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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

Open to Public Inspection

A Fo	r the 2	2009 cale	endar yeaı	r, or tax year beginning	06-01-2009	and ending 05-31-	-2010					
B Ch	eck ıf ap	plicable	Please	C Name of organization GUSTAVUS ADOLPHUS CO	DITEGE				D Employer	dentification	on number	
Add	dress cha	ange	use IRS label or	Doing Business As					41-0695 E Telephone			
Na	me chan		print or type. See	Doing business As								
Ind	tıal retur	n s	Specific Instruc-	Number and street (or P		s not delivered to street a	address) R	oom/suite	(507) 93.		7 201	
Te	mınated		tions.	800 West College Avenue	:				G Gross receip	ts \$ 150,827	⁷ ,291	
_ Am	ended r	eturn		City or town, state or cou	ıntry, and ZIP -	+ 4			1			
— Ap	plication	pending		Saint Peter, MN 56082								
			F Nam	ne and address of princ	ıpal officer		н	a) Ic th	▲ ns a group ret	irn for		
			Kenneth	h C Westphal			'''		ates?		Yes 🔽 No	
				est College Avenue eter, MN 56082							F., F.,	
									ill affiliates incl o," attach a li		「Yes 「No	
I Ta	x-exem	pt status	▽ 501(c)	(3) ◄ (insert no)	947(a)(1) or	527	н		up exemption		structions)	
J W	ebsit e	: ► www	gustavus	edu				,				
				ion Trust Association	Othor -		<u>'</u>	Vonr of fo	ormation 1862	M State of	legal domicile	
		janization j	у согрогас	on i nust i Association i	Other F			. real of it	Jillation 1862	MN	legal doffficile	
Pa	rt I	Summ		e organization's missio								
Governance		of excelle abroad pr sanctione believe ir	ence, com rograms T ed by The n a strong,	s College prepares its s munity, justice, service The College hosts a cha Nobel Foundation in St , open community wher purpose and passion, a	e, and faith 1 apter of Phi I ockholm, Sv e all citizens	t is especially knowi Beta Kappa and is int veden The students, play a vital role Gui	n for stro ternation faculty, stavus h	ng scien ally reco administ as consi	ce, writing, mi gnized for its a ration, staff ar	ısıc, athlet annual Not ıd Board o	tics, and study bel Conference f Trustees	
	2	Chack th	us boy 🖦	if the organization dis	continued it	s operations or dispo	sed of m	ore than	25% of its ne	tassats		
Activities &			,								35	
Ē												
Ş			•	nployees (Part V, line 2	-				•	5	3,141	
				lunteers (estimate if ne						6	827	
				ted business revenue fr			2			7a	1,597,523	
		_		ness taxable income fro						7b	-303,993	
								Pric	or Year	Curi	rent Year	
	8	Contrib	utions and	l grants (Part VIII, line			7,200,526		7,532,650			
ПE	9	Program	n service i	revenue (Part VIII, line	2g)				96,043,480		98,732,684	
Revenue	10	Investm	nent incon	ne (Part VIII, column (A), lines 3, 4	l, and 7d)			181,081		804,795	
ш	11			art VIII, column (A), lıı					-10,907		-113,847	
	12			dd lines 8 through 11 (r), line		103,414,180		106,956,282	
	13			r amounts paid (Part I)			_		30,721,422		32,724,906	
	14			r for members (Part IX,			_		0		0	
	15		•	mpensation, employee	—							
Expenses		10)					45,384,204		46,876,779			
ξ	16a	Profess	ional fund	raising fees (Part IX, co			0		0			
蓋	Ь	Total fund	draising expe	enses (Part IX, column (D),	line 25) 🕨 2,85	1,680	_					
	17			Part IX, column (A), lin			_		29,889,615		28,643,860	
	18			Add lines 13-17 (must			_		105,995,241		108,245,545	
. 00	19	Revenue	e less exp	enses Subtract line 18	3 from line 1	2			-2,581,061		-1,289,263	
9 6 8 3 8								_	g of Current Year	End	of Year	
Not Assets or Fund Balances	20	Total as	sets (Par	t X, line 16)					234,205,601		244,317,454	
28 A	21			art X, line 26)					54,792,530		56,253,628	
žŽ	22	Netass	ets or fun	d balances Subtract lir	ne 21 from li	ne 20			179,413,071		188,063,826	
Pa	rt II	Signa	ture Blo	ock								
				rjury, I declare that I have e correct, and complete Decla								
Sigr		 	6 - 5-						-04-14			
Her	е	l: -	ure of office					Date				
		Kenne	eth C Westph or print name	nal VP for Finance and Treas	urer							
	Т	IF Type C	or brink Halfile	s and the		Ī.,			T ₂ .		1	
		Preparer's signature				Date	Check self-	ıf	Preparer's ide (see instruction		ber	
Paid		_	r				empo	yed 🕨 🦵				
rrep	arer's [Firm's nam	ne (or yours ployed),						EIN Þ			
use (Only	address, a	ployed), and ZIP + 4	r —								
									Phone no 🕨			
Mav	the IRS	S discuss	this retiir	rn with the preparer sho	wn above? (see instructions)				T Yes		

Form 990 (2009)

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

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

Did the organization undertake any cignificant program corvices during the year which were not listed on

Joint the organization cease conducting, or make significant changes in how it conducts, any program services?	
services?	
Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants an allocations to others, the total expenses, and revenue, if any, for each program service reported 4a (Code) (Expenses \$ 68,143,394 including grants of \$ 32,724,906) (Revenue \$ 78,484,28 instruction and Academic Support Gustavus offers 71 majors in 24 academic departments and 3 interdisciplinary programs, with a student-faculty ration for academic year 2009-2010 was 2,456, with 593 students graduating in May 2010 4b (Code) (Expenses \$ 14,331,787 including grants of \$ 0) (Revenue \$	
Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported 4a (Code) (Expenses \$ 68,143,394 including grants of \$ 32,724,906) (Revenue \$ 78,484,28 instruction and Academic Support Gustavus offers 71 majors in 24 academic departments and 3 interdisciplinary programs, with a student-faculty rational FTE enrollment for academic year 2009-2010 was 2,456, with 593 students graduating in May 2010 4b (Code) (Expenses \$ 14,331,787 including grants of \$ 0) (Revenue \$	
Instruction and Academic Support Gustavus offers 71 majors in 24 academic departments and 3 interdisciplinary programs, with a student-faculty ratio Total FTE enrollment for academic year 2009-2010 was 2,456, with 593 students graduating in May 2010 4b (Code) (Expenses \$ 14,331,787 including grants of \$ 0) (Revenue \$	d
Total FTE enrollment for academic year 2009-2010 was 2,456, with 593 students graduating in May 2010 4b (Code) (Expenses \$ 14,331,787 including grants of \$ 0) (Revenue \$	9)
	of 11 1
Student Services, Gustavus sponsors 25 varsity athletics teams and more than 40 intramural club sports, along with more than 100 student organization	0)
Approximately 99% of students are involved in at least one extracurricular activity. Other students services include admission, career center, Center fo Reflection, Office of the Chaplains, community service, diversity center, financial aid assistance, health services, registrar, student activities and resider programs	r Vocational
4c (Code) (Expenses \$ 15,017,818 including grants of \$ 0) (Revenue \$ 20,248,39	5 \
Auxiliary Services As a residential college, Gustavus is committed to residence hall living as a vital complement to its academic program Approximate students live in College-owned residences and eat in the College's Dining Service During Fall 2009, 1,985 students lived in College-owned residences bookstore provides textbooks and other educational supplies for students. Other items for sale include clothing, books and miscellaneous novelty items	ly 80% of The College
4d Other program services (Describe in Schedule O) See also Additional Data for Description	
(Expenses \$ 3,465,698 including grants of \$ 0) (Revenue \$ 0)	
4e Total program service expenses \$\\$100,958,697	

Part IV	Check	dist of	Required	Schedules
	CIICCI	11136 01	NC dull Cd	Schoules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 😼	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		N o
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νο
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any 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? <i>If "Yes," complete Schedule D, Part II</i>	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	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? If "Yes," complete Schedule D, Part V	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	Yes	
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	ĺ	ĺ	
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		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the 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		No
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		No
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		Νο

Par	rt 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		Νο
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	
b	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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νο
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	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		N o
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	Yes	
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	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		Νο
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		N o
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If</i> "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? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		No
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?	38	Yes	

1a Enter the number of U.S. Informa b Enter the number of U.S. Informa c Did the organize gaming (gamble gaming (gamble gamble statements file return b If at least one Note: If the sum instructions)	per reported in Box 3 of Formation Returns. Enter -0- if not a per of Forms W-2G included station comply with backup wing) winnings to prize winner of employees reported or different for the calendar year endires	m 1096, Annual Sun applicable	reportable payments reportabl	1a 1b to veno 2a apploym le this	3,141	1 c	Yes	No
of U.S. Informa b Enter the number of U.S. Informa c Did the organize gaming (gamble gaming (gamble statements) file return b If at least one Note: If the superstructions)	tion Returns. Enter -0- if not a per of Forms W-2G included sation comply with backup wing) winnings to prize winner of employees reported or differ the calendar year endir	applicable In line 1a Enter -0- Withholding rules for rs?	reportable payments reportable payment as year covered by this reportable payment by the	1b to vend	dors and reportable	1c	Yes	No
of U.S. Informa b Enter the number of U.S. Informa c Did the organize gaming (gamble gaming (gamble gamble) Enter the number of the substitutions of U.S. Information of U.S. Informati	tion Returns. Enter -0- if not a per of Forms W-2G included sation comply with backup wing) winnings to prize winner of employees reported or differ the calendar year endir	applicable In line 1a Enter -0- Withholding rules for rs?	reportable payments reportable payment as year covered by this reportable payment by the	1b to vend	dors and reportable	1c		
c Did the organiz gaming (gambl 2a Enter the numb Statements file return b If at least one Note: If the su instructions)	cation comply with backup wing) winnings to prize winner over of employees reported or different for the calendar year endirections	withholding rules for rs?	reportable payments	1b to vend	dors and reportable	1c		
c Did the organiz gaming (gambl 2a Enter the numb Statements file return b If at least one Note: If the su instructions)	cation comply with backup wing) winnings to prize winner over of employees reported or different for the calendar year endirections	withholding rules for rs?	reportable payments	to vend 2a pploym le this	dors and reportable 3,141 ent tax returns?			
gaming (gambl 2a Enter the numb Statements file return b If at least one Note: If the su instructions)	ing) winnings to prize winner per of employees reported or d for the calendar year endir is reported on line 2a, did th m of lines 1a and 2a is grea ration have unrelated busine filed a Form 990-T for this ring the calendar year, did t	rs?	nittal of Wage and Tax year covered by this all required federal em nay be required to e-fi	2a ploym le this	3,141			
Statements file return b If at least one Note: If the su instructions)	d for the calendar year endir is reported on line 2a, did the m of lines 1a and 2a is grea ation have unrelated busine filed a Form 990-T for this fring the calendar year, did to	ng with or within the ne organization file iter than 250, you r ess gross income o	e year covered by this	2a nploym le this	ent tax returns?		Yes	
b If at least one Note: If the su instructions)	is reported on line 2a, did the mof lines 1a and 2a is greated to the second se	ne organization file iter than 250, you r ess gross income o	all required federal em nay be required to e-fi f \$1,000 or more durii	le this		2b	Yes	
Note: If the su instructions)	m of lines 1a and 2a is grea ation have unrelated busine 	iter than 250, you r ess gross income o	nay be required to e-fi f \$1,000 or more durii	le this		2b	Yes	
	filed a Form 990-T for this ring the calendar year, did t							
	ring the calendar year, did t	usara If "No " arou		-	year covered by this	3a	Yes	
b If "Yes," has it		year in No, provid	de an explanation in Sch	nedule	0	3b	Yes	
over, a financia		ry (such as a bank	account, securities ac	ccount		4a		No
	the name of the foreign cou tions for exceptions and fili unts		r Form TD F 90-22 1,	Report	t of Foreign Bank and			
a Was the organi	zation a party to a prohibite	d tax shelter trans	action at any time dur	ing the	tax year?	5a		No
-	e party notify the organization		•	-	•	5b		No
	5a or 5b, did the organization Shelter Transaction?					5c		
a Does the organ	nization have annual gross relicit any contributions that	eceipts that are no	rmally greater than \$1	.00,00	O, and did the	6a		No
b If "Yes," did th	e organization include with e	every solicitation a	n express statement t	hat su	ch contributions or gifts	6b		
	that may receive deductible							
	ration receive a payment in a					7a	Yes	
	e organization notify the dor					7b	Yes	
	ation sell, exchange, or oth					7c		No
d If "Yes," indica	te the number of Forms 828	32 filed during the y	ear	7d				
	ation, during the year, recei					7e		No
	ation, during the year, pay p					7f		No
g For all contribu	tions of qualified intellectua	al property, did the	organization file Form	8899	as required?	7g		
	ns of cars, boats, airplanes,			file a F	orm 1098-C as	7h		
the supporting	anizations maintaining donc organization, or a donor adv ngs at any time during the y	vised fund maintain	ed by a sponsoring or	ganızat	ion, have excess	8		
Sponsoring org	anizations maintaining done	or advised funds.						
	ation make any taxable dist		ction 4966?			9a		
	ation make a distribution to					9b		
.0 Sect ion 501(c)	(7) organizations. Enter							
a Initiation fees	and capital contributions inc	cluded on Part VIII	, line 12	10a				

10b

11a

11b

12b

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club

b Gross income from other sources (Do not net amounts due or paid to other sources

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

against amounts due or received from them)

b If "Yes," enter the amount of tax-exempt interest received or accrued during the

facilities

year

Section 501(c)(12) organizations. Enter

a Gross income from members or shareholders . .

12a

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

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.

Se	ection A. Governing Body and Management			
	colon 711 Governing Boay and Hanagement		Yes	No
1a	Enter the number of voting members of the governing body 1a 3	5		
b	Enter the number of voting members that are independent 1b 2	9		
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		No
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		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the		Yes	110
ь	governing body?	, 7a . 7b	162	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the	· / D		NO
	year by the following			
a	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		Νο
	ection B. Policies (This Section B requests information about policies not required by the Internal			
ке	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		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form	17 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 risc		.,	
с	to conflicts?	12b	Yes	
	describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	. 14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	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		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶MN			
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 on website. Another's website.			
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 orga	anızatıor	n ►
	Kenneth C Westphal			

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	not compen	sate any	y curi	rent	or fo	rmer	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	Officer Institutional Trustee Individual trustee or director		Key employee	Former Highest compensated employee Key employee		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										

1b Total		1,714,022	0	440,866
----------	--	-----------	---	---------

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization 14

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Barton Denmarsh Esteban Inc 100 1st Avenue Pittsburgh, PA 15222	Marketing Consultant	306,135
BWBR Architects Lawson Commons Saint Paul, MN 55102	Architectural Services	1,194,029
Gosewisch Construction Inc 901 Summit Avenue Mankato, MN 56001	General Contractor	1,710,236
Kraus-Anderson Companies 525 South 8th Street Minneapolis, MN 55404	General Contractor	377,961
Primarius Limited Promotion 16526 West 78th Street Eden Prairie, MN 55346	Marketing and Promotion	156,784
2 Total number of independent contractors (including but not limited to those listed above) who received more than	

\$100,000 in compensation from the organization ►10

Page 8

Total revenue	Form 9								Page 9
December 2015 1985	Part \	/1111	Statement o	of Revenue			Related or exempt function	Unrelated business	Revenue excluded from tax under sections 512,513,or
Business Code	##	1a	Federated camp	paigns 1a					
Business Code	<u>E</u> E	Ь	Membership du	es	0				
Business Code	S,€	c	Fundraising eve	ents 1c	196,658				
Business Code	≢ੁੁ	d	Related organiz	ations 1d	0				
Business Code	Ę,ÿ	e	Government grants	s (contributions) 1e	1,658,299				
Business Code	ibution other s	f g	sımılar amounts no Noncash contri	t included above butions included in	5,677,693				
100 100	Conti	h	IIIIes Ta-TI \$ _		▶	7,532,650			
10					Business Code				
10	enu	2a	Tuition and Fees	_	611,310	77,096,326	77,096,326	0	О
10	се Вем	ь	Residence Halls		721,000	10,530,660	10,270,476	260,184	0
10		c	Dining Service	_	722,210	6,797,945	5,758,517	1,039,428	0
10	ē. Z	d	Book Mark		451,211	2,476,501	2,476,501	0	0
10	ج د	e	Athletic Facilities		713,940	505,734	415,792	89,942	0
10	Ģ a	f	All other progra	ım service revenue		1,325,518	1,077,323	248,195	0
1,833,270	<u>\$</u>	g	Total. Add lines	 		98,732,684			
The property of the property		3	Investment inc	ome (including dividend	ds, interest				
Section Sect			and other simila	aramounts)	▶ [1,833,270	0	-40,226	1,873,496
10		4	Income from inves	tment of tax-exempt bond p	proceeds 🕨	0			0
Sea Gross Rents		5	Royalties			0	0	0	0
Description				(ı) Real	(II) Personal				
Regital income or (loss)									
Net rental income or (loss) Net		"	expenses	_					
10 10 10 10 10 10 10 10		C		0	0				
Ta Gross amount from sakes of assets other than aventory		d	Net rental incor	me or (loss)					
From sales of assets other than inventory					(II) O ther				
b Less cost or conter basis and sales expenses c Gam or (loss) -1,028,475 0 0 -1,028,475 0 0 -1,028,475 0 0 -1,028,475 0 0 -1,028,475 0 0 -1,028,475 0 0 -1,028,475 0 0 -1,028,475 0 0 -1,028,475 0 0 -1,028,475 0 0 -1,028,475 0 0 -1,028,475 0 0 -1,028,475 0 0 -1,028,475 0 0 -1,028,475 0 0 -1,028,475 0 0 -1,028,475 0 0 -1,028,475 0 0 -1,028,475 0 0 0 0 0 0 0 0 0		7a	from sales of assets other	42,521,482	0				
d Net gain or (loss)		ь	other basis and sales expenses	, ,	0				
8a Gross income from fundraising events (not including \$ 196,658 of contributions reported on line 1c) See Part IV, line 18		C			0				
events (not including \$ 196,658 of contributions reported on line 1c) See Part IV, line 18 a 207,205 b Less direct expenses b 321,052 c Net income or (loss) from fundraising events .						-1,028,475	0	0	-1,028,475
9a Gross income from gaming activities See Part IV, line 19 a b Less direct expenses b c Net income or (loss) from gaming activities	Revenue	Oa	events (not incl \$	luding ,658 reported on line 1c) e 18	207 205				
9a Gross income from gaming activities See Part IV, line 19 a b Less direct expenses b c Net income or (loss) from gaming activities	Ē	Ь	Less direct ex	ŀ	·				
See Part IV, line 19 a b Less direct expenses b c Net income or (loss) from gaming activities	ŏ	c		L		-113,847	-113,847	0	0
b Less direct expenses b		9a		e 19					
returns and allowances . a b Less cost of goods sold . b c Net income or (loss) from sales of inventory . Miscellaneous Revenue Business Code 11a b c d All other revenue Total revenue. See Instructions				penses b	/ities▶				
b Less cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11a b c d All other revenue		10a		wances .					
11a			_	oods sold b	entory ►				
b			Miscellaneous	s Revenue	Business Code				
c All other revenue e Total. Add lines 11a-11d 12 Total revenue. See Instructions		11a							
d All other revenue		b							
e Total. Add lines 11a-11d		c							
12 Total revenue. See Instructions				ı					
106,956,282 96,981,088 1,597,523 845,021		e	Total. Add lines	s 11a-11d		0			
		12	Total revenue.	See Instructions	. ▶	106,956,282	96,981,088		

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, o, 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 $$ See Part IV, line 21 $$	0					
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	32,724,906	32,724,906				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16		, ,				
4	Benefits paid to or for members						
5	Compensation of current officers, directors, trustees, and key employees	1,304,176	551,452	579,883	172,841		
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0					
7	Other salaries and wages	32,818,271	30,182,368	1,182,935	1,452,968		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,063,919	1,852,944	112,442	98,533		
9	Other employee benefits	8,349,192	7,486,275	422,304	440,613		
10	Payroll taxes	2,341,221	2,149,609	83,245	108,367		
11	Fees for services (non-employees)						
а	Management						
b	Legal	124,316		115,695	8,621		
c	Accounting	68,931		68,931			
d	Lobbying						
e	Professional fundraising See Part IV, line 17						
f	Investment management fees	96,174		96,174			
g	Other	1,016,222	927,591	78,565	10,066		
12	Advertising and promotion	221,795	221,795				
13	Office expenses	1,088,082	695,358	230,737	161,987		
14	Information technology	651,015	628,428	20,183	2,404		
15	Royalties						
16	Occupancy	4,746,424	4,464,195	235,062	47,167		
17	Travel	1,452,847	1,242,908	95,899	114,040		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials						
19	Conferences, conventions, and meetings	167,891	152,409	2,459	13,023		
20	Interest	520,047	485,355	34,692			
21	Payments to affiliates						
22	Depreciation, depletion, and amortization	5,439,233	5,115,808	269,373	54,052		
23	Insurance	550,293	517,572	27,253	5,468		
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)						
а	Dining Service Expenses	3,049,455	3,049,455	0	0		
ь	Study Abroad Expenses	2,456,768	2,456,768	0	0		
c	Book Mark Expenses	1,708,834	1,708,834	0	0		
d	A cademic Expenses	1,064,016	1,064,016	0	0		
e	Lease Expense	453,286	453,286	0	0		
f	All other expenses	3,768,231	2,827,365	779,336	161,530		
25	Total functional expenses. Add lines 1 through 24f	108,245,545	100,958,697	4,435,168	2,851,680		
26	Joint costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation						

Pa	rt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	75,703	1	101,809		
	2	Savings and temporary cash investments	19,455,566	2	21,125,659		
	3	Pledges and grants receivable, net			3,769,642	3	2,028,954
	4	Accounts receivable, net			525,636	4	528,455
	5	Receivables from current and former officers, directors, trustee highest compensated employees. Complete Part II of	s, key	employees, and			
		Schedule L			0	5	0
	6	Receivables from other disqualified persons (as defined under spersons described in section $4958(c)(3)(B)$ Complete Part II of		n 4958(f)(1)) and			
		Schedule L			0	6	0
ets	7	Notes and loans receivable, net			5,000	7	5,000
Assets	8	Inventories for sale or use			510,982	8	460,256
⋖	9	Prepaid expenses and deferred charges			1,059,088	9	1,126,727
	10a	Land, buildings, and equipment cost or other basis <i>Complete</i> Part VI of Schedule D	10a	172,706,342			
	b	Less accumulated depreciation	10b	76,184,527	97,072,153	10c	96,521,815
	11	Investments—publicly traded securities			74,579,402	11	79,568,551
	12	Investments—other securities See Part IV, line 11			32,194,109	12	36,757,880
	13	Investments—program-related See Part IV, line 11			3,310,071	13	3,161,611
	14	Intangible assets			0	14	0
	15	Other assets See Part IV, line 11			1,648,249	15	2,930,737
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			234,205,601	16	244,317,454
	17	Accounts payable and accrued expenses .			15,292,022	17	16,332,306
	18	Grants payable			0	18	0
	19	Deferred revenue			1,950,016	19	1,686,803
	20	Tax-exempt bond liabilities			23,985,000	20	22,890,000
<u> </u>	21	Escrow or custodial account liability Complete Part IV of Schedu	le D		1,597,875	21	1,785,119
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified	•				
- ===		persons Complete Part II of Schedule L			0	22	o
	23	Secured mortgages and notes payable to unrelated third parties			0	23	0
	24	Unsecured notes and loans payable to unrelated third parties			0	24	0
	25	Other liabilities Complete Part X of Schedule D			11,967,617	25	13,559,400
	26	Total liabilities. Add lines 17 through 25			54,792,530	26	56,253,628
Ses		Organizations that follow SFAS 117, check here ▶ and compare through 29, and lines 33 and 34.	olet e l	lines 27			
ä	27	Unrestricted net assets			41,753,080	27	48,357,875
Balance	28	Temporarily restricted net assets	61,645,244	28	61,500,703		
Σ	29	Permanently restricted net assets	76,014,747	29	78,205,248		
Fund		Organizations that do not follow SFAS 117, check here ▶ ┌ ar	ıd con	nplet e			
2		lines 30 through 34.					
	30	Capital stock or trust principal, or current funds	•			30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other fu	ınds			32	
Ř	33	Total net assets or fund balances			179,413,071	33	188,063,826
_	34	Total liabilities and net assets/fund balances		234,205,601	34	244,317,454	

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 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			
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)

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

h

Name of the organization

GUSTAVUS ADOLPHUS COLLEGE

Public Charity Status and Public Support

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

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

Inspection

Employer identification number

Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches section 170(b)(1)(A)(i). $\overline{\mathbf{v}}$ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 7 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h c Type III - Functionally integrated Type III - Other Type I **b** Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (III) below, the governing body of the the supported organization? 11g(i) (ii) a family member of a person described in (i) above? 11g(ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organizati col (i) orga	on in anized	(vii) A mount of support?	
		ınstructions))	Yes	No	Yes	No	Yes	No		
Total										

Provide the following information about the supported organization(s)

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 here	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

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

DLN: 93493104002121

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

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

Open to Public

Interna	al Revenue Service	► Attach to Fo		Inspection				
Na	ime of the organ	nization		Employer identifi	cation numbe	r		
				41-0695524				
Pa			dvised Funds or Other Similar F	unds or Accoun	ts. Complet	e if the		
	organi	zation answered "Yes" to Form 99	U, Part IV, line 6. (a) Donor advised funds	(b) Funds and	l other accoun	nts		
1	Total number a	at end of year	(a) Bollot davised fallas	(b) runus une	Total accoun	1113		
2		ritributions to (during year)						
3	Aggregate gra	nts from (during year)						
4	Aggregate valu	ue at end of year						
5	_	zation inform all donors and donor adviors and donor adviors and donor adviors and donor advi	sors in writing that the assets held in dor organization's exclusive legal control?	or advised	☐ Yes	┌ No		
6	used only for o	- , , , , , , , , , , , , , , , , , , ,	donor advisors in writing that grant funds efit of the donor or donor advisor, or for a	•	☐ Yes	∏ No		
Pa	rt III Conse	ervation Easements. Complete	if the organization answered "Yes" t	o Form 990, Part	IV, line 7.			
2	Protection Preservat Complete line	tion of land for public use (e g , recreati n of natural habitat tion of open space s 2a–2d if the organization held a quali the last day of the tax year			ucture			
_	Total number	of conservation easements			he End of the	Year		
a b		restricted by conservation easements		2a 2b				
c	-	nservation easements on a certified his	toric structure included in (a)	2b 2c				
d		nservation easements included in (c) ac	` ·	2d				
3	the taxable ye	ear 🏲	rred, released, extinguished, or terminate		n during			
4			ition easement is located ►					
5	_	nization have a written policy regarding if the conservation easements it holds?	the periodic monitoring, inspection, hand	dling of violations, a	nd 「Yes	┌ No		
6	Staff and volu	nteer hours devoted to monitoring, insp	ecting and enforcing conservation easen	nents during the yea	r ►			
7	A mount of exp	penses incurred in monitoring, inspectir	ng, and enforcing conservation easement	s during the year ► S	\$			
8		nservation easement reported on line 2 ı) and 170(h)(4)(B)(ıı)?	(d) above satisfy the requirements of sec	tion	☐ Yes	Г No		
9	balance sheet		onservation easements in its revenue and he footnote to the organization's financia nents					
Pa		nizations Maintaining Collectio lete if the organization answered "	ns of Art, Historical Treasures, Yes" to Form 990, Part IV, line 8.	or Other Simila	r Assets.			
1a	art, historical	treasures, or other similar assets held	116, not to report in its revenue stateme for public exhibition, education or resear ancial statements that describes these i	ch in furtherance of i		<u>,</u>		
Ь	historical trea	· ·	116, to report in its revenue statement a public exhibition, education, or research i		•			
	(i) Revenues	included in Form 990, Part VIII, line 1				22,300		
	(ii) Assets inc	cluded in Form 990, Part X		► \$	38	35,767		
2	_	ation received or held works of art, histo unts required to be reported under SFAS	orical treasures, or other similar assets fo S 116 relating to these items					
а	Revenues incl	uded in Form 990, Part VIII, line 1		► \$		0		

Par	444 Organizations Maintaining Co	llections of Art	, His	toric	<u>al Trea</u>	asures, or	Othe	er Similar As	sset	:S (co	<u>ntınued)</u>
3	Using the organization's accession and othe items (check all that apply)	r records, check any	y of th	e follo	wing tha	t are a sıgnıf	cant (use of its collec	tion		
а	Public exhibition		d	~	Loan or	exchange pro	grams	5			
b	Scholarly research		e	Γ	O ther						
c	Preservation for future generations										
4	Provide a description of the organization's co Part XIV	ollections and expla	ın how	v they	further t	he organızatı	on's e	xempt purpose	ın		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t							mılar	┌ ¥	'es	√ No
Pai	t IV Escrow and Custodial Arrang						ed "\	es" to Form	990,		
-	Part IV, line 9, or reported an an										
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?					ns or other a	ssets	not	┌ ¥	es	√ No
Ь	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ing tab	ole						
_	December halon						4 =	A	mour	ıc	
C	Beginning balance						1c				
d	Additions during the year						1d				
e	Distributions during the year						1e				
f	Ending balance						1f		_		
2a	Did the organization include an amount on Fo		21?						V Y	es	No
	If "Yes," explain the arrangement in Part XIV				-1 1137 11	I- F 00	0 D-	1.71/ 1 40			
Рα	rt V Endowment Funds. Complete	(a)Current Year		wered Prior Y				<u>rt IV, IINE IU.</u> I)Three Years Back		Four Ye	ears Back
1a	Beginning of year balance	83,621,310			196,048	(0)		-,	1 (3)		
b	Contributions	2,809,062		2,	140,920						
c	Investment earnings or losses	10,199,427		-28,	238,573						
d	Grants or scholarships	1,773,129		1,	776,971						
e	Other expenditures for facilities and programs	2,531,728		2,	545,322						
f	Administrative expenses	91,789			154,792						
g	End of year balance	92,233,153		83,	621,310						
2	Provide the estimated percentage of the yea	r end balance held a	is								
а	Board designated or quasi-endowment 🕨	13 % %									
ь	Permanent endowment ► 87 % %										
c	Term endowment ► 0 % %										
3a	Are there endowment funds not in the posses	ssion of the organiza	ation t	that ar	e held a	nd administe	red for	the	_		
	organization by							<u> </u>		Yes	No
	(i) unrelated organizations			•					(i)	Yes	N
L	(ii) related organizations If "Yes" to 3a(ii), are the related organizatio						•		(ii) ь		No
4	Describe in Part XIV the intended uses of th							3	ן שי		
	t VI Investments—Land, Buildings					. Part X. lın	e 10.				
	Description of investment	, ,		(a) C	ost or othe investmen	er (b)Cost o	rother	(c) Accumulate depreciation	d	(d) Boo	ok value
1a	_and				1,428,5	500	955,993	3	\dashv		2,384,493
ь	Buildings				1,565,3		764,536		20),426,581
	_easehold improvements					0	C	<u> </u>	0		
d	Equipment					0 21,7	788,606	14,563,9	16	-7	7,224,690
e	Other					0 16,2	203,342	9,717,2	91		5,486,051

96,521,815

Part VIII Investments—Other Securities. See	Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		Coot of one of your market value
Closely-held equity interests		
Other		
Commodity Funds	2,217,137	<u>F</u> _
Fund of Funds	26,511,950	F
Funds Held by Others	3,369,490	<u>F</u> _
Real Estate	4,632,786	F
Other	26,517	<u>F</u> _
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	36,757,880	
Part VIII Investments—Program Related. See		3.
(a) Description of investment type	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
Student Notes Receivable	3,161,611	С
Total. (Column (b) should equal Form 990. Part X. col (B) line 13)	3.161.611	
101411 (10141111 (10141111 (10141111111111	-//	
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, lin (a) Descrip	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, Iir	ne 15.	(b) Book value 2,665,753
Part IX Other Assets. See Form 990, Part X, Im (a) Descrip	ne 15.	
Part IX Other Assets. See Form 990, Part X, Im (a) Descrip Construction in Progress	ne 15.	2,665,753
Construction in Progress Other Receivables	ne 15.	2,665,753 243,436
Construction in Progress Other Receivables	ne 15.	2,665,753 243,436
Construction in Progress Other Receivables	ne 15.	2,665,753 243,436
Construction in Progress Other Receivables	ne 15.	2,665,753 243,436
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Construction in Progress Other Receivables	ne 15.	2,665,753 243,436
Construction in Progress Other Receivables	ne 15.	2,665,753 243,436
Construction in Progress Other Receivables	ne 15.	2,665,753 243,436
Construction in Progress Other Receivables Accrued Interest Receivable	ne 15.	2,665,753 243,436 21,548
Construction in Progress Other Receivables Accrued Interest Receivable Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	16 15. tion	2,665,753 243,436
Part IX Other Assets. See Form 990, Part X, Immage (a) Description of Progress Other Receivables Accrued Interest Receivable Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X	5.)	2,665,753 243,436 21,548
Construction in Progress Other Receivables Accrued Interest Receivable Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	16 15. tion	2,665,753 243,436 21,548
Construction in Progress Other Receivables Accrued Interest Receivable Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	5.)	2,665,753 243,436 21,548
Construction in Progress Other Receivables Accrued Interest Receivable Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes Future Interest Discount on Pooled Life Income Funds	5.) , line 25. (b) A mount	2,665,753 243,436 21,548
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes Future Interest Discount on Pooled Life Income Funds A nnuities Payable	5.) , line 25. (b) A mount 943,276 9,699,606	2,665,753 243,436 21,548
Construction in Progress Other Receivables Accrued Interest Receivable Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes Future Interest Discount on Pooled Life Income Funds	5.) , line 25. (b) A mount	2,665,753 243,436 21,548
Part IX Other Assets. See Form 990, Part X, Image (a) Description in Progress Other Receivables Accrued Interest Receivable Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes Future Interest Discount on Pooled Life Income Funds Annuities Payable	5.) , line 25. (b) A mount 943,276 9,699,606	2,665,753 243,436 21,548
Part IX Other Assets. See Form 990, Part X, Image (a) Description in Progress Other Receivables Accrued Interest Receivable Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes Future Interest Discount on Pooled Life Income Funds Annuities Payable	5.) , line 25. (b) A mount 943,276 9,699,606	2,665,753 243,436 21,548
Part IX Other Assets. See Form 990, Part X, Image (a) Description in Progress Other Receivables Accrued Interest Receivable Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes Future Interest Discount on Pooled Life Income Funds Annuities Payable	5.) , line 25. (b) A mount 943,276 9,699,606	2,665,753 243,436 21,548
Part IX Other Assets. See Form 990, Part X, Image (a) Description in Progress Other Receivables Accrued Interest Receivable Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes Future Interest Discount on Pooled Life Income Funds Annuities Payable	5.) , line 25. (b) A mount 943,276 9,699,606	2,665,753 243,436 21,548
Part IX Other Assets. See Form 990, Part X, Image (a) Description in Progress Other Receivables Accrued Interest Receivable Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes Future Interest Discount on Pooled Life Income Funds Annuities Payable	5.) , line 25. (b) A mount 943,276 9,699,606	2,665,753 243,436 21,548
Part IX Other Assets. See Form 990, Part X, Image (a) Description in Progress Other Receivables Accrued Interest Receivable Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes Future Interest Discount on Pooled Life Income Funds Annuities Payable	5.) , line 25. (b) A mount 943,276 9,699,606	2,665,753 243,436 21,548
Part IX Other Assets. See Form 990, Part X, Image (a) Description in Progress Other Receivables Accrued Interest Receivable Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes Future Interest Discount on Pooled Life Income Funds Annuities Payable	5.) , line 25. (b) A mount 943,276 9,699,606	2,665,753 243,436 21,548
Part IX Other Assets. See Form 990, Part X, Image (a) Description in Progress Other Receivables Accrued Interest Receivable Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes Future Interest Discount on Pooled Life Income Funds Annuities Payable	5.) , line 25. (b) A mount 943,276 9,699,606	2,665,753 243,436 21,548
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes Future Interest Discount on Pooled Life Income Funds A nnuities Payable	5.) , line 25. (b) A mount 943,276 9,699,606	2,665,753 243,436 21,548
Part IX Other Assets. See Form 990, Part X, Image (a) Description in Progress Other Receivables Accrued Interest Receivable Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes Future Interest Discount on Pooled Life Income Funds Annuities Payable	5.) , line 25. (b) A mount 943,276 9,699,606	2,665,753 243,436 21,548

Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	106,956,282
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	108,245,545
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-1,289,263
4	Net unrealized gains (losses) on investments	4	10,030,038
5	Donated services and use of facilities	5	0
6	Investment expenses	6	0
7	Prior period adjustments	7	0
8	Other (Describe in Part XIV)	8	-90,020
9	Total adjustments (net) Add lines 4 - 8	9	9,940,018
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	8,650,755
Par	Reconciliation of Revenue per Audited Financial Statements With Revenue	er R	leturn
1	Total revenue, gains, and other support per audited financial statements	1	84,674,280
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities 2b		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	-22,282,002
3	Subtract line 2e from line 1	3	106,956,282
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 0		
b	Other (Describe in Part XIV) 4b 0		
c	Add lines 4a and 4b	4c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	106,956,282
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	s per	
1	Total expenses and losses per audited financial statements	1	76,023,525
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities	_	
b	Prior year adjustments		
C	Other losses	1	
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	502,886
3	Subtract line 2e from line 1	3	75,520,639
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 0		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	32,724,906
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	108,245,545

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 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	Ret urn Reference	Explanation
SchD_P03_S00_L04	Schedule D, Part III, Line 4	The Hillstrom Museum of Art exists as an integral part of the education of Gustavus Adolphus College students. As an important educational and cultural component of the College, the Museum supplements the education of students through its exhibitions and programs, encourages the interdisciplinary study of the arts, and provides a context for understanding the arts in a liberal arts program
SchD_P04_S00_L02b	Schedule D, Part IV, Line 2b	This includes the actuarial liability of deferred gift funds held for third parties and funds held for various student organizations
SchD_P05_S00_L04	Schedule D, Part V, Line 4	Endowment funds are used for designated and undesignated scholarships, endowed chairs, library acquisitions, faculty development, student research, Nobel Conference and other endowed programs
SchD_P10_S00_L00	Schedule D, Part X	Substantially all of Gustavus' activities serve to fulfill the College's exempt purpose. To the extent that some of these activities may be considered unrelated business income, these items would be immaterial and there would be sufficient expenses to offset any income. Accordingly, no tax liability is recorded at May 31, 2010.
SchD_P11_S00_L08	Schedule D, Part XI, Line 8	A djustment of A ctuarial Liability
SchD_P12_S00_L02d	Schedule D, Part XII, Line 2d	A djustment of Actuarial Liability, Scholarships and Grants to Students, Miscellaneous Interdepartmental Adjustments and Fundraising Reclassifications
SchD_P13_S00_L02d	Schedule D, Part XIII, Line 2d	Miscellaneous Interdepartmental Adjustments and Fundraising Reclassifications
SchD_P13_S00_L04b	Schedule D, Part XIII, Line 4b	Scholarships and Grants to Students

Employer identification number

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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 Inspection

GUSTAVUS ADOLPHUS COLLEGE 41-0695524 YES NO 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 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? Yes 2 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," Yes The following nondiscrimination policy appears in the all-college policy manual. Within the limits of its facilities, the College shall be open to all applicants who are qualified according to its admission requirements. The College shall make clear to all applicants the characteristics and expectations of students that it considers relevant to its program Under no circumstances may an applicant be denied admission or financial aid because of race, color, creed, religion, age, sex, sexual orientation, national origin, marital status, disability veteran status, status with regard to public assistance or other categories protected by federal, state or local anti-discrimination laws. Financial aid administered by the College shall be disbursed on the basis of financial need and academic promise and/or academic ability Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? Yes 4a b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c Yes 4d Yes d Copies of all material used by the organization or on its behalf to solicit contributions? 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 a Students' rights or privileges? 5a Νo **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? 5c Νo d Scholarships or other financial assistance? 5d Νo e Educational policies? Νo 5e f Use of facilities? 5f Νo g Athletic programs? 5g Νo h Other extracurricular activities? 5h Νo If you answered "Yes" to any of the above, please explain If you need more space, use Schedule O (Form 990) 6a Does the organization receive any financial aid or assistance from a governmental agency? Yes 6a **b** Has the organization's right to such aid ever been revoked or suspended? 6b Νo If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990) 🎜 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Schedule O (Form 7 Yes

990)

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DLN: 93493104002121

OMB No 1545-0047

2009

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SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

Statement of Activities Outside the United States

Complete if the organization answered "Yes" to Form 990,
 Part IV, line 14b, 15, or 16.
 ► Attach to Form 990.
 ► See separate instructions.

Open to Public Inspection

No

Name of the organization GUSTAVUS ADOLPHUS COLLEGE Employer identification number

41-0695524

Part I	General Informa	tion on	Activities	Outside the	United States.	Complete if the	organization	answered
	"Yes" to Form 990,	Part IV	, lıne 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

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

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

J Activites per Region (o	se schedule i - 1	(I OIIII 330) II aut	illional space is needed)		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean	0	0	Program Services	Study Abroad (4 Students)	47,850
East Asia and the Pacific	0	0	Program Services	Study Abroad (10 Students)	158,825
Europe (including Iceland and Greenland)	0	0	Program Services	Study Abroad (54 Students)	712,521
North America (including Canada and Mexico, but not the United States)	0	0	Program Services	Study Abroad (1 Student)	10,900
Russia and the newly independent States	0	0	Program Services	Study Abroad (2 Students)	24,200
South America	0	0	Program Services	Study Abroad (8 Students)	92,994
South Asia	0	0	Program Services	Study Abroad (12 Students)	158,252
Sub-Saharan Africa	0	0	Program Services	Study Abroad (3 Students)	41,707
Europe (including Iceland and Greenland)	0	0	Program Services	Student Teaching (6 Students)	20,615
Central America and the Caribbean	0	0	Program Services	J-Term (22 Students)	74,142
East Asia and the Pacific	0	0	Program Services	J-Term (50 Students)	299,321
Europe (including Iceland and Greenland)	0	0	Program Services	J-Term (122 Students)	509,379
South America	0	0	Program Services	J-Term (21 Students)	107,380
South Asia	0	0	Program Services	J-Term (14 Students)	71,444
Sub-Saharan Africa	0	0	Program Services	J-Term (18 Students)	77,237
Totals	0				2,406,767
For Privacy Act and Paperwork R	eduction Act Notic	ce, see the Instruc	tions for Form 990.	Cat No 50082W Sche	edule F (Form 990) 2009

Part IV	, line 15, for an	sistance to Orgar y recipient who recensional	eived more than \$5	es Outside the Ur ,000. Check this box	nited States. Composite of the composite	plete if the organiza received more that	tion answered "Yes' n \$5,000	'to Form 990, ► 厂
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2 Enter total n tax-exempt	number of recipions by the IRS, or f	ent organizations lis or 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					: (Earm 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. (c) Number of (b) Region (d) A mount of (e) Manner of cash (a) Type of grant or (f) A mount of (g) Description (h) Method of assistance cash grant disbursement of non-cash valuation recipients non-cash (book, FMV, assistance assistance appraisal, other)

Schedule F (Form 990) 2009

Identifier	ReturnReference	in Part I, line 2, and any additional information. Explanation
	+	

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DLN: 93493104002121

OMB No. 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

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.

Department of the Treasury ► Attach to Form 990 or Form 990-EZ. ► See separate instructions. Internal Revenue Service Name of the organization Employer identification number GUSTAVUS ADOLPHUS COLLEGE

00.	STAVOS ADOLI 1105 COL					41-0695524	1
Pa		ctivities. Comple			ition answered "Yes" is part.	to Form 990, Part IV	/, line 17.
1	Indicate whether the org	anızatıon raısed funds	s through	any of the	e following activities Ch	eck all that apply	
а	Mail solicitations			e	☐ Solicitation of no	n-government grants	
Ь	Internet and e-mail s	olicitations		f	☐ Solicitation of go	vernment grants	
c	Phone solicitations			g	Special fundraisi	ng events	
d	In-person solicitation	ns					
2a	Did the organization have or key employees listed						Г Yes Г No
b	If "Yes," list the ten higher to be compensated at lea						
	(i) Name of Individual or entity (fundraiser)	(ii) Activity	fundrais custo cont	Did ser have ody or rol of utions?	(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	1		
			_				
Tota	al						
					1	1	<u> </u>

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

Pai	rt II	Fundraising Events. Com more than \$15,000 on Form					eport	ted
			(a) Event #1 Royal Affair (event type)	(b) Event #2 Football Golf (event type)	(c) O ther Events 9 (total number)	(d) Tot (Add col		
Me	1	Gross receipts	297,815	30,804	75,244		40	3,863
Reveilue	2	Less Charitable contributions	124,206	16,014	56,438		19	6,658
	3	Gross income (line 1 minus line 2)	173,609	14,790	18,806		20	7,205
	4	Cash prizes	0	0	1,560			1,560
S	5	Non-cash prizes	92,936	3,176	9,295		10	5,407
Expenses	6	Rent/facility costs	4,501	6,705	15,324		2	6,530
ă	7	Food and beverages	35,521	3,525	5,871		4	4,917
Direct	8	Entertainment	0	0	0			0
ឨ	9	Other direct expenses .	133,827	5,360	3,451		14	2,638
	10	Direct expense summary Add lin	es 4 through 9 ın column	(d)			32	1,052
	11	Net income summary Combine III	nes 3, column d, and line	10			-11	3,847
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		'Yes" to Form 990, Pa	rt IV, line 19, or repo	rted more	e thar	1
Revenue	1		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Tot (Add col col		
		Gross revenue						
Expenses	2	Cash prizes						
<u>8</u>	3	Non-cash prizes						
	4	Rent/facility costs						
Direct	5	Other direct expenses						
	6	Volunteer labor	Г Yes	Г Yes	┌ Yes			
		Direct expense summary Add lines Net gaming income summary Com						
9 a b	Is t	er the state(s) in which the organiza he organization licensed to operate No," Explain				· 9a	Yes	No
10a b		re any of the organization's gaming Yes," Explain	licenses revoked, suspen	ded or terminated during	the tax year?	10a		
11 12	Is t	es the organization operate gaming a he organization a grantor, beneficia ned to administer charitable gaming	ry or trustee of a trust or	a member of a partnersh	ıp or other entıty	11 12	F7\ 20	
					Schedule 6 (1 01111 3	JU UI 33U-	, _0	

		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	

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

Schedule I

(Form 990)

Name of the organization

DLN: 93493104002121 OMB No 1545-0047

Employer identification number

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. Department of the Treasury Attach to Form 990 Internal Revenue Service

Open to Public

Schedule I (Form 990) 2009

STAVUS ADOLPHUS COLL						41-0695524	
Does the organization mainstrain the selection criteria used	ıntaın records to s d to award the gra	nts and Assistance substantiate the amount of to nts or assistance? edures for monitoring the us					▼ Yes
Grants and Oth Form 990, Part I	ner Assistance :V, line 21 for a	e to Governments and ny recipient that receive 990) if additional space	l Organizations in d more than \$5,000	the United States . Check this box if n	o one recipient receiv	ed more than \$5,00	0. 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)		(h) Purpose of gra or assistance
		d government organizations				<u> </u>	

Cat No 50055P

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
Merit Based Student Financial Assistance	891	9,442,480			
Need Based Student Financial Assistance	1465	22,742,820			
International Student Financial Assistance	34	539,606			
Tuition Benefit Student Financial Assistance	80	2,242,329			

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

DLN: 93493104002121

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Compensation Information

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

GO.	STAVOS ADOLFTIOS COLLEGE		41-0695524			
Pa	rt I Questions Regarding Compensation		<u> </u>			
					Yes	Νo
1a	Check the appropriate box(es) if the organization provides 990, Part VII, Section A, line 1a Complete Part III to					
	First-class or charter travel	굣	Housing allowance or residence for personal use			
	✓ Travel for companions	Г	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	굣	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, 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 D			2	Yes	
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all that Compensation committee	appl				
	✓ Independent compensation consultant	<u>ا</u>	·			
	Form 990 of other organizations	<u> -</u>	• • •			
4	During the year, did any person listed in Form 990, Pai or a related organization	rt V I	I, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control pa	ymer	nt?	4a		No
ь	Participate in, or receive payment from, a supplementa	I nor	nqualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-base	ed co	ompensation arrangement?	4c		Νο
	If "Yes" to any of lines 4a-c, list the persons and provi	de tl	ne applicable amounts for each item in Part III			
5	Only 501(c)(3) and 501(c)(4) organizations only must For persons listed in form 990, Part VII, Section A, lin compensation contingent on the revenues of					
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, lin compensation contingent on the net earnings of	e 1a	, did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A, lir payments not described in lines 5 and 6? If "Yes," des			7		No
8	Were any amounts reported in Form 990, Part VII, paid subject to the initial contract exception described in Ro in Part III			8		No
9	If "Yes" to line 8 did the organization also follow the re	hutt	able presumption procedure described in Regulations			

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

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and		(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
Bruce N Aarsvold	(I) (II)	106,155 0	0	315 0	0 0	72,528 0	178,998 0	
David N Fienen	(ı) (ıı)	137,060 0	0	1,178 0	0	17,930 0	156,168 0	
John R Ohle	(ı) (ıı)	285,502 0	0	13,145 0	58,500 0	103,413 0	460,560 0	
Mary E Morton Strey	(ı) (ıı)	153,323 0	0	455 0	0	27,103 0	180,881	
Kenneth C Westphal	(ı) (ıı)	159,722 0	0	1,045 0	0	18,450 0	179,217 0	
Thomas W Young	(ı) (ıı)	136,056 0	0	1,959 0	0	31,586 0	169,601 0	

Part III Supplemental Information

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

Ident if ier	Return Reference	Explanation
	Part I, Line 1a	The President's wife accompanies him on College-related business as part of her employment contract with the College As part of the President's contract, he is required to reside in the College-owned residence at the College's expense. The College shall pay for all maintenance and operating expenses of the house, including, but not limited to, housekeeping, grounds keeping, general maintenance and all utilities. The President's residence shall be available for College-related business and entertainment on a regular and continuing basis. The President's contract also provides him a club membership to be used exclusively for College business.
		The President has a supplemental nonqualified retirement plan that has been approved by the Personnel Committee of the Board of Trustees The terms of this plan are set forth in the written contract of the President that has been signed by the Chair of the Board of Trustees

Schedule J (Form 990) 2009

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DLN: 93493104002121

OMB No 1545-0047

Schedule K (Form 990)

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 O (Form 990). ► Attach to Form 990. ► See separate instructions.

Open to Public **Inspection**

Department of the Treasury Internal Revenue Service Name of the organization

GUSTAVUS ADOLPHUS COLLEGE

Employer identification number

41-0695524

Pa	art I Bond Issues													
	(a) Issuer Name (b) Issuer EIN (c) CUSIP #		(d) Date Issued (e) Issue Price		Price	(f) Description of Purpose			(g) Defeased		(h) O n Behalf of Issuer			
												No	Yes	No
Α	Minnesota Higher Education Facilities Authority	41-0988525	60416HDT8	10-07-2004		16,550,000		Construct new apartment complex, install fire sprinkler systems and renovate Old Main			х		х	
Pa	rt III Proceeds				-				1					
	-			Α		В		С		D	D		E	
1		Total proceeds of issue			6,550,000									
2	Gross proceeds in reserve funds													
3	Proceeds in refunding or defeasance escrows													
4	O ther unspent proceeds													
5	Issuance costs from proceeds	Issuance costs from proceeds			209,516									
6	Working capital expenditures from	Working capital expenditures from proceeds												
7	Capital expenditures from proceed	Capital expenditures from proceeds			6,430,484									
8	Year of substantial completion			20	06			•		•				
					No	Yes	No	Yes	No	Yes	No	Ye	s	No
9	Were the bonds issued as part of a	a current refunding is	sue?		Х									
10	Were the bonds issued as part of a	an advance refunding	ı ıssue?		X									
11	Has the final allocation of proceed	ds been made?		х										
12	Does the organization maintain ad the final allocation of proceeds?	dequate books and re	cords to support	x										
Pa	rt III Private Business Use					<u> </u>				<u> </u>				
			A		В		С		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	Are there any lease arrangements which may result in private busine	х												
For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50193E										5	chedule	K (Form	990) 20	09

Par	t III Private Business Use (Continued)											
				4	I	3	С		D			E
			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?			Х								
3b	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 outside counsel to review any management or service contracts or research agreements relating to the financed property?											
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government									·		
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government											
6	Total of lines 4 and 5			0 %								
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?											
Pai	rt IV Arbitrage											•
					В		С		D		E	
		Yes	No	Yes	No	Ye	es i	No	Yes	No	Yes	No
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?		x									

·	LIV Albitiage										
			4	E	3		С	[D	E	
		Yes	No								
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?		×								
2	Is the bond issue a variable rate issue?	Х									
За	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		х								
b	Name of provider										
С	Term of hedge										
4a	Were gross proceeds invested in a GIC?		Х								
b	Name of provider										
С	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?		х								
5	Did the bond issue qualify for an exception to rebate?		×								

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Schedule L

Department of the Treasury

DLN: 93493104002121

OMB No 1545-0047

(Form 990 or 990-EZ)

► 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.

Transactions with Interested Persons

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

Internal Revenu	ie Service										I	nspecti	on	
	the organization S ADOLPHUS COLLEGE								E	mployer i	dent if icat io	n number	•	
00317403	ADOLI 1103 COLLEGE								4	1-06955	24			
Part I	Excess Benefit T													
	Complete If the organi	zation a	nswe	ered "	Yes" on Form ! I	990, 1	Part IV, line 25a	or 25b	<u>, or Form</u>	990-EZ,	Part V , line	(c) Coi		
1	(a) Name of d	squalıfı	ed pe	erson			(b) Desc	riptio	n of trans	action		Yes	No	
												163	140	
2 Ent	er the amount of tax ımp	acad ar	tha	orgon	uzation manag	lore of	r disqualified pers	one di	iring the	voorundo	r	-1	-	
	tion 4958			·		, e i s o i	· · · · ·		_	F	' ' \$			
3 Ente	er the amount of tax, if a	iny, on l	ine 2	abo	ve, reimbursed	by th	ne organization .			•	, \$			
	.			_										
Part II	Loans to and/o Complete if the orga						Dert IV line 26	orFo	rm 990-	F7 Part V	' line 38a			
	Complete il the orga				1 1 63 0111011	111 330	T are 10, line 20	1	1111 330-	(f)	, iiie Joa			
(a) Name	e of interested person a	ested person and or fr		n to the	(c) 0 rigin:	al			(e) I n		Approved ((g)Written	
(a) italii	purpose	…∽		tion?	principal amount		(d)Balance due	defa	iult?	by boar	1	1 -		
		To	TE	rom				Yes	No	Yes	No	Yes	No	
			_											
Total .					<u> </u>	- \$								
Part III	Grants or Assist	ance	Re n	efitt			Persons							
T WITCH	Complete if the oi				_			/, line	27.					
(;	a) Name of interested p	erson		(1			een interested pei ganization	rson	(c) A r	nount of g	rant or type	ofassist	ance	
Four Depe	endents			Thr	Three Trustees			Merit Scholarships \$50,250						
One Depe	ndent			O ne	O ne Trustee			Tuition Benefit \$31,460						
Part IV	Pusinoss Trans	otic -	, T	vol:	ing Interes	3+c d	Dorcens							
Part IV	Business Transa Complete if the oil							/. line	28a. 28	3b. or 28	C.			
	complete il tile oi	gamea	<u> </u>		Relationship	<u> </u>	330, 1 010 21	T	204, 20	,, ,, ,,	<u>. </u>	(e) Sh	arıng o	
(2)	Name of interested per	son		betv	veen interested			(4) Da		Description of transaction		organi	zation's	
(4)	ae or micerested per	11			erson and the organization		transaction		(=, 5630			reve	nues?	
s	ee Additional Data Tab	<u>e</u>	+			-+						Yes	No	

Additional Data

Software ID: Software Version:

EIN: 41-0695524

Name: GUSTAVUS ADOLPHUS COLLEGE

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction \$	(d) Description of transaction	organi	aring of zation's nues?
	organization			Yes	No
Joyce A Aarsvold	Aarsvold Spouse	61,346	Employment		No
Kırsten R O hle	Ohle Spouse	18,000	Employment		No
JackieLynn N Peterson	Peterson Spouse	84,640	Employment		No
Charles E Strey	Strey Spouse	76,188	Employment		No
Kristianne R Westphal	Westphal Spouse	75,253	Employment		No
Kraus-Anderson Construction Company	Indirect Financial Ownership Interest in Kraus-Anderson by Trustee Susan Wilcox	22,610,000	Contractor New Academic Building		No
Minnesota Intercollegiate Nursing Consortium	Board Overlap/35% Ownership	76,295	Nursing Program St Olaf College		No

SCHEDULE M

NonCash Contributions

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

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

Employer identification number Name of the organization **GUSTAVUS ADOLPHUS COLLEGE** 41-0695524 Types of Property (a) (b) (c) (d) Check Number of Contributions Revenues reported on Method of determining Form 990, Part VIII, line ıf revenues applicable 1 g Χ 22,300 Appraisal 1 Art-Works of art . . 2 Art—Historical treasures 3 Art—Fractional interests 4 Books and publications 5 Clothing and household goods Cars and other vehicles Boats and planes Intellectual property Securities—Publicly traded . 30 1,296,249 Average High/Low 10 Securities—Closely held stock 11 Securities—Partnership, LLC, or trust interests 12 Securities—Miscellaneous . . 13 Qualified conservation contribution—Historic structures 14 Qualified conservation contribution—Other . . Real estate—Residential . Real estate—Commercial . 17 Real estate—Other . . . 18 Collectibles 19 Food inventory . . . 20 Drugs and medical supplies . **21** Taxidermy 22 Historical artifacts . . . Scientific specimens . . 23 Archeological artifacts . 24 25 Other ► (__ Other ►(__ 26 Other ►(__ 27 **28** Other ► (Number of Forms 8283 received by the organization during the tax year for contributions 29 0 for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? No 30a **b** If "Yes," describe the arrangement in Part II 31 Yes Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions? 32a Νo b If "Yes," describe in Part II If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,

Page 2

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier Return Reference Explanation

Schedule M (Form 990) 2009

Software ID: **Software Version:**

EIN: 41-0695524

Name: GUSTAVUS ADOLPHUS COLLEGE

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SCHEDULE 0 (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990

OMB No 1545-0047

DLN: 93493104002121

 $\label{lem:complete} \textbf{Complete to provide information for responses to specific questions on } \\$ Form 990 or to provide any additional information. ► Attach to Form 990.

Inspection

Employer identification number

41-0695524

ame or the organization	
USTAVUS ADOLPHUS COLLEGE	

ldentifier	Return Reference	Explanation
F990_P03_S00_L04a	Form 990, Part III, Line 4a	With the exception of auxiliary services revenue reported on Line 4c, all grants expense and program revenue receipts have been included on 4a since students are billed a comprehensive fee and an allocation by program service achievement area is not practical

ldentifier	Return Reference	Explanation
F990_P06_S0A_L01b	Form 990, Part VI, Section A, Line 1b	Three trustees have dependents at Gustavus who receive financial aid, one trustee has a spouse who is employed by the College, one trustee has a spouse who is employed by the College and has a dependent who received financial aid and one trustee has an indirect financial ownership interest with the general contractor for the new academic building. Therefore, they are not considered independent voting members. See Schedule L for disclosures.

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

ldentifier	Return Reference	Explanation
F990_P06_S0B_L11	Form 990, Part VI, Section B, Line 11	Federal Form 990 (the 990) was prepared by the Controller and reviewed by the Vice President for Finance and Treasurer Independent tax counsel reviewed the 990 on March 10, 2011. On March 18, a draft of the 990 was distributed to the Board of Trustees for their review. Inquiries from the Trustees were communicated to the Audit Committee chair and discussed at the Audit Committee meeting. On March 24, 2011, the Audit Committee of the Board of Trustees reviewed and accepted the 990 for filing with the IRS.

ldentifier	Return Reference	Explanation
F990_P06_S0B_L12c	Form 990, Part VI, Section B, Line 12c	The College has a written conflict of interest policy that pertains to its employees. This policy is one of several "All College Policies" that is published on the College's wiebsite. The conflict of interest policy is designed to help officers and employees of the College identify situations that present potential conflicts of interest, along with following written procedures in the event that there is a conflict of interest. The policy is intended to comply with the procedure prescribed in Minnesota Statutes, Section 317A 255, and governing conflicts of interest to nonprofit corporations. The President and the Vice President for Finance and Treasurer monitor and enforce the College's conflict of interest policy relating to its employees. In addition, a questionnaire that was prepared by legal counsel is completed by all officers and key employees on an annual basis that documents any activity that could give rise to conflicts of interest. These questionnaires are reviewed by the President and the Vice President for Finance and Treasurer (see third paragraph below.). The College has a separate written conflict of interest policy that pertains to all members of the Board of Trustees. The policy discloses the importance of exercising integrity and objectivity in making decisions. It further provides disclosure requirements and procedures for abstaining and documentation of meeting minutes when there is a conflict of interest. At the beginning of June 2009, the Chair of the Board of Trustees requested that the President's Office distribute this policy to all trustees, along with an annual representation letter, indicating that the trustee has read, understands and discloses whether or not there are any circumstances leading to a conflict of interest. At the June 22, 2009 Board of Trustees meeting, the Chair of the Board of Trustees requested that all trustees read the conflict of interest policy, determine if they had any questions, and complete the annual representation letter on a timely basis. From a governanc

ldentifier	Return Reference	Explanation
F990_P06_S0B_L15	Form 990, Part VI, Section B, Line 15	The President's compensation is annually reviewed by the Executive Committee of the Board of Trustees. It was last reviewed May 2009. The Executive Committee reviews compensation survey information of other college and university presidents. This review process is documented in their minutes. The President reviews compensation surveys and the compensation of all vice presidents and other administrative employees on an annual basis. The compensation of all interested persons on Schedule L, Part IV is reviewed by independent persons. The President approves and signs all vice president and administrative contracts.

ldentifier	Return Reference	Explanation
F990_P06_S0C_L19	1	The audited financial statements of the College for the year ended May 31, 2010 are found on the College's wiebsite. The following documents are available for public inspection in the President's Office, located in the Carlson Administration Building on the campus in St. Peter, MN. Articles of Incorporation, Bylaw's and Conflict of Interest Policy

ldentifier	Return Reference	Explanation
SchB_P02_S00_L00	Schedule B, Part II	Reference 4 Gift annuities funded with cash and 3600 shares of Burlington Northern Santa Fe Corporation stock totalling \$554,546 Contribution amount of \$216,761 represents the College's remainder interest in the gift after the calculation of the actuarial present value of future distributions to the donor

ldentifier	Return Reference	Explanation
SchK_P03_S00_L02	Schedule K, Part III, Line 2	A portion of the proceeds from the total bond issue of \$16,550,000 were used to construct Southwest Hall For the year ended May 31, 2010, Southwest Hall generated total housing revenue of \$2,161,272 Of this total, \$6,994 is reported on Federal Form 990-T Accordingly, only 32% of the revenue is for private business use

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DLN: 93493104002121

OMB No 1545-0047 2009

Open to Public Inspection

Employer identification number

SCHEDULE R (Form 990)

Name of the organization

Related Organizations and Unrelated Partnerships

Department of the Treasury Internal Revenue Service

▶ 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.

GUSTAVUS ADOLPHUS COLLEGE				41-0695524	
Part I Identification of Disregarded Entities (Complete	ıf the organization	answered "Yes" on	Form 990, Part	•	
(a) Name, address, and 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 Identification of Related Tax-Exempt Organization or more related tax-exempt organizations during the	ions (Complete ıf t tax year.)	he organization an	swered "Yes" on	Form 990, Part	IV, line 34 because it had one
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity state (if section 501(c)	atus (f) Direct controlling entity
Greater Gustavus Fund					
800 West College Avenue	Fundraising	MN	501(c)(3)		III-FI N/A
St Peter, MN 56082 41-6038632	, and along		301(0)(3)		
For Privacy Act and Paperwork Reduction Act Notice, see the Instructions	for Form 990.	 Cat No 5013!			Schedule R (Form 990) 2009

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

(6)

Part V	Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV	, line 34, 35, or 36.)							
Note	. Complete line 1 if any entity is listed in Parts II, III or IV			Yes	No				
1 During	the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-	[/?							
a Rece	eipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		1a		No				
b Gıft,	grant, or capital contribution to other organization(s)		1b		No				
c Gıft,	grant, or capital contribution from other organization(s)		1 c	Yes					
d Loar	s or loan guarantees to or for other organization(s)		1d		No				
e Loar	s or loan guarantees by other organization(s)		1e		No				
f Sale	of assets to other organization(s)		1f		No				
	hase of assets from other organization(s)		1g		No				
	nange of assets		1h		No				
	e of facilities, equipment, or other assets to other organization(s)		1 i		No				
j Leas	e of facilities, equipment, or other assets from other organization(s)		1j		No				
k Perfo	ormance of services or membership or fundraising solicitations for other organization(s)		1k		No				
I Perfo	I Performance of services or membership or fundraising solicitations by other organization(s)								
m Shar	ing of facilities, equipment, mailing lists, or other assets		1m		No				
n Shar	ring of paid employees		1 n		No				
o Reim	abursement paid to other organization for expenses		10		No				
p Reim	nbursement paid by other organization for expenses		1р		No				
q Othe	er transfer of cash or property to other organization(s)		1 q		No				
r Othe	r transfer of cash or property from other organization(s)		1 r		No				
	answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationsh	ips and transaction thres	holds						
	(a) Name of other organization	(b) Transaction type(a-r)	(Amount	(c) : involve	ed				
(1) Greater (Gustavus Fund	С		85	7,268				
	tional Data Table								
(2)									
(3)									
(4)									
(5)									
(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	(state or foreign partners end-of-year country) section assets 501(c)(3) organizations?		(f) Disproprtionate allocations?		e Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)		(h) neral or anaging artner?			
			Yes	No		Yes	No		Yes	N
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Additional Data

Software ID: Software Version:

EIN: 41-0695524

Name: GUSTAVUS ADOLPHUS COLLEGE

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses \$ 3,465,698 including grants of \$ 0) (Revenue \$ 0)

4d Gustavus offers a number of activities that enhance the curricular program, including various public service events and miscellaneous services provided to students

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

(A) Name and Title	(B) Average hours		tion (that a	(che	')			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
Gary F Anderson Trustee	2	х						0	0	0
Jon V Anderson Trustee	2	Х						0	0	0
Rodney L Anderson Trustee	2	х						0	0	0
Thomas M Annesley Trustee	2	Х						0	0	0
Albert T Annexstad Trustee	2	Х						0	0	0
Tracy L Bahl Trustee	2	Х						0	0	0
Warren L Beck Trustee	2	Х						0	0	0
Rebecca M Bergman Trustee	2	Х						0	0	0
Mark E Bernhardson Trustee/Vice Chair	2	Х						0	0	0
Stephen P Blenkush Trustee	2	Х						0	0	0
Ake Bonnier Trustee	2	Х						0	0	0
Gordon A Braatz Trustee	2	Х						0	0	0
Davıd J Carlson Trustee	2	Х						0	0	0
John E Chadwick Investment Committee Member	2	Х						0	0	0
Kelly H Chatman Trustee	2	Х						0	0	0
Jerome King Del Pino Trustee	2	Х						0	0	0
Ardena L Flippin Trustee	2	Х						0	0	0
Brian D Fragodt Trustee	2	Х						0	0	0
James H Gale Trustee/Chaır	8	Х						0	0	0
Marcus M Gustafson Trustee	2	Х						0	0	0
Tanıa K Haber Trustee	2	Х						0	0	0
Paul L Harrington Trustee	2	Х						0	0	0
Patty K Haugen Trustee	2	Х						0	0	0
Susanne B Heim Trustee	2	Х						0	0	0
Alfred A Henderson Trustee	2	х						0	0	0

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	Posi t	((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
George G Hicks Trustee	2	Х						0	0	0
Thomas J Hirsch Trustee	2	Х						0	0	0
Thomas W Hodnefield Audit Committee Member	2	Х						0	0	0
Ronald A Jones Trustee	2	Х						0	0	0
Lında B Keefe Trustee	2	Х						0	0	0
Paul R Koch Trustee	2	Х						0	0	0
Daniel A Kolander Trustee	2	Х						0	0	0
Jan M Michaletz Trustee	2	Х						0	0	0
Christine M Morse Investment Committee Member	2	Х						0	0	0
Marılyn R Olson Trustee	2	Х						0	0	0
Martha I Penkhus Trustee/Secretary	2	Х						0	0	0
Wayne B Peterson Trustee	2	Х						0	0	0
Dan S Poffenberger Trustee	2	Х						0	0	0
James R Roberts Investment Committee Member	2	Х						0	0	0
Beth S Schnell Trustee	2	Х						0	0	0
Karın L Stone Trustee	2	Х						0	0	0
Russell W Swansen Investment Committee Member	2	Х						0	0	0
Susan J Wilcox Trustee	2	Х						0	0	0
Daniel K Zismer Trustee	2	Х						0	0	0
John R Ohle President	50	Х		х				298,647	0	161,913
Mark H Anderson Vice President for Enrollment Management	50			х				104,050	0	24,823
David N Fienen Provost and Dean of the College/Former Faculty	50			х				138,238	0	17,930
Gwendolyn H Freed Vice President for Marketing and Communication	50			×				106,442	0	21,890
Jeffrey L Stocco Dean of Students and Vice President for Student Affairs/Former Director Career Center	50			х				73,824	0	5,891
Kenneth C Westphal Vice President for Finance and Treasurer	50			Х				160,767	0	18,450

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

(A) Name and Title	(B) Average hours per		((tion (hat a	che ()			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation	
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations	
Thomas W Young Vice President for Institutional Advancement	50			х				138,015	0	31,586	
Bruce N Aarsvold Director of Gustavus Technology Services	50					х		106,470	0	72,528	
John J Clementson Associate Provost and Dean of Faculty/Former Faculty	50					х		114,172	0	14,278	
Darrell H Jodock Faculty	50					х		113,123	0	14,789	
Alan I Molde Athletic Director	50					Х		104,696	0	15,278	
Paul F Tillquist Executive Consultant Institutional Advancement	50					х		101,800	0	14,407	
Mary E Morton Strey Faculty/Former Provost and Vice President for Academic Affairs	50						х	153,778	0	27,103	

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

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
Tuition and Fees	611,310	77,096,326	77,096,326	0	0
Residence Halls	721,000	10,530,660	10,270,476	260,184	0
Dining Service	722,210	6,797,945	5,758,517	1,039,428	0
Book Mark	451,211	2,476,501	2,476,501	0	0
Athletic Facilities	713,940	505,734	415,792	89,942	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
Dining Service Expenses	3,049,455	3,049,455	0	0
Study Abroad Expenses	2,456,768	2,456,768	0	0
Book Mark Expenses	1,708,834	1,708,834	0	0
A cademic Expenses	1,064,016	1,064,016	0	0
Lease Expense	453,286	453,286	0	0