

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



 $_{\text{Form}}990$

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

Open to Public Inspection

A FO	the 20	JIO CU	lendar year, or tax year begii	nning 06-01-2010 and ending 05-31-20	,11		D. Faranta		Jamei Ganetia u u u u u bau
	ck if app		C Name of organization St Olaf College					-	dentification number
_	ress char	_	Doing Business As				41-06	939	79
Nar	ne chang	je				l	E Telepho	one n	number
_	al return minated	ı	Number and street (or P O box 1520 St Olaf Avenue	ıf maıl ıs not delivered to street address)	Room/s	suite	(507)	786	-2222
_	ended ret	t	City or town state or country a	nd 7TD + 4		I	G Gross re	eceipt	rs \$ 269,890,049
_	lication p		City or town, state or country, a Northfield, MN 55057	110 ZIP + 4					
			F Name and address of	principal officer	H(a)	Is this a d	roup return fo	r affilia	ates? Yes No
			David R Anderson 1520 St Olaf Avenue						
			Northfield, MN 55057				ffiliates inclu		•
							" attach a exemptio		(see instructions) imher ►
I Tax	k-exempt	t status	▼ 501(c)(3)	◀ (Insert no)	H(c)	Стопр	cxemptio	11 114	milber F
			v stolaf edu		<u> </u>				
K Forn	n of orga	nızatıon	Corporation Trust Associ	ation Other 🕨	L Yea	r of form	ation 1874		¶ State of legal domicile 1N
Pa	rt I	Sum	mary						
Governance	ar foo s e fre op ac	ts, root cuses of econd c ee inqu oportun cademio	ted in the Christian Gospel, a on what is ultimately worthwh entury, St Olaf College rema iry and free expression, it offo ities for encounter with the C c excellence and theological	f the Evangelical Lutheran Church in Annol incorporating a global perspective I ile and fosters the development of the wains dedicated to the high standards seters a distinctive environment that integrible hristian Gospel and God's call to faith fliteracy with a commitment to lifelong leng backgrounds and beliefs. Through its	n the conv hole perso by its Nor rates teach The collego earning St	iction ton in mi wegian ning, sc e intend Olaf Co	hat life is nd, body, immigrar holarship Is that its	more and it fou , cre grad	e than a livelihood, it spirit Now in its unders In the spirit of ative activity, and duates combine
	_								
Activities &	2 C	heck th	ıs box দ ıf the organizatıon	discontinued its operations or dispose	d of more t	han 25	% of its n	et as	ssets
Ĭ	3 Nu	umber	of voting members of the gove	erning body (Part VI, line 1a)				3	29
ACI	4 Nu	umber	of independent voting membe	rs of the governing body (Part VI, line 1	b)			4	24
	5 To	otal nur	mber of individuals employed	ın calendar year 2010 (Part V, line 2a)				5	3,647
			mber of volunteers (estimate	.,			-	6	700
				n Part VIII, column (C), line 12 ne from Form 990-T, line 34				7a 7b	1,454,076
								, ,	
						Prior	Year	T	Current Year
	8	Contril	outions and grants (Part VIII	, line 1h)			Year .9,692,12	24	Current Year 15,252,251
une			,	, line 1h)		1		-	
Pyenue	9 10	Progra Invest	m service revenue (Part VIII ment income (Part VIII, colu	I, line 2g)		13	.9,692,12	3 3	15,252,251
Revenue	9 10 11	Progra Invest Other	m service revenue (Part VIII ment income (Part VIII, colu revenue (Part VIII, column (,	I, line 2g)		13	.9,692,12 35,038,83	3 3	15,252,251 143,581,673
Revenue	9 10 11 12	Progra Invest Other Total r	m service revenue (Part VIII ment income (Part VIII, colu revenue (Part VIII, column (, evenue—add lines 8 through	I, line 2g)		13	.9,692,12 35,038,83 -6,024,48	3 3 3 5 3 0	15,252,251 143,581,673 5,093,259
Revenue	9 10 11 12	Progra Invest Other Totalr 12)	m service revenue (Part VIII ment income (Part VIII, colu revenue (Part VIII, column (, evenue—add lines 8 through	I, line 2g)	ine	13	.9,692,12 35,038,83 -6,024,48 361,83	3 3 3 5 3 0	15,252,251 143,581,673 5,093,259 418,323
Revenue	9 10 11 12	Progra Invest Other Total r 12) . Grants	m service revenue (Part VIII ment income (Part VIII, colu revenue (Part VIII, column (, evenue—add lines 8 through	I, line 2g)	ine	13	.9,692,12 35,038,83 -6,024,48 361,83	3 3 3 5 3 0	15,252,251 143,581,673 5,093,259 418,323 164,345,506
	9 10 11 12 13 14 15	Progra Invest Other Total r 12) . Grants Benefit Salarie	m service revenue (Part VIII ment income (Part VIII, colu revenue (Part VIII, column (, evenue—add lines 8 through and similar amounts paid (P	I, line 2g)	ine	14	.9,692,12 85,038,83 -6,024,48 361,83 -9,068,30	33 35 30 02 96	15,252,251 143,581,673 5,093,259 418,323 164,345,506 49,227,325
	9 10 11 12 13 14 15	Progra Invest Other Total r 12) . Grants Benefit Salarie 10)	m service revenue (Part VIII ment income (Part VIII, colum revenue (Part VIII, column (Autorium)), evenue—add lines 8 through	I, line 2g)	ine	14	.9,692,12 35,038,83 -6,024,48 361,83	33 35 30 22 96	15,252,251 143,581,673 5,093,259 418,323 164,345,506
	9 10 11 12 13 14 15	Progra Invest Other Total r 12) . Grants Benefit Salarie 10) Profes	m service revenue (Part VIII ment income (Part VIII, colum revenue (Part VIII, column (Autorium)), evenue—add lines 8 through	I, line 2g)	ine	14	.9,692,12 85,038,83 6,024,48 361,83 9,068,30 5,508,59	33 35 30 22 96	15,252,251 143,581,673 5,093,259 418,323 164,345,506 49,227,325 0
Expenses Revenue	9 10 11 12 13 14 15 16a b	Progra Invest Other Total r 12) . Grants Benefit Salarie 10) Profes Total fut	m service revenue (Part VIII) ment income (Part VIII, column (Part VIII), column (Part III), column (Part III), column (Part III), column (Part III), column	I, line 2g)	ine 5-	14444	.9,692,12 85,038,83 6,024,48 361,83 9,068,30 5,508,59	3 3 3 3 5 3 5 3 0 0 2 0 2 0 6 0 0 9 0 0 9 0 0 9 0 0 9 0 0 0 9 0 0 0 0 9 0	15,252,251 143,581,673 5,093,259 418,323 164,345,506 49,227,325 0
	9 10 11 12 13 14 15 16a b	Progra Invest Other Total r 12) . Grants Benefit Salarie 10) Profes Total fui	m service revenue (Part VIII ment income (Part VIII, colum revenue (Part VIII, column (Active)) and similar amounts paid (Part Spaid to or for members (Part	I, line 2g)	s 5 -	113 123 144 144 144 144 144 144 144 144 144 14	9,692,12 85,038,83 66,024,48 361,83 9,068,30 55,508,59 16,80	33 35 30 22 96 50	15,252,251 143,581,673 5,093,259 418,323 164,345,506 49,227,325 0 60,424,358 37,648
Expenses	9 10 11 12 13 14 15 16a b	Progra Invest Other Total r 12) . Grants Benefit Salarie 10) Profes Total fui Other Total e	m service revenue (Part VIII) ment income (Part VIII, column (Part VIII, column (Part VIII)) mevenue —add lines 8 through ——add lines 8 through ——and similar amounts paid (Part Spaid to or for members (Part Spaid to or for members (Part Spaid fundraising fees (Part Spaid fundraising expenses (Part IX, column expenses (Part IX, column (Auxpenses Add lines 13–17 (Interpretable))	I, line 2g)	5 5 -	14 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	9,692,12 85,038,83 66,024,48 361,83 9,068,30 85,508,59 68,605,46 16,80 44,711,37 88,842,23 226,06	333 335 330 330 330 330 340 340 340 340 340 340	15,252,251 143,581,673 5,093,259 418,323 164,345,506 49,227,325 0 60,424,358 37,648
Expenses	9 10 11 12 13 14 15 16a b	Progra Invest Other Total r 12) . Grants Benefit Salarie 10) Profes Total fui Other Total e	m service revenue (Part VIII) ment income (Part VIII, column (Part VIII, column (Part VIII)) mevenue —add lines 8 through ——add lines 8 through ——and similar amounts paid (Part Spaid to or for members (Part Spaid to or for members (Part Spaid fundraising fees (Part Spaid fundraising expenses (Part IX, column expenses (Part IX, column (Auxpenses Add lines 13–17 (Interpretable))	I, line 2g)	5 5 -	14 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	9,692,12 85,038,83 66,024,48 361,83 9,068,30 95,508,59 68,605,46 16,80 44,711,37 226,06 of Current	333 335 330 330 330 330 340 340 340 340 340 340	15,252,251 143,581,673 5,093,259 418,323 164,345,506 49,227,325 0 60,424,358 37,648 46,646,393 156,335,724
Expenses	9 10 11 12 13 14 15 16a b 17 18 19	Progra Invest Other Total r 12) . Grants Benefit Salarie 10) Profes Total fut Other Total e Reveni	m service revenue (Part VIII) ment income (Part VIII, column (Part VIII, column (Part VIII), column (Part VIIII), column (Part VIIIII), column (Part VIIIII), column (Part VIIIIIIII), column (Part VIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	I, line 2g)	5 5 -	14	9,692,12 85,038,83 66,024,48 361,83 9,068,30 95,508,59 68,605,46 16,80 44,711,37 226,06 of Current	333 35 30 30 30 30 30 30 30 30 30 30 30 30 30	15,252,251 143,581,673 5,093,259 418,323 164,345,506 49,227,325 0 60,424,358 37,648 46,646,393 156,335,724 8,009,782
Expenses	9 10 11 12 13 14 15 16a b 17 18 19	Progra Invest Other Total r 12) . Grants Benefit Salarie 10) Profes Total fui Other Total e Revenu	m service revenue (Part VIII) ment income (Part VIII, column (Part VIII, column (Part VIII)) mevenue (Part VIII, column (Part VIII)) mevenue —add lines 8 through ——and similar amounts paid (Part Spaid to or for members (Part Spaid to or for membe	I, line 2g)	5 5 -	14 2 5 14 2 14 2 14 3 14 5 7	9,692,12 85,038,83 66,024,48 361,83 9,068,30 15,508,59 16,80 16,80 14,711,37 226,06 of Current	333 335 330 330 336 360 360 366 366 366	15,252,251 143,581,673 5,093,259 418,323 164,345,506 49,227,325 0 60,424,358 37,648 46,646,393 156,335,724 8,009,782 End of Year
	9 10 11 12 13 14 15 16a b 17 18 19	Progra Invest Other Total r 12) . Grants Benefit Salarie 10) Profes Total fun Other Total e Revenu	m service revenue (Part VIII ment income (Part VIII, column (Active) and similar amounts paid (Part Spaid to or for members (P	I, line 2g)		14 44 44 45 55 144 144 144 144 144 144 1	9,692,12 85,038,83 6,024,48 361,83 9,068,30 55,508,59 68,605,46 16,80 14,711,37 226,06 of Current ar	333 335 335 330 330 336 360 360 366 366 366 366 366	15,252,251 143,581,673 5,093,259 418,323 164,345,506 49,227,325 0 60,424,358 37,648 46,646,393 156,335,724 8,009,782 End of Year 639,318,405
Met Assets of Expenses	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 † III penalticedge an	Progra Invest Other Total r 12) . Grants Benefit Salarie 10) Profes Total fui Other Total e Revenu Total a Total I Net as	m service revenue (Part VIII) ment income (Part VIII, column (Part VIII, column (Part VIII), column (Part VIIII), column (Part VIIIII), column (Part VIIII), column (Part VIIII), column (Part VIIIII), column (Part VIIIIII), column (Part VIIIII), column (Part VI	I, line 2g)	Beg	14	9,692,12 85,038,83 6,024,48 361,83 9,068,30 15,508,59 16,80	33 3 3 3 3 3 3 3 3 5 3 3 5 3 5 5 6 5 6 5	15,252,251 143,581,673 5,093,259 418,323 164,345,506 49,227,325 0 60,424,358 37,648 46,646,393 156,335,724 8,009,782 End of Year 639,318,405 134,736,360 504,582,045
Solution Met Assets of Expenses	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 † III penalticedge an	Progra Invest Other Total r 12) . Grants Benefit Salarie 10) Profes Total fui Other Total e Reveni Total a Total I Net as Sign ies of pead belief	m service revenue (Part VIII) ment income (Part VIII), column (Part VIIII), column (Part VIIII	In Ine 2g) Inm (A), lines 3, 4, and 7d) A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 (must equal Part VIII, column (A), lines 1.1, column (A), lines 1.2, column (A), lines 4) In Int IX, column (A), line 4) IX, column (A), line 11e) IX, column (A), line 12e) IX, lines 11a-11d, 11f-24f) IX, lines 11a-11d, 11f-24f) IX, column (A), line 25) IX, column (A), line 25 IX, column (A), line 25	Beg	1133	9,692,12 85,038,83 6,024,48 361,83 9,068,30 15,508,59 68,605,46 16,80 14,711,37 226,06 16,80 14,711,37 18,842,23 226,06 18,842,23 226,06 18,842,23 24,747,12 18,842,23 24,365,96 18,365,96 18,365,96 18,365,96	33 3 3 3 3 3 3 3 3 5 3 3 5 3 5 5 6 5 6 5	15,252,251 143,581,673 5,093,259 418,323 164,345,506 49,227,325 0 60,424,358 37,648 46,646,393 156,335,724 8,009,782 End of Year 639,318,405 134,736,360 504,582,045
Signature September 1998 Signature S	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 t III penalticedge an edge.	Progra Invest Other Total r 12) . Grants Benefit Salarie 10) Profes Total fui Other Total e Reveni Total a Total I Net as Sign ies of pead belief	m service revenue (Part VIII) ment income (Part VIII), column (Part VIIII), column (Part VIIIII), column (Part VIIII), column (Part VIIII), column (Part VIIIII), column (Part VIIII), column (Part VIIII), column (Part VIIIII), column (Part VIIII), column (Part VIIII), column (Part VIIIII), column (Part VIIII), column (Part VIIII), column (Part VIIIII), column (Part VIIII), column (Part VIIII), column (Part VIIIII), column (Part VIIII), column (Part VIIII), column (Part VIIIII), column (Part VIIII), column (Part VIIII), column (Part VIIIII), column (Part VIIII), column (Part VIIII), column (Part VIIIII), column (Part VIIII), column (Part VIIII), column (Part VIIIII), column (Part VIIII), column (Part VIIIII), column (Part VIIII), column (Part VIIII), column (Part VIIII), column (Part VIIII	In Ine 2g) Inm (A), lines 3, 4, and 7d) A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 (must equal Part VIII, column (A), lines 1.1, column (A), lines 1.2, column (A), lines 4) In Int IX, column (A), line 4) IX, column (A), line 11e) IX, column (A), line 12e) IX, lines 11a-11d, 11f-24f) IX, lines 11a-11d, 11f-24f) IX, column (A), line 25) IX, column (A), line 25 IX, column (A), line 25	Beg	14 44 44 44 44 44 44 44 44 44 44 44 44 4	9,692,12 85,038,83 6,024,48 361,83 9,068,30 15,508,59 68,605,46 16,80 14,711,37 226,06 16,80 14,711,37 18,842,23 226,06 18,842,23 226,06 18,842,23 24,747,12 18,842,23 24,365,96 18,365,96 18,365,96 18,365,96	33 3 3 3 3 3 3 3 3 5 3 3 5 3 5 5 6 5 6 5	15,252,251 143,581,673 5,093,259 418,323 164,345,506 49,227,325 0 60,424,358 37,648 46,646,393 156,335,724 8,009,782 End of Year 639,318,405 134,736,360 504,582,045
Solution of Assets of Sances Expenses	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 t III penalticedge an edge.	Progra Invest Other Total r 12) . Grants Benefit Salarie 10) Profes Total fur Other Total e Revent Total a Total I Net as Sign es of per d belief	m service revenue (Part VIII) ment income (Part VIII, column (revenue (Part VIII, column (evenue—add lines 8 through and similar amounts paid (P es paid to or for members (Pa es, other compensation, empl sional fundraising fees (Part IX, column expenses (Part IX, column (A expenses Add lines 13–17 (i) ue less expenses Subtract li essets (Part X, line 16) sets or fund balances Subtra ature Block erjury, I declare that I have example in the strue, correct, and complete extenses of officer Norton Treasurer	In Ine 2g) Inm (A), lines 3, 4, and 7d) A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 (must equal Part VIII, column (A), lines 1.1, column (A), lines 1.2, column (A), lines 4) In Int IX, column (A), line 4) IX, column (A), line 11e) IX, column (A), line 12e) IX, lines 11a-11d, 11f-24f) IX, lines 11a-11d, 11f-24f) IX, column (A), line 25) IX, column (A), line 25 IX, column (A), line 25	Beg	1133	9,692,12 85,038,83 6,024,48 361,83 9,068,30 15,508,59 68,605,46 16,80 14,711,37 226,06 16,80 14,711,37 18,842,23 226,06 18,842,23 226,06 18,842,23 24,747,12 18,842,23 24,365,96 18,365,96 18,365,96 18,365,96	33 3 3 3 3 3 3 3 3 5 3 3 5 3 5 5 6 5 6 5	15,252,251 143,581,673 5,093,259 418,323 164,345,506 49,227,325 0 60,424,358 37,648 46,646,393 156,335,724 8,009,782 End of Year 639,318,405 134,736,360 504,582,045
Signature Section 1 Section 1 Section 1 Section 1 Section 2 Sectio	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 t III penalticedge an edge.	Progra Invest Other Total r 12) . Grants Benefit Salarie 10) Profes Total fun Other Total e Revenu Total a Total I Net as Sign es of pend belief	m service revenue (Part VIII) ment income (Part VIII, column revenue (Part VIII, column (A evenue—add lines 8 through and similar amounts paid (P es paid to or for members (Pa es, other compensation, emple sional fundraising fees (Part IX, endraising expenses (Part IX, column expenses (Part IX, column (A expenses Add lines 13–17 (Expenses Add lines 13–17 (Expenses Subtract li eless expenses Subtract li eless expenses Subtract li eless or fund balances Subtra eture Block erjury, I declare that I have example in the substract of the substract li expenses for the substract li expenses for the substract li expenses (Part X, line 16) expenses (Part X, line 26) expenses for fund balances Subtract li expenses for fund balances f	Inne 2g)	Beg	14 24 44 44 44 44 44 44 44 44 44 44 44 44	9,692,12 85,038,83 6,024,48 361,83 9,068,30 85,508,59 16,80	33 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	15,252,251 143,581,673 5,093,259 418,323 164,345,506 49,227,325 0 60,424,358 37,648 46,646,393 156,335,724 8,009,782 End of Year 639,318,405 134,736,360 504,582,045 of the best of my f which preparer has any
Here Balances Expenses Expenses Expenses Expenses Expenses	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 t III penalticedge an edge.	Progra Invest Other Total r 12) . Grants Benefit Salarie 10) Profes Total fun Other Total e Reveni Total a Total I Net as Sign ies of pend belief	m service revenue (Part VIII) ment income (Part VIII), column (Acceptable of the Column (Accepta	In Ine 2g) Inm (A), lines 3, 4, and 7d) A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 (must equal Part VIII, column (A), lines 1.1, column (A), lines 1.2, column (A), lines 4) In Int IX, column (A), line 4) IX, column (A), line 11e) IX, column (A), line 12e) IX, lines 11a-11d, 11f-24f) IX, lines 11a-11d, 11f-24f) IX, column (A), line 25) IX, column (A), line 25 IX, column (A), line 25	Beg	14 44 44 44 44 44 44 44 44 44 44 44 44 4	9,692,12 85,038,83 6,024,48 361,83 9,068,30 15,508,59 68,605,46 16,80 14,711,37 226,06 16,80 14,711,37 18,842,23 226,06 18,842,23 226,06 18,842,23 24,747,12 18,842,23 24,365,96 18,365,96 18,365,96 18,365,96	33 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	15,252,251 143,581,673 5,093,259 418,323 164,345,506 49,227,325 0 60,424,358 37,648 46,646,393 156,335,724 8,009,782 End of Year 639,318,405 134,736,360 504,582,045
Signature Responses Expenses Paid Balances Paid	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 11 penalticedge an edge.	Progra Invest Other Total r 12) . Grants Benefit Salarie 10) Profes Total fui Other Total e Revenu Total a Total I Net as Sign Alan I Type rint/Type reparer's Imm's name	m service revenue (Part VIII) ment income (Part VIII), column (pevenue — add lines 8 through	Inne 2g)	Beg	14 44 44 44 44 44 44 44 44 44 44 44 44 4	9,692,12 85,038,83 6,024,48 361,83 19,068,30 15,508,59 16,80 16,8	33 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	15,252,251 143,581,673 5,093,259 418,323 164,345,506 49,227,325 0 60,424,358 37,648 46,646,393 156,335,724 8,009,782 End of Year 639,318,405 134,736,360 504,582,045 of the best of my f which preparer has any
Here Baseces of Expenses Expenses Expenses engage and parameters	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 t III penalticedge an edge.	Progra Invest Other Total r 12) . Grants Benefit Salarie 10) Profes Total fun Other Total e Reveni Total a Total I Net as Sign ies of pend belief	m service revenue (Part VIII) ment income (Part VIII), column (pevenue — add lines 8 through	Inne 2g)	Beg	14 44 44 44 44 44 44 44 44 44 44 44 44 4	9,692,12 85,038,83 6,024,48 361,83 19,068,30 15,508,59 16,80 16,8	33 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	15,252,251 143,581,673 5,093,259 418,323 164,345,506 49,227,325 0 60,424,358 37,648 46,646,393 156,335,724 8,009,782 End of Year 639,318,405 134,736,360 504,582,045 of the best of my f which preparer has any

Form	990 (2010)				Page 2
Par		n ent of Program Servic Schedule O contains a respo	e Accomplishments nse to any question in this Part III		୮
1	Briefly describe	e the organization's mission			
roote is ult rema distii God'	ed in the Christiai imately worthwhi iins dedicated to nctive environme s call to faith Th	n Gospel, and incorporating a ile and fosters the developme the high standards set by its int that integrates teaching, s e college intends that its grad	ical Lutheran Church in America, proglobal perspective. In the conviction in of the whole person in mind, body, a Norwegian immigrant founders. In the cholarship, creative activity, and oppluates combine academic excellence community, respecting those of differ	i that life is more than a livelih and spirit Now in its second ce e spirit of free inquiry and free ortunities for encounter with t and theological literacy with a	ood, it focuses on what entury, St Olaf College expression, it offers a he Christian Gospel and i commitment to lifelong
2	Did the organiza	ation undertake any significar	t program services during the year w	hich were not listed on	
	the prior Form 9	990 or 990-EZ?			Yes 🔽 No
3	Did the organiza		ke significant changes in how it cond		Yes 🔽 No
	If "Yes," describ	be these changes on Schedul	e O		
4	Section 501(c)	(3) and 501(c)(4) organizatio	for each of the organization's three la ns and section 4947(a)(1) trusts are I revenue, if any, for each program se	required to report the amount	
4a	(Code) (Expenses \$	142,834,332 including grants of \$	49,227,325) (Revenue \$	143,581,673)
	part time students campus experience and Secondary Sc Council on Social	s The graduating class of 2011 had ces St Olaf College is accredited as chools The colleges academic progra	Arts Education In the 2010-2011 academic 719 graduates A student to faculty ratio of 1 a degree-granting institution by the Higher Learns are also accredited by the American Chern of Schools of Dance, National Association of	1 1 supports St Olaf students with clearning Commission of the North Cer mical Society, Commission on Collegia	asroom, laboratory, and off- ntral Association of Colleges ate Nursing Education,
4b	(Code) (Expenses \$	ıncludıng grants of \$) (Revenue \$)
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$

4e Total program service expenses▶\$

142,834,332

) (Revenue \$

Part IV	Checklist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes,"</i> complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 😼	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	Yes	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	Yes	
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	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.	11b	Yes	
c	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.	11c		Νο
d	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.	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	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 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		Νo
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	, , , , ,	14a		No
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, Parts I and IV	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, Parts II and IV	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, Parts III and IV.	16	Yes	
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		Νo
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
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 lines 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		Νο
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	Yes	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		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		Νο
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	Yes	
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		Νο
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	Yes	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V		. [
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	1a 4,242			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
_	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
·	gaming (gambling) winnings to prize winners?	1c	Yes	
2a				
	Statements filed for the calendar year ending with or within the year covered by this return			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
	Note: Title and the second of and the second of the second	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	4-	.,	
_	account)?	4a	Yes	
Ь	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	טפ		No
•	1. The state of the seguinzation metaline to the state of	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		Νo
	organization solicit any contributions that were not tax deductible?			
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		No
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a	Yes	
	services provided to the payor?			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			110
•	The state the number of forms 5252 med during the year.			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	_		
	contract?	7e		No No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			
	Form 1098-C?	7h		Νo
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		No
9	Sponsoring organizations maintaining donor advised funds.	_		
а	Did the organization make any taxable distributions under section 4966?	9a		No
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		Νο
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
	facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
_				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		Νο
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?			
	Note. See the instructions for additional information the organization must report on Schedule O	13a		Νo
b	Enter the amount of reserves the organization is required to maintain by the states			
	ın which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		No

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			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are			
2	Independent			
2	other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal			I
Re	evenue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Νo
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		No
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)	130	163	
	These to line 13a of 13b, describe the process in Schedule of (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	Yes	
Ь	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		No
Se	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed ►WA, MN, CA			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)			<u> </u>

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

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

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

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

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, 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, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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 neither the organ		elated o	rgan	ızatı	on c	omper	sate	d any current office	er, director, or trust	ee
(A) Name and Title	(B) A verage hours	Posi		C) (che	cka			(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week (describe hours for related organizations in Schedule O)	Highest compensated employee Key employee Officer Instructional Trustee or director		Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations			
See Additional Data Table										
-										
			<u> </u>							

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

	(A) Name and Title	(B) A verage hours	1	(tion that a			Ш		(D) Reportable compensation	(E) Reportable compensation		(F) Estima amount o	ated fother
		per week (describe hours for related organizations in Schedule O)		Institutional Trustee	Officei Institutional Trustee		Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)		compens from t rganizati relati organiza	n the tion and ited
See A	Addıtıonal Data Table												
1b	Sub-Total		<u> </u>		٠.	<u> </u>	 	 					
С	Total from continuation shee						F						
d	Total (add lines 1b and 1c) .							 	2,113,522				324,385
2	Total number of individuals (ir \$100,000 in reportable comp						above) who	received more tha	n	•		
3	Did the organization list any f									ated employee		Yes	No
	on line 1a? If "Yes," complete :										3		Νo
4	For any individual listed on lin organization and related organ individual	nizations greater t	han \$15	50,00	002]	If "Y	es," co	mple	te Schedule J for suc		4	Yes	
5	Did any person listed on line 1	la receive or accr	iie comi	nensa	ation	fror	manv	unre	lated organization o	r individual for	_	1.03	

services rendered to the organization? If "Yes," complete Schedule I 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
The Boldt Company 2525 N Roemer Road Appleton, WI 54911	Contractor	12,707,420
Parallel Technologies Inc EB 324 PO Box 1380 Minneapolis, MN 554801380	Telecom Services	577,105
Henrickson and Company Inc 1070 W ARDMORE AVE ITASCA, IL 60143	Furniture Consultant	1,487,834
Educational & Institutional Insurance Adm 200 S Wacker Dr Ste 1000 Chicago, IL 60606	Insurance Advisor	701,377
Bon Appetit Management Co 100 Hamilton Avenue Suite 400 Palo Alto, CA 94301	Food Service	6,666,668
2 Total number of independent contractors (including but not limited to those lists \$100,000 in compensation from the organization ►37	ed above) who received more than	

Νo

embership dues embership dues endraising events elated organizations evernment grants (contributions) other contributions, gifts, grants nilar amounts not included abov encash contributions included in le etal. Add lines 1a-1f etal. Add lines 2a-2f . vestment income (including other similar amounts) expression of tax-expression from the similar amounts of tax-expression	. 1b 1c . 1d . 1e s, and 1f e lines 1a-1f \$	167,966 4,166,600 10,917,685 2,980,578 Business Code 900099 611710 900099	15,252,251 116,433,659 25,361,977 1,786,037	116,433,659 937,128	1,235,367	23,189,482 162,349
elated organizations	1c . 1d . 1e s, and 1f ee lines 1a-1f \$	4,166,600 10,917,685 2,980,578 Business Code 900099 611710	116,433,659 25,361,977	116,433,659 937,128	1,235,367	
elated organizations	1c . 1d . 1e s, and 1f ee lines 1a-1f \$	4,166,600 10,917,685 2,980,578 Business Code 900099 611710	116,433,659 25,361,977	116,433,659 937,128	1,235,367	
elated organizations	. 1d) 1e s, and 1f re lines 1a-1f \$	4,166,600 10,917,685 2,980,578 Business Code 900099 611710	116,433,659 25,361,977	116,433,659 937,128	1,235,367	
other contributions, gifts, grants nilar amounts not included above the stal. Add lines 1a-1f	1e s, and 1f e lines 1a-1f \$ ▶ evenue	10,917,685 2,980,578 Business Code 900099 611710	116,433,659 25,361,977	116,433,659 937,128	1,235,367	
other contributions, gifts, grants nilar amounts not included above secash contributions included in le setal. Add lines 1a-1f ition and Fees les & Services from Aux ther I other program service re setal. Add lines 2a-2f . vestment income (including dother similar amounts)	s, and 1f e lines 1a-1f \$	10,917,685 2,980,578 Business Code 900099 611710	116,433,659 25,361,977	116,433,659 937,128	1,235,367	
nilar amounts not included above the stal. Add lines 1a-1f	evenue	2,980,578 Business Code 900099 611710	116,433,659 25,361,977	116,433,659 937,128	1,235,367	
incash contributions included in lotal. Add lines 1a-1f	lines 1a-1f \$	Business Code 900099 611710	116,433,659 25,361,977	116,433,659 937,128	1,235,367	
ition and Fees les & Services from Aux her I other program service re ptal. Add lines 2a-2f . vestment income (including other similar amounts)	venue	900099	116,433,659 25,361,977	116,433,659 937,128	1,235,367	
les & Services from Aux her I other program service re otal. Add lines 2a-2f . vestment income (including other similar amounts)	venue	900099	116,433,659 25,361,977	116,433,659 937,128	1,235,367	
les & Services from Aux her I other program service re otal. Add lines 2a-2f . vestment income (including other similar amounts)		900099	25,361,977	937,128	1,235,367	
les & Services from Aux her I other program service re otal. Add lines 2a-2f . vestment income (including other similar amounts)		611710	25,361,977	937,128	1,235,367	
her I other program service re Ital. Add lines 2a-2f . Vestment income (includii Id other similar amounts)		611710	25,361,977	937,128	1,235,367	
her I other program service re Ital. Add lines 2a-2f . Vestment income (includii Id other similar amounts)						
l other program service re		900099	1,786,037	1,623,688		162 241
otal. Add lines 2a-2f . vestment income (includii id other similar amounts)						102,345
otal. Add lines 2a-2f . vestment income (includii id other similar amounts)						
otal. Add lines 2a-2f . vestment income (includii id other similar amounts)						
vestment income (includii id other similar amounts)						
nd other similar amounts)	na dividends, interest		143,581,673	3		
•						
come from investment of tax			3,950,924		193,723	3,757,201
ome nom investment of tax-ex	xempt bond proceeds		0)		
oyalties			0)		
	(ı) Real	(II) Personal				
ross Rents	163,200	31,654				
ss rental penses	103,337	6,668				
ental income	59,863	24,986				
(loss) et rental income or (loss)			84,849	,	24,986	59,863
terranear measure or (1885)	(ı) Securities	(II) O ther	,		,	
oss amount m sales of sets other	93,806,632	10,490,662				
an inventory ss cost or	93,123,452	10,031,507				
ner basıs and	33,123,132	10,031,307				
les expenses ıın or (loss)	683,180	459,155				
et gain or (loss)			1,142,335	;		1,142,335
oss income from fundraisi ot including 167,966 contributions reported on se Part IV, line 18	line 1c)					
	а	67,355				
ss direct expenses .		85,474				
			-18,119			
		b	•			
				'		
ross sales of inventory, lest turns and allowances .	ss a	2,545,698				
ess cost of goods sold .	. ь	2,194,105				
		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	351,593	;		351,593
Miscellaneous Revenue		Business Code				
						
lother revenue			0			
	ions		164,345,506	118,976,356		28,662,823
o s et	income or (loss) from fuss income from gaming as direct expenses. Income or (loss) from gaming as sales of inventory, learns and allowances. Income or (loss) from sales and allowances. Income or (loss) from sales allowances.	ss income from gaming activities See Part IV, line 19 s direct expenses	Income or (loss) from fundraising events	Income or (loss) from fundraising events	Income or (loss) from fundraising events	Income or (loss) from fundraising events

	990 (2010)				Page 10
Part			- 1		
А	Section $501(c)(3)$ and $501(c)(4)$ organizations mus ll other organizations must complete column (A) but are not required to c			(D).	
Do no	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	0			
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	47,613,104	47,613,104		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	1,614,221	1,614,221		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	1,490,372	478,420	653,970	357,982
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	203,150	116,875		86,275
7	Other salaries and wages	44,097,223	34,398,371	8,183,915	1,514,937
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	4,365,416	3,224,198	950,958	190,260
9	Other employee benefits	7,166,822	4,903,715	1,976,515	286,592
10	Payroll taxes	3,101,375	2,364,927	610,725	125,723
а	Fees for services (non-employees) Management	0			
b	Legal	186,435	2,320	184,115	
С	Accounting	131,689	291	131,398	
d	Lobbying	0			
е	Professional fundraising services See Part IV, line 17	37,648			37,648
f	Investment management fees	318,508		318,508	
g	Other	2,403,957	1,917,856	411,374	74,727
12	Advertising and promotion	384,279	340,096	42,856	1,327
13	Office expenses	3,777,750	2,931,717	571,343	274,690
14	Information technology	1,460,491	1,026,779	374,025	59,687
15	Royalties	3,809	2,769	850	190
16	Occupancy	5,063,718	1,152,022	3,894,246	17,450
17	Travel	6,352,761	5,761,556	334,290	256,915
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	173,650	129,323	35,726	8,601
20	Interest	3,062,422	2,679,933	382,489	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	11,234,610	9,693,659	1,452,244	88,707
23	Insurance	746,469	5,736	740,733	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	Tuition Fees Paid to Other Ins	1,661,944	1,635,554	9,987	16,403
b	Tax & License Expense	207,290	49,009	158,182	99
С	Other Expenses	1,370,046	13,405,754	-12,153,282	117,574
d	Membership dues paid to other	473,748	194,280	268,284	11,184
e	Food Service	7,632,817	7,191,847	274,849	166,121
f	A II other expenses	0			
25	Total functional expenses. Add lines 1 through 24f	156,335,724	142,834,332	9,808,300	3,693,092
26	Joint costs. Check here ▶ ┌ If following				
	SOP 98-2 (ASC 958-720) Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				000 (3.01.0)

Pa	rt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			348,742	1	485,774
	2	Savings and temporary cash investments	•		26,615,199	2	28,567,543
	3	Pledges and grants receivable, net	2,937,611	3	2,009,740		
	4	Accounts receivable, net			190,507	4	171,082
	5	Receivables from current and former officers, directors, trustee highest compensated employees Complete Part II of					
		Schedule L			9,994,827	5	1,553,260
	6	Receivables from other disqualified persons (as defined under spersons described in section $4958(c)(3)(B)$, and contributing e sponsoring organizations of section $501(c)(9)$ voluntary emploorganizations (see instructions)	mploy	ers, and			
şţê		Schedule L				6	0
Assets	7	Notes and loans receivable, net				7	0
₹	8	Inventories for sale or use			757,136	8	950,434
	9	Prepaid expenses and deferred charges			685,926	9	943,891
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a	333,848,558			
	b	Less accumulated depreciation	10Ь	119,028,896	203,503,721	10 c	214,819,662
	11	Investments—publicly traded securities			116,837,679	11	141,306,533
	12	Investments—other securities See Part IV, line 11			152,389,659	12	197,838,275
	13	Investments—program-related See Part IV, line 11			8,309,189	13	7,990,951
	14	Intangible assets				14	0
	15	Other assets See Part IV, line 11			55,176,931	15	42,681,260
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			577,747,127	16	639,318,405
	17	Accounts payable and accrued expenses .			17,848,059	17	18,723,788
	18	Grants payable			6,594,606	18	6,808,806
	19	Deferred revenue			3,894,520	19	4,288,290
	20	Tax-exempt bond liabilities			83,945,470	20	85,354,807
es es	21	Escrow or custodial account liability Complete Part IV of Schedu	le D		16,285,236	21	15,146,578
bilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
Lial		persons Complete Part II of Schedule L			834,334	22	648,972
	23	Secured mortgages and notes payable to unrelated third parties	s .			23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D			3,978,933	25	3,765,119
	26	Total liabilities. Add lines 17 through 25			133,381,158	26	134,736,360
Fund Balances		Organizations that follow SFAS 117, check here ▶	plete	lines 27			
and	27	Unrestricted net assets			176,099,853	27	211,256,249
89	28	Temporarily restricted net assets		125,389,339	28	145,325,821	
<u> </u>	29	Permanently restricted net assets		142,876,777	29	147,999,975	
Fur		Organizations that do not follow SFAS 117, check here ▶ □ a	nd cor	nplet e			
or		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 f	unds			32	
Net	33	Total net assets or fund balances			444,365,969	33	504,582,045
	34	Total liabilities and net assets/fund balances			577,747,127	34	639,318,405

14:1	Check if Schedule O contains a response to any question in this Part XI			. [고	
1	Total revenue (must equal Part VIII, column (A), line 12)				
		1		164,3	345,506
2	Total expenses (must equal Part IX, column (A), line 25)	2		156,3	335,724
3	Revenue less expenses Subtract line 2 from line 1	3		8,0	09,782
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			365,969
5	Other changes in net assets or fund balances (explain in Schedule O)	5			206,294
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		504,5	582,045
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII			୮	
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
ь	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 is on a separate basis, consolidated basis, or both	sued			
	Separate basis Consolidated basis Both consolidated and separated basis				
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a	Yes	
Ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	quired	3b	Yes	

DLN: 93493082001322

Employer identification number

OMB No 1545-0047

Inspection

k

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

h

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

Public Charity Status and Public Support

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

Name of the organization

(iii) a 35% controlled entity of a person described in (i) or (ii) above?

Provide the following information about the supported organization(s)

St Olaf College 41-0693979 Reason for Public Charity Status (All organizations must complete this part.) See instructions

		The second secon							
he	organı	zation is not a private foundation because it is (For lines 1 through 11, check only one box)							
1	Γ	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2	굣	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)							
3	Г	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).							
4	Γ	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(hospital's name, city, and state	iii). Ente	r the					
5	Γ	An organization operated for the benefit of a college or university owned or operated by a governmental unit	describe	d in					
		section 170(b)(1)(A)(iv). (Complete Part II)							
6	Γ	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).							
7	Γ	An organization that normally receives a substantial part of its support from a governmental unit or from the described in section 170(b)(1)(A)(vi) (Complete Part II)	general	public					
8	Г	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)							
9	, _	An organization that normally receives (1) more than 331/3% of its support from contributions, membership	n fees ai	nd aros	5 5				
	,	receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than		-					
		its support from gross investment income and unrelated business taxable income (less section 511 tax) fro							
		acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)	III Dusiiik						
10	Г	An organization organized and operated exclusively to test for public safety. See section 509(a)(4).							
11	, T	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See sect the box that describes the type of supporting organization and complete lines 11e through 11h		a)(3).	Chec				
e	Γ	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disorber than foundation managers and other than one or more publicly supported organizations described in section 509(a)(2)	•						
f		If the organization received a written determination from the IRS that it is a Type I, Type II or Type III sup check this box	porting o	rganız	ation [
g		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)						

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizat col (i) list your gove docume	e ion in ted in rning	(v) Did you not organizat col (i) of suppor	on in your	(vi) Is the organizat col (i) orguin the U	e ion in anized	(vii) A mount of support
		instructions))	Yes	No	Yes	No	Yes	No	
					+				
Total									

11g(iii)

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

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

	dider rate III. If the	organización i	ans to quanty t	maci die tests	iisted below, pie	case complet	c raic III.
S	ection A. Public Support		_				
Cale	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude any "unusual						
	grants ")						
2	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its						
_	behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	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)						
6	Public Support. Subtract line 5 from						
Ü	line 4						
S	ection B. Total Support	1				I	
	endar year (or fiscal year beginning						
Cur	in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	A mounts from line 4						
8	Gross income from interest,						
0	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
9	Net income from unrelated						
-	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV)						
11	Total support (Add lines 7						
	through 10)						
12	Gross receipts from related activities	es, etc (See inst	ructions)			12	
13	First Five Years If the Form 990 is f	or the organization	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	nızatıon,
	check this box and stop here	_	r		•	. , . , .	▶ ┌॔
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2010	(lıne 6 column (f) divided by line	11 column (f))		14	
15	Public Support Percentage for 2009	Schedule A Par	rt II line 14			15	
							
16a	33 1/3% support test—2010. If the				line 14 is 33 1/3%	or more, chec	
	and stop here. The organization qua	•				2.2.4.204	▶ [
b	33 1/3% support test—2009. If the				oa, and line 15 is :	1/3% or mor	. -
17-	box and stop here. The organization				12 16 1C	handler - 4.4	▶
r/a	10%-facts-and-circumstances test-						ın.
	is 10% or more, and if the organization made			•			
	in Part IV how the organization mee	is the facts and	circumstances"	test ine organiz	acion quanifies as	a publicly supp	orted F
L	organization 10%-facts-and-circumstances test-	_2000 Ifthe era	anization did not	chack a hay an lu	no 13 165 166 5	or 17a and line	F1
ט	15 is 10% or more, and if the organ						
	Explain in Part IV how the organizat			•		<u>-</u>	clv
	supported organization	aon meets the 16	aces and circuitis	tances test life	. organization qual	iiiies as a publi	LIY ▶
18	Private Foundation If the organizati	on did not check	a box on line 13	. 16a. 16b. 17a o	r 17b. check this	box and see	- 1
	instructions	a.a not ender		, , 0 0 , 7 0 0	. 2. 2, 511558 61115		▶ □

Schedule A (Form 990 or 990-EZ) 2010 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total ın) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified **b** A mounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning **(e)** 2010 (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (f) Total ın) 9 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b c Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16	Public support percentage from 2009 Schedule A, Part III, line 15		
S	ection D. Computation of Investment Income Percentage		
17	Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18	Investment income percentage from 2009 Schedule A , Part III, line 17	18	

19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Schedule A (Fo	orm 990 or 990-EZ) 2010	Pag
Part IV	Supplemental Information. Supplemental Information. Complete this required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. additional information. (See instructions).	•

Facts And	Circumstances	Test

Schedule A (Form 990 or 990-EZ) 2010

DLN: 93493082001322

OMB No 1545-0047

Open to Public

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

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

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

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

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

If the organization answered "Yes." to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

	me of the organization			Employer ide	ntıfıcatıon number				
St C	laf College			41-0693979					
ar	I-A Complete if the org	ganization is exempt und	er section 501(
L		anızatıon's dırect and ındırect po							
2	Political expenditures	amzation s an eet and maneet po	mercar campaign act	-	¢				
3	Volunteer hours			·	Ψ				
	•	ganization is exempt und	•						
1		tax incurred by the organization			\$				
2		tax incurred by organization ma		n 4955 🕨	\$				
3		ection 4955 tax, did it file Form	4720 for this year?		☐ Yes No				
4a	Was a correction made?				┌ Yes				
b	If "Yes," describe in Part IV			->	47-1721				
	I-C Complete if the org				1(c)(3).				
1		nded by the filing organization fo			\$				
2	exempt funtion activities	rganızatıon's funds contributed t	o otner organization:	s for section 527	\$				
3	Total exempt function expendit	ures Add lines 1 and 2 Enter h	ere and on Form 112	20-POL line 17b ►					
			*						
4 Did the filing organization file Form 1120-POL for this year?									
5	Enter the names, addresses an	d employer identification numbe			s to which the filing				
	Enter the names, addresses an organization made payments F amount of political contribution	·	r the amount paid frond frond frond frond frond front	om the filing organization's to a separate political org	s to which the filing funds Also enter the anization, such as a				
	Enter the names, addresses an organization made payments F amount of political contribution	d employer identification numbe or each organization listed, ente s received that were promptly ai	r the amount paid frond frond frond frond frond front	om the filing organization's to a separate political org	s to which the filing funds Also enter the anization, such as a ation in Part IV (e) A mount of politica contributions received				
	Enter the names, addresses an organization made payments F amount of political contribution separate segregated fund or a p	d employer identification numbe for each organization listed, ente s received that were promptly a political action committee (PAC)	r the amount paid frond directly delivered If additional space	om the filing organization's to a separate political org is needed, provide informa (d) A mount paid from filing organization's	s to which the filing funds Also enter the anization, such as a action in Part IV (e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none,				
	Enter the names, addresses an organization made payments F amount of political contribution separate segregated fund or a p	d employer identification numbe for each organization listed, ente s received that were promptly a political action committee (PAC)	r the amount paid frond directly delivered If additional space	om the filing organization's to a separate political org is needed, provide informa (d) A mount paid from filing organization's	s to which the filing funds Also enter the anization, such as a action in Part IV (e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none,				
	Enter the names, addresses an organization made payments F amount of political contribution separate segregated fund or a p	d employer identification numbe for each organization listed, ente s received that were promptly a political action committee (PAC)	r the amount paid frond directly delivered If additional space	om the filing organization's to a separate political org is needed, provide informa (d) A mount paid from filing organization's	s to which the filing funds Also enter the anization, such as a action in Part IV (e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none,				
	Enter the names, addresses an organization made payments F amount of political contribution separate segregated fund or a p	d employer identification numbe for each organization listed, ente s received that were promptly a political action committee (PAC)	r the amount paid frond directly delivered If additional space	om the filing organization's to a separate political org is needed, provide informa (d) A mount paid from filing organization's	s to which the filing funds Also enter the anization, such as a action in Part IV (e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none,				
	Enter the names, addresses an organization made payments F amount of political contribution separate segregated fund or a p	d employer identification numbe for each organization listed, ente s received that were promptly a political action committee (PAC)	r the amount paid frond directly delivered If additional space	om the filing organization's to a separate political org is needed, provide informa (d) A mount paid from filing organization's	s to which the filing funds Also enter the anization, such as a action in Part IV (e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none,				
	Enter the names, addresses an organization made payments F amount of political contribution separate segregated fund or a p	d employer identification numbe for each organization listed, ente s received that were promptly a political action committee (PAC)	r the amount paid frond directly delivered If additional space	om the filing organization's to a separate political org is needed, provide informa (d) A mount paid from filing organization's	s to which the filing funds Also enter the anization, such as a action in Part IV (e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none,				
	Enter the names, addresses an organization made payments F amount of political contribution separate segregated fund or a p	d employer identification numbe for each organization listed, ente s received that were promptly a political action committee (PAC)	r the amount paid frond directly delivered If additional space	om the filing organization's to a separate political org is needed, provide informa (d) A mount paid from filing organization's	s to which the filing funds Also enter the anization, such as a action in Part IV (e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none,				
	Enter the names, addresses an organization made payments F amount of political contribution separate segregated fund or a p	d employer identification numbe for each organization listed, ente s received that were promptly a political action committee (PAC)	r the amount paid frond directly delivered If additional space	om the filing organization's to a separate political org is needed, provide informa (d) A mount paid from filing organization's	s to which the filing funds Also enter the anization, such as a action in Part IV (e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none,				
	Enter the names, addresses an organization made payments F amount of political contribution separate segregated fund or a p	d employer identification numbe for each organization listed, ente s received that were promptly a political action committee (PAC)	r the amount paid frond directly delivered If additional space	om the filing organization's to a separate political org is needed, provide informa (d) A mount paid from filing organization's	s to which the filing funds Also enter the anization, such as a ation in Part IV (e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none,				
	Enter the names, addresses an organization made payments F amount of political contribution separate segregated fund or a p	d employer identification numbe for each organization listed, ente s received that were promptly a political action committee (PAC)	r the amount paid frond directly delivered If additional space	om the filing organization's to a separate political org is needed, provide informa (d) A mount paid from filing organization's	s to which the filing funds Also enter the anization, such as a ation in Part IV (e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none,				

Sc	hedule C (Form 990 or 990-EZ) 2010						Page 2
P	art II-A Complete if the organization under section 501(h)).	is ex	cempt under	section 501(c)(3) and fi	led Form 5768	
A B	Check If the filing organization belongs to a Check If the filing organization checked bo			" provisions apply	/		
	Limits on Lobbying E (The term "expenditures" means a)		(a) Filing Organization's Totals	(b) Affiliated Group Totals
<u>1</u> a	Total lobbying expenditures to influence public o	pinion	(grass roots lob	oyıng)			
b	Total lobbying expenditures to influence a legisl	atıve b	ody (direct lobby	ıng)			
c	Total lobbying expenditures (add lines 1a and 1	b)					
d	Other exempt purpose expenditures						
е	Total exempt purpose expenditures (add lines 1	c and :	Ld)				
f	Lobbying nontaxable amount Enter the amount columns	from th	e following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The	lobbying nontaxa	ble amount is:			
	Not over \$500,000	20%	of the amount on lin	e 1e			
	Over \$500,000 but not over \$1,000,000	\$100	,000 plus 15% of the	excess over \$500,00	0		
	Over \$1,000,000 but not over \$1,500,000	\$175	,000 plus 10% of the	excess over \$1,000,0	000		
	Over \$1,500,000 but not over \$17,000,000	\$225	,000 plus 5% of the	excess over \$1,500,00	00		
	Over \$17,000,000	\$1,00	00,000				
	Grassroots nontaxable amount (enter 25% of lir	ne 1 f)					
_	Subtract line 1g from line 1a If zero or less, ent	-					
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -					
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h d	or line 11, did the	organization file F	orm 4720 rep	orting	┌ Yes ┌ No
	4-Year Av (Some organizations that made a columns below. See t	secti	on 501(h) ele		havè to co		ne five
	Lobbying Exp	endit	ures During 4	l-Year Averag	jing Period		
	Calendar year (or fiscal year						

	Lobbying Expendit	ures During 4	4-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a	Lobbying non-taxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
С	Total lobbying expenditures					
d	Grassroots non-taxable amount					
e	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					

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

		(a	1)	(b)	
		Yes	No	A mount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
а	Volunteers?	Yes			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Νo		
c	Media advertisements?		Νo		
d	Mailings to members, legislators, or the public?		Νo		
e	Publications, or published or broadcast statements?		Νo		
f	Grants to other organizations for lobbying purposes?		Νo		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		45	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Νo		
i	Other activities? If "Yes," describe in Part IV		Νo		
j	Total lines 1c through 1i			45	
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Νo		
b	If "Yes," enter the amount of any tax incurred under section 4912				
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		Νo		

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

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

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

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

Part IV Supplemental Information

Dues, assessments and similar amounts from members

Taxable amount of lobbying and political expenditures (see instructions)

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

Ident if ier	Return Reference	Explanation
•	Description	In Tax Year 2010 St Olaf provided financial support in the form of transportation(\$45 noted above), to students who attended a lobbying day at the Minnesota State capitol. The primary focus of the students was to communicate to representatives their continued interest in receiving State Grants for education.

1

DLN: 93493082001322

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990. ► See separate instructions. Name of the organization

Employer identification number

	Dlaf College					
_				593979		
Pa	organizations Maintaining Donor A organization answered "Yes" to Form 9		Funds o	r Accounts.	Complet	te if the
		(a) Donor advised funds	(b) Funds and ot	her accou	nts
1	Total number at end of year					
2	Aggregate contributions to (during year)					
3	Aggregate grants from (during year)					
ŀ	Aggregate value at end of year					
5	Did the organization inform all donors and donor adv funds are the organization's property, subject to the			e d	☐ Yes	┌ No
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the be conferring impermissible private benefit			purpose	☐ Yes	┌ No
Рa	rt III Conservation Easements. Complete	if the organization answered "Yes	" to Form	990, Part IV,	, line 7.	
L 2	Purpose(s) of conservation easements held by the of Preservation of land for public use (e.g., recreat Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qual easement on the last day of the tax year	cion or pleasure)	facertified	historic structi		a
	easement on the last day of the tax year			Held at the E	nd of the	Year
а	Total number of conservation easements		2a	noid at the l	ina or the	2
b	Total acreage restricted by conservation easement:	5	2b			15
c	Number of conservation easements on a certified hi		2c			
d	Number of conservation easements included in (c) a	• •	2d			
_						
3	Number of conservation easements modified, transf	errea, reieasea, extinguisnea, or termin	ated by the	organization d	uring	
1	Number of states where property subject to conserv	ation easement is located 🛌 1				
5	Does the organization have a written policy regardin enforcement of the conservation easements it holds		andling of v	riolations, and	┌ Yes	√ No
5	Staff and volunteer hours devoted to monitoring, ins	pecting and enforcing conservation eas	ements dur	ring the year 🛌	20	ı
,	A mount of expenses incurred in monitoring, inspect	ing, and enforcing conservation easeme	ents during	the year ► \$ _	56,11	9
3	Does each conservation easement reported on line 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	2(d) above satisfy the requirements of	section		✓ Yes	┌ No
•	In Part XIV, describe how the organization reports of balance sheet, and include, if applicable, the text of the organization's accounting for conservation ease	the footnote to the organization's financ	•	•		
				ar Cimilar A		
aı	Organizations Maintaining Collection Complete if the organization answered			ei Sillillai A	issets.	
	Collection Organizations Maintaining Collection	"Yes" to Form 990, Part IV, line 8.5 116, not to report in its revenue stated for public exhibition, education or rese	ment and b	alance sheet w	orks of	2,
	Complete if the organization answered If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held	"Yes" to Form 990, Part IV, line 8.5 116, not to report in its revenue stated for public exhibition, education or resenancial statements that describes thes 5 116, to report in its revenue statement public exhibition, education, or research	ement and bearch in furt e items nt and balar	alance sheet w herance of pub	orks of lic service s of art,	÷,
la	Complete if the organization answered If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fill the organization elected, as permitted under SFAS historical treasures, or other similar assets held for	"Yes" to Form 990, Part IV, line 8. 5 116, not to report in its revenue stated for public exhibition, education or resenancial statements that describes thes 5 116, to report in its revenue statements public exhibition, education, or researchs	ement and bearch in furt e items nt and balar	alance sheet w herance of pub	vorks of lic service s of art, service,	57,640
la	Complete if the organization answered If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fill the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these item	"Yes" to Form 990, Part IV, line 8. 5 116, not to report in its revenue stated for public exhibition, education or resenancial statements that describes thes 5 116, to report in its revenue statements public exhibition, education, or researchs	ement and bearch in furt e items nt and balar	alance sheet w herance of pub nce sheet work: ance of public :	vorks of lic service s of art, service,	57,640

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Part	Organizations Maintaining Co	llections of Art,	His	torica	l Treas	ures, or	Othe	r Similar	Asse	ets (co	ontinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	of th	ie follow	ung that a	are a signific	ant u	ise of its col	lectio	n	
а	Public exhibition		d	Г	oan or ex	change prog	grams	i			
b	Scholarly research		e	Гο	ther						
c	Preservation for future generations										
4	Provide a description of the organization's co Part XIV	ollections and explai	n hov	v they fu	urther the	organizatio	n's e	xempt purpo	se in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t	o be maintained as p	art c	f the or	ganızatıo	n's collectio	n?			Yes	┌ No
Par	t IV Escrow and Custodial Arrang Part IV, line 9, or reported an an					on answer	ed "Y	es" to Forı	m 990	0,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ıntermed	diary	for con	tributions	or other as	sets	not	r	Yes	Г No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the f	ollow	ıng tabl	е	г					
_						-	_		A mou		
C	Beginning balance					-	1c				403,002
d	Additions during the year					_	1d				373,615
e	Distributions during the year					-	1e				27,591
f	Ending balance					L	1f				349,026
2a	Did the organization include an amount on Fo	, ,	217						1	Yes	┌ No
	If "Yes," explain the arrangement in Part XIV rt V Endowment Funds. Complete		anc	warad	"Vos" to	Form 990) Da	rt IV line 1	10		
rai	Lindownient i unus. Complete	(a)Current Year)Prior Yea		Two Years Ba		(d)Three Yea Back	rc	e) Four Y	ears Back
1a	Beginning of year balance	275,844,546		249,42	25,439	335,824	,317				
b	Contributions	24,633,465		5,58	37,652	5,526	,690				
c	Investment earnings or losses	56,465,357			05,734	-79,993	_				
d	Grants or scholarships	3,683,009			02,240	3,318					
e	Other expenditures for facilities and programs	7,598,787			14,563	8,305	,648				
f	Administrative expenses	365,940			27,476		,602				
g	End of year balance	345,295,632		275,84	14,546	249,425	,439				
2	Provide the estimated percentage of the yea		s								
а	Board designated or quasi-endowment 🕨	38 000 %									
b	Permanent endowment 🕨 38 000 %										
c	Term endowment ► 24 000 %										
3a	Are there endowment funds not in the posses organization by	ssion of the organiza	tion t	that are	held and	administer	ed for	the		Yes	l Na
	(i) unrelated organizations							Г	3a(i)	Yes	No
	(ii) related organizations							-	3a(ii)		No
b	If "Yes" to 3a(II), are the related organizatio							[3b		No
4	Describe in Part XIV the intended uses of th										
Par	t VI Investments—Land, Buildings	s, and Equipmer	1 t. S	ee For	m 990,	Part X, line	<u> 10.</u>				
	Description of investment				st or other nvestment)	(b)Cost or obasis (oth		(c) Accumula depreciatio		(d) Bo	ok value
1a l	Land					1,20	4,799				1,204,799
b E	Buildings				956,331	248,73	80,336	73,244	,157	17	6,442,510
c l	Leasehold improvements		•								
d E	Equipment		•			 	0,247	25,593		1	8,356,967
e (Other			1		39.00	6,845	20,191	.,459	1	8,815,386

214,819,662

Part VIII Investments—Other Securities. See	Form 990, Part X, line 12	2.	
(a) Description of security or category (including name of security)	(b)Book value		d of valuation - year market value
(1)Financial derivatives		Cost of end-of	- year market value
(2)Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	197,838,275		
Part VIII Investments—Program Related. See		13.	
(a) Description of investment type	(b) Book value	(c) Metho	d of valuation
(a) Description of investment type	(b) Book value	Cost or end-of	-year market value
(1) Student Loans and Notes Receivable	7,990,951		С
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, lin	e 15.		
(a) Descrip			(b) Book value
(1) Other Receivables			1,064,866
(2) Insurance Receivables			505,584
(3) Funds Held in Trust by Others			2,118,468
(4) Deposits Held by Trustee			6,122,612
(5) Deferred Debt Acquisition Cost			520,978
(6) Assets Held in Revocable Trust			12,721
(7) Assets Held In Charitable Trust			32,336,031
			_
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.	5.)		42,681,260
Part X Other Liabilities. See Form 990, Part X	, line 25.		
1 (a) Description of Liability	(b) A mount		
Federal Income Taxes			
Interest rate exchange liability	1,238,825		
Asset Retirement O bligation	2,526,294		
Total (Column (h) should equal Form 200, Part V 1/2) In- 25	· ·		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶	3,765,119		

Pai	rt 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	164,345,506
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	156,335,724
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	8,009,782
4	Net unrealized gains (losses) on investments	4	51,820,169
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	482,251
9	Total adjustments (net) Add lines 4 - 8	9	52,302,420
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	60,312,202
	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p		
1	Total revenue, gains, and other support per audited financial statements	1	169,348,318
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
ь	Donated services and use of facilities 2b		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d -49,029,580		
e	Add lines 2a through 2d	2e	2,790,589
3	Subtract line 2e from line 1	3	166,557,729
4	Amounts 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		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	-2,212,223
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	164,345,506
Par	Reconciliation of Expenses per Audited Financial Statements With Expenses	per R	
1	Total expenses and losses per audited financial statements	1 1	109,036,116
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	- +	
a	Donated services and use of facilities		
ь	Prior year adjustments	1	
c	Other losses	1	
d	Other (Describe in Part XIV)	1	
e	Add lines 2a through 2d	2e	2,212,223
3	Subtract line 2e from line 1	3	106,823,893
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		
ь	Other (Describe in Part XIV) 4b 49,511,831	1	
c	Add lines 4a and 4b	4c	49,511,831
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	156,335,724
Pai	rt XIV Supplemental Information		

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
Part XIII, Line 4b	Part XIII, Line 4b Other revenue amounts included on 990 but not included in F/S	Endowment Fund Investment Mangement Fees \$284506 Scholarships and Grants \$49227325
Part XIII, Line 2d	Part XIII, Line 2d Other expenses and losses per audited F/S	Gross Income from Fundraising Events \$2194105 Cost of Goods Sold on Inventory \$18118
Part XI, Line 8	Part XI, Line 8 Other Changes in Net Assets or Fund Balances	Nygaard Increase in Net Assets \$0 Adjustment to Actuarial Liability for Annuities Payable \$7083332 \$0 St Olaf Change in net assets = \$60,216,076, Nygaard change \$0 Interest Rate Swap Adjustment \$-336337 Adjustment to prior service cost and actuarial liability for \$-130186 Contributions Receivable Write-Off \$-6230684
Part V , Line 4	Part V, Line 4 Intended uses of the endowment fund	The intended uses of the Endowment Fund include scholarships, endowed faculty chairs, and general support to subsidize various operations
Part IV, Line 2b	Part IV, Line 2b Explanation of escrow account liability	Included in Line 21 of Part X are two separate types of liabilities. First are "Liabilities Payable" [\$12,380,505] resulting from Charitable Annuities and Trusts where the College serves as the trustee of the assets and records a liability for the present value of future cash flows estimated to be paid out to the income beneficiaries. In addition, the College also records "Funds Held in Trust for Others" [\$2,766,073] that primarily result from trusts under control of the College that will benefit other organizations at the termination of the Trust.
Part IV , Line 1b	Part IV, Line 1b Why is organization an agent, trustee, custodian or other intermediary for contrib	The College serves as an agent for several student organizations and two trusts benefiting relatives of former and deceased Officers of the College
Part III, Line 4	Part III, Line 4 Description of organization's collections and how it furthers its purpose	The College's collections are composed primarily of artwork donated and displayed on the premises of the College The collection furthers the exempt purpose by providing subjects for students to observe and interpret
Part II, Line 9	Part II, Line 9 Organization Reporting of conservation easements	Money received initially was recorded as unrestricted revenue and placed into a board designated quasi-endowment. Expenses that are incurred pertaining to the easements are recorded as operating expenses. The land related to the easements is included in as Property, Plant, and Equipment on the College's balance sheet.

Schools

OMB No 1545-0047

SCHEDULE E (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

▶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.

Name of the organization St Olaf College

Employer identification number

41-0693979

Pa	rt I		YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II	3	Yes	
		-	res	
4	Does the organization maintain the following?			
	Records indicating the racial composition of the student body, faculty, and administrative staff? Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory	4a	Yes	
	basis?	4b	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	Yes	
C	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 Part II	4d	Yes	
5	Does the organization discriminate by race in any way with respect to			
æ	s Students' rights or privileges?	5a		Νo
Ł	Admissions policies?	5b		Νo
c	Employment of faculty or administrative staff?	5c		Νo
c	Scholarships or other financial assistance?	5d		Νo
•	Educational policies?	5e		Νo
f	Use of facilities?	5f		Νo
g	Athletic programs?	5g		Νο
ŀ	Other extracurricular activities?	5h		Νo
	If you answered "Yes" to any of the above, please explain If you need more space, use Part II			
		-		
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Yes	
t	Has the organization's right to such aid ever been revoked or suspended?	6b		Νo
7	If you answered "Yes" to either line 6a or line 6b, explain on Part II Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05			
	of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II	7	Yes	

Part II Supplemental Information

Complete this part to provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also complete this part to provide any other additional information (see instructions)

ldentifier	Return Reference	Explanation
Schedule E, Line 3 - Racially Nondiscriminatory Policy Publicized		The College does not engage in signficant advertising activities via new spapers or broadcast media. However, when the College posts job openings in new spapers we include the applicable policy

Schedule E (Form 990 or 990-EZ) 2010

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493082001322

OMB No 1545-0047

Open to Public **Inspection**

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

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

Statement of Activities Outside the United States

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization St Olaf College

Employer identification number

41-0693979

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

For grantmakers. Does the	organization n	naintain record	Is to substantiate the	amount of the grants of	or
assistance, the grantees' elig	_			-	
the grants or assistance?	-	=			✓ Yes
-					
For grant makers. Describe in Pa United States	rt V the organiz	ation's procedu	res for monitoring the us	e of grant funds outside th	ne
Activites per Region (Use Part	V ıf addıtıonal s	pace is needed)		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	region (by type) (e g ,	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
Sub-Saharan Africa	0	0	Program Service	Intl Studies	83,38
South Asia	0	0	Program Service	Intl Studies	143,88
South America	0	0	Program Service	Intl Studies	201,59
Russia & New States	0	0	Program Service	Intl Studies	41,14
North America	0	0	Program Service	Intl Studies	100,12
Middle East & N. Africa	0	0	Program Service	Intl Studies	670,11
Europe	0	0	Program Service	Intl Studies	2,372,48
East Asia & the Pacific	0	0	Program Service	Intl Studies	749,86
Central Am & Carribean	0	0	Program Service	Intl Studies	304,42
South Asia	0	0	Program Service	Recruitment	11,70
Middle East and N. Africa	0	0	Program Service	A lumnı Tours	63,19
Europe	0	0	Program Service	A lumnı Tours	312,07
Central Am & Caribbean	0	0	Investments		49,295,00
Sub-total					54,348,98
Total from continuation sheets to Part I					, ,

c Totals (add lines 3a and 3b)

54,348,983

Pa	Part IV, I	ine 15, for any				nited States. Comp x if no one recipient			
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)
	Enter total nur	nber of recipie	ent organizations lis	ted above that are	recognized as chari	ties by the foreign o	country, recognized	as	
3		·	_	·		1(c)(3) equivalency		. ▶	
								Schedule F	F (Form 990) 2010

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 Part V if additional space is needed.

				1	т		
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
See Add'l Data			<u> </u>				1
-			1			[1
			1			1	
		†	1			1	1
		†	1			1	
		†	1			1	
			1				1
			1			1	1
			1			1	1
			1			1	1
			1				1
		†	1				1
		† †	1			1	1
			1				1
			1				1
		†	1			1	1
			1			1	1
		†	1			1	1

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? <i>If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)</i>	굣	Yes	Γ	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)	Γ	Yes	굣	Νo
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)	굣	Yes	Г	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)	ি	Yes	Г	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)	ি	Yes	Г	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).	Г	Yes	<u> </u>	Νo

Schedule F (Form 990) 2010

Part V Supplemental Information
Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

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

Schedule F (Form 990) 2010

Software ID: 10000105

Software Version: 2010v3.2

EIN: 41-0693979

Name: St Olaf College

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S								
(a) Type of grant or assistance	(b) Region	(c)Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non- cash assistance	(g) Description of non- cash assistance	(h) Method of valuation (book, FMV , appraisal, other)	
Tuition Waivers	Mıddle East & N Afrıca	1	14,720	Credit on Account				
Tuition Waivers	Europe	2	29,440	Credit on Account				
Tuition Waivers	East Asia & the Pacific	1	7,970	Credit on Account				
Need-Based Aıd	Sub-Saharan Africa	8	11,949	Credit on Account				
Need-Based Aıd	South Asia	22	30,143	Credit on Account				
Need-Based Aıd	South America	3	11,038	Credit on Account				
Need-Based Aıd	Russia & New States	14	45,653	Credit on Account				
Need-Based Aıd	North America	16	58,449	Credit on Account				
Need-Based Aıd	Mıddle East & N Afrıca	38	96,783	Credit on Account				
Need-Based Aıd	Europe	195	547,334	Credit on Account				
Need-Based Aıd	East Asia & the Pacific	77	301,312	Credit on Account				
Merit-Based Aid	Sub-Saharan Africa	3	12,000	Credit on Account				
Merit-Based Aid	South Asia	8	21,250	Credit on Account				
Merit-Based Aid	South America	5	13,000	Credit on Account				
Merit-Based Aid	Russia & New States	5	16,750	Credit on Account				
Merit-Based Aid	North America	4	15,250	Credit on Account				
Merit-Based Aid	Mıddle East & N Afrıca	23	84,750	Credit on Account				
Merit-Based Aid	Europe	59	228,430	Credit on Account				
Merit-Based Aid	East Asia & the Pacific	19	68,000	Credit on Account				

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493082001322

OMB No 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Fundraising or Gaming Activities Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,

Supplemental Information Regarding

or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

Open to Public Inspection

Internal Revenue Service Name of the organization St Olaf College

Department of the Treasury

Employer identification number

41-0693979

Part I	Fundraising Activities	. Complete if the	organization answered	"Yes" to Forn	n 990, Part IV, lını	e 17.

- Indicate whether the organization raised funds through any of the following activities. Check all that apply
- Mail solicitations
- Internet and e-mail solicitations
- Phone solicitations
- In-person solicitations

- e Solicitation of non-government grants
- f Solicitation of government grants
- Special fundraising events
- Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(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			
Adv Resources	Training		Νο		14,000	
Ruffalo & Cody	Software		Νο		14,148	
Total					28,148	

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

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

Pa	rt II	Fundraising Events. Com more than \$15,000 on Form				
			(a) Event #1	(b) Event #2	(c) O ther Events	(d) Total Events
			Gala	St. Olaf Golf Classic		(Add col (a) through col (c))
Revenue			(event type)	(event type)	(total number)	
	1	Gross receipts	214,556	20,765		235,321
	2	Less Charitable contributions	159,981	. 7,985		167,966
	3	Gross income (line 1 minus line 2)	54,575	12,780		67,355
	4	Cash prizes				
Expenses	5	Non-cash prizes	1,425	2,441		3,866
	6	Rent/facility costs	1,411	. 6,298		7,709
	7	Food and beverages	34,809	2,519		37,328
Direct	8	Entertainment	9,370)		9,370
Ξ	9	Other direct expenses .	25,603	1,598		27,201
	10	Direct expense summary Add lin	es 4 through 9 ın column	(d)	🛌	85,474
	11	Net income summary Combine li	nes 3 and 10 ın column (d)		-18,119
Par	t II	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	rt IV, line 19, or repo	
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Total gaming (Add col (a) through col (c))
	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Non-cash prizes				
ញ ក្ត	4	Rent/facility costs				
Direct	5	Other direct expenses				
	6	Volunteer labor	Г Yes	Γ Yes % Γ No	┌ Yes % ┌ No	_
	7	Direct expense summary Add lines	s 2 through 5 ın column (d)		
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	ımn (d)		
9	Ent	er the state(s) in which the organiza	ation operates gaming act	tivities		
а		the organization licensed to operate				
Ь	If"	No," Explain				
						1
10a b		re any of the organization's gaming Yes," Explain			the tax year?	· · Fyes FNo

11	Does the organization operate ga	aming activities with nonmembers?		Γ_{Yes} Γ_{No}
12	Is the organization a grantor, be	neficiary or trustee of a trust or a mer	nber of a partnership or other entity	
	formed to administer charitable (jaming?		Г _{Yes} Г _{No}
13	Indicate the percentage of gamin	ng activity operated in		
а	The organization's facility			1
b	An outside facility		13b	
14	Provide the name and address or records	f the person who prepares the organız	ation's gaming/special events books and	
	Name 🟲			
	Address 🟲			
15a		ntract with a third party from whom th		
ь		ning revenue received by the organizated by the third party 🟲 \$	ation F \$ and the	
c	If "Yes," enter name and address	5		
	Name 🟲			
	Address 🟲			
16	Gaming manager information			
	Name 🟲			
	Gaming manager compensation l	\$		
	Description of services provided	>		
	Director/officer	Employee	Independent contractor	
17	Mandatory distributions			
а		er state law to make charitable distrib		
p.				· Fyes Fno
D		required under state law distributed activities during the tax year > \$	to other exempt organizations or spent	
Par			r responses to question on Schedule	e G (see
	Identifier	ReturnReference	Explanation	

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

DLN: 93493082001322

OMB No 1545-0047

Department of the Treasury

Schedule I

(Form 990)

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

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. Attach to Form 990 **Inspection** Internal Revenue Service Employer identification number Name of the organization St Olaf College 41-0693979 Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be 1 (a) Name and address of **(b)** EIN (c) IRC Code (d) A mount of cash (e) A mount of non-(f) Method of (a) Description of (h) Purpose of grant organization section grant valuation non-cash assistance or assistance cash or government ıf applıcable assistance (book, FMV, appraisal, other)

	•	
Part III	Grants and Other Assistance to Individuals in the United State	s. 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
See Addıtıonal Data Table					

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

Ident if ier	Return Reference	Explanation
Grantmaker's Description of How Grants are Used		Grant funds disbursed by the College are predominantly available as merit or need based scholarships. Funds are disbursed by the Financial Aid office and are credited directly to the student's account to pay for tuition, room and board. They are then monitored by the Financial Aid Office and the Student Accounts Office, both of whom are notified if the student's enrollment status changes during the semester. These offices monitor whether the grantee is taking the necessary classes and is therefore utilizing the grant as it was intended. Adjustments are made to the awarded grants as needed if a student's
		enrollment changes

Software ID: 10000105

Software Version: 2010v3.2

EIN: 41-0693979

Name: St Olaf College

Form 990, Schedule I, Part III, Grants and Other Assistance to Individuals in the United States

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
Tuition Waiver	63	1,484,991			
Target Legal Scholars	4	10,000			
Need Based Financial Aid	1994	30,887,222			
Merit Based Scholarships	1588	15,176,027			
Lilly Grant	12	15,070			
Glesne Scholarship	4	17,500			
Davis Project for Peace	1	10,000			
Cleven Scholarship	1	12,294			

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -**Compensation Information**

DLN: 93493082001322

OMB No 1545-0047

Open to Public Inspection

Schedule J

(Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990. ► See separate instructions.

Name of the organization St Olaf College

Employer identification number

41-0693979

Pa	rt I Questions Regarding Compensation)	<u> </u>			
					Yes	Νo
1a	Check the appropriate box(es) if the organization pro- 990, Part VII, Section A, line 1a Complete Part III					
	First-class or charter travel	굣	Housing allowance or residence for personal use			
	Travel for companions	\sqcap	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Γ	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 orgenmoursement orprovision of all the expenses descr			1b	Yes	
2	Did the organization require substantiation prior to re	eımburs	ing or allowing expenses incurred by all			
	officers, directors, trustees, and the CEO/Executive	Directo	or, regarding the items checked in line 1a?	2	Yes	
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all th		y			
	Compensation committee		Written employment contract			
	Independent compensation consultant	<u> </u>	·			
	Form 990 of other organizations	<u> - </u>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, For a related organization	Part VII	, Section A , line ${f 1a}$ with respect to the filing organization			
а	Receive a severance payment or change-of-control	paymen	t from the organization or a related organization?	4a		Νo
Ь	Participate in, or receive payment from, a supplemen	ntal non	qualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-ba	ased co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pro	ovide th	e applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only mu	st comp	olete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of	lıne 1a,	did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of	lıne 1a,	did the organization pay or accrue any			
а	The organization?			6a		Νo
Ь	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes," d			7		Νο
8	Were any amounts reported in Form 990, Part VII, p subject to the initial contract exception described in		·			
	ın Part III			8		Νo
9	If "Yes" to line 8, did the organization also follow the section 53 4958-6(c)?	rebutt	able presumption procedure described in Regulations	9		Νο

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

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

Note. The sum of columns (B)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	(A) Name		W-2 and/or 1099-	MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base (ii) Bonus & (iii) Other reportable compensation compensation		(iii) Other reportable	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
(1) Wesley Pearson	(ı) (ıı)	144,803		1,854	13,173	14,237	174,067		
(2) Michael Stitsworth	(ı) (ıı)	176,048		2,779	16,020	13,920	208,767		
(3) Michael Kyle	(ı) (ıı)	145,273		1,667	13,920	13,490	174,350		
(4) James May	(ı) (ıı)	174,059		3,770	16,290	9,011	203,130		
(5) David R Anderson	(ı) (ıı)	311,056		23,774	22,050	32,340	389,220		
(6) Bruce Dalgaard	(ı) (ıı)	176,975		1,729	12,064	8,693	199,461		
(7) Alan J Norton	(ı) (ıı)	178,757		1,610	16,290	6,095	202,752		
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

Part III Supplemental Information

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

Ident if ier	Ret urn Ref erence	Explanation
Line 1a	,	Travel for companions - David Anderson - \$3,862Tax indemnification and gross-up payments - David Anderson - \$7,464Housing allowance/resident for personal use - David Anderson - \$18,000

Schedule J (Form 990) 2010

DLN: 93493082001322 OMB No 1545-0047

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization St Olaf College

Schedule K

(Form 990)

Employer identification number

41-0693979

Pa	art I Bond Issues																
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Pri	се	(f) Description of Purpose		cription of Purpose		scription of Purpose))Defeased Beh		On alf of suer (i) P		Pool ncing
										Yes	No	Yes	No	Yes	No		
A	MNHEFA	41-0988525	60416HTL8	08-31-2010	34,045,	664 Re	fı varıable	rate de	bt		Х		Х		х		
В	MNHEFA	41-0988525	60416HKK9	03-29-2007	46,207,	404 Co	nstruction	ı & Refu	ndıng	х			Х		х		
_				1													
Pa	rt III Proceeds					•									•		
					Α			В			С			D			
1	A mount of bonds retired					3,455,0	00		3,455,000								
_2	A mount of bonds legally defe	eased															
3	Total proceeds of issue				3	4,045,6	5,664 46,207,404		5,207,404								
4	Gross proceeds in reserve fu					2,402,369 3,361,703											
5	Capitalized interest from pro	ceeds															
6	Proceeds in refunding escrov	N			31,350,000 11,959,283												
7	Issuance costs from proceed	ds				290,0	80		310,982								
8	Credit enhancement from pro	oceeds															
9	Working capital expenditures	from proceeds															
10	Capital expenditures from pr	oceeds			3	0,575,4	36	31	0,575,436								
11	Other spent proceeds					3,2	87										
12	Other unspent proceeds																
13	Year of substantial completion	on			201	. 0			•				•				
					Yes	No	Ye	s	No	Yes		No	Ye	s	No		
14	Were the bonds issued as pa	rt of a current refund	ding issue?			Х			Х								
15	Were the bonds issued as pa	rt of an advance refu	unding issue?		Х		×										
16	Has the final allocation of pro	oceeds been made?			Х		х										
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?			х		×											
Pa	Tt IIII Private Business	Use															
			Α			В			С			D					

property financed by tax-exempt bonds?

financed property?

Was the organization a partner in a partnership, or a member of an LLC, which owned

Are there any lease arrangements that may result in private business use of bond-

No

Х

Yes

No

Х

Χ

Yes

No

Yes

Yes

No

Part III Private Business Use (Continued)

			Α		В		С	I)
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?		×	х					
b	Are there any research agreements that may result in private business use of bond- financed property?		Х		х				
С	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?	Х		x					
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								
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	Х		х					
B = 1				-					

|--|

		A		В		L		ט	
		Yes	No	Yes	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?		х		х				
2	Is the bond issue a variable rate issue?		Х		X				
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		x		x				
ь	Name of provider						<u> </u>		
С	Term of hedge								
d	Was the hedge superintegrated?								
е	Was a hedge terminated?								
4a	Were gross proceeds invested in a GIC?		Х	Х					
ь	Name of provider	DEPFA Bank		DEPFA Bank					
С	Term of GIC		2 0000		2 0000				
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	x		x					
5	Were any gross proceeds invested beyond an available temporary period?		х		х				
6	Did the bond issue qualify for an exception to rebate?		х		X				

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Ident if ier	Return Reference	Explanat ion

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493082001322

Transactions with Interested Persons

(Form 990 or 990-EZ)

Schedule L

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

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

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury	
Internal Revenue Service	

Name of the organization St Olaf College									Employer identification number					
									1-06939					
Part I	Excess Benefit Trail Complete if the organizat										ına 40h			
					111 990, 1	ait IV, illie 25a	01 250,	OI FOIIII	990-62,	rait V, i		orrected		
1	(a) Name of disq	ualıfıed	person			(b) Desc	cription	of trans	action		Yes	No		
											1.55	1		
					-									
2 5											I	<u> </u>		
	er the amount of tax impos tion 4958		_		_	alsqualified pers		_	yearunde ••••••••••••••••••••••••••••••••••••	r • \$				
3 Ente	er the amount of tax, if any								🕨	• \$				
		-	-		-									
Part II	Loans to and/or I Complete if the organiz) D = = 11/ l. = 2.6		000		. l.m. 20				
	Complete if the organiz			d Yes on F	orm 990	, Part IV, line 26	o, or For	m 990-	(f)		a l			
(a) Name	e of interested person and		oan to .	(c)0 rig	lean		(e)		Appro	ved	(g)Writ			
(a) Name	purpose	1	ızatıon?	principal		(d)Balance due	defa	ult?	by boar		agreeme	nt?		
		To	From	1			Yes	No	Yes	No	Yes	No		
		 '`	110111				103	110	103	110	103	110		
Total .	1				▶ \$									
Part III	Grants or Assistar Complete if the orga						/ line	27						
	•					een interested pe								
(;	a) Name of interested pers	on	`			ganızatıon		(c) A n	nount of g	rant or t	ype of assı	stance		
(1)														
/2.\			Tui	tion Waiver								57,715		
(2)			Me	rıt Scholarsi	าเอร							1,812		
			1		·· F -							_,012		

 				_
Rucinace	Trancactions	Tnvolvina	Intoracted	Darcane
DUSIIICSS	Transactions	THIVOIVING	Tillelesten	FCI SUIIS

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

Complete if the organization	ii aliswered Tes Oli	roini 550, Farciv, iii	ie 20a, 20b, 01 20c.		
(a) Name of interested person	(b) Relationship between interested person and the		(d) Description of transaction	(e) Sharing o organization's revenues?	
	organization			Yes	No
See Additional Data Table					

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Ident if ier	Return Reference	Explanation
raeut it ier	Return Kererence	Explanation

Schedule L (Form 990 or 990-EZ) 2010

Additional Data

Software ID: 10000105

Software Version: 2010v3.2

EIN: 41-0693979

Name: St Olaf 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
Andrea Gelle	See Schedule O	15,425	Employment		No
North Sky	See Schedule O	235,700	Asset Management Fees		No
Piper Jaffray	See Schedule O	201,638	Bond Issuance & Asset Mgmt		No
Ziegler Inc	See Schedule O	122,929	Contruction Costs		No
Christopher Brunelle	See Schedule O	61,050	Employment		No
Kathleen Doran-Norton	See Schedule O	55,825	Employment		No
Karen Stitsworth	See Schedule O	86,275	Employment		No
Boldt Construction	See Schedule O	12,707,420	Contruction Costs		No
CapGen Advisors	See Schedule O	185,873	Asset Management Fees		No

DLN: 93493082001322

OMB No 1545-0047

Open to Public Inspection

SCHEDULE M (Form 990)

Department of the Treasury

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

NonCash Contributions

Internal Revenue Service Name of the organization

Employer identification number St Olaf College 41-0693979

Pa	rt I Types of Property	_			_			
		(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining of amounts		ontribut	tion
1	Art—Works of art	Х	20		Rplcmt Cost			
2	Art—Historical treasures			,				
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household	V						
good	ds	X		1,962	Rplcmt Cost			
6	Cars and other vehicles .							
	Intellectual property							
	Securities—Publicly traded	X	95	2,764,833	Avg Mkt Value			
	Securities—Closely held stock							
	Securities—Partnership, LLC, or trust interests .							
	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles	Х	6	4,310	Rplcmt Cost			
19	Food inventory	Х	17	5,027	Rplcmt Cost			
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
	· · · · · · · · · · · · · · · · · ·							
	Archeological artifacts .							
	Other ► (Gift Cert)	X	13	·	Rplct Cost			
26	Other ► (<u>Equipment</u>)	X	7	23,230	Rplct Cost			
27	Event	×	38	0 500	Rplct Cost			
21	Other ► (<u>Passes</u>) Prepaid		30	0,500	Rpict Cost			
28		×	22	32,599	Rplct Cost			
29	Number of Forms 8283 received b	y the org	anızatıon durıng the tax yea	· · · · · · · · · · · · · · · · · · ·				
	for which the organization complet				29			95
							Yes	No
30a	During the year, did the organization	on receiv	e by contribution any prope	rty reported in Part I, lines	1-28 that it			
	must hold for at least three years	from the o	date of the initial contribution	on, and which is not require	d to be used			
	for exempt purposes for the entire	holding p	eriod?			30a		No
	If "Yes," describe the arrangemen							
31	Does the organization have a gift a	acceptano	ce policy that requires the r	eview of any non-standard	contributions?	31		Νo
32a	Does the organization hire or use to contributions?	thırd part	es or related organizations	to solicit, process, or sell	non-cash	32a	Yes	
b	If "Yes," describe in Part II							
33	If the organization did not report re describe in Part II	evenues i	n column (c) for a type of p	roperty for which column (a) is checked,			
	accende in i die II							

Part II

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

Ident if ier	Return Reference	Explanation
Part I, Line 32, Hire and Use of Third Parties		In tax year 2010, the College used several brokers to sell publically traded securities that were transferred to the College In addition, in tax year 2010 the College used an auction house to sell collectible items that were donated to the College several years ago

Schedule M (Form 990) 2010

efile GRAPHIC print - DO NOT PROCESS

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93493082001322

OMB No 1545-0047

2010

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

► Attach to Form 990 or 990-EZ.

Supplemental Information to Form 990 or 990-EZ

Open to Public Inspection

Name of the organization
St Olaf College

Employer identification number
41-0693979

ldentifier	Return Reference	Explanation
	Schedule L, Part IV, Col B	CapGen Advisors Regent Tomson is a Board MemberBoldt Construction Former Regent Boldt is Board Member/Ow nerKaren Stitsw orth Spouse of Officer Stitsw orthKathleen Doran-Norton Spouse of Officer NortonChristopher Brunelle Son of Former Regent BrunelleZiegler Inc Former Regent Hoeft is Board Member/Ow nerPiper Jaffray Regents Piper & K Johnson are Board Members, Regent Salveson is OfficerNorth Sky Regent Piper is AdvisorAndrea Gelle Daughter of Officer Gelle

Software ID: 10000105 **Software Version:** 2010v3.2

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

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

(A) Name and Title	(B) A verage hours per		tion (that 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
William Cowles Regent	1 70	х						0	0	0
Wesley Pearson	40 00					x		146,657	0	27,410
Professor Ruth Hustad						'				
Regent	1 70	Х						0	0	0
Ronald Hunter Regent	1 70	Х						0	0	0
Robert Jacobel Professor	40 00					х		123,789	0	24,885
Philip Milne Regent	1 70	х						0	0	0
Peter Rogness	1 70	Х						0	0	0
Regent Peter Gotsch										
Regent	1 70	Х						0	0	0
Paula Carlson Vice President	40 00			х				97,310	0	14,351
O Jay Tomson Regent	1 70	x						o	0	0
Nancy Anderson Regent	1 70	Х						0	0	0
Michael Stitsworth Vice President	40 00			х				178,827	0	29,940
Mıchael Kyle Vıce President	40 00			х				146,940	0	27,410
Mary Rand Taylor Regent	1 70	х						0	0	0
Martha Nelson Regent	1 70	Х						0	0	0
Mark Johnson Regent	1 70	Х						0	0	0
Mark Gelle CIO	40 00			х				105,536	0	10,248
Lawrence Stranghoener Regent	1 70	Х						0	0	0
LaVern J Rippley Professor	40 00					Х		121,162	0	16,266
Larry Rasmussen Regent	1 70	Х						0	0	0
Kristine Johnson Regent	1 70	х						0	0	0
Kevin Bethke Regent	1 70	Х						0	0	0
Katherine Hoyland-Barnett Regent	1 70	Х						0	0	0
Jon Salveson Regent	1 70	Х						0	0	0
Jon Ferguson Professor	40 00					×		117,056	0	18,572

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	
John Grotting Regent	1 70	Х						0	0	0	
John Benson Regent	1 70	Х						0	0	0	
Jody Kleppe Horner Regent	1 70	Х						0	0	0	
Jerrol Tostrud Regent	1 70	Х						0	0	0	
James May Provost	40 00			х				177,829	0	25,301	
Greg Kneser Vice President	40 00			х				126,697	0	17,045	
Glenn Taylor Regent	1 70	х						0	0	0	
Eric Hanson Regent	1 70	Х						0	0	0	
Elizabeth Nabel Regent	1 70	Х						0	0	0	
David R Anderson President	40 00	Х		х				334,830	0	54,390	
David Hill Regent	1 70	Х						0	0	0	
Bruce Dalgaard Professor	40 00					х		178,704	0	20,757	
Angela Mathews Controller	40 00			х				77,818	0	15,425	
A ndrew Foxwell Regent	1 70	Х						0	0	0	
Alan J Norton VP & Treasurer	40 00			х				180,367	0	22,385	
Al Tındall Regent	1 70	Х						0	0	0	
Addison Piper Chairman	1 70	×						0	0	0	

ldentifier	Return Reference	Explanation
	Schedule K, Part IV, Line 4 - 6	Gross proceeds from the 'Issue A' were invested in two GIC contracts. The first is noted on Schedule K. The second was provided by MBIA Inc. The term was 13 months. The regulatory safe harbor for establishing the fair market value of the GIC was satisfied. Gross proceeds were not invested beyond a temporary period.

ldentifier	Return Reference	Explanation
	Schedule K, Part III, Line 5	For 'Issue A', St Olaf calculated that 0 19% of financed property is in private business use as a result of unrelated trade or business. The tax software used to prepare the return only allowed reporting a whole number.

ldentifier	Return Reference	Explanation
	Form 990, Part VI - Governing Body	The ByLaws, Article VII, section 7 04 states that "The Executive Committee of the Board of Regents shall be composed of those individuals designated by the Board of Regents from time to time. The Executive Committee shall act only during intervals between meetings of the Board of Regents and shall at all times be subject to the control and direction of the Board of Regents. During such intervals, and subject to such control and direction, the Executive Committee shall have and may exercise all of the authority and powers of the Board of Regents in the management and affairs of the Corporation, subject to such limitations as the Board of Regents may impose. The Executive Committee shall keep regular minutes of its proceedings and report the same to the board of Regents." During tax year 2010, the committee's members were Addison Piper, Law rence Stranghoener, Kevin Bethke, William Cow les, Kristine Johnson, Philip Milne, Elizabeth Nabel, Ruth Hustad, Glenn Taylor, and Jerrol Tostrud.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 19	Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	The College's governing documents and conflict of interest policy are available upon request of the Treasurer's Office. The annual form 990, 990T, federal exemption letter, and financial statements are available on the College's Website.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 15b	Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	For the President of the College, compensation is determined annually by the Executive Committee of the Board of Regents. The Committee uses comparability data provided by other colleges and documents their decision and delivers it to either the Treasurer or Human Resources. Compensation for the Vice-Presidents of the College is determined annually as well. The President of the College uses comparability data provided by other colleges as one input into his decision. The President documents his decision through the annual performance review process and delivers the information to the Board of Regents' Executive Committee for final approval. The College adopted a Compensation Policy in July of 2009 to formalize these and other procedures related to compensation and other payments made to employees of the College. This process, as described above, was last undertaken during Fiscal Year 2011.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 12c	Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	On an annual basis, a Conflict of Interest Questionnaire is circulated to the Board of Regents, Officers, and Key Employees. The Questionnaire requires the employee or Regent to disclosure any relationships or transactions that would result or appear to result in a Conflict of Interest. The College collects and reviews the forms and discusses whether the appropriate actions have been taken in voting, discussions, and other meetings to properly recognize the conflict. Restrictions, such as being unable to participate in voting or discussions, may be imposed on any individual who has a conflict. In general, any identified conflict of interest is monitored by the Treasurer(for financial statement reporting purposes) and the President's Office (to ensure compliance, proper considerations are made at meetings)

ldentifier	Return Reference	Explanation
,	Form 990, Part VI, Line 11 Form 990 Review Process	To review the 990, the Board of Regents delegated the detail review process to the Audit Sub-Committee On February 8, 2012 the Sub-Committee reviewed and approved the Form in its entirety in addition, the form (not including Schedule B) was circulated to all members of the Board of Regents prior to the filing date

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 7a	Form 990, Part VI, Line 7a How Members or Shareholders Elect Governing Body	The primary decision-making members of the Corporation are the Board of Regents However, the members of the Evangelical Lutheran Church in America Churchwide assemblies as well as the Officers of the Church are involved whenever changes are made to the Board of Regents or the Articles of Incorporation are amended

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 6	Form 990, Part VI, Line 6 Explanation of Classes of Members or Shareholder	The Articles of Incorporation of St Olaf College describe its members as being (a) The members of the Evangelical Lutheran Church in America Churchwide assemblies entitled to vote at such meetings chosen in accordance with the discipline and usage of such Church, or its successor. Such members shall remain members of the Corporation until the convening of the succeeding Churchwide assembly of the Evangelical Lutheran Church in America at which time such members shall give place to the members entitled to vote at such succeeding Churchwide assembly, in accordance with the discipline and usage of said Church, or its successor (b) The officers of the Church(c) The President of the Corporation, and(d) The members of the Board of Regents of the Corporation

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 2	Form 990, Part VI, Line 2 Description of Business or Family Relationship of Officers, Directors, Et	Business Relationship Regent Piper and Regent K Johnson and Regent SalvesonBusiness Relationship Regent Hunter and Regent HornerBusiness Relationship Regent K Johnson and Regent Grotting

DLN: 93493082001322

2010

OMB No 1545-0047

Open to Public Inspection

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990. ► See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization
St Olaf College
41-0693979

Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

Name, address, and EIN of disregarded entity

(b)
Primary activity

(c)
Legal domicile (state or foreign country)

Total income

End-of-year assets

(f)
Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity		(g) 512(b)(13) trolled nization	
						Yes	No	
(1) Employee-Contribution VEBA Trust St Olaf								
1520 St Olaf Avenue	Employee Benefit Plan	MN	501c9		N/A		No	
Northfield, MN 55057 04-3838476								
(2) Employer-Contribution VEBA Trust St Olaf								
1520 St Olaf Avenue	Employee Benefit Plan	MN	501c9		N/A		No	
Northfield, MN 55057 04-3838456								
(3) Ella & Kaare Nygaard Foundation								
1520 St Olaf Avenue	Foundation	MN	501c3	11 - Type 2	NA		No	
Northfield, MN 55057 41-1644089								
(4) MN Intercollegiate Nursing Consortium								
1520 St Olaf Avenue	Nursing Program	MN	501c3	11 - Type 2	N/A		No	
Northfield, MN 55057 41-1717579								
		6 L N E	0.1.0.5.7	•	61 11 5/5			

				ble as a Partner created as a partne					answe	ered "\	es" on Fo	rm 990,	Part	IV, lu	ne 34
(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)	Share of t	(f) total income		(g) f end-of-year assets	(h Disprop allocat	rtionate	(i) Code V- amount in bo Schedule (Form 10	x 20 of K-1	(j Gene mana part	ral or aging	(k) Percentage ownership
									Yes	No			Yes	No	
				ble as a Corpora ations treated as a							nswered "\	'es" on	Form	990,	Part IV,
	(a) d EIN of related organiz		(b) Primary activity	(c) Legal domicile (state or foreign country)	·	(d) Direct cor enti) ntrolling	(e) Type of er (C corp, S or trust	ntity corp,		(f) f total income	Shai end-o	y) e of f-year ets		(h) Percentage ownership
See Additional Data Table				,,											
														-	
										1					

chedule R (Form 990) 2010		Рa	ige 3
Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)			
Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	N
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-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		N
b Gift, grant, or capital contribution to other organization(s)	1b		N
c Gift, grant, or capital contribution from other organization(s)	1c		N
d Loans or loan guarantees to or for other organization(s)	1d		N
e Loans or loan guarantees by other organization(s)	1e		N
f Sale of assets to other organization(s)	1f		N
g Purchase of assets from other organization(s)	1g		N
h Exchange of assets	1h		N
i Lease of facilities, equipment, or other assets to other organization(s)	1i		N
j Lease of facilities, equipment, or other assets from other organization(s)	1j		N
k Performance of services or membership or fundraising solicitations for other organization(s)	1k	Yes	
I Performance of services or membership or fundraising solicitations by other organization(s)	11		N
m Sharing of facilities, equipment, mailing lists, or other assets	1m	Yes	
n Sharing of paid employees	1n	Yes	<u> </u>
• Reimbursement paid to other organization for expenses	10	Yes	
p Reimbursement paid by other organization for expenses	1р		N
q Other transfer of cash or property to other organization(s)	1 q	Yes	_
r Other transfer of cash or property from other organization(s)	1r		N

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) Employer-Contribution VEBA Trust St Olaf	q	1,012,106	cost
(2) MN Intercollegiate Nursing Consortium	n	80,993	cost
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d Are parti sect 501(d organiz	ners ion :)(3) :ations?	(e) Share of end-of-year assets		rtionate cions?	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	(h) eneral or anaging partner?	
			Yes	No		Yes	No		Yes	N	
										+	
										-	
										t	
										+	
										\dagger	
										╀	
										+	
										L	
										+	
										t	
										ı	

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Ident if ier	Return Reference	Explanation
Schedule R, Part IV		In Schedule R (Part IV), the College withheld names of those Charitable Trusts that were required to be disclosed Instead, the College provided the IRS with the Tax Identification Numbers so that the agency could identify them Moreover, because Schedule R is available for public inspection the College did not want identities of our donors that are within the official names of the trusts to be available to the public, consistent with the approach of the IRS on Schedule B

Schedule R (Form 990) 2010

 Software ID:
 10000105

 Software Version:
 2010v3.2

 EIN:
 41-0693979

Name: St Olaf College

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust												
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income (\$)	(g) Share of end-of-year assets (\$)	(h) Percentage ownership					
Name Withheld - See Part VII 1520 St Olaf Avenue Northfield, MN55057 30-6220032	Charitable Trust	MN	N/A	Trust	248,551	256,711	51 000 %					
Name Withheld - See Part VII 1520 St Olaf Avenue Northfield, MN55057 77-6242414	C haritable Trust	MN	N/A	Trust	23,604	24,995	51 000 %					
Name Withheld - See Part VII 1520 St Olaf Avenue Northfield, MN55057 41-6415648	Charitable Trust	MN	N/A	Trust	29,401	36,110	55 000 %					
Name Withheld - See Part VII 1520 St Olaf Avenue Northfield, MN55057 41-6415647	Charitable Trust	MN	N/A	Trust	29,397	36,105	55 000 %					
Name Withheld - See Part VII 1520 St Olaf Avenue Northfield, MN55057 36-3581193	Charitable Trust	MN	N/A	Trust	104,490	138,130	57 000 %					
Name Withheld - See Part VII 1520 St Olaf Avenue Northfield, MN55057 41-1798402	Charitable Trust	MN	N/A	Trust	48,534	64,459	57 000 %					
Name Withheld - See Part VII 1520 St Olaf Avenue Northfield, MN55057 41-6346579	Charitable Trust	MN	N/A	Trust	73,320	103,305	58 000 %					
Name Withheld - See Part VII 1520 St Olaf Avenue Northfield, MN55057 41-6286908	Charitable Trust	MN	N/A	Trust	174,845	280,851	62 000 %					
Name Withheld - See Part VII 1520 St Olaf Avenue Northfield, NM55057 41-6286905	Charitable Trust	MN	N/A	Trust	25,774	45,243	64 000 %					
Name Withheld - See Part VII 1520 St Olaf Avenue Northfield, MN55057 41-6307088	Charitable Trust	MN	N/A	Trust	33,489	59,159	64 000 %					
Name Withheld - See Part VII 1520 St Olaf Avenue Northfield, MN55057 41-6322406	Charitable Trust	MN	N/A	Trust	24,857	50,728	67 000 %					
Name Withheld - See Part VII 1520 St Olaf Avenue Northfield, MN55057 41-6234936	Charitable Trust	MN	N/A	Trust	23,014	54,138	70 000 %					
Name Withheld - See Part VII 1520 St Olaf Avenue Northfield, MN55057 41-1737294	Charitable Trust	MN	N/A		8,272	21,002	72 000 %					
Name Withheld - See Part VII 1520 St Olaf Avenue Northfield, MN55057 41-6278067	Charitable Trust	MN	N/A	Trust	47,363	134,392	74 000 %					
Name Withheld - See Part VII 1520 St Olaf Avenue Northfield, MN55057 36-7237109	Charitable Trust	MN	N/A	Trust	21,037	67,764	76 000 %					
Name Withheld - See Part VII 1520 St Olaf Avenue Northfield, MN55057 41-6438566	C haritable Trust	MN	N/A	Trust	60,690	206,392	77 000 %					
Name Withheld - See Part VII 1520 St Olaf Avenue Northfield, MN55057 41-6115479	Charitable Trust	MN	N/A	Trust	715	2,660	79 000 %					
Name Withheld - See Part VII 1520 St Olaf Avenue Northfield, MN55057 41-1690160	Charitable Trust	MN	N/A	Trust	6,019	38,941	87 000 %					
Name Withheld - See Part VII 1520 St Olaf Avenue Northfield, MN55057 41-6364694	Charitable Trust	MN	N/A	Trust	4,144	32,427	89 000 %					
Name Withheld - See Part VII 1520 St Olaf Avenue Northfield, MN55057 41-6115478	Charitable Trust	MN	N/A	Trust	77	2,327	97 000 %					

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

DLN: 93493082001322

OMB No 1545-0172

Form **4562**

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury nternal Revenue Service (99)	•	See separate instructions	urn.		Sequence No 67		
Name(s) shown on return		T	dentifying number				
St O laf College		41-0693979					
Part I Election	To Expense (Certain Property Un	tion schedules der Section	•			
Note: If y	ou have any li	isted property, comple	te Part V befo	ore you comp	olete Part I.		
1 Maximum amount See	the instructions	s for a higher limit for cert	aın busınesses			1	\$ 500,000
2 Total cost of section 1	79 property plac	ced in service (see instru	ctions) .			2	
3 Threshold cost of sect	ion 179 property	y before reduction in limit	atıon (see ınstr	uctions) .		3	\$ 2,000,000
4 Reduction in limitation	Subtract line 3	from line 2 If zero or less	s, enter - 0 -			4	
		line 4 from line 1 If zero	· ·	D- If married fi	ılına		
separately, see instruc	•					5	
			(h) Cost (h)	usiness use			
6 (a)	ost						
7 Listed property Enter	the amount from	line 29		. 7			
8 Total elected cost of s	ection 179 prop	erty Add amounts in colu	ımn (c), lınes 6	and 7		8	1
9 Tentative deduction E	nter the smaller	of line 5 or line 8				. 9	
10 Carryover of disallowe			m 4562			10	
11 Business income limitation		•		e instructions)		11	
12 Section 179 expense		,				12	
13 Carryover of disallowe				. 13			
Note: Do not use Part							
		Allowance and Other				opert 	y) (See instructions)
14 Special depreciation a tax year (see instruction)	•	lified property (other than	listed property) placed in ser	vice during the	14	
	•	alaatian					
15 Property subject to se		stection				15	
16 Other depreciation (in		Do mot moludo listad u			- \	16	
Part IIII MACRS De	preclation (I	Do not include listed p	ction A	e instruction	S.)		
17 MACRS deductions for	raccate placed i			010		17	
							
18 If you are electing t		•	_	•	_		
general asset accou		re . . . I Service During 201	· · · · ·	<u> </u>	▶l	<u> </u>	tion System
Section b-Ass	Taceu III	(c) Basis for	LO TAX TEAT		deliciai Depi	Tecia	ition System
(a) Classification of	(b) Month and	depreciation	(d) D				(m)D
(a) Classification of property	year placed in	(business/investment	(d) Recovery period	(e) Convention	on (f) Metho	d	(g) Depreciation deduction
property	service	use	pomou				4044011011
10= 2	+	only—see instructions)				\rightarrow	
19a 3-year property	+					\longrightarrow	
b 5-year property c 7-year property	+						
d 10-year property	 					\longrightarrow	
e 15-year property	 					\dashv	
f 20-year property	 						
g 25-year property	1		25 yrs		S/L		
h Residential rental	1		27 5 yrs	мм	S/L	$\overline{}$	
property			27 5 yrs	мм	S/L	-+	
i Nonresidential real	†		39 yrs	мм	S/L	\dashv	
property			, , , ,	мм	S/L	\dashv	
	n C—Assets Plac	Led in Service During 2010) Tax Year Usind			⊔ ı Syst	em
20a Class life	1				S/L	,==	
b 12-year	1		12 yrs		S/L	$\overline{}$	
c 40-year			40 yrs	мм	S/L	$\overline{}$	
· _	r y (see instruc	tions)	•	•			
21 Listed property Enter						21	
22 Total. Add amounts fro	om line 12, lines	14 through 17, lines 19					
and on the appropriate	lines of your ret	turn Partnerships and S c	orporations—s	ee instructions		22	
23 For assets shown above portion of the basis att		<u>-</u>	t year, enter the	23			

Part V

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

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a. 24b. columns (a) through (c) of Section A. all of Section B, and Section C if applicable.

		24a, 24b, coi															
Section A—Depre								nstr									
24a Do you have evider	nce to support	the business/inve	stment u	se claimed	」?「Ves	Г№			24b	If "Y	es," ıs	the ev	idence	written?	▽ Ye	sГN	0
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/	(d Cost or bas	other (husiness/investment		ition	(f) Recor	very	(g) ry Method/ Convention		(h) Depreciation/ deduction				(i) Elected section 1 cost		
25 Special depreciation allo	•		y placed	ın service d	during the	tax year	and u	ısed n	nore 1	than	25						
26 Property used more	•	•	usiness	use							'						
2008 Chrysler Town &	2008-07-31	100 000 %	40111000	450					Т			Т			\top		
2008 Ford F450 Truck	2007-06-15	100 000 %															
2004 Windstar	2007-06-01	100 000 %													\perp		
27 Property used 50%	orless in a		ness us	е													
		%							_	5/L - 5/L -					4		
		%								5/L -		+			┥		
28 Add amounts in c	olumn (h) lir	nes 25 through	27 En	ter here a	and on lu	ne 21 i	nage	1		28					┪		
29 Add amounts in c		_				, ,	Jugo	-	•				29	1			
29 Add amounts in C	orumn (1), im						· ·		- la : a				29				
Complete this section	for vehicles			— Infor i							r" or	relate	d ner	: on			
If you provided vehicles to															e vehic	les	
20 Total husinoss/in		laa deuran duru	.a +b.	(a	a)	(I)		((c)		(d)	(e	:)	(f)
30 Total business/in year (do not inclu			ig the	Vehi	cle 1	Vehi	cle 2		Veh	ıcle 3	3	Vehic	le 4	Vehic	:le 5	e 5 Vehicl	
year (do not mera	ac comman	ig illics) .	•														
31 Total commuting	mıles drıven	during the yea	r .														
32 Total other persor	nal(noncomm	nutıng) mıles dı	rıven														
33 Total miles driver	n during the v	ear Add lines	30														
through 32 .																	
34 Was the vehicle a	vailable for p	personal use		Yes	No	Yes	No	١	es (N ₀	0	Yes	No	Yes	No	Yes	No
during off-duty ho	urs? .																
35 Was the vehicle u owner or related p		y by a more tha	n 5%														
36 Is another vehicle		r personal use	? .														
Section	on C—Oue	stions for E	mnlo	ers W	ho Pro	vide \	/ehi	cles	s fo	r He	e hy	The	ir Fn	anlov			
Answer these questio 5% owners or related	ns to determ	nne if you meet														not mo	re tha
37 Do you maintain a employees?	written polic	cy statement th	nat prof	nibits all	personal •	use of	vehic	cles,	ıncl •	udıng •	com.	mutin	g, by y	our •	Y	es	No
38 Do you maintain a	written noli	rv statement ti	nat nroh	uhits ner	sonal us	e of vel	nicles	S AY	cent	com	mutin	a hv	vour		\vdash		
employees? See t	he instructio	ns for vehicles	used b	y corpor	ate office								, oui				
39 Do you treat all us	se of vehicles	s by employees	s as per	sonal us	e? .					•	•	•					
40 Do you provide movehicles, and reta		•		oyees, ob	btaın ınfo	rmatio •	n fror • •	n yo	ur er	nploy	ees a	bout 1	he us	e of the	<u> </u>		
41 Do you meet the r	equirements	concerning qu	alıfıed a	automobi	le demor	nstratio	n us	e? (S	ee II	nstru	ctions	s).					
Note: If your answ	ver to 37, 38	, 39, 40, or 41	ıs "Yes	s," do not	t comple	te Sect	ion B	for	the c	over	ed ve	hıcles					
Part VI Amo	rtization															<u> </u>	
(a) Description of c	osts	(b) Date amortization begins		A morti	tizable Code			(d) (e) A mortizatio period or percentage			atıon or	r A morti:			(f) ization for s year		
42 A			- 2010		/ ···	<u> </u>				I be		.uge					
42 A mortization of co	osts that beg	ınıs aurıng you	1 2010	ıax year	(see ins	truction	15)					-					
			-							+							
43 A mortization of co	sts that beg	jan before your	2010 t	ax year		•	•	•	•	•	.	43					
44 Total. Add amoun	ts ın column	(f) See the ins	tructio	ns for wh	ere to re	port						44					