

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



A For the 2009 calendar year, or tax year beginning 06-01-2009 and ending 05-31-2010

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

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

benefit trust or private foundation)

OMB No 1545-0047 2009

Open to Public Inspection

B Ch	eck if ap	plicable Ple	ase	C Name of organization	า				D Employer i	dentification number
	tress cha	ange use	IRS el or	St Olaf College					41-06939	
┌ Nai	me chan	nge pri	nt or	Doing Business As					E Telephone	number
┌ Init	al retur	n Spe	e. See ecific	Number and street (c	or P.O. box if mail i	s not delivered to stre	et address	s) Room/suite	(507) 786	5-2222
┌ Ter	mınated	Number and street (or P O box if mail is not delivered to street address) Room/sunated tions.								ts \$ 294,131,872
┌ Am	ended r	return		City or town, state or		+ 4		1		
☐ App	olication	pending		Northfield, MN 5505	7					
			F Nar	ne and address of pr	ıncıpal officer			H(a) Is the	l s a group reti	ırn for
				·	•			affilia		⊤Yes F No
								U/b\	l -ff: -k	uded?
									l affiliates inclu o." attach a lu	st (see instructions)
I Ta	x-exem	pt status 🔽	501(c)(3) ◄ (insert no) 「	4947(a)(1) or	□ 527			p exemption i	
J W	ebsit e	: ► www.sto	olaf edi	u						
K For	n of ora	anization 🔽	Cornoral	tion Trust Associat	on C Other ▶		<u>'</u>	L Year of for	rmation 1874	M State of legal domicile
			-	tion product	ion, other p			E rear or ro	mation 1074	MN
Pa		Summa								
				ie organization's mis i four-vear college of				rıca, provide:	s an educatio	n committed to the liberal
		arts, rooted	ın the	Christian Gospel, ar	nd incorporating	g a global perspect	tıve Int	he convictio	n that life is n	nore than a livelihood, it
	I			s ultımately worthwhi t Olaf College rema						founders In the spirit of
9		free inquiry	and fre	ee expression, it offe	rs a distinctive	environment that	ıntegrat	es teaching,	scholarship,	creative activity, and
Governance				encounter with the Ch nce and theological l						graduates combine es to be an inclusive
e e				cting those of differin						
90.										
Activities &	2	Check this	ьох ►Г	if the organization	discontinued it	s operations or dis	sposed o	of more than ?	25% of its ne	t assets
Ĭ	3	Number of v	oting i	members of the gove	erning body (Par	rt VI, line 1a) .				3 27
ACI	4	Number of ı	ndeper	ndent voting member	rs of the govern	ıng body (Part VI,	line 1b)			423
	5	Total numb	erofer	mployees (Part V , lın	ne 2a)					5 3,529
	6 Total number of volunteers (estimate if necessary)									6
	7a Total gross unrelated business revenue from Part V									7a 654,648
	ь	Net unrelat	ed bus	iness taxable income	e from Form 990	0-T, line 34 .	•	1		7b -503,342
								Prio	r Year	Current Year
				J /D+ \/ T T T	lima d la l				12702176	10 602 124
ā	8			d grants (Part VIII,					13,783,176	
renne	9	Program s	ervice	revenue (Part VIII,	line 2g)			1	27,972,774	135,038,833
Revenue	9 10	Program s Investmer	ervice nt incor	revenue (Part VIII, me (Part VIII, colum	line 2g) nn (A), lines 3,4	 4, and 7d)	: :	1	.27,972,774 -1,005,953	135,038,833 -6,024,485
Reyentle	9	Program s Investmer Other reve	ervice nt incor enue (P	revenue (Part VIII,	line 2g) nn (A), lines 3, 4), lines 5, 6d, 80	 4, and 7d) c, 9c, 10c, and 11	 		.27,972,774 -1,005,953 448,594	135,038,833 -6,024,485 361,830
Revenue	9 10 11 12	Program s Investmer Other reve Total reve 12)	ervice nt incor enue (P nue—a	revenue (Part VIII, me (Part VIII, colum Part VIII, column (A) dd lines 8 through 1	line 2g) nn (A), lines 3, 4), lines 5, 6d, 8d 1 (must equal P	 4, and 7d) c, 9c, 10c, and 11 Part VIII, column	 .e) (A), line		27,972,774 -1,005,953 448,594 41,198,591	135,038,833 -6,024,485 361,830 149,068,302
Revenue	9 10 11 12	Program s Investmer Other reve Total reve 12) Grants and	ervice nt incor enue (P nue—a	revenue (Part VIII, me (Part VIII, colum Part VIII, column (A) dd lines 8 through 1	line 2g) nn (A), lines 3, 4), lines 5, 6d, 86 1 (must equal P	4, and 7d)	 .e) (A), line 		.27,972,774 -1,005,953 448,594	135,038,833 -6,024,485 361,830
Revenue	9 10 11 12 13 14	Program s Investmer Other reve Total reve 12) Grants and Benefits p	ervice it incor inue (P nue—a d simila	revenue (Part VIII, me (Part VIII, colum Part VIII, column (A) dd lines 8 through 1 	line 2g) nn (A), lines 3, 4), lines 5, 6d, 86 1 (must equal P rt IX, column (A)		 .e) (A), line 	1	27,972,774 -1,005,953 448,594 41,198,591	135,038,833 -6,024,485 361,830 149,068,302
	9 10 11 12	Program s Investmer Other reve Total reve 12) Grants and Benefits p	ervice it incor inue (P nue—a d simila	revenue (Part VIII, me (Part VIII, colum Part VIII, column (A) dd lines 8 through 1	line 2g) nn (A), lines 3, 4), lines 5, 6d, 86 1 (must equal P rt IX, column (A)		 .e) (A), line 	1	27,972,774 -1,005,953 448,594 41,198,591	135,038,833 -6,024,485 361,830 149,068,302 45,508,596
	9 10 11 12 13 14	Program s Investmen Other reve Total reve 12) Grants and Benefits p Salaries, o 10)	ervice nt incor enue (P nue —a d simila aid to c other co	revenue (Part VIII, me (Part VIII, colum Part VIII, column (A) dd lines 8 through 1 	Inne 2g) Inn (A), lines 3, 4 Innes 5, 6d, 8d I (must equal P IX, column (A) IX, column (A) IX, column (A)	4, and 7d)	 .e) (A), line 	1	27,972,774 -1,005,953 448,594 441,198,591 41,141,272	135,038,833 -6,024,485 361,830 149,068,302 45,508,596
	9 10 11 12 13 14 15	Program s Investmer Other reve 12) Grants and Benefits p Salaries, o 10) Profession	ervice nt incor enue (P nue—a d simila aid to cother co	revenue (Part VIII, me (Part VIII, colum (A) art VIII, column (A) dd lines 8 through 1 ar amounts paid (Part or for members (Part ompensation, employ	Inne 2g) Inn (A), lines 3, 4 Innes 5, 6d, 86 I (must equal P IX, column (A) IX, column (A) Yee benefits (Pa	4, and 7d)	 .e) (A), line 	1	27,972,774 -1,005,953 448,594 41,198,591 41,141,272 58,223,259	135,038,833 -6,024,485 361,830 149,068,302 45,508,596 0 58,605,460
Expenses Revenue	9 10 11 12 13 14 15	Program s Investmen Other reve 12) Grants and Benefits p Salaries, o 10) Profession Total fundral	ervice at incor anue (P nue—a d simila and to c other co	revenue (Part VIII, me (Part VIII, colum Part VIII, column (A) dd lines 8 through 1 ar amounts paid (Part or for members (Part ompensation, employdraising fees (Part IX	Inne 2g)	4, and 7d)	 .e) (A), line , lines 5	1	27,972,774 -1,005,953 448,594 41,198,591 41,141,272 58,223,259	135,038,833 -6,024,485 361,830 149,068,302 45,508,596 0 58,605,460 16,809
	9 10 11 12 13 14 15	Program s Investment Other reve Total reve 12) Grants and Benefits p Salaries, o 10) Profession Total fundral Other exp	ervice ant incor anue (P nue—a d simila and to c other co sing exp enses	revenue (Part VIII, me (Part VIII, colum (A) art VIII, column (A) dd lines 8 through 1 ar amounts paid (Part or for members (Part ompensation, employ draising fees (Part IX penses (Part IX penses (Part IX, column (Inne 2g) Inn (A), lines 3, 4 Innes 5, 6d, 86 I (must equal P IX, column (A) IX, column (A) yee benefits (Pa (, column (A), li D), line 25) Innes 11a-116	4, and 7d)		-	27,972,774 -1,005,953 448,594 41,198,591 41,141,272 58,223,259 51,915	135,038,833 -6,024,485 361,830 149,068,302 45,508,596 0 58,605,460 16,809
Expenses	9 10 11 12 13 14 15 16a b	Program s Investmen Other reve 12) Grants and Benefits p Salaries, o 10) Profession Total fundral Other expe	ervice at incor enue (P nue—a d simila aid to c other co sing exp enses	revenue (Part VIII, me (Part VIII, colum (A) de lines 8 through 1 ar amounts paid (Part or for members (Part ompensation, employ draising fees (Part IX) penses (Part IX, column (A)	Inne 2g) Inn (A), lines 3, 4 Innes 5, 6d, 8d I (must equal P IX, column (A) IX, column (A) IX, column (A), li IX, colum	4, and 7d)	(A), line	-	27,972,774 -1,005,953 448,594 41,198,591 41,141,272 58,223,259 51,915	135,038,833 -6,024,485 361,830 149,068,302 45,508,596 0 58,605,460 16,809 44,711,371 148,842,236
Expenses	9 10 11 12 13 14 15 16a b 17	Program s Investmen Other reve 12) Grants and Benefits p Salaries, o 10) Profession Total fundral Other expe	ervice at incor enue (P nue—a d simila aid to c other co sing exp enses	revenue (Part VIII, me (Part VIII, column (A) dart VIII, column (A) dd lines 8 through 1 ar amounts paid (Part or for members (Part ompensation, employ draising fees (Part IX penses (Part IX, column (A) Add lines 13-17 (m	Inne 2g) Inn (A), lines 3, 4 Innes 5, 6d, 8d I (must equal P IX, column (A) IX, column (A) IX, column (A), li IX, colum	4, and 7d)	(A), line	Beginning	27,972,774 -1,005,953 448,594 41,198,591 41,141,272 58,223,259 51,915 44,514,153 443,930,599 -2,732,008 p of Current	135,038,833 -6,024,485 361,830 149,068,302 45,508,596 0 58,605,460 16,809 44,711,371 148,842,236
Expenses	9 10 11 12 13 14 15 16a b 17 18 19	Program s Investment Other reve Total reve 12) Grants and Benefits po Salaries, of 10) Profession Total fundrat Other expended Revenue le	ervice at incore and (Property of the Core and fund sing expenses of the Core and fund single expen	revenue (Part VIII, me (Part VIII, column (A) dd lines 8 through 1 ar amounts paid (Part or for members (Part ompensation, employ draising fees (Part IX penses (Part IX, column (Q) Add lines 13-17 (m) penses Subtract lines	Inne 2g) Inn (A), lines 3, 4 I, lines 5, 6d, 86 I (must equal P IX, column (A) IX, column (A), li C, column (A), li D), line 25) Innes 11a-116 ust equal Part I e 18 from line 1	4, and 7d)	(A), line (A), line (A), lines (A	Beginning	27,972,774 -1,005,953 448,594 41,198,591 41,141,272 58,223,259 51,915 44,514,153 443,930,599 -2,732,008 g of Current ear	135,038,833 -6,024,485 361,830 149,068,302 45,508,596 0 58,605,460 16,809 44,711,371 148,842,236 226,066 End of Year
Expenses	9 10 11 12 13 14 15 16a b 17 18 19	Program s Investment Other reve Total reve 12) Grants and Benefits p Salaries, of 10) Profession Total fundrat Other expe Total expe Revenue le	ervice of income nue (Propose nue (Propose nue (Propose nue (Propose nue nue nue nue nue nue nue nue nue nu	revenue (Part VIII, me (Part VIII, column (A) dart VIII, column (A) dd lines 8 through 1 ar amounts paid (Part or for members (Part ompensation, employ draising fees (Part IX penses (Part IX, column (A) Add lines 13–17 (members Subtract lines art X, line 16)	Inne 2g) Inn (A), lines 3, 4 Innes 5, 6d, 8d I (must equal P IX, column (A) IX, column (A), li Yee benefits (Pa IX, column (A), li IX, col	4, and 7d)		Beginning Y	27,972,774 -1,005,953 448,594 441,198,591 41,141,272 58,223,259 51,915 44,514,153 43,930,599 -2,732,008 g of Current ear	135,038,833 -6,024,485 361,830 149,068,302 45,508,596 0 58,605,460 16,809 44,711,371 148,842,236 226,066 End of Year 577,747,127
	9 10 11 12 13 14 15 16a b 17 18 19	Program s Investment Other reve Total reve 12) Grants and Benefits p Salaries, of 10) Profession Total fundrat Other exp Total expe Revenue le	ervice at incore and incore and for containing expenses and the containing expenses are attentions.	revenue (Part VIII, me (Part VIII, colum (A) art VIII, column (A) dd lines 8 through 1 ar amounts paid (Part ompensation, employ draising fees (Part IX) penses (Part IX, column (A) Add lines 13-17 (mpenses Subtract line (Part X, line 16) Part X, line 26) .	Inne 2g) Inn (A), lines 3, 4 Innes 5, 6d, 8d I (must equal P IX, column (A) IX, column (A), li C, column (A), li D), line 25) Innes 11a-11c ust equal Part I e 18 from line 1	4, and 7d)	e 25)	Beginning Y	27,972,774 -1,005,953 448,594 41,198,591 41,141,272 58,223,259 51,915 44,514,153 43,930,599 -2,732,008 g of Current ear 536,468,468	135,038,833 -6,024,485 361,830 149,068,302 45,508,596 0 58,605,460 16,809 44,711,371 148,842,236 226,066 End of Year 577,747,127 133,381,158
Not Assets or Expenses Fund Balances	9 10 11 12 13 14 15 16a b 17 18 19	Program s Investment Other reve Total reve 12) Grants and Benefits p Salaries, of 10) Profession Total fundrat Other exp Total expe Revenue le	ervice at incore and incore and fund similar and fund sing expenses anses are attentions.	revenue (Part VIII, me (Part VIII, colum (A) art VIII, column (A) dd lines 8 through 1 ar amounts paid (Part or for members (Part ompensation, employ draising fees (Part IX) penses (Part IX, column (A) Add lines 13-17 (mpenses Subtract lines art X, line 16) Part X, line 26)	Inne 2g) Inn (A), lines 3, 4 Innes 5, 6d, 8d I (must equal P IX, column (A) IX, column (A), li C, column (A), li D), line 25) Innes 11a-11c ust equal Part I e 18 from line 1	4, and 7d)	e 25)	Beginning Y	27,972,774 -1,005,953 448,594 441,198,591 41,141,272 58,223,259 51,915 44,514,153 43,930,599 -2,732,008 g of Current ear	135,038,833 -6,024,485 361,830 149,068,302 45,508,596 0 58,605,460 16,809 44,711,371 148,842,236 226,066 End of Year 577,747,127 133,381,158
Not Assets or Expenses Fund Balances	9 10 11 12 13 14 15 16a b 17 18 19	Program s Investment Other reverse Total reverse 12) Grants and Benefits p Salaries, of 10) Profession Total fundrat Other experse Total experse Revenue le Total asset Total liabil Net assets Signatu Under penalt	ervice of the content	revenue (Part VIII, me (Part VIII, column (A) dd lines 8 through 1 ar amounts paid (Part or for members (Part ompensation, employ draising fees (Part IX) penses (Part IX, column (A) Add lines 13–17 (members Subtract lines or time (Part IX, line 16) . Part X, line 16) . Part X, line 26) . Ind balances Subtract lines ock	Inne 2g) Inn (A), lines 3, 4 Innes 5, 6d, 8d I (must equal P IX, column (A) IX, column (A), li IX, c	4, and 7d)	e 25)	Beginning Y schedules and st	27,972,774 -1,005,953 448,594 41,198,591 41,141,272 58,223,259 51,915 44,514,153 43,930,599 -2,732,008 g of Current ear 536,468,468 36,296,212 400,172,256	135,038,833 -6,024,485 361,830 149,068,302 45,508,596 0 58,605,460 16,809 44,711,371 148,842,236 226,066 End of Year 577,747,127 133,381,158 444,365,969
Not Assets or Expenses Fund Balances	9 10 11 12 13 14 15 16a b 17 18 19	Program s Investment Other reverse Total reverse 12) Grants and Benefits p Salaries, of 10) Profession Total fundrat Other experse Total experse Revenue le Total asset Total liabil Net assets Signatu Under penalt	ervice of the content	revenue (Part VIII, me (Part VIII, column (A) dd lines 8 through 1 ar amounts paid (Part or for members (Part ompensation, employ draising fees (Part IX) penses (Part IX, column (A) Add lines 13-17 (members Subtract lines or to the column (A) Add lines Subtract lines or the column (B) and balances Subtract ock	Inne 2g) Inn (A), lines 3, 4 Innes 5, 6d, 8d I (must equal P IX, column (A) IX, column (A), li IX, c	4, and 7d)	e 25)	Beginning Y schedules and st	27,972,774 -1,005,953 448,594 41,198,591 41,141,272 58,223,259 51,915 44,514,153 43,930,599 -2,732,008 g of Current ear 536,468,468 36,296,212 400,172,256	135,038,833 -6,024,485 361,830 149,068,302 45,508,596 0 58,605,460 16,809 44,711,371 148,842,236 226,066 End of Year 577,747,127 133,381,158 444,365,969
Net Assets or Expenses Fund Balances	9 10 11 12 13 14 15 16a b 17 18 19	Program s Investment Other reverse Total reverse 12) Grants and Benefits p Salaries, of 10) Profession Total fundrat Other experse Total experse Revenue le Total asset Total liabil Net assets Signatu Under penalt	ervice of the content	revenue (Part VIII, me (Part VIII, column (A) dd lines 8 through 1 ar amounts paid (Part or for members (Part ompensation, employ draising fees (Part IX) penses (Part IX, column (A) Add lines 13–17 (members Subtract lines or time (Part IX, line 16) . Part X, line 16) . Part X, line 26) . Ind balances Subtract lines ock	Inne 2g) Inn (A), lines 3, 4 Innes 5, 6d, 8d I (must equal P IX, column (A) IX, column (A), li IX, c	4, and 7d)	e 25)	Beginning Y Schedules and st on all informati	27,972,774 -1,005,953 448,594 441,198,591 41,141,272 58,223,259 51,915 44,514,153 43,930,599 -2,732,008 g of Current ear 536,468,468 36,296,212 400,172,256 satements, and toon of which prep	135,038,833 -6,024,485 361,830 149,068,302 45,508,596 0 58,605,460 16,809 44,711,371 148,842,236 226,066 End of Year 577,747,127 133,381,158 444,365,969
Not Assets or Expenses Fund Balances	9 10 11 12 13 14 15 16a b 17 18 19	Program s Investment Other reverse Total reverse 12) Grants and Benefits p Salaries, of 10) Profession Total fundrat Other expended Total expended Revenue left Total asset Total liabit Net assets Signatu Under penalt and belief, it	ervice of the interview of the control of the contr	revenue (Part VIII, me (Part VIII, colum (A) art VIII, column (A) dd lines 8 through 1 ar amounts paid (Part or for members (Part ompensation, employ draising fees (Part IX) benses (Part IX, column (A) Add lines 13–17 (members Subtract lines (Part X, line 16) To X, line 16) Part X, line 26) and balances Subtract ock ergury, I declare that I ha correct, and complete D	Inne 2g) Inn (A), lines 3, 4 Innes 5, 6d, 8d I (must equal P IX, column (A) IX, column (A), li IX, c	4, and 7d)	e 25)	Beginning Y schedules and st	27,972,774 -1,005,953 448,594 441,198,591 41,141,272 58,223,259 51,915 44,514,153 43,930,599 -2,732,008 g of Current ear 536,468,468 36,296,212 400,172,256 satements, and toon of which prep	135,038,833 -6,024,485 361,830 149,068,302 45,508,596 0 58,605,460 16,809 44,711,371 148,842,236 226,066 End of Year 577,747,127 133,381,158 444,365,969
S Fund Balances Expenses	9 10 11 12 13 14 15 16a b 17 18 19	Program s Investment Other reverse Total reverse 12) Grants and Benefits p Salaries, of 10) Profession Total fundrat Other experse Revenue left Total asset Total liabil Net assets Signatu Under penaltation belief, it	ervice at incore nue (Propose nue (Propose nue (Propose nue (Propose nue (Propose nue nue nue nue nue nue nue nue nue nu	revenue (Part VIII, me (Part VIII, column (A) art VIII, column (A) dd lines 8 through 1 ar amounts paid (Part or for members (Part ompensation, employ draising fees (Part IX) benses (Part IX, column (A) Add lines 13–17 (members Subtract lines art X, line 16)	Inne 2g) Inn (A), lines 3, 4 Innes 5, 6d, 8d I (must equal P IX, column (A) IX, column (A), li IX, c	4, and 7d)	e 25)	Beginning Y schedules and st on all informati	27,972,774 -1,005,953 448,594 441,198,591 41,141,272 58,223,259 51,915 44,514,153 43,930,599 -2,732,008 g of Current ear 536,468,468 36,296,212 400,172,256 satements, and toon of which prep	135,038,833 -6,024,485 361,830 149,068,302 45,508,596 0 58,605,460 16,809 44,711,371 148,842,236 226,066 End of Year 577,747,127 133,381,158 444,365,969
S Fund Balances Expenses	9 10 11 12 13 14 15 16a b 17 18 19	Program s Investment Other reverse Total reverse 12) Grants and Benefits posalaries, of 10) Profession Total fundrat Other export Total experse Revenue le Total asset Total liabil Net assets Signature Land belief, it ******* Signature	ervice at incore and incore and fund sing expenses anses expenses expenses for the fundamental fundaments (Parameter Services of parameter Services of par	revenue (Part VIII, me (Part VIII, column (A) art VIII, column (A) dd lines 8 through 1 ar amounts paid (Part or for members (Part ompensation, employ draising fees (Part IX) benses (Part IX, column (A) Add lines 13–17 (members Subtract lines art X, line 16)	Inne 2g) Inn (A), lines 3, 4 Innes 5, 6d, 8d I (must equal P IX, column (A) IX, column (A), li IX, c	4, and 7d)	e 25)	Beginning Y schedules and st on all informati	27,972,774 -1,005,953 448,594 441,198,591 41,141,272 58,223,259 51,915 44,514,153 43,930,599 -2,732,008 g of Current ear 536,468,468 36,296,212 400,172,256 satements, and toon of which prep	135,038,833 -6,024,485 361,830 149,068,302 45,508,596 0 58,605,460 16,809 44,711,371 148,842,236 226,066 End of Year 577,747,127 133,381,158 444,365,969
Signature State of Expenses Expenses	9 10 11 12 13 14 15 16a b 17 18 19	Program s Investment Other revers Total revers 12) Grants and Benefits pp Salaries, of 10) Profession Total fundration Other experiments Revenue left Total asset Total liabil Net assets Signature Under penaltate and belief, it ****** Signature Alan Norte Type or perearer's	ervice at income and (Panue — a disimilar and to conther contains and the conther contains (Panue — a single expenses ex	revenue (Part VIII, me (Part VIII, colum (A) art VIII, column (A) dd lines 8 through 1 ar amounts paid (Part or for members (Part ompensation, employ draising fees (Part IX) penses (Part IX, column (A) Add lines 13–17 (members Subtract lines art X, line 16) rt X, line 16) Part X, line 26) and balances Subtract ock ergury, I declare that I ha correct, and complete Decreasers	Inne 2g) Inn (A), lines 3, 4 Innes 5, 6d, 8d I (must equal P IX, column (A) IX, column (A), li IX, c	4, and 7d)	e 25) appanying s based	Beginning Y schedules and st on all informati 2011- Date	27,972,774 -1,005,953 448,594 41,198,591 41,141,272 58,223,259 51,915 44,514,153 43,930,599 -2,732,008 g of Current ear 636,468,468 136,296,212 100,172,256 Eaterments, and tron of which preports 03-11 Preparer's idea	135,038,833 -6,024,485 361,830 149,068,302 45,508,596 0 58,605,460 16,809 44,711,371 148,842,236 226,066 End of Year 577,747,127 133,381,158 444,365,969 o the best of my knowledge arer has any knowledge
Signature State of Expenses Expenses	9 10 11 12 13 14 15 16a b 17 18 19	Program s Investment Other reverse Total reverse 12) Grants and Benefits posalaries, of 10) Profession Total fundration Other export Total experse Revenue less Total liability Net assets Signature Metal Signature Alan Norte Type or posalaries	ervice at income and (Panue — a disimilar and to conther contains and the conther contains (Panue — a single expenses ex	revenue (Part VIII, me (Part VIII, colum (A) art VIII, column (A) dd lines 8 through 1 ar amounts paid (Part or for members (Part ompensation, employ draising fees (Part IX) penses (Part IX, column (A) Add lines 13–17 (members Subtract lines art X, line 16) rt X, line 16) Part X, line 26) and balances Subtract ock ergury, I declare that I ha correct, and complete Decreasers	Inne 2g) Inn (A), lines 3, 4 Innes 5, 6d, 8d I (must equal P IX, column (A) IX, column (A), li IX, c	4, and 7d) c, 9c, 10c, and 11 Part VIII, column in, lines 1-3) Ine 4) art IX, column (A), ne 11e) 6,520 d, 11f-24f) X, column (A), line 2 Ine 20 return, including accommer (other than officer)	e 25) apanying s conpanying s conpanying s conpanying s conpanying s	Beginning Y Schedules and st on all informati 2011- Date	27,972,774 -1,005,953 448,594 41,198,591 41,141,272 58,223,259 51,915 44,514,153 43,930,599 -2,732,008 g of Current ear 536,468,468 136,296,212 100,172,256 catements, and to on of which prep	135,038,833 -6,024,485 361,830 149,068,302 45,508,596 0 58,605,460 16,809 44,711,371 148,842,236 226,066 End of Year 577,747,127 133,381,158 444,365,969 o the best of my knowledge arer has any knowledge
Net Assets or Expenses Land Balances Land Balances	9 10 11 12 13 14 15 16a b 17 18 19	Program s Investment Other reverse Total reverse 12) Grants and Benefits p Salaries, of 10) Profession Total fundrat Other exp Total experse Revenue le Total asset Total liabil Net assets Signatur Under penalt and belief, it ****** Signature Alan Norte Type or p Preparer's signature Firm's name	ervice at incore and incore and fund and to contain fund and fund	revenue (Part VIII, me (Part VIII, colum (A) art VIII, column (A) dd lines 8 through 1 ar amounts paid (Part or for members (Part ompensation, employ draising fees (Part IX) benses (Part IX, column (A) Add lines 13–17 (members Subtract lines (Part X, line 16) . Part X, line 16) . Part X, line 26) . Ind balances Subtract Ock Ergury, I declare that I ha correct, and complete Deer surer me and title	Inne 2g) Inn (A), lines 3, 4 Innes 5, 6d, 8d I (must equal P IX, column (A) IX, column (A), li IX, c	4, and 7d) c, 9c, 10c, and 11 Part VIII, column in, lines 1-3) Ine 4) art IX, column (A), ne 11e) 6,520 d, 11f-24f) X, column (A), line 2 Ine 20 return, including accommer (other than officer)	e 25) apanying s conpanying s conpanying s conpanying s conpanying s	Beginning Y schedules and st on all informati 2011- Date	27,972,774 -1,005,953 448,594 41,198,591 41,141,272 58,223,259 51,915 44,514,153 43,930,599 -2,732,008 g of Current ear 536,468,468 36,296,212 400,172,256 satements, and toon of which preposes 03-11 Preparer's idea (see instruction	135,038,833 -6,024,485 361,830 149,068,302 45,508,596 0 58,605,460 16,809 44,711,371 148,842,236 226,066 End of Year 577,747,127 133,381,158 444,365,969 o the best of my knowledge arer has any knowledge
Met Assets of Expenses Fund Balances	9 10 11 12 13 14 15 16a b 17 18 19	Program s Investment Other reverse Total reverse 12) Grants and Benefits p Salaries, of 10) Profession Total fundrat Other experse Revenue left Total asset Total liabil Net assets Signature Alan Norte Type or p Preparer's signature	ervice at incore and incore and fund and to contain and fund sing expenses and the contain and fund sing expenses and the contain and fund and fund and fund sing expenses and fund and	revenue (Part VIII, me (Part VIII, colum (A) art VIII, column (A) dd lines 8 through 1 ar amounts paid (Part or for members (Part ompensation, employ draising fees (Part IX) benses (Part IX, column (A) Add lines 13–17 (members Subtract lines art X, line 16) Part X, line 26)	Inne 2g) Inn (A), lines 3, 4 Innes 5, 6d, 8d I (must equal P IX, column (A) IX, column (A), li IX, c	4, and 7d) c, 9c, 10c, and 11 Part VIII, column in, lines 1-3) Ine 4) art IX, column (A), ne 11e) 6,520 d, 11f-24f) X, column (A), line 2 Ine 20 return, including accommer (other than officer)	e 25) apanying s conpanying s conpanying s conpanying s conpanying s	Beginning Y schedules and st on all informati 2011- Date	27,972,774 -1,005,953 448,594 41,198,591 41,141,272 58,223,259 51,915 44,514,153 43,930,599 -2,732,008 g of Current ear 636,468,468 136,296,212 100,172,256 Eaterments, and tron of which preports 03-11 Preparer's idea	135,038,833 -6,024,485 361,830 149,068,302 45,508,596 0 58,605,460 16,809 44,711,371 148,842,236 226,066 End of Year 577,747,127 133,381,158 444,365,969 o the best of my knowledge arer has any knowledge
Net Assets or Expenses Land Balances Land Balances	9 10 11 12 13 14 15 16a b 17 18 19	Program s Investment Other reverse Total reverse 12) Grants and Benefits p Salaries, of 10) Profession Total fundrat Other experse Revenue le Total asset Total liabil Net assets Signature Malan Norte Type or p Preparer's signature Firm's name if self-employ	ervice at incore and incore and fund and to contain and fund sing expenses and the contain and fund sing expenses and the contain and fund and fund and fund sing expenses and fund and	revenue (Part VIII, me (Part VIII, colum (A) art VIII, column (A) dd lines 8 through 1 ar amounts paid (Part or for members (Part ompensation, employ draising fees (Part IX) benses (Part IX, column (A) Add lines 13–17 (members Subtract lines art X, line 16) Part X, line 26)	Inne 2g) Inn (A), lines 3, 4 Innes 5, 6d, 8d I (must equal P IX, column (A) IX, column (A), li IX, c	4, and 7d) c, 9c, 10c, and 11 Part VIII, column in, lines 1-3) Ine 4) art IX, column (A), ne 11e) 6,520 d, 11f-24f) X, column (A), line 2 Ine 20 return, including accommer (other than officer)	e 25) apanying s conpanying s conpanying s conpanying s conpanying s	Beginning Y schedules and st on all informati 2011- Date	27,972,774 -1,005,953 448,594 41,198,591 41,141,272 58,223,259 51,915 44,514,153 43,930,599 -2,732,008 g of Current ear 536,468,468 36,296,212 400,172,256 satements, and toon of which preposes 03-11 Preparer's idea (see instruction	135,038,833 -6,024,485 361,830 149,068,302 45,508,596 0 58,605,460 16,809 44,711,371 148,842,236 226,066 End of Year 577,747,127 133,381,158 444,365,969 o the best of my knowledge arer has any knowledge

Part IIII Statement of Program Service Accomplishments

Briefly describe the organization's mission

St Olaf College, a four-year college of the Evangelical Lutheran Church in America, provides an education committed to the liberal arts, rooted in the Christian Gospel, and incorporating a global perspective. In the conviction that life is more than a livelihood, it focuses on what is ultimately worthwhile and fosters the development of the whole person in mind, body, and spirit Now in its second century, St. Olaf College remains dedicated to the high standards set by its Norwegian immigrant founders. In the spirit of free inquiry and free expression, it offers a distinctive environment that integrates teaching, scholarship, creative activity, and opportunities for encounter with the Christian Gospel and God's call to faith. The college intends that its graduates combine academic excellence and theological literacy with a commitment to lifelong learning St. Olaf College strives to be an inclusive community, respecting those of differing backgrounds and beliefs. Through its curriculum,

4e	Total program service e	xpenses ⊩ \$	135,880,664			
	(Expenses \$		ing grants of \$) (Revenue \$)
4d	Other program services	•	•			
4c	(Code) (Expenses \$	including grant	s of \$) (Re	venue \$)
4b	(Code) (Expenses \$	ıncludıng grant	cs of \$) (Re	venue \$)
	part time students. The gradu campus experiences. St. Olaf and Secondary Schools. The	uating class of 2010 had College is accredited as colleges academic progra ition, National Association	719 graduates A student to far a degree-granting institution b ms are also accredited by the of Schools of Dance, National	010 academic year, St Olaf Collegiculty ratio of 11 1 supports St Olar y the Higher Learning Commission American Chemical Society, Comm Association of Schools of Music, Na	f students with clasroom of the North Central Ass ission on Collegiate Nurs	, laboratory, and off ociation of Colleges sing Education,
4a	(Code) (Expenses \$	135,880,664 including gran	ats of \$ 45,508,596) (R	evenue \$ 149	.068,302)
4	Section 501(c)(3) and 50	01(c)(4) organizatioi	ns and section 4947(a)(1	on's three largest program se .) trusts are required to repo program service reported		
	If "Yes," describe these o	changes on Schedule	0			
3	Did the organization ceas		ke sıgnıfıcant changes ın	how it conducts, any progra	m ┌ Yes ┡	No No
	If "Yes," describe these r	new services on Sch	edule O			
	F	0-EZ?				

art TV	Check	clist of	Required	Schedules

	one on the quite of the quite o			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes,"</i> 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		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
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		No
6	Did the organization maintain any donor advised funds or any similar funds or 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	Yes	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9	Yes	
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school 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 United States?	14a		N o
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? 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 U S? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16	Yes	
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States 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, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? 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 line 25	24a	Yes	
Ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
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	Yes	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νo
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		Νο
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		Νο
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	Yes	
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
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? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? 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	Yes	<u> </u>
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	Section 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	Yes	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note: All Form 990 filers are required to complete Schedule O	38	Yes	

	Part V	Statements	Regarding	Other IRS	Filings and	l 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			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1a 3,941 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see	2b	Yes	
3a	Instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes	
Ь	If "Yes," enter the name of the foreign country ►NO See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νο
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		Νo
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		Νo
7	Organizations that may receive deductible contributions under section 170(c).	- -	V	
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a 7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	70	162	
	file Form 8282?	7c		Νo
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	_		
_	benefit contract?	7e		No
T q	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7f 7g		N o
_	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	, A		14.0
	required?	7h		Νo
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		No
9	Sponsoring organizations maintaining donor advised funds.			14.0
	Did the organization make any taxable distributions under section 4966?	9a		Νo
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		Νο
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		Νo
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

1520 St O laf A venue Northfield, MN 55057 (507) 786-2222

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

50	ection A. Governing Body and Management			
36	ction A. Governing body and Management		Yes	No
			165	140
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent 1b 23	1		
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	Yes	
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		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6	Yes	110
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the		163	
	governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes	
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	
9	Is there any officer, director, 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	9		No
	ection B. Policies (This Section B requests information about policies not required by the Internal			
Re	evenue Code.)			
			Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		No
	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?	10b		No
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	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	
	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
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		Νο
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?	16h		N
6.	ection C. Disclosure	16b		Νο
<u> </u>	List the States with which a copy of this Form 990 is required to be filed WA, MN, HI, FL			
18	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.			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ne orga	nızatıoı	n ►
	A lan Norton	_		

Part VIII 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 Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed

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

Check this box if the organization did i	ffice	r, dırector, trustee	or key employee							
(A) Name and Title	(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See add'l data										

	r age u
90	295,936

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ►12

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
The Boldt Company 2525 N Roemer Road Appleton, WI 54911	Contractor	9,656,424
Interstate Roofing &WTP Inc N5544 Commerce Road Onalaska, WI 54650	Roofing Contractor	755,472
Educational & Institutional Insurance Adm 200 S Wacker Dr Ste 1000 Chicago, IL 60606	Insurance Advisor	689,676
Carlson Wagonlit Travel LLC 275 Market Street Suite C-3 Minneapolis, MN 55405	Travel Services	542,819
Bon Appetit Management Co 100 Hamilton Avenue Suite 400 Palo Alto, CA 94301	Food Service	6,236,186
2 Total number of independent contractors (including but not limited to those listed above) \$100,000 in compensation from the organization ►13	who received more than	

	Page 9 Part VIII Statement of Revenue								
Part V	/	Statement o	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
nts	1a	Federated cam	paigns 1a						
gra	Ь	Membership dues 1b Fundraising events 1c							
Hg.	С	_		129,796					
<u>2</u>	d e	Government grants	eations 1d s (contributions) 1e	4,661,325					
ons Sin	f	_	ons, gifts, grants, and 1f	14,901,003	İ			ł	
Contributions, gifts, grants and other similar amounts	g	sımılar amounts no Noncash contri							
and a	h		s 1a-1f	▶	19,692,124				
				Business Code					
enu	2a	Tuition and Fees	_	900,099	108,878,236	108,878,236			
Program Serwce Revenue	ь	Sales & Services fr	om Aux	611,710	23,532,317	593,114	1,298,134	21,641,069	
92	С	Other		900,099	2,628,280	2,479,135		149,145	
ž.	d		_						
Ē	е								
1100 11000	f	All other progra	im service revenue						
<u>~</u>	g	Total. Add lines	s 2a-2f	▶	135,038,833				
	3		ome (including dividen	. F	2 002 401		674.046	2 570 207	
	١,		ar amounts) stment of tax-exempt bond	⊢	2,903,481		-674,916	3,578,397	
	4 5			· · · · · · · · · · · · · · · · · · ·	0				
		Koyunies .	(ı) Real	(II) Personal					
	6a	Gross Rents	114,904	36,115					
	ь	Less rental expenses	163,175	4,685					
	c	Rental income or (loss)	-48,271	31,430					
	d		me or (loss)		-16,841		31,430	-48,271	
			(ı) Securities	(II) O ther					
	7a	Gross amount from sales of assets other than inventory	121,859,016	11,702,285					
	ь	Less cost or other basis and sales expenses	131,025,128	11,464,139					
	С	Gain or (loss)	-9,166,112	238,146	9 027 066			9 027 066	
	d 8a	Net gain or (los Gross income f	s)		-8,927,966			-8,927,966	
Other Revenue		events (not inc \$	luding ,796 reported on line 1c)	54,085					
je L	ь	Less direct ex	penses b	78,822					
ŏ	С	Net income or (loss) from fundraising	events 🛌	-24,737	-24,737			
	9a	Gross income f See Part IV, lin	rom gaming activities le 19 a						
	b c		penses b (loss) from gaming activ	vities	0				
	10a	Gross sales of returns and allo	• *	2,731,029					
	ь	Less cost of g	oods sold b	2,327,621					
	с		loss) from sales of inve		403,408			403,408	
		Miscellaneous	s Revenue	Business Code	T				
	11a								
	Ь								
	c	A.II!							
	d		ue						
	e	Total. Add lines	> 11a-11U		0				
	12	Total revenue.	See Instructions	▶[149,068,302	111,925,748	654,648	16,795,782	

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

		Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).								
			(B), (C), and ((c)	(D)					
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses					
1	Grants and other assistance to governments and organizations									
	in the U.S. See Part IV, line 21	20,000	20,000							
2	Grants and other assistance to individuals in the									
	U S See Part IV, line 22	43,863,741	43,863,741							
3	Grants and other assistance to governments,									
	organizations, and individuals outside the U.S. See	1.634.055	1 (24 055							
	Part IV, lines 15 and 16	1,624,855	1,624,855							
4	Benefits paid to or for members	0								
5	Compensation of current officers, directors, trustees, and key employees	1,385,175	460,000	609,175	316,000					
6	Compensation not included above, to disqualified persons									
	(as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	202,200	116,200		86,000					
7	Other salaries and wages	43,427,991	33,759,265	8,106,898	1,561,828					
8	Pension plan contributions (include section 401(k) and section	15,121,7551	33,733,233	3,103,033	1,551,525					
Ū	403(b) employer contributions)	4,136,598	3,092,024	872,585	171,989					
9	Other employee benefits	6,385,901	4,572,520	1,541,728	271,653					
10	Payroll taxes	3,067,595	2,313,199	625,955	128,441					
11	Fees for services (non-employees)									
а	Management	0								
ь	Legal	310,203	2,163	308,040	-					
С	Accounting	106,845	3,988	102,857	-					
d	Lobbying	0		,						
e	Professional fundraising See Part IV, line 17	16,809			16,809					
f	Investment management fees	285,913		285,913						
g g	Other	2,243,310	1,749,607	423,157	70,546					
12	Advertising and promotion	342,747	318,515	24,232	,					
13	Office expenses	3,509,960	2,633,239	579,220	297,501					
14	Information technology	1,433,908	1,010,610	364,310	58,988					
15	Royalties	3,175	2,575	600	30,300					
16	Occupancy	5,247,932	1,171,659	4,059,461	16,812					
17	Travel	6,977,229	6,441,224	289,538	246,467					
18	Payments of travel or entertainment expenses for any federal,	0,977,229	0,441,224	209,530	240,407					
10	state, or local public officials	0								
19	Conferences, conventions, and meetings	198,137	138,220	39,590	20,327					
20	Interest	2,324,325	1,964,587	359,738						
21	Payments to affiliates	0								
22	Depreciation, depletion, and amortization	10,620,223	9,013,486	1,542,889	63,848					
23	Insurance	716,886	9,547	707,307	32					
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	Tuition Fees Paid to Other Ins	1,276,399	1,273,030	3,369						
b	Tax & License Expense	351,654	120,274	231,281	99					
С	Other Expenses	1,055,540	13,276,251	-12,325,959	105,248					
d	Membership dues paid to other	467,256	196,545	263,511	7,200					
e	Food Service	7,239,729	6,733,340	369,657	136,732					
f	All other expenses	0		·	· ·					
25	Total functional expenses. Add lines 1 through 24f	148,842,236	135,880,664	9,385,052	3,576,520					
26	Joint costs. Check here ► ☐ If following SOP 98-2	1.0,512,230		5,555,652	3,3.3,320					
20	Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation									

Pa	rt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			419,728	1	348,742
	2	Savings and temporary cash investments			22,602,252	2	26,615,199
	3	Pledges and grants receivable, net			4,231,103	3	2,937,611
	4	Accounts receivable, net			81,523	4	190,507
	5	Receivables from current and former officers, directors, trustees,	, key e	mployees, and			
		highest compensated employees Complete Part II of					
		Schedule L			8,978,062	5	9,994,827
	6	Receivables from other disqualified persons (as defined under sec persons described in section $4958(c)(3)(B)$ Complete Part II of		4958(f)(1)) and			
S		Schedule L				6	0
ssets	7	Notes and loans receivable, net				7	0
Ass	8	Inventories for sale or use			689,678	8	757,136
⋖	9	Prepaid expenses and deferred charges	٠.		730,384	9	685,926
	10a	Land, buildings, and equipment cost or other basis <i>Complete</i> Part VI of Schedule D	10a	312,872,326			
	b	Less accumulated depreciation	109,368,605	192,517,471	10c	203,503,721	
	11	Investments—publicly traded securities			112,135,140	11	116,837,679
	12	Investments—other securities See Part IV, line 11	128,783,229	12	152,389,659		
	13	Investments—program-related See Part IV, line 11			8,416,321	13	8,309,189
	14	Intangible assets				14	0
	15	Other assets See Part IV, line 11		•	56,883,577	15	55,176,931
	16	$\textbf{Total assets.} \ \texttt{Add lines 1 through 15 (must equal line 34)} \textbf{.} \textbf{.}$			536,468,468	16	577,747,127
	17	Accounts payable and accrued expenses .			20,856,968	17	17,848,059
	18	Grants payable	6,357,159	18	6,594,606		
	19	Deferred revenue	4,045,184	19	3,894,520		
	20	Tax-exempt bond liabilities			85,131,835	20	83,945,470
je	21	${\tt Escroworcustodialaccountliability}\ \ \textit{Complete PartIVofSchedule}$	D.		15,271,547	21	16,285,236
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
ĮŢ		persons Complete Part II of Schedule L		•	748,165	22	834,334
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties $ \mbox{.}$				24	
	25	Other liabilities $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$			3,885,354	25	3,978,933
	26	Total liabilities. Add lines 17 through 25			136,296,212	26	133,381,158
Si		Organizations that follow SFAS 117, check here \blacktriangleright $\overline{\checkmark}$ and complete	ete lin	ies 27			
JC6		through 29, and lines 33 and 34.			450 007 554		470.000.050
alaı	27	Unrestricted net assets			152,297,554		176,099,853
ă	28	Temporarily restricted net assets			110,806,498	-	125,389,339
Fund Balance	29	Permanently restricted net assets			137,068,204	29	142,876,777
T.		Organizations that do not follow SFAS 117, check here ► and lines 30 through 34.	oiete				
, or	30	Capital stock or trust principal, or current funds	_			30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund.				31	
455	32	Retained earnings, endowment, accumulated income, or other fun		·		32	
Net /	33	Total net assets or fund balances			400,172,256		444,365,969
Ž	34	Total liabilities and net assets/fund balances			536,468,468		577,747,127
ı					1 000,400,400	J4	0,7,777,127

Part XI 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	
C	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both Separate basis Consolidated basis Both consolidated and separated basis			
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? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

Form **990** (2009)

33493070000181

OMB No 1545-0047

2009

Open to Public Inspection

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

St Olaf College

Name of the organization

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Public Charity Status and Public Support

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

Employer identification number

41-0693979

									41-06939			
Pari				olic Charity Stat						structions		
he or	ganız			e foundation because					x)			
1	Г	A churc	h, conventio	on of churches, or as	sociation of o	churches s	section 170(b)(1)(A)(i).				
2	굣	A schoo	ol described	ın section 170(b)(1)	(A)(ii). (Att	ach Schedi	ule E)					
3	Г	A hospı	tal or a coop	perative hospital serv	vice organiza	ition descri	ıbed ın sectio	n 170(b)(1)	(A)(iii).			
4	Γ			organization operate y, and state	ed in conjunc	tion with a	hospital desc	cribed in sec	tion 170(b)(1	l)(A)(iii). En	ter the	
5	Γ	_	•	rated for the benefit	=	or universit	ty owned or o	perated by a	governmenta	al unit descri	bed ın	
_	_			A)(iv). (Complete Pa				4=0(1)(4				
6	<u> </u>			local government or								
7	J	describ	ed ın	t normally receives a A)(vi) (Complete Pa		part of its	support from	a governme	ntal unit or fro	om the gener	ai publi	С
8	Г			described in section)(vi) (Con	nplete Part II)				
9	<u></u>			t normally receives					outions, memb	pership fees.	and arc	oss
		•		ties related to its ex	• ,				,		-	
		•		ss investment incom	•	-		• •	• •			
			_	anızatıon after June 3				•		,		
.0	Г	•		anızed and operated	•			•	•			
.1	<u>,</u>	-	_	anized and operated	•		•			carry out th	e nurno	ses of
_	•	one or r	nore publicly	supported organizates the type of supported by Type II	tions describ orting organiz	oed in secti zation and o	ion 509(a)(1)	or section ! s 11e throug	509(a)(2) Se gh 11h	e section 50	9(a)(3)	.Check
e f g		other th section If the or check t Since A	an foundation 509(a)(2) rganization r his box ugust 17, 2	x, I certify that the con managers and other certified a written decoded, has the organiz	er than one o	r more pub	olicly supporto	ed organizat Type I, Type	ions describe	d in section	509(a)((1) or
			g persons? rson who dir	ectly or indirectly co	ntrols, eithei	r alone or t	ogether with i	persons des	cribed in (ii)		Yes	No
				overning body of the	•		-		(,	11g(i		
			· -	r of a person describ		_				11g(i		
			•	ed entity of a person	• •		bove?			11g(ii		
h				g information about t						[5(-7	
(i) Name of supported organizatio		e of (ii) (described on col (i) listed in your governing ation or IRC section document?		Did you no organiza col (i) o	(v) Id you notify the organization in col (i) of your support? (vi) (vi) Is the organization col (i) organ in the U S		he Ition in ganized	Am	(vii) nount of pport?			
				(see instructions))	Yes	No	Yes	No	Yes	No		
				, , , , , , , , , , , , , , , , , , ,								
otal										1		

ınstructions

P	Support Schedule (Complete only if yo					and 170(b)	(1)(A)(vi)
S	ection A. Public Support	a checked tile	DOX OII IIIC 3,	,, or o or rare.	֥ <i>)</i>		
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2006	(6) 2007	(d) 2008	(e) 2009	(I) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual						
_	grants ") Tax revenues levied for the						
2	organization's benefit and either						
	paid to or expended on its						
	behalf						
3	The value of services or facilities						
-	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the						
	amount shown on line 11, column						
_	(f) Dublic Support Subtract line F from						
6	Public Support. Subtract line 5 from line 4						
S	ection B. Total Support	1		-			
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2000	(6) 2007	(d) 2008	(e) 2009	(1) Total
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
9	sources Net income from unrelated						
9	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income (Explain in Part						
	IV) Do not include gain or loss						
	from the sale of capital assets						
11	Total support (Add lines 7						
4.5	through 10)	/5					
12	Gross receipts from related activities	,	•			12	
13	First Five Years If the Form 990 is f	or the organizati	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	inization, ▶□
	check this box and stop here						-1
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2009			11 column (f))		14	
15	Public Support Percentage for 2008	Schedule A . Pa	rt II. line 14			15	
	33 1/3% support test—2009. If the	•	,	v on line 13 and	line 14 is 33 1/30		k this hox
	and stop here. The organization qua	-		·	IIIIC 14 13 33 1/3/	o or more, ence	▶ □
ь	33 1/3% support test—2008. If the				5a, and line 15 is	33 1/3% or moi	
	box and stop here. The organization				,		▶
17a	10%-facts-and-circumstances test-	-2009. If the org	anızatıon dıd not	check a box on lı	ne 13, 16a, or 16	b and line 14	
	ıs 10% or more, and ıf the organizat						
	in Part IV how the organization mee	ts the "facts and	l cırcumstances"	test The organiz	ration qualifies as	a publicly supp	
L	organization	_2009 Ifthe c==	onization did net	chack a bay as li	no 12 165 164	or 17a and line	▶□
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ	_					
	Explain in Part IV how the organizat						clv
	supported organization						▶ ┌
10	Deiveta Farmdation Ifthe averages	on did not obselv	a hay an line 12	16- 16- 17-	17	hay and cas	•

▶□

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

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support				1	T	ı
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
_	include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt						
3	purpose Gross receipts from activities that				+		
3	are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5				-		
7a	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	Amounts included on lines 2 and 3						
	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6)						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
	business activities not included						
	ın lıne 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,						
14	11 and 12) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and stop here	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	▶ ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	009 (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	2008 Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind stop here. T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes been	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(us more man 33	1/370 and ine

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

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

DLN: 93493070000181

OMB No 1545-0047

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

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

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities),

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

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

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

lf th	. , . ,	es," to Form 990, Part IV, Line 5 Izations Complete Part III		• • • •	·
	me of the organization Olaf College			Employer iden 41-0693979	tification number
Par	t I-A Complete if the or	ganization is exempt und	er section 501(organization.
1		ganization's direct and indirect p			
2	Political expenditures	gamzation's unect and munect p	ontical campaign ac	LIVILIES III FAIL IV	.
3	Volunteer hours			•	>
	v oranteer nours				
Par	t I-B Complete if the or	ganization is exempt und	er section 501(c)(3).	
1	Enter the amount of any excis	e tax incurred by the organizatior	under section 495!	5 ►	\$
2	Enter the amount of any excis	e tax incurred by organization ma	nagers under sectio	n 4955 >	\$
3	If the organization incurred a	section 4955 tax, did it file Form	4720 for this year?		┌ Yes ┌ No
4a	Was a correction made?				┌ Yes ┌ No
b	If "Yes," describe in Part IV				
Par	t I-C Complete if the or	ganization is exempt und	er section 501(c) except section 50:	L(c)(3).
1	Enter the amount directly exp	ended by the filing organization fo	r section 527 exem	pt function activities 🕨	\$
2	Enter the amount of the filing of exempt funtion activities	organization's funds contributed t	o other organization	s for section 527	\$
3	Total exempt function expend	itures Add lines 1 and 2 Enter h	ere and on Form 112	20-POL, line 17b	¢
4	Did the filing organization file	Form 1120-POI for this year?			☐ Yes ☐ No
	contributions received that we	tion listed, enter the amount paid ere promptly and directly delivere nittee (PAC) If additional space (b) Address	d to a separate polit	ıcal organızatıon, such as a	
					separate political organization Ifnone, enter-0-
_					

e Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

Pa	Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).									
	Check If the filing organization belongs to a Check If the filing organization checked box		d" provisions apply	,						
<u> </u>	Limits on Lobbying E (The term "expenditures" means ar	Expenditures			(a) Filing Organization's Totals	(b) Affiliated Group Totals				
1a	Total lobbying expenditures to influence public o	ppinion (grass roots lob	bying)							
b	Total lobbying expenditures to influence a legisla	ative body (direct lobby	yıng)							
c	Total lobbying expenditures (add lines 1a and 18	b)								
d	Other exempt purpose expenditures									
e	Total exempt purpose expenditures (add lines 1	c and 1d)								
f	Lobbying nontaxable amount Enter the amount f									
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000	The lobbying nontaxa 20% of the amount on lir								
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,00	0						
	Over \$1,000,000 but not over \$1,500,000	000								
	Over \$1,500,000 but not over \$17,000,000	00								
	Over \$17,000,000									
		•								
g	Grassroots nontaxable amount (enter 25% of lin	ne 1 f)								
h	Subtract line 1g from line 1a If zero or less, enter	er -0-								
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -								
j	If there is an amount other than zero on either line section 4911 tax for this year?	ne 1h or line 1ı, did the	organization file F	orm 4720 repoi	rtıng	┌ Yes ┌ No				
	(Some organizations that made a columns below. See the	he instructions fo	ection do not l r lines 2a thro	nave to com ugh 2f on pa		ne five				
	Lobbying Exp	enditures During	4-Year Averag	ing Period	I	ı				
	Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total				
2a	Lobbying non-taxable amount									
b	Lobbying ceiling amount (150% of line 2a, column(e))									
c	Total lobbying expenditures									
d	Grassroots non-taxable amount									

•	· · · · · · · · · · · · · · · · · · ·	· -9
Part II-B	Complete if the organization	is exempt under section 501(c)(3) and has NOT filed Form 5768
	(election under section 501	(h)).

		(a	a)	(b)	
		Yes	No	A mount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
а	Volunteers?	Yes			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No		
c	Media advertisements?		No		
d	Mailings to members, legislators, or the public?		No		
е	Publications, or published or broadcast statements?		Νo		
f	Grants to other organizations for lobbying purposes?		Νo		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		100	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Νo		
i	Other activities? If "Yes," describe in Part IV		Νo		
j	Total lines 1c through 1i			100	
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No		
b	If "Yes," enter the amount of any tax incurred under section 4912				
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		No		

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

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

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

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

Part IV Supplemental Information

Dues, assessments and similar amounts from members

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Ident if ier	Return Reference	Explanation
1	Description	In Tax Year 2009 St Olaf provided financial support in the form of transportation(\$100 noted above), to students who attended a lobbying day at the Minnesota State capitol. The primary focus of the students was to communicate to representatives their continued interest in receiving State Grants for education.

1

efile GRAPHIC print - DO NOT PROCESS

As Filed Data

DLN: 93493070000181

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

Employer identification number Name of the organization St Olaf College 41-0693979 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts

- Total number at end of year Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised ┌ No funds are the organization's property, subject to the organization's exclusive legal control?
- Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit

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

- Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space
- Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year
- Total number of conservation easements

- 2a 2 Total acreage restricted by conservation easements 2b 15 Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06
- Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🛌
- Number of states where property subject to conservation easement is located 🗠 ____
- Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
- Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year 🕨
- A mount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 🕨 🕏
- Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?
- In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

- If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
- If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
 - (i) Revenues included in Form 990, Part VIII, line 1

76,750 1,268,887

Held at the End of the Year

(ii) Assets included in Form 990, Part X

- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items
- Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

'ar	Organizations Maintaining Co	ollections of Art	<u>, His</u>	torical	Treas	ures, or	Othe	<u>r Similar</u>	ASSE	ts (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	of th	ıe followı	ng that a	are a signific	ant u	ise of its co	llectio	า	
а	▼ Public exhibition		d	┌ Lo	an or ex	change pro	grams	;			
b	Scholarly research		e	┌ ot	ther						
С	Preservation for future generations										
1	Provide a description of the organization's c Part XIV	ollections and expla	ın hov	v they fui	rther the	organizatio	n's ex	xempt purp	ose in		
5	During the year, did the organization solicit assets to be sold to raise funds rather than			•				nılar	<u>ত</u>	Yes	Г No
Pai	t IV Escrow and Custodial Arrang					on answer	ed "Y	es" to For	m 990),	
	Part IV, line 9, or reported an ar										
la	Is the organization an agent, trustee, custod included on Form 990, Part X?					or other as	sets	not	্ব	Yes	∏ No
b	If "Yes," explain the arrangement in Part XI	V and complete the	follow	ıng table	!	ı					
_									A mou		
c	Beginning balance					}	1c			2,6	559,239
d	Additions during the year					}	1d				
e	Distributions during the year						1e				56,237
f	Ending balance						1f				03,002
2a	Did the organization include an amount on F	orm 990, Part X, line	21?						굣	Yes	☐ No
	If "Yes," explain the arrangement in Part XI\										
Pa	rt V Endowment Funds. Complete	If the organizatior (a)Current Year		wered ')Prior Yea		Form 990 Two Years Ba				A Four V	ears Back
a	Beginning of year balance	249,425,439	(1	335,82		jiwo rears be	ick (G	Tyrinee rears	Dack (e	aji our re	cars back
ь	Contributions	5,587,652		5,526	6,690		_				
c	Investment earnings or losses	32,105,734		-79,99	3,453						
d	Grants or scholarships	3,602,240		3,318	8,865						
e	Other expenditures for facilities and programs	7,344,563		8,30	5,648						
f	Administrative expenses	327,476		30	7,602						
g	End of year balance	275,844,546		249,42	5,439						
<u>.</u>	Provide the estimated percentage of the yea	r end balance held a	as						I		
а	Board designated or quasi-endowment	34 000 % %									
b	Permanent endowment ► 46 000 % %										
	Term endowment ► 20 000 % %	•									
c Ba	Are there endowment funds not in the posse	ssion of the organiza	ation 1	that are I	held and	admınıster	ed for	the			
	organization by									Yes	No
	(i) unrelated organizations								3a(i)	Yes	
	(ii) related organizations								3a(ii)		No
	If "Yes" to 3a(II), are the related organization	•							3b		No
	Describe in Part XIV the intended uses of th					D- 1 1/ 1 -	10				
'a i	t VI Investments—Land, Building	s, and Equipme	nt. S						[
	Description of investment				t or other vestment)	(b)Cost or basis (oth		(c) Accumu depreciati		(d) Boo	k value
.a	Land					1,20	4,799				1,204,799
b	Buildings		•		956,331	225,10	8,016	67,37	7,221	158	3,687,126
c	Leasehold improvements										
d	Equipment					40,44	8,322	20,75	8,774	19	9,689,548
е	Other					45,15	4,858	21,23	2,610	23	3,922,248

203,503,721

Part VII Investments—Other Securities. See (a) Description of security or category	Form 990, Part X, line 12 (b) Book value		d of valuation
(including name of security)	(B)Book value	Cost or end-of	-year market value
Financial derivatives Closely-held equity interests			
O ther			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	152,389,659		
Part VIII Investments—Program Related. See	Form 990, Part X, line		
(a) Description of investment type	(b) Book value		d of valuation - year market value
Student Loans and Notes Receivable	8,309,189		С
Part IX Other Assets. See Form 990, Part X, col (B) line 13)			
(a) Descrip			(b) Book value
Other Receivables			1,006,737
Insurance Receivables			1,680,471
Funds Held in Trust by Others Deposits Held by Trustee			1,877,586 3,278,268
Deferred Debt Acquisition Cost			532,948
Construction in Progress			,
Assets Held in Revocable Trust			1,649,371
Assets Held In Charitable Trust			45,151,550
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	5.)		55,176,931
Part X Other Liabilities. See Form 990, Part X	, line 25.		
1 (a) Description of Liability	(b) A mount		
Federal Income Taxes	1 270 276		
Interest rate exchange liability Asset Retirement O bligation	1,279,276 2,699,657		
Asset Retirement o brigation	2,033,037		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶	3,978,933		

2	68,302 42,236 26,066 40,956 79,631 20,593 46,653
3 3 3 3 3 3 3 3 3 3	26,066 40,956 79,63! 20,59:
4 Net unrealized gains (losses) on investments 5 Donated services and use of facilities 6 Investment expenses 6 Investment expenses 7 Prior period adjustments 8 Other (Describe in Part XIV) 9 Total adjustments (net) Add lines 4 - 8 10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 10 44, 10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 10 44, 11 Total revenue, gains, and other support per audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 a Net unrealized gains on investments b Donated services and use of facilities c Recoveries of prior year grants c Recoveries of pri	79,63! 20,59:
5 Donated services and use of facilities 6 Investment expenses 7 Prior period adjustments 8 Other (Describe in Part XIV) 9 Total adjustments (net) Add lines 4 - 8 10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 10 44,, Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 a Net unrealized gains on investments b Donated services and use of facilities c Recoveries of prior year grants c Recoveries of prior year grants c Add lines 2a through 2d c Add lines 2a through 2d c - 1,7	79,63! 20,59: 46,657
5 Donated services and use of facilities 6 Investment expenses 7 Prior period adjustments 7 Other (Describe in Part XIV) 8 Other (Describe in Part XIV) 9 Total adjustments (net) Add lines 4 - 8 10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 10 44,7 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 a Net unrealized gains on investments b Donated services and use of facilities c Recoveries of prior year grants c Recoveries of prior year grants c Add lines 2a through 2d 2e -1,7	20,59: 46,65:
6 Investment expenses 7 Prior period adjustments 8 Other (Describe in Part XIV) 9 Total adjustments (net) Add lines 4 - 8 10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 10 44,3 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements	20,59: 46,65:
7 Prior period adjustments 8 Other (Describe in Part XIV) 9 Total adjustments (net) Add lines 4 - 8 10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 10 44,7 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 a Net unrealized gains on investments	20,59: 46,65:
8 5.99 Total adjustments (net) Add lines 4 - 8 9 44,0 10 Excess or (deficit) for the year per financial statements. Combine lines 3 and 9 10 44,0 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements	20,59: 46,65:
Total adjustments (net) Add lines 4 - 8 10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 10 44,5 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements	20,59: 46,65:
Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements	-
Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements	-
Total revenue, gains, and other support per audited financial statements	85,46
a Net unrealized gains on investments	
b Donated services and use of facilities	
c Recoveries of prior year grants	
d Other (Describe in Part XIV)	
e Add lines 2a through 2d	
3 Subtract line 2e from line 1	35,196
	20,660
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	
b Other (Describe in Part XIV)	
c Add lines 4a and 4b	52,358
	68,302
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return	
1 Total expenses and losses per audited financial 105,4 statements	38,807
2 A mounts included on line 1 but not on Form 990, Part IX, line 25	
a Donated services and use of facilities	
b Prior year adjustments	
c Other losses	
d Other (Describe in Part XIV)	
e Add lines 2a through 2d	52,358
3 Subtract line 2e from line 1	86,449
4 A mounts included on Form 990, Part IX, line 25, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b Other (Describe in Part XIV)	
c Add lines 4a and 4b	55,787
5 Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	42,236
Part XIV Supplemental Information	

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, 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 Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
Part XIII, Line 4b	Part XIII, Line 4b Other revenue amounts included on 990 but not included in F/S	Endowment Fund Investment Mangement Fees \$247191 Scholarships and Grants \$45508596
Part XIII, Line 2d	Part XIII, Line 2d Other expenses and losses per audited F/S	Gross Income from Fundraising Events \$24737 Cost of Goods Sold on Inventory \$2327621
Part XI, Line 8	Part XI, Line 8 Other Changes in Net Assets or Fund Balances	Nygaard Increase in Net Assets \$52944 Adjustment to Actuarial Liability for Annuities Payable \$5045034 Adjustment to prior service cost and actuarial liability for \$1597441 Interest Rate Swap Adjustment \$-367706 Loss from adjustment of hail storm insurance receivable esti \$-348078
Part V , Line 4	Part V, Line 4 Intended uses of the endowment fund	The intended uses of the Endowment Fund include scholarships, endowed faculty chairs, and general support to subsidize various operations
Part IV , Line 2b	Part IV, Line 2b Explanation of escrow account liability	Included in Line 21 of Part X are two separate types of liabilities. First are "Liabilities Payable" [\$12,348,115] resulting from Charitable Annuities and Trusts where the College serves as the trustee of the assets and records a liability for the present value of future cash flows estimated to be paid out to the income beneficiaries. In addition, the College also records "Funds Held in Trust for Others" [\$3,937,121] that primarily result from trusts under control of the College that will benefit other organizations at the termination of the Trust.
Part IV , Line 1b	Part IV, Line 1b Why is organization an agent, trustee, custodian or other intermediary for contrib	The College serves as an agent for several student organizations and two trusts benefiting relatives of former and deceased Officers of the College
Part III, Line 4	Part III, Line 4 Description of organization's collections and how it furthers its purpose	The College's collections are composed primarily of artwork donated and displayed on the premises of the College The collection furthers the exempt purpose by providing subjects for students to observe and interpret
Part II, Line 9	Part II, Line 9 Organization Reporting of conservation easements	Money received initially was recorded as unrestricted revenue and placed into a board designated quasi-endowment. Expenses that are incurred pertaining to the easements are recorded as operating expenses. The land related to the easements is included in as Property, Plant, and Equipment on the College's balance sheet.

Additional Data

Software ID: Software Version:

EIN: 41-0693979

Name: St Olaf College

Form 990, Schedule D, Part IX, - Other Assets

(a) Description	(b) Book value
Other Receivables	1,006,737
Insurance Receivables	1,680,471
Funds Held in Trust by Others	1,877,586
Deposits Held by Trustee	3,278,268
Deferred Debt Acquisition Cost	532,948
Construction in Progress	
Assets Held in Revocable Trust	1,649,371
Assets Held In Charitable Trust	45,151,550

Employer identification number

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

St Olaf College

Name of the organization

Schools

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

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2009

Open to Public

	41-0693979			
			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No,"			
	please explain The College does not engage in signficant advertising activities via newspapers or broadcast media However, when the College posts job openings in newspapers we include the applicable policy	3	Yes	
4	Does the organization maintain the following?			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
	If you answered "No" to any of the above, please explain If you need more space, use Schedule O (Form 990)			
	Does the organization discriminate by race in any way with respect to Students' rights or privileges?	5a		Νo
	otations rights of privileges	<u> </u>		110
b	Admissions policies?	5b		Νo
С	Employment of faculty or administrative staff?	5c		Νo
d	Scholarships or other financial assistance?	5d		Νo
е	Educational policies?	5e		Νo
	Use of facilities?	5f		Νo
g	Athletic programs?	5g		Νo
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Schedule O (Form 990)	5h_		No
6~	Does the organization receive any financial aid or assistance from a governmental agency?	- 6a	Yes	
	Has the organization's right to such aid ever been revoked or suspended?	6b	162	Νo
7	If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990) Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Schedule O (Form	_	.,	
	990)	7	Yes	

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493070000181

OMB No 1545-0047

2009

SCHEDULE F (Form 990)

Statement of Activities Outside the United States ► Complete if the organization answered "Yes" to Form 990,

Department of the Treasury Internal Revenue Service

Part IV, line 14b, 15, or 16. ▶ Attach to Form 990. ▶ See separate instructions.

Open to Public **Inspection**

Name of the organization St Olaf College

Employer identification number

41-0693979

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

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

For grant makers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States

Activites per Region (Use Schedule F-1 (Form 990) if additional space is needed) 3

Totals ▶	0	0			5,701,455
Central Am & Carribean	0	0	Investments		0
Central Am & Carribean	0	0	Program Service	Intl Studies	122,104
East Asia & the Pacific	0	0	Program Service	A lumnı Tours	117,503
East Asia & the Pacific	0	0	Program Service	Intl Studies	1,155,845
East Asia & the Pacific	0	0	Program Service	Music Tours	504,816
East Asia & the Pacific	0	0	Program Service	Recruitment	18,599
Europe	0	0	Program Service	A lumnı Tours	295,522
Europe	0	0	Program Service	Intl Studies	1,847,921
Middle East & N Africa	0	0	Program Service	Intl Studies	694,671
North America	0	0	Program Service	Intl Studies	71,625
Russia & New States	0	0	Program Service	Intl Studies	117,221
South America	0	0	Program Service	A lumnı Tours	83,184
South America	0	0	Program Service	Intl Studies	269,223
South Asia	0	0	Program Service	Intl Studies	99,498
Sub-Saharan Africa	0	0	Program Service	A lumnı Tours	81,311
Sub-Saharan Africa	0	0	Program Service	Intl Studies	222,412
	offices in the region	employees or agents in region	fundraising, program services, grants to recipients located in the region)	describe specific type of service(s) in region	ior region
(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in region (by type) (i.e.,	(e) If activity listed in (d) is a program service,	(f) Total expenditures for region

Part IV	Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000												
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)					
2 Enter total nata tax-exempt	umber of recipi by the IRS, or f	ent organizations lis for which the grante	ted above that are e or counsel has pr	recognized as chari ovided a section 50	ties by the foreign o 1(c)(3) equivalency	country, recognized letter	as . •						
3 Enter total n	umber of other	organizations or en	tities				. ▶						
							Schodule I	(Form 990) 2009					

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

					T		
(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)
See Add'l Data							
-							
-							

Schedule F (Form 990) 2009

Part IV Supplemental Information Complete this part to provide the information required in Part I, line 2, and any additional information.					
Identifier	ReturnReference	Explanation			
Grantmaker's Description of How Grants are Used in Foreign Country		The College offers grants in the form of need or merit based scholarships to students who are studying outside of the United States. Before the grant or award is available and disbursed, the International and Off-Campus Studies office must approve any program that a student is participating in Once the grant has been disbursed to the student's account to cover tuition for the study abroad progam, the International and Off-Campus Studies office maintains contact with the host institutions to monitor the student's attendance and notifies the Financial Aid Office and Student Accounts Office if a student withdraws from an off-campus program			

Software ID: Software Version:

EIN: 41-0693979
Name: St Olaf College

Form 990 Schedule F					(0. A	(-) 5	(In) Markhard of control to a
(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)
Tuition Waivers	South America	1	9,053	Credit on Account			
Tuition Waivers	Mıddle East & N Afrıca	1	13,080	Credit on Account			
Tuition Waivers	Europe	2	27,330	Credit on Account			
Tuition Waivers	East Asia & the Pacific	2	26,115	Credit on Account			
Tuition Waivers	Central Am & the Carribean	1	4,085	Credit on Account			
Need-Based Aıd	Sub-Saharan Africa	25	65,886	Credit on Account			
Need-Based Aıd	South Asia	22	38,258	Credit on Account			
Need-Based Aıd	South America	32	70,922	Credit on Account			
Need-Based Aıd	Russia & New States	18	56,894	Credit on Account			
Need-Based Aıd	North America	7	12,880	Credit on Account			
Need-Based Aıd	Mıddle East & N Afrıca	39	75,023	Credit on Account			
Need-Based Aıd	Europe	167	322,194	Credit on Account			
Need-Based Aid	East Asia & the Pacific	175	455,275	Credit on Account			
Need-Based Aid	Central Am & the Carribean	4	3,085	Credit on Account			
Merit-Based Aid	Sub-Saharan Africa	9	29,675	Credit on Account			
Merit-Based Aid	South Asia	8	24,500	Credit on Account			
Merit-Based Aid	South America	10	35,000	Credit on Account			
Merit-Based Aid	Russia & New States	2	7,500	Credit on Account			
Merit-Based Aid	North America	2	5,750	Credit on Account			
Merit-Based Aid	Mıddle East & N Afrıca	16	64,250	Credit on Account			
Merit-Based Aid	Europe	31	117,250	Credit on Account			
Merit-Based Aid	East Asia & the Pacific	46	151,600	Credit on Account			
Merit-Based Aid	Central Am & the Carribean	3	9,250	Credit on Account			

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493070000181

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization
St Olaf College

| Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
| Form 990-EZ filers are not required to complete this part.
| Indicate whether the organization raised funds through any of the following activities. Check all that apply

- In-person solicitations
- Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities?
 - **b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(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	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization	
		Yes	No				
Total	otal				16,809		

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

WA,MO,MD,MA,ME,MN,HI,GA,FL,CT,CA,AZ,AK,AR,AL

Pa	rt I	Fundraising Events. Commore than \$15,000 on Form					report	ted
		. ,	(a) Event #1	(b) Event #2 St. Olaf Golf Classic	(c) O ther Events	(d) Tot (A dd col	tal Eve (a) th	
			(event type)	(event type)	(total number)			
Revenue	1	Gross receipts	156,731	27,150			18	3,881
Rev	2	Less Charitable contributions	114,921	14,875			12	9,796
	3	Gross income (line 1 minus line 2)	41,810	12,275				4,085
	4	Cash prizes						
မ္	5	Non-cash prizes		4,437				4,437
ensk	6	Rent/facility costs	1,164	267				1,431
졄	7	Food and beverages	27,413	2,356			2.	9,769
Direct Expenses	8	Entertainment		5,724				5,724
Δ	9	Other direct expenses .	36,907	554			3	7,461
	10	Direct expense summary Add lin	nes 4 through 9 ın column	(d)			7	8,822
	11	Net income summary Combine li	nes 3, column d, and line	10			-2	4,737
Par	t II	Gaming. Complete if the oil \$15,000 on Form 990-EZ, lii		"Yes" to Form 990, Pa	rt IV, line 19, or repo	rted mor	e thar	1
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Tot (Add col		
æ	1	Gross revenue						
nses	2	Cash prizes				<u> </u>		
Expenses	3	Non-cash prizes						
Direct B	4	Rent/facility costs						
5	5	Other direct expenses						
	6	Volunteer labor	┌ Yes	Г Yes	┌ Yes			
	7	Direct expense summary Add line	s 2 through 5 in column (d)				
	8	Net gaming income summary Com	nbine lines 1, column d, ai	nd line 7				
	<u> </u>	,	· · ·				Yes	No
9 a		ter the state(s) in which the organiza the organization licensed to operate				. 9a		
b		'No," Explain				<u> </u>		
	_							
10a	We	re any of the organization's gaming	licenses revoked, susper	nded or terminated during	the tax year?	10a		
b	If"	'Yes," Explain						
11 12		es the organization operate gaming the organization a grantor, beneficia				11		<u> </u>
		med to administer charitable gaming				. 12		
					Schedule G (Form		-EZ) 20	09

		Yes	No
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name 🟲		
	Address -		
15a	Does the organization have a contract with a third party from whom the organization receives gaming		
	revenue?	,	
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the	+	
	amount of gaming revenue retained by the third party 🟲 \$		
c	If "Yes," enter name and address		
	Name 🟲		
	Address •		
16			
16	Gaming manager information		
	Name 🟲		
	Name F		
	Gaming manager compensation 🕨 \$		
	Description of services provided -		
	Director/officer Employee Independent contractor		
	I Director/officer I Employee I Independent contractor		
.7	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	<u> </u>	
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 ▶ \$	1	

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Schedule I

(Form 990)

Department of the Treasury

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

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

Attach to Form 990

OMB No 1545-0047

2009

DLN: 93493070000181

Open to Public

Internal Revenue Service Name of the organization						Employer identific	cation number
St Olaf College						41-0693979	
Part I General Inform	nation on Grants	and Assistance					
Does the organization ma the selection criteria used Describe in Part IV the or	d to award the grants or rganization's procedur	or assistance? es for monitoring the use	of grant funds in the U	Jnited States			✓ Yes
Form 990, Part I	V, line 21 for any r	Governments and ecipient that received () if additional space i	more than \$5,000.	Check this box if no	o one recipient recei	ved more than \$5,0	00. Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
St Marks Lutheran Church 100 Alderman Rd Charlottesville, VA 22903	540853067		10,000	0			Knutson Grant
Lutherans Concerned North AmericPO Box 4707 St Paul, MN 55104	363209636		10,000	0			Knutson Grant
2 Enter total number of cast				•			· -

Enter total number of other organizations

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to 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 Waiver	52	1,255,253			
Need Based Financial Aid	1941	29,925,068			
Merit Based Scholarships	1388	12,668,371			
Lilly Grant	11	15,050			

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

Ident if ier	Return Reference	Explanation
Grantmaker's Description of How Grants are Used		Grant funds disbursed by the College are predominantly available as merit or need based scholarships. Funds are disbursed by the Financial Aid office and are credited directly to the student's account to pay for tuition, room and board. They are then monitored by the Financial Aid Office and the Student Accounts Office, both of whom are notified if the student's enrollment status changes during the semester. These offices monitor whether the grantee is taking the necessary classes and is therefore utilizing the grant as it was intended. Adjustments are made to the awarded grants as needed if a student's enrollment changes.
Additional Supplemental Information		Grants listed in Part II reflect awards disbursed as part of the Knudson Endowment. There is a committee that reviews the grant applications and monitors the disbursement and use of the funds to ensure they agree with the purpose of the endowment.
	,	

DLN: 93493070000181

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990,

Part IV, question 23.

Compensation Information

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

SUC	ial College		41-0693979			
Pa	rt I Questions Regarding Compensation	•				
			_		Yes	No
1a	Check the appropriate box(es) if the organization provid 990, Part VII, Section A, line 1a Complete Part III to					
	First-class or charter travel	✓ Housing allowance or residence for	personal use			
	Travel for companions	Payments for business use of perso				
	Tax idemnification and gross-up payments	Health or social club dues or initiati				
	Discretionary spending account	Personal services (e.g., maid, chau	feur, chef)			
b	If any of the boxes in line 1a are checked, did the organ reimbursement orprovision of all the expenses describe			1b	Yes	
2	Did the organization require substantiation prior to rein officers, directors, trustees, and the CEO/Executive Di			2	Yes	
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all that					
	Compensation committee	Written employment contract				
	Independent compensation consultant	Compensation survey or study				
	Form 990 of other organizations	Approval by the board or compensa	tion committee			
4	During the year, did any person listed in Form 990, Par or a related organization	t VII, Section A , line 1a with respect to t	he filing organization			
а	Receive a severance payment or change-of-control pay	yment?		4a		Νo
b	Participate in, or receive payment from, a supplementa	l nonqualified retirement plan?		4b		Νo
С	Participate in, or receive payment from, an equity-base	ed compensation arrangement?		4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provi	de the applicable amounts for each item i	n Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must	complete lines 5-9.				
5	For persons listed in form 990, Part VII, Section A, line compensation contingent on the revenues of	e 1a, did the organization pay or accrue a	ny			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, line compensation contingent on the net earnings of	e 1a, did the organization pay or accrue a	ny			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A, lin payments not described in lines 5 and 6? If "Yes," des		n-fixed	7		Νo
8	Were any amounts reported in Form 990, Part VII, paid subject to the initial contract exception described in Re in Part III	·	•	8		No
9	If "Yes" to line 8, did the organization also follow the re	buttable presumption procedure describe	d in Regulations	-		140

section 53 4958-6(c)?

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

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

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

		Т					<u> </u>	
(A) Name			W-2 and/or 1099-MI (ii) Bonus &	SC compensation (iii) Other	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation reported in prior
		(i) Base compensation	incentive compensation	reportable compensation	compensation		,,,,,,	Form 990 or Form 990-EZ
Wesley Pearson	(1) (11)	143,964		1,829	12,906	5,499	164,198	
Mıchael Stitsworth	(I) (II)	176,951		1,569	15,930	6,099	200,549	
Mıchael Kyle	(ı) (ıı)	142,948		450	13,500	12,480	169,378	
James May	(ı) (ıı)	174,192		1,600	16,200	9,142	201,134	
David R Anderson	(ı) (ıı)	269,215		3,150	14,438	31,235	318,038	
Bruce Dalgaard	(ı) (ıı)	125,982		3,861	12,065	8,823	150,731	
Alan J Norton	(ı) (ıı)	179,035		1,600	16,200	6,119	202,954	
	•							

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	Ret urn Ref erence	Explanation
Line 1a	Part I, Line 1a Relevant information in regards to selections on 1a	Travel for Companions - David Anderson - \$4,645 46Housing Allowance or Resident for Personal Use David Anderson \$18,000

Schedule J (Form 990) 2009

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493070000181

AST HEU BULU

Supplemental Information on Tax Exempt Bonds

Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule 0 (Form 990).
 ► Attach to Form 990.
 ► See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Internal Revenue Service
Name of the organization
St Olaf College

Department of the Treasury

Schedule K

(Form 990)

Employer identification number 41-0693979

										-1-00	33373			
Pa	art I Bond Issues													
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date	Issued	(e) Issue	Price	(f) Des	cription of	Purpose	(g) De	feased	Beh	On alf of uer
									Yes	No	Yes	No		
A	Minnesota Higher Education Facilities Authority	41-0988525	60 4 16HKK9	03-29-	-2007	46,2	46,207,404		Construction & Refunding		х			x
Pa	rt III Proceeds	•			•			•			•			•
				Α		E	В		С	D			Е	
1	Total proceeds of issue			4	404,207,404	4								
2	Gross proceeds in reserve funds				3,361,703									
3	Proceeds in refunding or defeasar	nce escrows		1	.1,959,283	3								
4	Other unspent proceeds	ther unspent proceeds												
5	Issuance costs from proceeds	310,982		2										
6	Working capital expenditures from	Working capital expenditures from proceeds												
7	Capital expenditures from procee	ds		3	30,575,436	5								
8	Year of substantial completion			2008				·						
-				Yes	No	Yes	No	Yes	No	Yes	No	Ye	s	No
9	Were the bonds issued as part of	a current refunding is	sue?		Х									
10	Were the bonds issued as part of	an advance refunding	ıssue?	Х										
11	Has the final allocation of proceed	ds been made?		Х										
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?			х										
Pa	rt IIII Private Business Use				_						_			
			-	A		В		<u>c</u>	D			E		
				Yes	No	Yes	No	Yes	No	Yes	No	Ye	s	No
1		Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?			Х									
2		e there any lease arrangements with respect to the financed property lich may result in private business use?			х									

Schedule K (Form 990) 2009

Part III Private Business Use (Continued)

Did the bond issue qualify for an exception to rebate?

	Tillate babilless ese (continued)											
			A		E	3	(c		D		E
		,	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a 	Are there any management or service contracts with respect to financed property which may result in private business use?		×									
3Ь	Are there any research agreements with respect to the finance which may result in private business use?	d property		Х								
3с	Does the organization routinely engage bond counsel or other o counsel to review any management or service contracts or rese agreements relating to the financed property?		х									
4	Enter the percentage of financed property used in a private bus by entities other than a section 501(c)(3) organization or a sta government											
5	Enter the percentage of financed property used in a private bus as a result of unrelated trade or business activity carried on by organization, another section 501(c)(3) organization, or a state government	your										
6	Total of lines 4 and 5											
7	Has the organization adopted management practices and proce ensure the post-issuance compliance of its tax-exempt bond li		х									
Par	t IV Arbitrage			•								
			<u> </u>		В		<u> </u>		D		E	
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?	Yes	No X	Yes	No	Ye	es N	lo	Yes	No	Yes	No
2	Is the bond issue a variable rate issue?		Х									
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		x									
ь	Name of provider		•		•		•		•			
С	Term of hedge											
4a	Were gross proceeds invested in a GIC?	Х										
ь	Name of provider	DEPFA Ban	k		,		,		'			
С	Term of GIC		2 0000									
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?		х									

Χ

DLN: 93493070000181

OMB No 1545-0047

Open to Public Inspection

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.

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

Name of the organization

Employer identification number

St Olaf College						4	1-06939	70		
Part I Excess Benefit Trai						4) organı	zations	only).	406	
								Part V, line		orrected?
1 (a) Name of disq	ualified	person		(b) Desc	rıptı	on of trans	action		Yes	No
										+
									+	+
2 Enter the amount of tax impos	ed on t	he orga	nızatıon managers	or disqualified pers	ons o	during the y	ear unde	r		
			_				_	* \$		
3 Enter the amount of tax, If any	, on line	2, abo	ve, reimbursed by	the organization .			🕨	• \$		
	_									
								. I 20-		
Complete if the organis	Zation a	ns we re	a "Yes" on Form 99	90, Part IV, line 26	, or r	orm 990-1	(f)			
	1	oan to			، ا	e) In	Appro		(g)Writt	en
	Enter the amount of tax imposed on section 4958 Enter the amount of tax, if any, on ling till Loans to and/or From Complete if the organization or from purpose To T	m the	(c)Original			fault?	by boar		agreeme	
purpose	Organi	24110117	principal amount	•			commit	tee?		
	То	From			Yes	s No	Yes	No	Yes	No
	-							1		
	-									
							1			
			·							
					ما /	o 27				
Complete if the orga	iiiizau			ween interested per		<u>e 27.</u>				
(a) Name of interested pers	on		-	ween interested per organization	Son	(c)A m	nount of g	rant or type	ofassis	tance
										
		Tui	tion Waiver							74,890
		Мe	rıt Scholarshıps							29,010
		Na	ed-Based Scholars	hine						10 516
		IVE	eu-baseu scholais	IIIþs						19,516
Part IV Business Transact	tions	[nvolv	ing Interested	l Dersons						
					/. lın	e 28a. 28	b. or 28	c.		
) Relationship		,				(e) S	haring of
(a) Name of interested warra	n		ween interested	(c) A mount of		(d) D	rintion of	trancactic-	organ	ıızatıon's
(a) warne or interested perso	11		erson and the	transaction		(u) Desc	ויףנוטוז סד	transaction	rev	enues?
		+	organization						Yes	No
Zeigler Inc			chedule O		_	Contruction			+	No
Christopher Brunelle		See S	chedule O	[60,2	200	Employmer	nt		1	Νo

See Schedule O

See Schedule O

See Schedule O

See Schedule O

Kathleen Doran-Norton

Karen Stitsworth

Boldt Construction

CapGen Advisors

56,000 Employment

86,000 Employment

9,656,424 Contruction Costs

163,867 Asset Management Fees

Νo

Νo Νo efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493070000181

OMB No 1545-0047

Open to Public Inspection

SCHEDULE M (Form 990)

Department of the Treasury

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

NonCash Contributions

Internal Revenue Service Name of the organization St Olaf College

Employer identification number

Pa	rt I Types of Property				41-0693979			
		(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of de reveni	termir	ning	
1	Art-Works of art	Х	17		Rplcmt Cost			
	Art—Historical treasures .		<u> </u>	5 = 7,5 = 5				
	Art—Fractional interests							
4	Books and publications	Х		223	Rplcmt Cost			
5	Clothing and household	.,			•			
	goods	X		2,520	Rplcmt Cost			
	Cars and other vehicles							
	Boats and planes							
	Intellectual property							
	Securities—Publicly traded .	X	117	2,899,221	Avg Mkt Price			
	Securities—Closely held stock .							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .	Х	1	60,637	A ppraisal			
16	Real estate—Commercial							
17	Real estate—Other	Х	2	409,208	A pprais al			
18	Collectibles	Х	8	1,365	Rplcmt Cost			
19	Food inventory	X	16	2,068	Rplcmt Cost			
20	Drugs and medical supplies .							
	Taxıdermy							
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts	V	2	50.500	Dulamat Cast			
25	Other ► (<u>Equipment</u>) Event	X	3	50,500	Rplcmt Cost			
26	Other ► (<u>Passes</u>)	l x	28	13,507	Rplcmt Cost			
	Other ► (Ppd Travel)	Х	11		Rplcmt Cost			
	Other ► ()							
29	Number of Forms 8283 received				29			72
	for which the organization compl	etea Form &	3283, Part IV, Donee Ackr	iowieagement			Yes	No
30a	During the year, did the organiza	ition receiv	e hy contribution any prope	erty reported in Part I lines	1-28 that it	-	res	
504	must hold for at least three year			, ,				
	for exempt purposes for the enti			•		30a		No
b	If "Yes," describe the arrangement					30a	1	
31	Does the organization have a gif			review of any non-standard	contributions?	31		Νο
							i	
∍∠đ	Does the organization hire or us contributions?	e umu parti	es or related organizations			32a	Yes	
ь	If "Yes," describe in Part II				ľ			
33	If the organization did not report	revenuesı	n column (c) for a type of p	roperty for which column (a) is checked,			
	describe in Part II				· 			

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.

Ident if ier	Return Reference	Explanation
Part I, Line 32, Hire and Use of Third		In tax year 2009, the College used several brokers to sell
Parties		publically traded securities that were transferred to the College

Schedule M (Form 990) 2009

OMB No 1545-0047

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ► Attach to Form 990.

Open to Public Inspection

Name of the organization St Olaf College

Employer identification number

41-0693979

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 19	Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	The College's governing documents, conflict of interest policy, and Form 1024 are available upon request of the Treasurer's Office. The annual form 990, 990T, and financial statements are available on the College's Website
Form 990, Part VI, Line 15b	Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	For the President of the College, compensation is determined annually by the Compensation Committee of the Board of Regents. The Committee uses comparability data provided by other colleges and documents their decision and delivers it to either the Treasurer or Human Resources. Compensation for the Vice-Presidents of the College is determined annually as well. The President of the College uses comparability data provided by other colleges as one input into his decision. The President documents his decision through the annual performance review process and delivers the information to the Board of Regents'. Compensation Committee for final approval. The College adopted a Compensation Policy in July of 2009 to formalize these and other procedures related to compensation and other payments made to employees of the College. This process, as described above, was last undertaken during Fiscal Year 2010.
Form 990, Part VI, Line 12c	Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	On an annual basis, a Conflict of Interest Questionnaire is circulated to the Board of Regents, Officers, and Key Employees. The Questionnaire requires the employee or Regent to disclosure any relationships or transactions that would result or appear to result in a Conflict of Interest. The College collects and reviews the forms and discusses whether the appropriate actions have been taken in voting, discussions, and other meetings to properly recognize the conflict. Restrictions, such as being unable to participate in voting or discussions, may be imposed on any individual who has a conflict. In general, any identified conflict of interest is monitored by the Treasurer(for financial statement reporting purposes) and the President's Office (to ensure compliance, proper considerations are made at meetings)
Form 990, Part VI, Line 11	Form 990, Part VI, Line 11 Form 990 Review Process	To review the 990, the Board of Regents delegated the detail review process to the Audit Sub-Committee On February 16th, 2011 the Sub-Committee reviewed and approved the Form in its entirety. In addition, the form (not including Schedule B) was circulated to all members of the Board of Regents prior to the filing date.
Form 990, Part VI, Line 7a	Form 990, Part VI, Line 7a How Members or Shareholders Elect Governing Body	The primary decision-making members of the Corporation are the Board of Regents However, the members of the Evangelical Lutheran Church in America Churchwide assemblies as well as the Officers of the Church are involved whenever changes are made to the Board of Regents or the Articles of Incorporation are amended
Form 990, Part VI, Line 6	Form 990, Part VI, Line 6 Explanation of Classes of Members or Shareholder	The Articles of Incorporation of St. Olaf College describe its members as being (a) The members of the Evangelical Lutheran Church in America Churchwide assemblies entitled to vote at such meetings chosen in accordance with the discipline and usage of such Church, or its successor. Such members shall remain members of the Corporation until the convening of the succeeding Churchwide assembly of the Evangelical Lutheran Church in America at which time such members shall give place to the members entitled to vote at such succeeding Churchwide assembly, in accordance with the discipline and usage of said Church, or its successor (b) The officers of the Church(c) The President of the Corporation, and (d) The members of the Board of Regents of the Corporation
Form 990, Part VI, Line 2	Form 990, Part VI, Line 2 Description of Business or Family Relationship of Officers, Directors, Et	Business Relationship Regent Piper and Regent K Johnson Business Relationship Regent Gotsch and Regent Yost

DLN: 93493070000181

SCHEDULE R (Form 990)

Department of the Treasury

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990. ► See separate instructions.

2009

OMB No 1545-0047

Open to Public Inspection

Internal Revenue S	Service						Inspection
Name of the St Olaf College	e organization					Employer identific	ation number
						41-0693979	
Part I	Identificatio	n of Disregarded Entities (Complet	e if the organization	answered "Yes" or	n Form 990, Part	IV, line 33.)	
	Name, address, a	(a) nd EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
Part II		n of Related Tax-Exempt Organizaed tax-exempt organizations during the		he organızatıon aı	nswered "Yes" on	Form 990, Part IV,	line 34 because it had one
	Name, address, and	(a) d EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
Employer Con	ntribution VEBA - St Ola	af					
1520 St Olaf A	Avenue		Employee Benefit Plan	MN	501c9		N/A
Northfield, MN 04-3838476	N 55057						
Employee After 1520 St Olaf A Northfield, MN 04-3838456			Employee Benefit Plan	MN	501c9		N/A
Ella & Kaare N 1520 St Olaf A Northfield, MN			Foundation	MN	501c3	11 - Type 2	NA
41-1644089 MN Intercolleg	jiate Nursing Consortiu	ım					
1520 St Olaf A	Avenue		Nursing Program	MN	501c3	11 - Type 2	2 N/A
Northfield, MN 41-1717579	N 55057						

(a) Name, address, and EIN of related organization	(b) Primary activity	(state or entity		(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end asset	-of-year	(h Disprop allocat	ortionate	Code amount ır Sched	(i) V—UBI n box 20 of ule K-1 n 1065)	(j Gener mana parti	al or Iging
								Yes	No			Yes	No
												+	
				s a Corporation on treated as a corpo				nswer	ed "Y	es" on F	orm 990, P	art IV,	
	cause it flad offe t		elated organizations				(f))		(-)	(5)		
(a) Name, address, and EIN o	f related organization	(b) Primary a	ctivity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	Share o	f total	Sh end-	(g) nare of -of-year ssets	(h) Percentag ownership		
									1				

(6)

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form	990, Part IV, line 34, 35, or 36	5.)		
Note. Complete line 1 if any entity is listed in Parts II, III or IV		<u></u>	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations list	ed in Parts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		1a		No
b Gift, grant, or capital contribution to other organization(s)		1b		No
c Gift, grant, or capital contribution from other organization(s)		1c		No
d Loans or loan guarantees to or for other organization(s)		1d		No
e Loans or loan guarantees by other organization(s)		1e	1	No
f Sale of assets to other organization(s)		1f		No
g Purchase of assets from other organization(s)		1 g		No
h Exchange of assets		1h		No
i Lease of facilities, equipment, or other assets to other organization(s)		1i		No
j Lease of facilities, equipment, or other assets from other organization(s)		1j		No
k Performance of services or membership or fundraising solicitations for other organization(s)		1k	Yes	
I Performance of services or membership or fundraising solicitations by other organization(s)		11		No
m Sharing of facilities, equipment, mailing lists, or other assets		1m	Yes	
n Sharing of paid employees		1n	Yes	
Reimbursement paid to other organization for expenses		10	Yes	
p Reimbursement paid by other organization for expenses		1p		No
q O ther transfer of cash or property to other organization(s)		1 q	Yes	
r Other transfer of cash or property from other organization(s)		1r		No
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including cov	ered relationships and transaction t	hresholds		
(a) Name of other organization	(b) Transaction type(a-r)		(c) t involve	ed .
1) Employer Contribution VEBA - St Olaf	q		1,03	3,603
1) See Additional Data Table				
2)				
3)				
(4)				
(5)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets		r) ortionate tions?	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(H Gene mana part	agın tner?
			Yes	No		Yes	No		Yes	N
									+-	╁
										1
									_	+
										T
										1
									+-	t
										Ī
										\downarrow
										+
										T
										-
									+	\dagger
										Ī
										-

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Depreciation and Amortization

(Including Information on Listed Property)

DLN: 93493070000181

OMB No 1545-0172

Department of the Treasury See separate instructions. ► Attach to your tax return. Sequence No 67 Internal Revenue Service Name(s) shown on return Business or activity to which this form relates Identifying number St Olaf College 41-0693979 Depreciation schedules only **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 1 Maximum amount. See the instructions for a higher limit for certain businesses. 1 \$ 125.000 2 Total cost of section 179 property placed in service (see instructions) 2 \$ 500.000 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-4 5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions (b) Cost (business use (a) Description of property 6 (c) Elected cost only) 6 7 Listed property Enter the amount from line 29 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 10 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 15 **15** Property subject to section 168(f)(1) election 16 Other depreciation (including ACRS) 16 MACRS Depreciation (Do not include listed property.) (See instructions.) **Section A** 17 17 MACRS deductions for assets placed in service in tax years beginning before 2009 18 If you are electing to group any assets placed in service during the tax year into one or more Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System (c) Basis for (b) Month and depreciation (a) Classification of (d) Recovery (a)Depreciation year placed in (e) Convention (f) Method (business/investment property period deduction service use only—see instructions) 19a 3-year property **b** 5-year property c7-year property d 10-year property e 15-year property f 20-year property g 25-year property 25 yrs S/L h Residential rental 27 5 yrs ΜМ S/L property 27 5 yrs ММ S/L MMS/L i Nonresidential real property MMS/L Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System 20a Class life S/L **b** 12-year 12 yrs S/L S/L c 40-vear 40 vrs ММ Non-Res Prop Type 1 count 0 Non-Res Prop Type 2 count 0 Non-Res Prop Totals count 0 **Summary** (see instructions) 21 Listed proper 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here 22 and on the appropriate lines of your return Partnerships and S corporations—see instructions 23 For assets shown above and placed in service during the current year, enter the 23 portion of the basis attributable to section 263A costs

Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

in the composition of the process of	comj	olete only	vehicle for 24a, 24b, co	lumns	(a) thro	ugh (c)	of Sec	ction	A, a	all of	Secti	on B,	and Se	ection (C if a	plicat	
Property (list between the complete (list between the lates) September of property used more than 50% in a qualified business use on the lates) September of property used for the lates in a qualified business use September of property used for the lates in a qualified business use September of property used for the lates in a qualified business use September of property used for the lates in a qualified business use September of property used for the lates in a qualified business use September of property used for the lates in a qualified business use September of property used for the lates in a qualified business use September of property used for the lates in a qualified business use September of property used for the lates in a qualified business use September of property used for the lates in a qualified business use September of property used for the lates in a qualified business use September of property used for the lates in a qualified business use September of property used for the lates in a qualified business use September of property used for the lates in a qualified business use September of property used for the lates in a qualified business use September of property used for the lates in a qualified business use September of property used for the lates in a qualified business use September of property used for the lates in a qualified business use September of property used for the lates in a qualified business use September of property used for the lates in a qualified business use September of property used for the lates in a qualified business use								uie i	IISUU								
Type of primery (lat primery (l	,																
50% in a qualified business use (see instructions) For property used 50 % in a qualified business use 1005 Cityset Town 8 2008 07 31 100 000 % 1004 Windstar 2007-06-01 100 000 % 1004 Windstar 2007-06-01 100 000 % 1005 Very property used 50 % or less in a qualified business use 1005 Cityset 100	(a) (b) Business/ (d) Type of property (list vehicles first) Date placed in service use basis			r other (business/investment Re					Recovery Method/			Depreciation/			Elected section 179		
Does Chipse From 8 2008-07-31 100 000 % Does Cook Ford F150 F100 000 % Does Ford F150 F100 000 % Does F160 F150 F150 Does F160 F150 F150 F150 F150 F150 F150 F150 F15	· ·	•		rty placed	ın service (during the	tax year	and u	used m	ore th		25					
1008 Fort F450 Track 2007-06-15 110 000 %	6 Property used mor	e than 50%	ın a qualıfıed	business	use												
2007-06-01 100 000 %																	
7 Property used 50% or less in a qualified business use St. St. St.										_							
Section B—Information on Use of Vehicles Section B—Information B—I		l .		IBOSS IIS													
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 29 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 29 Section B—Information on Use of Vehicles Section B—Information on Use of Vehicles omplete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person you provide vehicles to your employees, first anxient the questions mostcoin C to see if you meet an exception to complete section for those vehicles 30 Total business/investment miles driven during the year (do not include commuting miles) 31 Total commuting miles driven during the year and through 32 32 Total other personal (noncommuting) miles driven during the year Add lines 30 through 32 33 Total miles driven during the year Add lines 30 through 32 34 Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle available for personal use during off-duty hours? 36 Is another vehicle available for personal use? Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees nswer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more this womers or related persons (see instructions) 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 38 Do you maintain a written policy statement that prohibits personal use of vehicles, including commuting, by your employees? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions) Note: If your answer to 37, 38, 39, 40, or 41 is "Ves," do not complete Section B for the covered vehicles Part VI Amortiza	7 Property used 50%	o or less ill a		illess us	е				Ι	IS/I	_						
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 Section B—Information on Use of Vehicles somplete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person your provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing the section for those vehicles 30 Total business/investment miles driven during the year (do not include commuting miles) 31 Total commuting miles driven during the year and did into their personal (noncommuting) miles driven during the year (do not include commuting miles driven during the year 4dd lines 30 through 32 31 Total other personal (noncommuting) miles driven during the year Add lines 30 through 32 32 Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle available for personal use? Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees newer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more this works owners or related persons (see instructions) 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners. 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements con															1		
Section B—Information on Use of Vehicles Section B—Information on Use of Vehicles omplete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person- you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles 30 Total business/investment miles driven during the year (ab not include commuting miles) 31 Total commuting miles driven during the year . 32 Total other personal(noncommuting) miles driven during the year (ab not include commuting) miles driven during the year Add lines 30 through 32 33 Was the vehicle available for personal use Yes No Y			%							S/L							
Section B—Information on Use of Vehicles romplete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person you provide vehicles to your employees, first answer the questions in Section (10 see if you meet an exception to completing this section for those vehicles 30 Total business/investment miles driven during the year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal(noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32 34 Was the vehicle available for personal use Ves No Yes No Yes No Yes No Yes No Yes No Yes No during off-duty hours? 35 Was the vehicle available for personal use? Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees nswer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more the % owners or related persons (see instructions) 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? 39 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions) Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles 20 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions) Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles 20 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions) Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles 20 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the i	28 Add amounts in c	olumn (h), lır	nes 25 throug	h 27 En	ter here	and on lı	ne 21, _l	page	1			28					
complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. 30 Total business/investment miles driven during the year (do not include commuting miles) 31 Total commuting miles driven during the year and dilines 30 through 32. 32 Total other personal(noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32. 34 Was the vehicle available for personal use Yes No Yes Yes No Yes Yes Yes Yes Y	29 Add amounts in c	olumn (ı), lın	e 26 Enterhe	ere and o	n line 7,	page 1								29			
700 provided vehicles to your employees, first answer the questions in Section C to see if you meet an exprison to completing this section for those vehicles year (do not include commuting miles) 30 Total business/investment miles driven during the year (do not include commuting miles) 31 Total commuting miles driven during the year and of the presonal (noncommuting) miles driven during the year Add lines 30 through 32			Sec	tion B	—Infor	matior	ı on U	se d	of Ve	hicl	es						
30 Total business/investment miles driven during the year (do not include commuting miles) 31 Total commuting miles driven during the year . 32 Total commuting miles driven during the year . 33 Total miles driven during the year Add lines 30 through 32 . 34 Was the vehicle available for personal use during the year Add lines 30 through 32 . 35 Was the vehicle available for personal use Yes No Yes Yes Yes No Yes																	
33 Total commuting miles driven during the year (40 mot include commuting miles) 34 Total commuting miles driven during the year (50 mot include commuting) miles driven (50 mot include commuting) miles driven (51 mot include commuting) miles dri	you provided vehicles to	your employee	es, first answer t	ne questio		_	т		n exce		-				_		
year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32 34 Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use? Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees nswer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more that we owners or related persons (see instructions) 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions) Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles Part VI Amortization (a) Date amortization begins Amortizable amortization begins Amortizable amount Amortization period or percentage Amortization for this year	30 Total business/in	vestment mi	les drıven dur	ing the		-		•		-	-	- 1		-	-		-
32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32	year (do not ınclu	de commutir	ng miles) .		Veni	icie i	Veni	cie z		venic	ie 3	Vei	licie 4	Veni	cie 5	veni	cie o
32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32	34 Takal a a		4				-					-		+			
33 Total miles driven during the year Add lines 30 through 32 34 Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use? 36 Is another vehicle available for personal use? 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, including commuting, by your employees? 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you maintain a requirements concerning qualified automobile demonstration use? (See instructions) 42 A mortization (a) Description of costs (b) Date amortization begins (c) Amortizable amount (d) Code persond or percentage Amortization period or percentage Amortization for this year	_								_								
34 Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use? Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees Inswer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions) 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions) Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles Part VI Amortization (a) Date amortization begins 42 A mortization of costs that begins during your 2009 tax year (see instructions)	32 Total other perso	nal(noncomm	nuting) miles	drıven													
during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees is wert these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions) 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions) Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles Part VI Amortization (b) Date amortization begins (c) Amortizable amount amount amount begins 42 A mortization of costs that begins during your 2009 tax year (see instructions)		during the y	ear Add line:	s 30 • •													
35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use? Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees nswer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more that wowners or related persons (see instructions) 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions) Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles Part VI Amortization (a) Date amortization begins (b) Code section period or percentage 42 A mortization of costs that begins during your 2009 tax year (see instructions)	34 Was the vehicle a	vaılable for p	ersonal use		Yes	No	Yes	No	Y	es	No	Yes	No	Yes	No	Yes	No
owner or related person? 36 Is another vehicle available for personal use? Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees nswer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more the % owners or related persons (see instructions) 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions) Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles Part VI Amortization Description of costs (b) Date amortization begins Amortizable amount Code section Period or period or percentage 42 A mortization of costs that begins during your 2009 tax year (see instructions)	during off-duty ho	urs? .															1
Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees nswer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more the % owners or related persons (see instructions) 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions) Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles Part VI Amortization (a) Description of costs (b) Date amortization begins (c) Amortizable amortization begins (d) Code period or percentage Amortization for this year			by a more th	an 5%													
Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees Inswer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more that 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions) Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles Part VI Amortization (b) Date Amortizable and Description of costs Amortization begins (c) Amortizable amount Section Period or period o	•		r personal us	e? .													
% owners or related persons (see instructions) 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Section	on C—Que	stions for	Emplo												not mo	re tha
The proposition of costs that begins during your 2009 tax year (see instructions) Yes No above maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? Yes No above maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners							3					,					
employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners	37 Do you maıntaın a				nibits all	persona •	luse of	vehi •	cles,	ınclud	ding c	ommut •	ing, by	your •	Y	es	No
employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners															<u> </u>		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?																	
vehicles, and retain the information received?	39 Do you treat all us	se of vehicles	s by employed	es as pei	rsonal us	e? .							•				
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles Part VI Amortization (a) Description of costs (b) Date amortization begins (c) Amortizable amount Code section B for the covered vehicles (d) Code section Period or perio				-	oyees, o	btaın ınfo	ormatio •	n froi	m you	ır emi	oloye	s abou	t the u	se of th	e 🗀		
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles Part VI Amortization (b)	•				automohi	ile demo	nstratio	n iis	e? (S	ee ins	truct	ions)					
Part VI Amortization (a)																	
(a) Date Amortization begins (b) Code Section (d) Amortization period or percentage (f) Amortization percentage (42 Amortization of costs that begins during your 2009 tax year (see instructions)	· ·		, 39, 40, 01 4	1 12 16	5, 40 110	Comple	ite Sect	.1011 L	3 101 1	ile co	vereu	venici					
(a) Date amortization Description of costs amortization begins Date amount Code section Period or percentage Amortization for this year	Palit VI Amorti	zation	(1.)	<u> </u>							1						
Description of costs amortization begins amount section period or percentage this year section percentage amortization for percentage this year section percentage amount section percentage this year section percentage t	(a)				(0	=)			(d)		1		n		(f)		
42 A mortization of costs that begins during your 2009 tax year (see instructions)		osts	amortization	ı						า	pe	riod or					
	42 A mortization of co	osts that her	-	ur 2009	tax vear	(see ins	truction	ns I			1		1				
		to that beg	adming yo	1	-un yeur	,500 1115	1. 40 2101	,			Ι						
22 A market beautiful that have before a market beautiful to 100 at 100				-			+				\vdash		1				
											<u> </u>						

44 Total. Add amounts in column (f) See the instructions for where to report . . .

44

Software ID: Software Version:

EIN: 41-0693979 **Name:** St Olaf College

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) Average hours		(C tion (hat a	che		II		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other	
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations	
Wıllıam Cowles Regent	1 70	Х						0	0	0	
Wesley Pearson Professor	40 00					x		145,793	0	18,405	
Stanley Olson Regent	1 70	×						0	0	0	
Ruth Hustad Regent	1 70	Х						0	0	0	
Ronald Hunter Regent	1 70	Х						0	0	0	
Robert Jacobel Professor	40 00					x		124,925	0	23,937	
Philip Milne Regent	1 70	Х						0	0	0	
Peter Rogness Regent	1 70	Х						0	0	0	
Peter Gotsch Regent	1 70	Х						0	0	0	
Paula Carlson Vice President	40 00			х				97,278	0	14,286	
O Jay Tomson Chairman	1 70	Х						0	0	0	
Nancy Anderson Regent	1 70	Х						0	0	0	
Michael Stitsworth Vice President	40 00			х				178,520	0	22,029	
Mıchael Kyle Vıce President	40 00			х				143,398	0	25,980	
Mary Rand Taylor Regent	1 70	Х						0	0	0	
Martha Nelson Regent	1 70	Х						0	0	0	
Mark Yost Regent	1 70	Х						0	0	0	
Mark Johnson Regent	1 70	Х						0	0	0	
Mark Hanson Regent	1 70	Х						0	0	0	
Mark Gelle CIO	40 00			х				105,001	0	10,163	
LaVern J Rippley Professor						Х		121,165	0	16,207	
Larry Stranghoener Regent	1 70	Х						0	0	0	
Kristine Johnson Regent	1 70	Х						0	0	0	
Kevin Bethke Regent	1 70	Х						0	0	0	
Katherine Hoyland-Barnett Regent	1 70	Х						0	0	0	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and		Tent C			.013	•					
(A) Name and Title	(B) Average hours	Posi t	tion (hat a	che)			(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other compensation from the organization and related organizations	
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)		
Jonathan Hill Professor	40 00					Х		124,588	0	16,586	
John Benson Regent	1 70	Х						0	0	0	
Jerrol Tostrud Regent	1 70	Х						0	0	0	
Janıne Wetzel Regent	1 70	Х						0	0	0	
James May Provost	40 00			х				175,792	0	25,342	
Greg Kneser Vice President	40 00			х				123,128	0	16,798	
Glenn Taylor Regent	1 70	Х						0	0	0	
Elizabeth Nabel Regent	1 70	Х						0	0	0	
David R Anderson President	40 00	х		х				272,365	0	45,673	
David Hill Regent	1 70	Х						0	0	0	
Bruce Dalgaard Professor	40 00					Х		129,843	0	20,888	
Angela Mathews Controller	40 00			х				76,459	0	17,323	
Alan J Norton VP & Treasurer	40 00			х				180,635	0	22,319	
Addison Piper Regent	1 70	х						0	0	0	

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Tuition Fees Paid to Other Ins	1,276,399	1,273,030	3,369	
Tax & License Expense	351,654	120,274	231,281	99
Other Expenses	1,055,540	13,276,251	-12,325,959	105,248
Membership dues paid to other	467,256	196,545	263,511	7,200
Food Service	7,239,729	6,733,340	369,657	136,732