008 add'I project Proceeds (Optional for 2008) Α В C D Е Total Proceeds of Issue Gross Proceeds in Reserve Funds 2 Proceeds in Refunding or Defeasance Escrows 3 Other Unspent Proceeds Issuance Costs from Proceeds 5 Working Capital Expenditures from Proceeds 6 Capital Expenditures from Proceeds 7 Year of Substantial Completion Yes Yes Yes No Yes Yes No No No No Were the bonds issued as part of a current refunding issue? Were the bonds issued as part of an advance refunding issue? 10 Has the final allocation of proceeds been made? 11 Does the organization maintain adequate books and records to support the final allocation of proceeds? Private Business Use (Optional for 2008) C D Ε Yes No Yes No Yes No Yes No Yes No Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? Are there any lease arrangements with respect to the financed property which may result in private business use?

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

		4	A	E	3	(С	I	D	I	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										
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another 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: 93493133026470

OMB No 1545-0047

Schedule L

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

► 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

Open to Public Inspection

Name of the organization COLLEGE OF ST BENEDICT BUSINESS OFF						nploy			t ion 1	number	
Part I Excess Benefit Transact	ions (section 501	L(c)(3)	and section 501	L (c)							
To be completed by organization	ns that answered "Y	es" on	Form 990, Part IV	, line	25a or 25b	o, or F	orm 9	90-EZ			
1 (a) Name of disqualified	d person		(b) Des	crıpt	ion of trans a	ction				(c) Cori	
										Yes	No
2 Enter the amount of tax imposed on section 4958	the organization mar		or disqualified pers			ear ur	-	\$			
3 Enter the amount of tax, if any, on lin	o 2 above reimbure			_		•	•	т			
			the organization.	•		• •		»			
Part II Loans to and/or From To be completed by organiza			on Form 990 Part	T\/ I	ine 26 or F	orm Q	20-F	7 Part	V lir	10 382	
To be completed by organiza		163	on Form 990, Fart	<u> </u>	ille 20, 01 1 0	71111 9	90-L2	(f			
(-) Name of outside decision and	(b) Loan to or from the	(-)	.0			(e)	Ιn	Appr	-	(g)W	/ritten
(a) Name of interested person and purpose	organization?	(c)	Original principal amount	(d)E	Balance due	defa	ult?	by boa		1 -	ment?
FF	T.					V	N.	comm	T		T No.
	To From					Yes	No	Yes	No	Yes	No
										+	
										+	+
										+	+
										+	
Total			> \$								
Part IIII Grants or Assistance B											
To be completed by orgar	uzations that ansv	wered	"Yes" on Form 9	90,	Part IV, lın	e 27					
(a) Name of interested person		-	ween interested pe	rson	(c)A m	ount c	of arai	nt or tv	pe of	assista	ance
(,	ar	nd the d	organization								
Part IV Business Transactions	Involvina Inter	estec	l Persons								
To be completed by organ				90,	Part IV, lın	e 28	a, 28	b, or λ	28c.		
	(b) Relations	hıp								(e) Sha	aring of
(a) Name of interested person	between interes		(c) A mount of	:	(d) Descr	ıptıon	of tra	nsacti	on	organız	
(-,	person and the organization		transaction			F				reven	1
oron Hall	Trustee		100	Q 2 1	Building co	anlıı r	urcha	coc fro		Yes	No No
oren Hall	liustee		18,		Building sup Trustee's c			562 IIO	''''		0
						F 27.	•				

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DLN: 93493133026470

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

SCHEDULE M

(Form 990)

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

Non-Cash Contributions

Inspection

	ie of the organization EGE OF ST BENEDICT BUSINESS OFF	Employer identification number						
					41-0969244			
Pa	rt I Types of Property							
		(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d Method of d rever	etermıı	ning	
1	Art—Works of art							
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household							
_	goods							
	Cars and other vehicles							
	Boats and planes							
	Intellectual property							
	Securities—Publicly traded .	X	15	145,959	Avg High and Low fo	or day o	of gift	
	Securities—Closely held stock .							
	Securities—Partnership, LLC, or trust interests							
	Securities—Miscellaneous							
13	Qualified conservation contribution (historic structures)							
14	Q ualified 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	Taxıdermy							
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	-		ar for contributions for	29			
30a	During the year, did the organiza	ition receiv	e by contribution any prope	erty reported in Part I, lines	s 1-28 that it must		Yes	No
	hold for at least three years from the date o		,	not required to be used for	exempt purposes			
	for the entire holding period? .					30a		No
	If "Yes", describe the arrangeme							
31	Does the organization have a gif	t acceptan	ce policy that requires the	review of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or us contributions?	e third part	ies or related organizations	to solicit, process, or sell	non-cash	32a	Yes	
ь	If "Yes", describe in Part II							
	If the organization did not report	revenues i	ın Column (c) for a type of p	property for which Column (a)ıs			

checked, describe in Part II

Supplemental Information. 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 Paturi Paferance Explanation Expla										
Identifier	ReturnReference	Explanation								
SchM_P01_S00_L32b	Schedule M, Part I, Line 32b	Stock brokers are used to sell stock gifts received								

OMB No 1545-0047

Open to Public Inspection

SCHEDULE 0

(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.

Name of the organization COLLEGE OF ST BENEDICT BUSINESS OFF **Employer identification number**

41-0969244

ldentifier	Return Reference	Explanation
F990_P06_S0A_L01a	Form 990, Part VI, Section A, Line 1a	The Executive committee of the Board of Trustees at CSB has the authority to act for the Board on all matters except the following presidential selection and termination, board officer selection, changes in institutional mission and purposes, incurring of corporate indebtedness unless specifically delegated by the board, sale of College assets or tangible property, adoption of the annual budget, conferral of degrees, and other powers reserved by resolution of the board. EC has the authority to take action on emergency matters which cannot or should not be deferred to the Board's next scheduled meeting, the Executive Committee shall oversee the work of Board committees, the Corporation's planning process or progress on planning goals, and the Board's responsibility to assess the president's performance, and review annually the President's compensation and conditions of employment

ldentifier	Return Reference	Explanation
F990_P06_S0A_L10	Form 990, Part VI, Section A, Line 10	The subcommittee of the Board of Trustees known as the Audit Committee reviews the 990 during the spring meeting

ldentifier	Return Reference	Explanation
F990_P06_S0B_L12c	Form 990, Part VI, Section B, Line 12c	Conflict of interest documents are shared with the executive committee and that group follows through with the appropriate committee to ensure the conflict is not an issue. If the committee's discussion pertains to the issue at conflict, that particular board member is asked not to participate.

ldentifier	Return Reference	Explanation
F990_P06_S0B_L15	Form 990, Part VI, Section B, Line 15	In accordance with the Employee handbook, the compensation plan is designed to ensure positions are competitively valued relative to comparable jobs in the market. The Human Resources Department does a comparison of job descriptions to position descriptions in the marketplace annually. The comparison for administrative and support staff positions are approved by the President or Board of Trustees and a salary range is created based on this comparison, the President's salary is reviewed and determined by the Board of Trustees. The positions are compared to similar institutions of higher education with respect to enrollment, budget, and Carnegie class found in the College and University Personnel Association salary survey.

ldentifier	Return Reference	Explanation
F990_P06_S0C_L19	Form 990, Part VI, Section C, Line 19	These documents aren't available to the public. However, upon request and based upon the need, they would be made available

ldentifier	Return Reference	Explanation					
F990_P07_S0B_L01A	Form 990, Part VII, Section B, Line 1(A)	Note The owner of Palmer Printing is not affiliated in any way with Susan Palmer, Vice President for Finance and Administration					

Form 990, Part VII - Section Aaa

Total 990, Part VII - Section Ada											
		(C) Position (check all that apply)								(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	
Stephanie Wolf , Trustee	1	Х						0	0	0	
Lısa Spoden , Trustee	1	X						0	0	0	
LeAnne Matthews Stewart , Trustee	1	X						0	0	0	
Harvey Chase Jewett , Trustee	1	X						0	0	0	
Marılyn Broussard , Trustee	1	Х						0	0	0	
Lawrence P Haeg , Trustee	1	Х						0	0	0	
Leon E Kline , Trustee	1	Х						0	0	0	
Dana Badgerow , Trustee	1	Х						0	0	0	
Delthia McKinney , Student Trustee	1	Х						0	0	0	
Theresa Wurst , Trustee	1	Х						0	0	0	
Rosetta Ross , Trustee	1	Х						0	0	0	
MaryAnn Baenninger , President	65 00			Х		Х		315,696	0	35,528	
Susan Palmer , VP Administration and Finance	60 00			х	х			188,138	0	17,403	
Stuart Lang , VP Advancement	60 00				Х			152,646	0	28,368	
Rita Knuesel , VP A cademic Affairs	80				Х			159,642	0	21,564	
Mary Geller , VP Stud Dev	50				Х			116,189	0	31,425	
Kathleen Twohy , Professor	40					Х		100,449	0	16,764	
James Koenig , IT Services Director	40					Х		110,301	0	13,339	
Michael Thorp , Director of Admissions	40					Х		111,906	0	25,688	
Vırgınıa Arthur , Professor	40					Х		103,482	0	10,030	

Software ID: Software Version:

EIN: 41-0969244

Name: COLLEGE OF ST BENEDICT BUSINESS OFF

Form 990, Part VII - Section Aaa

Porm 990, Part VII - Section Ada		Posit t	(C tion (hat a	chec		I			(5)	(F) Estimated amount of other compensation from the organization and related organizations
(A) Name and Title	(B) A verage hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Forner	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	
James Phillip Roers , Trustee	1	X						0	0	0
Thomas Lee Schlough , Trustee	2	X						0	0	0
Beth Ann Dinndorf , Trustee	2	Х						0	0	0
Ingrıd Anderson OSB , Trustee	1	Х						0	0	0
Annette Hendrick , Trustee	1	Х						0	0	0
Gregory J Duppler , Trustee	1	X						0	0	0
John Albert , Trustee	1	Х						0	0	0
Loran T Hall , Trustee	1	Х						0		0
Jean Juenemann , Trustee	1	Х						0		0
Kara Hennes OSB , Trustee	1	Х						0	0	0
John E Houlihan , Trustee	1	Х						0	0	0
Gloria Jordan , Trustee	1	Х						0	0	0
Willard O berton , Trustee	1	Х						0	0	0
Judith L Sitarz , Trustee	1	Х						0	0	0
Sharı Lamecker Rogalskı , Trustee	1	Х						0	0	0
Anne B Donaghy , Trustee	1	Х						0	0	0
Laurie Rivard , Trustee	1	Х						0	0	0
Karen Bachman , Trustee	1	Х						0	0	0
Kathleen M Cooney , Trustee	3 00	Х						0	0	0
Mark G Fleischhacker , Trustee	1	Х						0	0	0
George Marın , Trustee	1	Х						0	0	0
Lynn Newman , Trustee	1	Х						0	0	0
Sheridan Reilly , Trustee	1	Х						0	0	0
Joyce Statz , Trustee	1	Х						0	0	0
Laura Kelly Lovdahl , Trustee	1	Х						0	0	0
Mıchelle Bauerly Kopel , Trustee	1	Х						0	0	0
Barbara Melsen , Trustee	1	Х						0	0	0
Nancy Bauer , Trustee	1	Х						0	0	0
Mary Catherine Holicky , Trustee	1	Х						0	0	0
David Arnott , Trustee	1	X						0	0	0

Software ID: 08000095

Software Version: v1.00

EIN: 41-0969244

Name: COLLEGE OF ST BENEDICT BUSINESS OFF

Form 990 Schedule F Part II - Grants and Other Assistance to Organizations or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
--------------------------	--	-------------------------	------------------------------	------------------------------------	---	--	--