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DLN: 93493062018552

Department of the Treasury Internal Revenue Service

### **Return of Organization Exempt From Income Tax**

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

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

OMB No 1545-0047

Open to Public Inspection

| A For         | the 2          | 010 ca                   | lendar year, or tax year begi                 | inning 06-01-2010 and ending 05-31-2   | 011                |                         |           |                              |
|---------------|----------------|--------------------------|---|--|--------------------|-------------------------|-----------|------------------------------|
| <b>B</b> Chec | k ıf ap        | plicable                 | C Name of organization<br>MORNINGSIDE COLLEGE |  |                    | D Empl                  | loyer     | identification number        |
| Addre         | ess cha        | ange                     | Doing Business As                             |  |                    | 42-0                    | 0680      | 400                          |
| Name          | e chan         | ge                       | Doing Business As                             |  |                    | E Telep                 | hone      | number                       |
| Initia        | l returi       | n                        | •   | r if mail is not delivered to street address)  | Room/suite         | (712                    | 2) 27     | 4-5000                       |
| Term          | ınated         |                          | 1501 Morningside Avenue                       |  |                    |                         |           |                              |
| ☐ Amer        | nded re        | eturn                    | City or town, state or country, a             | and ZIP + 4  |                    | - <b>G</b> Gross        | recei     | ots \$ 40,429,364            |
| ☐ Applic      | cation         | pending                  | Sioux City, IA 511061717                      |  |                    |                         |           |                              |
|               |                |                          | <b>F</b> Name and address of                  | principal officer  | H(a) Is this       | a group return          | for affil | lates? Yes No                |
|               |                |                          | John Reynders<br>4405 Old Lakeport            |  |                    | - '                     |           |                              |
|               |                |                          | Sioux City, IA 51106                          |  | H(b) Are al        |                         |           |                              |
|               |                |                          |   |  |                    | o," attach<br>up exempt |           | t (see instructions)         |
| I Tax-        | exem           | pt status                | ▼ 501(c)(3)                                   | ◀ (insert no )   | H(c) Gro           | ap exempe               |           | amber P                      |
| J Wel         | bsit e:        | <b>:►</b> www            | v morningside edu                             |  |                    |                         |           |                              |
| <b>K</b> Form | of org         | anızatıon                | Corporation Trust Assoc                       | ciation Other -  | L Year of fo       | ormation 18             | 394       | M State of legal domicile IA |
| Part          |                |                          | mary  | ·  | L                  |                         |           |                              |
| Governance    | M              | lornings                 | <del>-</del>                                  | ssion or most significant activities<br>ite college, that provides a liberal arts e<br>, Dining, Bookstore ) | education to full  | and part-t              | ime s     | tudents, including co-       |
| Ĕ l           | _              |                          |   |  |                    |                         |           |                              |
| 돌<br>[        | <b>2</b> C     | heck th                  | nis box 🛏 if the organizatio                  | n discontinued its operations or dispose   | ed of more than 2  | 25% of its              | net       | assets                       |
|               | 3 N            | lumber                   | of voting members of the gov                  | verning body (Part VI, line 1a)  |                    |                         | 3         | 42                           |
| Activities &  | <b>4</b> N     | lumber                   | of independent voting membe                   | ers of the governing body (Part VI, line   | 1b)                |                         | 4         | 39                           |
|               | <b>5</b> T     | otal nur                 | mber of individuals employed                  | l ın calendar year 2010 (Part V , lıne 2a  | )                  |                         | 5         | 1,282                        |
| 돨             | <b>6</b> T     | otal nur                 | mber of volunteers (estimate                  | if necessary)  |                    |                         | 6         | 188                          |
|               |                |                          |   | m Part VIII, column (C), line 12   |                    |                         | 7a        | 0                            |
|               | ЬN             | let unre                 | lated business taxable incor                  | ne from Form 990-T, line 34  | <u> </u>           |                         | 7b        | 0                            |
|               | _              |                          |   | - 1 - 413  | Pric               | or Year                 | 274       | Current Year                 |
| <u>o</u>      | 8              |                          |   | I, line 1h)  | -                  | 2,202,                  |           | 2,572,709                    |
| Ravenue       | 9<br>10        | •                        | •   | I, line 2g)  |                    | 35,001,<br>168,         |           | 35,475,568                   |
| Æ             | 11             |                          |   | umn (A), lines 3, 4, and 7d) (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   | •                  | 194,                    | _         | 878,518<br>266,672           |
|               | 12             |                          |   | 11 (must equal Part VIII, column (A),  | line               | 154,                    | 037       |                              |
|               |                | 12) .                    |   | <u> </u>   |                    | 37,566,                 | -         | 39,193,467                   |
|               | 13             |                          |   | Part IX, column (A), lines 1-3)  | •                  | 11,409,                 | _         | 12,159,820                   |
|               | 14             |                          | •   | art IX, column (A), line 4)  | _                  |                         | 0         | 0                            |
| 88 :          | 15             | Salarie<br>10)           | es, other compensation, emp                   | loyee benefits (Part IX, column (A), line  | s 5-               | 16,205,                 | 801       | 16,902,860                   |
| <u>∲</u> :    | 16a            | •                        | sional fundraising fees (Part                 | IX, column (A), line 11e)  |                    |                         | 0         | 0                            |
| Expenses      | b              | Total fu                 | ndraising expenses (Part IX, colum            | n (D), line 25) <b>1-</b> 966,961  |                    |                         |           |                              |
|               | 17             | Other                    | expenses (Part IX, column (                   | A), lines 11a-11d, 11f-24f)  | -                  | 12,442,                 | 257       | 12,308,600                   |
| :             | 18             | Totale                   | expenses Add lines 13-17 (                    | (must equal Part IX, column (A), line 25   | 5)                 | 40,057,                 | 967       | 41,371,280                   |
|               | 19             | Reven                    | ue less expenses Subtract I                   | ine 18 from line 12  |                    | -2,491,                 | 271       | -2,177,813                   |
| \$ Q          |                |                          |   |  | I -                | g of Curre              | nt        | End of Year                  |
| Setta<br>Seas | 20             | Totals                   | assets (Part X, line 16) .                    |  |                    | <b>Year</b><br>83,305,  | 969       | 87,337,983                   |
| <b>₽</b> □    | 20<br>21       |                          | iabilities (Part X, line 26)                  |  |                    | 32,562,                 |           | 31,834,095                   |
| ₩₩.<br>₩₩.    | 22             |                          | , , ,   | act line 21 from line 20   |                    | 50,743,                 |           | 55,503,888                   |
| Part          | II             | Sign                     | ature Block                                   |  |                    |                         |           |                              |
| Under p       | enalt<br>dge a | ies of pe                | erjury, I declare that I have exa             | mined this return, including accompanyin<br>ete. Declaration of preparer (other than of                      | ficer) is based on |                         |           |                              |
| Sign          |                | Signa                    | ture of officer                               |  |                    | ate                     |           |                              |
| Here          |                |                          | ld Jorgensen VP for Business & Fin            | ance   |                    |                         |           |                              |
|               |                | <u> </u>                 | or print name and title                       |  |                    |                         |           | T                            |
|               |                | Print/Type<br>preparer's |   | Preparer's signature   | Date               | Check if sel            |           | PTIN                         |
| Paid<br>-     | F              | irm's nar                |   | 1  | 1                  | <u> </u>                | •         | Firm's EIN                   |
| Prepar        | 1 1            | irm's add                | Iress •                                       |  |                    |                         |           |                              |
| Use Or        | าเร            |                          |   |  |                    |                         |           | Phone no •                   |
| May th        | e IRS          | discus                   | s this return with the prepar                 | er shown above? (see instructions) .   |                    |                         |           | ⊤Yes ⊤No                     |

| Form | 990 | (2010) |
|------|-----|--------|
|      |     |        |

| age. | 2 |
|------|---|
|------|---|

| Par |  | of Program Serv<br>dule O contains a res |                   | lishments<br>Jestion in this Part III |  |                       |
|-----|--|--|-------------------|---------------------------------------|--|-----------------------|
|     | Briefly describe the of MORNINGSIDE COLL DERSHIP AND CIVIC | EGE EXPERIENCE                           |                   | PASSION FOR LIFE                      | -LONG LEARNING AND A D   | DEDICATION TO ETHICAL |
| 2   | Did the organization i<br>the prior Form 990 oi            |  |                   |                                       | r which were not listed on   | ┌ Yes ┌ No            |
|     | If "Yes," describe the                                     | se new services on S                     | Schedule O        |                                       |  |                       |
| 3   | services?  |  |                   | nt changes in how it co               | onducts, any program   | ┌ Yes ┌ No            |
|     | If "Yes," describe the                                     | se changes on Sche                       | dule O            |                                       |  |                       |
| 4   | Section 501(c)(3) an                                       | id 501(c)(4) organiza                    | ations and secti  | _                                     | largest program services by<br>are required to report the am<br>service reported | •                     |
| 4a  | (Code  | ) (Expenses \$                           | 29,537,840        | ıncludıng grants of \$                | 12,159,820 ) (Revenue \$   | 28,045,653 )          |
|     | Provides Graduate and U                                    | Jnder Graduate classes fo                | r students        |                                       |  |                       |
|     | (Code  | ) (Expenses \$                           | 2,028,423         | ıncludıng grants of \$                | 0) (Revenue \$   | 2,849,150 )           |
| 40  | •  | (living quarters) for Full t             |                   |                                       | o) (Nevenue \$   | 2,043,130 )           |
|     | -  |  |                   |                                       |  |                       |
| 4c  | (Code  | ) (Expenses \$                           | 1,765,921         | including grants of \$                | 0) (Revenue \$   | 2,714,826 )           |
|     | Provide Food Service (C.                                   | Afeteria) for students                   |                   |                                       |  |                       |
|     | Other program serv   | icas (Dascriba in Sc                     | hadula O \ See    | also Additional Data f                | or Description   |                       |
| 4u  | (Expenses \$   | •  | cluding grants of |                                       | 0) (Revenue \$   | 1,865,959)            |
| 4e  | Total program servi  | ce expenses►\$                           | 33,629,65         | 1                                     |  |                       |

| Part IV | Checklist | of Red | uired | Schedules |
|---------|-----------|--------|-------|-----------|
|         |           |        |       |           |

|     |   |     | Yes | No  |
|-----|---|-----|-----|-----|
| 1   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A   | 1   | Yes |     |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors (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   | <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II  | 4   |     | No  |
| 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   |     | No  |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III   | 8   | Yes |     |
| 9   | Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9   | Yes |     |
| 10  | Did the organization, directly or through a related organization, hold assets in term, permanent,or quasiendowments? If "Yes," complete Schedule D, Part V  | 10  | Yes |     |
| 11  | If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, 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 |     |
| Ь   | 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 |     |
| С   | 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 |     | Νο  |
| 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? If "Yes," complete Schedule D, Parts XI, XII, and XIII   | 12a | Yes |     |
| 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 |     | No  |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E   | 13  | Yes |     |
|     | Did the organization maintain an office, employees, or agents outside of the United States?   | 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? <i>If</i> " <i>Yes,"</i> complete Schedule F, Parts I and IV      | 14b |     | No  |
| 15  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the 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  |     | No  |
| 17  | Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," complete Schedule G, Part I (see instructions)                               | 17  |     | N o |
| 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  |     | No  |
| 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  |     | Νο  |
| 20a | Did the organization operate one or more hospitals? If "Yes," complete Schedule H   | 20a |     | No  |
| Ь   | If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> 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  |                | Νο     |
| 22  | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III   | 22  | Yes            |        |
| 23  | Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J            | 23  | Yes            |        |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer 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 |                | Νo     |
| c   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  | 24c |                | Νο     |
| d   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?   | 24d |                | Νo     |
| 25a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$   | 25a |                | 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 |                | No     |
| 26  | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II                                | 26  |                | No     |
| 27  | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 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  |                | No     |
| 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            |        |
| С   | 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 |                | Νο     |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  | 29  | Yes            |        |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  | 30  | Yes            |        |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  | 31  |                | Νο     |
| 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  |                | N o    |
| 33  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I   | 33  |                | Νο     |
| 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  |                | Νο     |
| 35  | Is any related organization a controlled entity within the meaning of section 512(b)(13)?   | 35  |                | Νo     |
| 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 $\boxed{\text{Yes}}$ $\boxed{\text{Yes}}$ No                              |     |                |        |
| 36  | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2   | 36  |                | N o    |
| 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            |        |
|     |   | F   | orm <b>990</b> | (2010) |

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   |
| la | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 140   |            |     |      |
| b  | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0   |            |     |      |
| c  | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  | 1c         | Yes |      |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  Statements filed for the calendar year ending with or within the year covered by this return   |            |     |      |
| b  | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  | 2b         | Yes |      |
|    | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)   | 20         | 162 |      |
| Ba | Did the organization have unrelated business gross income of \$1,000 or more during the year?   | 3a         |     | Νο   |
| ь  | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O  | 3b         |     | 110  |
|    | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?                            | 4a         |     | No   |
| 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   |            |     |      |
| ia | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?   | 5a         |     | Νο   |
| b  | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  | 5b         |     | Νο   |
| c  | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?   | 5c         |     |      |
| ia | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?   | 6a         |     | Νο   |
| b  | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?   | 6b         |     |      |
| ,  | 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 services provided to the payor?   | 7a         |     | Νo   |
|    | If "Yes," did the organization notify the donor of the value of the goods or services provided?   | 7b         |     |      |
| С  | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  | 7c         |     | Νo   |
| d  | If "Yes," indicate the number of Forms 8282 filed during the year   |            |     |      |
| e  | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?   | 7e         |     | No   |
| f  | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  | 7f         |     | Νo   |
| g  | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  | 7g         |     |      |
| h  | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  | 7h         |     |      |
| 3  | 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          |     |      |
| )  | Sponsoring organizations maintaining donor advised funds.   |            |     |      |
| а  | Did the organization make any taxable distributions under section 4966?   | 9a         |     |      |
|    | Did the organization make a distribution to a donor, donor advisor, or related person?  | 9b         |     |      |
| .0 | Section 501(c)(7) organizations. Enter  Institution focal and constal contributions uncluded on Bart VIII. line 12  |            |     |      |
|    | Initiation fees and capital contributions included on Part VIII, line 12 10a  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club  10b   |            |     |      |
|    | 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        |     |      |
| Ь  | If "Yes," enter the amount of tax-exempt interest received or accrued during the year   |            |     |      |
| L3 | 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        |     |      |
| b  | Enter the amount of reserves the organization is required to maintain by the states   |            |     |      |
| c  | Enter the amount of reserves on hand  |            |     |      |
| 4> | Did the organization receive any payments for indoor tanning services during the tax year?  | 14a        |     | N.c. |
|    | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  | 14a<br>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  | ction A. Governing Body and Management   |     |     |    |
|-----|--|-----|-----|----|
|     |  |     | Yes | No |
|     |  |     |     |    |
|     | 1 1  |     |     |    |
| 1a  | Enter the number of voting members of the governing body at the end of the tax year  |     |     |    |
| ь   | Enter the number of voting members included in line 1a, above, who are   |     |     |    |
| _   | Independent         1         1         1         39   |     |     |    |
| 2   | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any   |     |     |    |
|     | other officer, director, trustee, or key employee?   | 2   |     | No |
| 3   | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?  | 3   |     | Νο |
| 4   | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?   | 4   |     | Νο |
| 5   | Did the organization become aware during the year of a significant diversion of the organization's assets? .   | 5   |     | Νο |
| 6   | Does the organization have members or stockholders?  | 6   |     | No |
| 7a  | Does the organization have members, stockholders, or other persons who may elect one or more members of the  |     |     |    |
|     | governing body?  | 7a  |     | Νo |
| Ь   | Are any decisions of the governing body subject to approval by members, stockholders, or other persons?  | 7b  |     | Νο |
| 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 |    |
| ь   | 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   | Yes |    |
|     | ection B. Policies (This Section B requests information about policies not required by the Internal venue 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 |     |    |
| 11a | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?   |     |     |    |
|     |  | 11a | Yes |    |
| 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 |    |
| c   | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"   |     |     |    |
|     | describe in Schedule O how this is done  | 12c | Yes |    |
| 13  | Does the organization have a written whistleblower policy?   | 13  | Yes |    |
| 14  | Does the organization have a written document retention and destruction policy?  | 14  | Yes |    |
| 15  | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?   |     |     |    |
| а   | The organization's CEO, Executive Director, or top management official   | 15a | Yes |    |
| b   | Other officers or key employees of the organization  | 15b | Yes |    |
|     | If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions )  |     |     |    |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a  |     |     |    |
|     | taxable entity during the year?  | 16a |     | No |
| 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 |     |    |
| Se  | ction C. Disclosure  |     |     |    |
| 17  | List the States with which a copy of this Form 990 is required to be filed▶  |     |     |    |
| 18  | Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website. Another's website. Upon request                               |     |     |    |
| 19  | Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of   |     |     |    |

- 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 Paul Treft

1501 Morningside Ave Sioux city, IA 51106 (712) 274-5000

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

Check if Schedule O contains a response to any question in this Part VII . . . . . . . . . . . . . . . . .

#### 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)<br>Name and Title               | (B)<br>Average<br>hours<br>per | (C)<br>Position (check all<br>that apply) |                       |         |              |                              |        | <b>(D)</b><br>Reportable<br>compensation<br>from the | <b>(E)</b><br>Reportable<br>compensation<br>from related | <b>(F)</b><br>Estimated<br>amount of other                               |
|                                     | week                           | Individual trustee<br>or director         | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | organization (W-<br>2/1099-MISC)                     | organizations<br>(W- 2/1099-<br>MISC)                    | compensation<br>from the<br>organization and<br>related<br>organizations |
| See Additional Data Table           |                                |   |                       |         |              |                              |        |  |  |  |
| -                                   |                                |   |                       |         |              |                              |        |  |  |  |
|                                     |                                |   |                       |         |              |                              |        |  |  |  |
|                                     |                                |   |                       |         |              |                              |        |  |  |  |
|                                     |                                |   |                       |         |              |                              |        |  |  |  |
|                                     |                                |   |                       |         |              |                              |        |  |  |  |
|                                     |                                |   |                       |         |              |                              |        |  |  |  |
|                                     |                                |   |                       |         |              |                              |        |  |  |  |
|                                     |                                |   |                       |         |              |                              |        |  |  |  |
|                                     |                                |   |                       |         |              |                              |        |  |  |  |
|                                     |                                |   |                       |         |              |                              |        |  |  |  |
|                                     |                                |   |                       |         |              |                              |        |  |  |  |
|                                     |                                |   |                       |         |              |                              |        |  |  |  |
|                                     |                                |   |                       |         |              |                              |        |  |  |  |
|                                     |                                |   |                       |         |              |                              |        |  |  |  |
|                                     |                                |   |                       |         |              |                              |        |  |  |  |
|                                     |                                |   | <u> </u>              |         |              |                              |        |  |  |  |
|                                     |                                |   |                       |         |              |                              |        |  |  |  |
|                                     |                                |   |                       |         |              |                              |        |  |  |  |
|                                     |                                |   |                       |         |              |                              |        |  |  |  |

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

|               | <b>(A)</b><br>Name and Title  | (B)<br>A verage<br>hours<br>per                               | 1  | tion (                    | (che                   |         |         |            | compensatio     | Reportable compensation from related organizations (W- 2/1099- MISC)  P-MISC)  Reportable compensation from related organizations (W- 2/1099- MISC)  MISC)  Reportable compensation from related organizations related organization related organizations and the second organization related organizations related organization related organizations and the second organization related organization or individual for the second organization organizatio | ated<br>of other |     |         |
|---------------|---|---|--|---------------------------|------------------------|---------|---------|------------|-----------------|--|------------------|-----|---------|
|               |   | week (describe hours for related organizations in Schedule O) | Position (check all that apply)  Reportable compensation from the organization (W-2/1099-MISC)  Reportable compensation from related organizations (W-2/1099-MISC)  Reportable compensation from the organization (W-2/1099-MISC)  Reportable compensation (W-2/1099-MISC)  Reportable compensation (W-2/1099-MISC)  Reportable compensation (W-2/1099-MISC)  Reportable compensation from the organization and other compensation from the organization from the organization and other compensation from the organization from the organization and other compensation from the organization from the org | from<br>organizat<br>rela | the<br>tion and<br>ted |         |         |            |                 |  |                  |     |         |
| See A         | dditional Data Table  |   |  |                           |                        |         |         |            |                 |  |                  |     |         |
|               |   |   |  |                           |                        |         |         |            |                 |  |                  |     |         |
|               |   |   |  |                           |                        |         |         |            |                 |  |                  |     |         |
|               |   |   |  |                           |                        |         |         |            |                 |  |                  |     |         |
|               |   |   |  |                           |                        |         |         |            |                 |  |                  |     |         |
|               |   |   |  |                           |                        |         |         |            |                 |  |                  |     |         |
|               |   |   |  |                           |                        |         |         |            |                 |  |                  |     |         |
|               |   |   |  |                           |                        |         |         |            |                 |  |                  |     |         |
|               |   |   |  |                           |                        |         |         |            |                 |  |                  |     |         |
| 1b            | Sub-Total   |   |  |                           |                        |         |         | <b></b>    |                 |  |                  |     |         |
|               | Total from continuation sheets                                      | <u> </u>  |  |                           |                        |         | -       | <b>b</b> - | 722 4           | 05   | 0                |     | 161,317 |
|               |   |   |  |                           |                        |         |         |            |                 |  |                  |     | 101,517 |
|               | \$100,000 in reportable comper                                      |   |  |                           |                        |         |         |            |                 |  |                  |     |         |
| 3             | Did the organization list any <b>for</b>                            | r <b>mer</b> officer, direc                                   | ctor or t  | ruste                     | e. k                   | ev e    | mplov   | ee.o       | r highest comp  | ensated employee   |                  | Yes | No      |
|               | on line 1a? If "Yes," complete Sc                                   | hedule J for such   | ındıvıdı   | ual .                     |                        | •       | •       | •          |                 |  |                  |     | No      |
| 4             |   |   |  |                           |                        |         |         |            |                 |  |                  | Vas |         |
| 5             |   |   |  |                           |                        |         |         |            |                 | on or individual for   |                  | Tes |         |
|               | services rendered to the organi                                     | zation <i>r II Te</i> s,                                      | compret  | e SCII                    | eaur                   | e 3 7 0 | or suci | i pers     | SON             | • •  | 5                |     | No      |
|               | ction B. Independent Cor  |   |  |                           |                        |         |         |            | #I==# d         |  |                  |     |         |
| <u> </u>      | Complete this table for your five<br>\$100,000 of compensation from | n the organizatio   |  | naep                      | enae                   | ento    | ontrac  | tors       | that received   |  |                  |     |         |
| Roval         | Na<br>  & Company   | ( <b>A</b> )<br>me and business ad                            | dress  |                           |                        |         |         |            |                 |  |                  |     |         |
| 1920<br>Richm | E Parham Rd<br>ond, VA 23228  |   |  |                           |                        |         |         |            | Admissi         | ons consulting   |                  |     | 439,323 |
| 1800          | nt Builders<br>S Cedar St<br>City, IA 51106                         |   |  |                           |                        |         |         |            | Building        | Contractor   |                  |     | 371,605 |
| 220 S         | Creek Construction<br>Westcott St<br>City, IA 51106                 |   |  |                           |                        |         |         |            | Building        | Contractor   |                  |     | 140,282 |
|               |   |   |  |                           |                        |         |         |            |                 |  |                  |     |         |
| 2             | Fotal number of independent con                                     | tractors (ıncludıı  | ng but n   | ot lın                    | nıted                  | l to    | those   | listed     | d above) who re | ceived more than   |                  |     |         |

\$100,000 in compensation from the organization ▶3

| -ait v   | 990 (2010) VIII Statement of Revenue |  |                                     |                  |                      |   | 1 4                                     | ge <b>9</b>  |  |
|--|--------------------------------------|--|-------------------------------------|------------------|----------------------|---|---|--|--|
|  |                                      | Statement of Reven   | ue                                  |                  | (A)<br>Total revenue | (B)<br>Related<br>or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D) Revenu exclude from tax under section 512, 513, oi |  |
| ا مر ما  | 10                                   | Federated campaigns  | 1a                                  | 0                |                      |   |   | 513,0  |  |
| Contributions, gitts, grants and other similar amounts |                                      | Membership dues  |                                     |                  |                      |   |   |  |  |
| ۶ٍوّ<br>اعر  |                                      | Fundraising events   |                                     |                  |                      |   |   |  |  |
| 9 TE   |                                      | Related organizations  |                                     |                  |                      |   |   |  |  |
| έĒ   |                                      | Government grants (contributions)                                      |                                     | 364,939          |                      |   |   |  |  |
| 등 등<br>등 등   |                                      | All other contributions, gifts, grants                                 |                                     | 2,207,770        |                      |   |   | <br>   |  |
| ₹<br>E   |                                      | similar amounts not included above                                     | e                                   |                  |                      |   |   |  |  |
| Ž  | _                                    |  |                                     | 384,854          |                      |   |   |  |  |
| 5 ल  | h                                    | Total. Add lines 1a-1f   | <u> </u>                            |                  | 2,572,709            |   |   |  |  |
| n:   | 2a                                   |  |                                     | Business Code    |                      |   | 0                                       |  |  |
| Program Serwoe Revenue                                 |                                      | Tuition and Fees   |                                     | 611600           |                      | 28,045,653  |   |  |  |
| - P  |                                      | Residence Halls Food Service   |                                     | 721310           |                      | 2,849,150   | 0                                       |  |  |
| E.   | d                                    | Bookstore Sales  |                                     | 722210<br>451211 | 2,714,826<br>995,541 | 2,714,826<br>995,541                                  | 0                                       | <b>-</b>   |  |
| န<br>မ   | e                                    | Athletic Functions   |                                     | 900099           | 83,724               |   | 0                                       |  |  |
| Š<br>Ta  | f                                    | All other program service re   | venue                               |                  | 786,674              | 786,674   | 0                                       |  |  |
| Ě  | g                                    | Total. Add lines 2a-2f   |                                     |                  | 35,475,568           |   |   |  |  |
|  | 3                                    | Investment income (includir  | ng dividends, interest              |                  |                      |   |   |  |  |
|  | _                                    | and other similar amounts)   |                                     |                  | 886,291              | 0   | 0                                       |  |  |
|  | -                                    | Income from investment of tax-ex Royalties                             |                                     | -                | 0                    | 0   | 0                                       |  |  |
|  | 3                                    | Royalties  | (ı) Real                            | (II) Personal    |                      |   |   |  |  |
|  | 6a                                   | Gross Rents  | 425,038                             | 0                |                      |   |   |  |  |
|  | b                                    | Less rental expenses   | 154,873                             | 0                |                      |   |   |  |  |
|  | c                                    | Rental income<br>or (loss)   | 270,165                             | 0                |                      |   |   |  |  |
|  | d                                    | Net rental income or (loss)  |                                     |                  | 270,165              | 0   | 0                                       | 270,16   |  |
|  | 7a                                   | Gross amount<br>from sales of<br>assets other<br>than inventory        | (i) Securities<br>1,073,251         | (II) O ther      |                      |   |   |  |  |
|  | b                                    | Less cost or other basis and   | 1,081,024                           | 0                |                      |   |   |  |  |
|  |                                      | sales expenses<br>Gain or (loss)                                       | -7,773                              | 0                |                      |   |   |  |  |
|  |                                      | Net gain or (loss)   | <u> </u>                            | ı                | -7,773               | -7,773  | 0                                       |  |  |
| ,  |                                      | Gross income from fundraisi  |                                     |                  |                      |   |   |  |  |
| oniei nevelne  |                                      | (not including  \$ 0 of contributions reported on See Part IV, line 18 |                                     |                  |                      |   |   |  |  |
|  |                                      |  | a                                   |                  |                      |   |   |  |  |
| -  |                                      | Less direct expenses .<br>Net income or (loss) from fu                 | _                                   |                  |                      |   |   |  |  |
|  |                                      |  | activities See Part IV, line 19 . a |                  |                      |   |   |  |  |
|  |                                      |  |                                     |                  |                      |   |   |  |  |
|  |                                      | Net income or (loss) from ga   |                                     | _                |                      |   |   |  |  |
|  | 10a                                  | Gross sales of inventory, les<br>returns and allowances                | is s                                |                  |                      |   |   |  |  |
|  |                                      |  | a                                   |                  |                      |   |   |  |  |
|  |                                      | Less cost of goods sold .  |                                     |                  |                      |   |   |  |  |
|  | С                                    | Net income or (loss) from sa<br>Miscellaneous Revenue                  | nes or inventory F                  | Business Code    |                      |   |   |  |  |
|  | 11a                                  | Present Value Adjustment   |                                     | 900099           | -3,493               | 0   | О                                       | -3,4   |  |
|  | b                                    |  |                                     |                  |                      |   |   |  |  |
|  | c                                    |  |                                     |                  |                      |   |   |  |  |
|  | d                                    | All other revenue  | <del></del>                         |                  | 0                    | 0   | 0                                       |  |  |
|  |                                      |  | •                                   |                  |                      |   |   |  |  |
|  | е                                    | Total. Add lines 11a-11d   |                                     |                  | -3,493               |   |   |  |  |
|  |                                      | Total. Add lines 11a-11d  Total revenue. See Instructi                 | <b>•</b>                            |                  | -3,493               |   |   |  |  |

## Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

| A        | ll other organizations must complete column (A) but are not required to c   | -                     |   |                                     |                                       |
|----------|---|-----------------------|---|-------------------------------------|---------------------------------------|
|          | ot include amounts reported on lines 6b,<br>o, 9b, and 10b of Part VIII.  | (A)<br>Total expenses | <b>(B)</b><br>Program service<br>expenses | (C) Management and general expenses | <b>(D)</b><br>Fundraising<br>expenses |
| 1        | Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21   | 0                     | 0   |                                     |                                       |
| 2        | Grants and other assistance to individuals in the U.S. See Part IV, line 22   | 12,159,820            | 12,159,820                                |                                     |                                       |
| 3        | Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16  | 0                     | 0   |                                     |                                       |
| 4        | Benefits paid to or for members   | 0                     | 0   |                                     |                                       |
| 5        | Compensation of current officers, directors, trustees, and key employees  | 379,052               | 0   | 379,052                             | 0                                     |
| 6        | Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$  | 0                     | 0   | 0                                   | 0                                     |
| 7        | Other salaries and wages  | 12,926,591            | 9,713,119                                 | 2,631,462                           | 582,010                               |
| 8        | Pension plan contributions (include section 401(k) and section 403(b) employer contributions)   | 764,599               | 544,272                                   | 175,858                             | 44,469                                |
| 9        | Other employee benefits   | 1,955,266             | 1,417,344                                 | 449,711                             | 88,211                                |
| 10       | Payroll taxes   | 877,352               | 635,467                                   | 201,791                             | 40,094                                |
| а        | Fees for services (non-employees) Management  | 464,782               | 464,782                                   | 0                                   | 0                                     |
| b        | Legal   | 22,927                | 16,737                                    | 5,273                               | 917                                   |
| c        | Accounting  | 43,079                | 0   | 43,079                              | 0                                     |
| d        | Lobbying  | 0                     | 0   | 0                                   | 0                                     |
| е        | Professional fundraising services See Part IV, line 17  |                       |   |                                     |                                       |
| f        | Investment management fees  | 150,930               | 110,179                                   | 34,714                              | 6,037                                 |
| g        | Other   | 0                     | 0   | 0                                   | 0                                     |
| 12       | Advertising and promotion   | 105,107               | 105,107                                   | 0                                   | 0                                     |
| 13       | Office expenses   | 170,632               | 124,562                                   | 39,245                              | 6,825                                 |
| 14       | Information technology  | 318,609               | 232,585                                   | 73,280                              | 12,744                                |
| 15       | Royalties   | 0                     | 0   | 0                                   | 0                                     |
| 16       | Occupancy   | 1,461,956             | 1,067,228                                 |                                     | 58,478                                |
| 17       | Travel  | 542,869               | 396,294                                   | 124,860                             | 21,715                                |
| 18       | Payments of travel or entertainment expenses for any federal, state, or local public officials  | 0                     | 0   | 0                                   | 0                                     |
| 19       | Conferences, conventions, and meetings  | 119,117               | 86,955                                    | 27,397                              | 4,765                                 |
| 20       | Interest  | 906,653               | 698,123                                   | 208,530                             | 0                                     |
| 21       | Payments to affiliates  | 0                     | 0   | 0                                   | 0                                     |
| 22       | Depreciation, depletion, and amortization   | 1,811,355             | 1,249,835                                 | · · · · · ·                         | 72,454                                |
| 23<br>24 | Insurance   | 336,383               | 245,560                                   | 77,368                              | 13,455                                |
| а        | Auxillary   | 5,110,351             | 3,717,647                                 | 1,392,704                           | 0                                     |
| Ь        | Other Operating Expenses  | 320,323               | 320,323                                   | 0                                   | 0                                     |
| c        | Fair Value Hedge Interest Expense   | 53,841                | 53,841                                    | 0                                   | 0                                     |
| d        |   |                       |   |                                     |                                       |
| e        | All III   |                       |   |                                     |                                       |
| f        | All other expenses  | 369,686               | 269,871                                   | 85,028                              | 14,787                                |
| 25       | Total functional expenses. Add lines 1 through 24f  | 41,371,280            | 33,629,651                                | 6,774,668                           | 966,961                               |
| 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 |                       |   |                                     |                                       |
|          | 11  |                       |   |                                     | 000 (2010)                            |

Part X Balance Sheet (A) (B) Beginning of year End of year 360,363 1,001,399 1 Cash—non-interest-bearing . . . . . . . . . . . . . 98.362 2 319.950 2 Savings and temporary cash investments . . . . . . . 1,785,079 1,356,617 3 759,162 658,926 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 Schedule L . . . . . . 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) **A**ssets 6 3,576,998 3,469,720 8 188,030 197,473 Prepaid expenses and deferred charges . . . . . . 159,100 9 172,122 10a Land, buildings, and equipment cost or other basis Complete 61.158.894 10a Part VI of Schedule D 10b 24,469,326 ь Less accumulated depreciation . . . . . 37,688,064 **10c** 36.689.568 11 31.632.388 11 37.298.860 6,271,197 6,641,970 12 Investments—other securities See Part IV, line 11 . . . . . . 12 13 13 Investments—program-related See Part IV, line 11 . . 14 14 146,190 15 172,414 15 16 83,305,969 16 87,337,983 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 1,619,766 17 1,701,757 17 Accounts payable and accrued expenses . 18 18 38,577 22.256 19 19 20 24,765,000 20 23,745,000 Liabilities 21 375,135 21 460,435 Escrow or custodial account liability Complete Part IV of Schedule D . . 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 2,443,802 24 2,418,541 Unsecured notes and loans payable to unrelated third parties . . . . 25 3,320,033 25 3.486.106 Other liabilities Complete Part X of Schedule D . . . . . 32,562,313 26 26 31.834.095 **Total liabilities.** Add lines 17 through 25 . . . . Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 Unrestricted net assets . . . . 15,449,681 18,056,543 Temporarily restricted net assets . . . . . 28 5,131,555 28 6,788,464 Fund 30,162,420 29 30,658,881 29 Permanently restricted net assets . . . . . Organizations that do not follow SFAS 117, check here 🕨 🥅 and complete lines 30 through 34. 5 30 30 Capital stock or trust principal, or current funds . . . . . Assets 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . 31 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 50,743,656 33 55,503,888 33 Total net assets or fund balances . . . . 34 Total liabilities and net assets/fund balances . . . . . 83.305.969 87,337,983

| Pal | Check if Schedule O contains a response to any question in this Part XI   |        |    | . [~ |         |
|-----|---|--------|----|------|---------|
| 1   | Total revenue (must equal Part VIII, column (A), line 12)   | 1      |    | 39.1 | 193,46  |
| 2   | Total expenses (must equal Part IX, column (A), line 25)  | 2      |    |      | 371,28  |
| 3   | Revenue less expenses Subtract line 2 from line 1   | 3      |    | -2,1 | 177,81  |
| 4   | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))   | 4      |    | 50,7 | 743,650 |
| 5   | Other changes in net assets or fund balances (explain in Schedule O)  | 5      |    | 6,9  | 38,04   |
| 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      |    | 55,5 | 503,888 |
| Par | TEXII Financial Statements and Reporting  Check if Schedule O contains a response to any question in this Part XII  |        |    | ୮    |         |
| 1   | Accounting method used to prepare the Form 990 Cash Accrual Other   |        |    | Yes  | No      |
| 2a  | Were the organization's financial statements compiled or reviewed by an independent accountant?   |        | 2a |      | Νo      |
| b   | Were the organization's financial statements audited by an independent accountant?  |        | 2b | Yes  |         |
| c   | If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O |        | 2c | Yes  |         |
| d   | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were 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?  |        | За | Yes  |         |
| b   | 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  |         |

**Employer identification number** 

OMB No 1545-0047

Inspection

#### 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 MORNINGSIDE COLLEGE

42-0680400 Reason for Public Charity Status (All organizations must complete this part.) See instructions organization is not a private foundation because it is (For lines 1 through 11, check only one box ) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II ) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). 10 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h Type I **b** Type II c Type III - Functionally integrated Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (III) below, the governing body of the the supported organization? 11g(i) (ii) a family member of a person described in (i) above? 11g(ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii)

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

Provide the following information about the supported organization(s)

## 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 the 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>(b)</b> 2007    | (c) 2008            | ( <b>d)</b> 2009     | <b>(e)</b> 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>(b)</b> 2007    | <b>(c)</b> 2008     | ( <b>d)</b> 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 <b>stop here</b>                               | _                   | r                  |                     | •                    | . , . , -         | <b>▶</b> ┌॔    |
|          |   |                     |                    |                     |                      |                   |                |
| 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                |                |
|          |   |                     |                    |                     |                      |                   | <del> </del>   |
| 16a      | <b>33 1/3% support test—2010.</b> If the                          |                     |                    |                     | line 14 is 33 1/3%   | or more, chec     |                |
|          | and <b>stop here.</b> The organization qua                        | •                   |                    |                     |                      | 2.2.4.204         | <b>▶</b> [     |
| b        | 33 1/3% support test—2009. If the                                 |                     |                    |                     | oa, and line 15 is : | 1/3% or mor کد    | . <del>-</del> |
| 17-      | box and <b>stop here.</b> 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<br>F     |
| <b>L</b> | 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 | ETY<br>▶ ¯     |
| 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 |                   | <b>▶</b> □     |

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                                | 16 |  |
|    |  |    |  |
| S  | ection D. Computation of Investment Income Percentage  |    |  |
| 17 | Investment income percentage for <b>2010</b> (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        | <b>Supplemental Information.</b> 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

Software ID: 10000077
Software Version: v1.00

**EIN:** 42-0680400

Name: MORNINGSIDE COLLEGE

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

| (A) Name and Title (B) A verage hours (C) Position (check all Reportable compensation   | <b>(E)</b><br>Reportable<br>compensation | <b>(F)</b><br>Estimated                                  |
|---|--|--|
| nor from the  | from related                             | amount of other compensation                             |
| per week  per Highest compensated  per Key employee  Officer  Institutional Trustee  Officer  Officer  Individual trustee | organizations<br>(W- 2/1099-<br>MISC)    | from the<br>organization and<br>related<br>organizations |
| LARRY ARNOLD DIRECTOR  5 X  | 0  | 0  |
| SANDRA BAINBRIDGE 5 X   | 0  | 0  |
| MICHAEL BENNETT DIRECTOR  5 X   | 0  | 0  |
| CRAIG BERENSTEIN DIRECTOR  5 X  | 0  | 0  |
| POREDT RUDKHADT   | 0  | 0  |
| JAMES CARLSON DIRECTOR 5 X  | 0  | 0  |
| ARLENE CURRY DIRECTOR  5 X  | 0  | 0  |
| RO GER CURRY DIRECTOR  5 X  | 0  | 0  |
| RICHARD ENGLE DIRECTOR  5 X   | 0  | 0  |
| THOMAS GRIMSLEY DIRECTOR  5 X   | 0  | 0  |
| JAMES HANKE DIRECTOR  5 X   | 0  | 0  |
| DAVE LAGESCHULTE 5 X  | 0  | 0  |
| ESTHER MACKINTOSH DIRECTOR  5 X   | 0  | 0  |
| NANCY METZ DIRECTOR  5 X  | 0  | 0  |
| CYNTHIA MOSER DIRECTOR  5 X   | 0  | 0  |
| TOM NARAK DIRECTOR  5 X   | 0  | 0  |
| TONY NESTER DIRECTOR 5 X  | 0  | 0  |
| RUSSELL OLSON DIRECTOR  5 X   | 0  | 0  |
| MARTY PALMER DIRECTOR  5 X  | 0  | 0  |
| SKIP PERLEY 5 X   | 0  | 0  |
| SCOTT RAGER DIRECTOR  5 X   | 0  | 0  |
| DAVE ROEDERER 5 X   | 0  | 0  |
| THOMAS ROSEN 5 X  | 0  | 0  |
| GARRETT SMITH DIRECTOR  5 X   | 0  | 0  |
| CRAIG STRUVE 5 X  | o o                                      | 0  |

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

| Compensated Employees, and Independent Contractors            |                                |                                   |  |     |  |   |        |  |  |  |  |
|---|--------------------------------|-----------------------------------|--|-----|--|---|--------|--|--|--|--|
| <b>(A)</b><br>Name and Title                                  | (B)<br>Average<br>hours<br>per | Posi<br>t                         | ((<br>tion (<br>hat a  | che | )  |   |        | ( <b>D)</b> Reportable compensation from the | <b>(E)</b><br>Reportable<br>compensation<br>from related | (F) Estimated amount of other  |  |
|   | week                           | individual trustee<br>or director | Microse  Key employee  Officei  Institutional Trustee  Individual trustee  or director |     | Former<br>hest compen<br>ployee<br>Key employe |   | Former | organization (W-<br>2/1099-MISC)             | organizations<br>(W- 2/1099-<br>MISC)                    | compensation<br>from the<br>organization and<br>related<br>organizations |  |
| JULIUS TRIMBLE<br>DIRECTOR                                    | 5                              | Х                                 |  |     |  |   |        | 0  | 0  | 0  |  |
| KEVIN VAUGHAN<br>DIRECTOR                                     | 5                              | Х                                 |  |     |  |   |        | 0  | 0  | 0  |  |
| JAMES WALKER<br>DIRECTOR                                      | 5                              | Х                                 |  |     |  |   |        | 0  | 0  | 0  |  |
| RICHARD WALLER<br>DIRECTOR                                    | 5                              | Х                                 |  |     |  |   |        | 0  | 0  | 0  |  |
| CRAIG WANSINK<br>DIRECTOR                                     | 5                              | Х                                 |  |     |  |   |        | 0  | 0  | 0  |  |
| CURTIS WHITE<br>DIRECTOR                                      | 5                              | Х                                 |  |     |  |   |        | 0  | 0  | 0  |  |
| CONNIE HORTON WIMER<br>DIRECTOR                               | 5                              | Х                                 |  |     |  |   |        | 0  | 0  | 0  |  |
| RONALD YOCKEY<br>DIRECTOR                                     | 5                              | Х                                 |  |     |  |   |        | 0  | 0  | 0  |  |
| DONALD ZELEZNAK<br>DIRECTOR                                   | 5                              | Х                                 |  |     |  |   |        | 0  | 0  | 0  |  |
| STEPHEN DAVIS<br>DIRECTOR                                     | 5                              | Х                                 |  |     |  |   |        | 0  | 0  | 0  |  |
| JOHN GLEESON<br>DIRECTOR                                      | 5                              | Х                                 |  |     |  |   |        | 0  | 0  | 0  |  |
| DOUGLAS PALMER<br>DIRECTOR                                    | 5                              | X                                 |  |     |  |   |        | 0  | 0  | 0  |  |
| CLIFFORD TUFTY<br>DIRECTOR                                    | 5                              | Х                                 |  |     |  |   |        | 0  | 0  | 0  |  |
| Daniel J Ryan<br>Director (Alumni Representative)             | 5                              | Х                                 |  |     |  |   |        | 0  | 0  | 0  |  |
| Heather Nielsen<br>Director (Student Representative)          | 5                              | Х                                 |  |     |  |   |        | 4,084  | 0  | 0  |  |
| JOHN REYNDERS<br>PRESIDENT                                    | 40                             |                                   |  | х   |  |   |        | 214,255                                      | 0  | 74,985   |  |
| RONALD JORGENSEN<br>VICE PRESIDENT - BUSINESS &<br>FINANCE    | 40                             |                                   |  | х   |  |   |        | 126,174                                      | 0  | 24,176   |  |
| TERRI CURRY<br>VICE PRESIDENT - STUDENT LIFE                  | 40                             |                                   |  |     |  | Х |        | 127,809                                      | 0  | 14,795   |  |
| THOMAS RICE<br>VICE PRESIDNET - INSTITUITIONAL<br>ADVANCEMENT | 40                             |                                   |  |     |  | Х |        | 127,757                                      | 0  | 19,816   |  |
| WILLIAM DEEDS<br>VICE PRESIDENT - ACADEMIC<br>AFFAIRS         | 40                             |                                   |  |     |  | х |        | 122,326                                      | 0  | 27,545   |  |

# Form 990, Part III - 4 Program Service Accomplishments (See the Instructions) 4d. Other program services (Code ) (Expenses \$ 297,467 including grants of \$ 0) (Revenue \$ 1,865,959) Expenses consist of a Fair Value Hedge expense interest due to an interest rate exchange agreement for some longterm debt and a number of other smaller transactions

efile GRAPHIC print - DO NOT PROCESS

As Filed Data

DLN: 93493062018552

OMB No 1545-0047

Department of the Treasury

3

3

SCHEDULE D (Form 990)

**Supplemental Financial Statements** ► Complete if the organization answered "Yes," to Form 990,

Open to Public Inspection

Part IV, line 6, 7, 8, 9, 10, 11, or 12. Internal Revenue Service ► Attach to Form 990. ► See separate instructions.

Name of the organization **Employer identification number** MORNINGSIDE COLLEGE 42-0680400 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year 🛌 Number of states where property subject to conservation easement is located **-**\_\_ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year 🕨 A mount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 0 961,185 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items 0 Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

0

| Par | <b>411</b> Organizations Maintaining Co   | <u>llections of Art</u> | , Hist   | torical Tre                     | <u>easur</u> | es, or Oth                            | <u>er Similar <i>I</i></u>           | <u>Asse</u> | : <b>ts</b> (cc  | <u> ntınued)</u> |
|-----|---|-------------------------|----------|---------------------------------|--------------|---------------------------------------|--------------------------------------|-------------|------------------|------------------|
| 3   | Using the organization's accession and othe items (check all that apply)                        | r records, check any    | y of the | e following th                  | nat are      | a sıgnıfıcant                         | use of its colle                     | ection      | 1                |                  |
| а   | Public exhibition   |                         | d        | ┌ Loan o                        | rexcha       | ange program                          | ıs                                   |             |                  |                  |
| b   | Scholarly research  |                         | e        | ┌ Other                         |              |                                       |                                      |             |                  |                  |
| c   | Preservation for future generations   |                         |          |                                 |              |                                       |                                      |             |                  |                  |
| 4   | Provide a description of the organization's co<br>Part XIV                                      | ollections and expla    | ın how   | they further                    | the or       | ganızatıon's                          | exempt purpos                        | e ın        |                  |                  |
| 5   | During the year, did the organization solicit of assets to be sold to raise funds rather than t |                         |          | •                               |              |                                       | mılar                                | <u> ~</u>   | Yes              | ┌ No             |
| Pai | t IV Escrow and Custodial Arrang  |                         |          |                                 |              | answered '                            | Yes" to Form                         | 990         | ),               |                  |
| _   | Part IV, line 9, or reported an an  |                         |          | •                               |              |                                       |                                      |             |                  |                  |
| 1a  | Is the organization an agent, trustee, custod included on Form 990, Part X?                     | lian or other interme   | diary    | for contribut                   | ions or      | otherassets                           | s not                                | Γ           | Yes              | ▼ No             |
| b   | If "Yes," explain the arrangement in Part XI  | √ and complete the      | followi  | ng table                        |              | _                                     |                                      |             |                  |                  |
|     |   |                         |          |                                 |              |                                       |                                      | A mou       | int              |                  |
| с   | Beginning balance   |                         |          |                                 |              | 1c                                    |                                      |             |                  |                  |
| d   | Additions during the year   |                         |          |                                 |              | 1d                                    |                                      |             |                  |                  |
| e   | Distributions during the year   |                         |          |                                 |              | 1e                                    |                                      |             |                  |                  |
| f   | Ending balance  |                         |          |                                 |              | 1f                                    |                                      |             |                  |                  |
| 2a  | Did the organization include an amount on Fo  |                         | e 21?    |                                 |              |                                       |                                      | <b> </b> ~  | Yes              | No               |
|     | If "Yes," explain the arrangement in Part XIV   |                         |          | 1 1137                          | =            | 000 D                                 | - 1 71/ 1 4/                         |             |                  |                  |
| Ра  | rt V Endowment Funds. Complete  | (a)Current Year         |          | wered "Yes<br>)Prior Year       |              |                                       | art IV, IINE II<br>(d)Three Years Ba |             | Four Y           | ears Back        |
| 1a  | Beginning of year balance   | 27,511,949              | <u> </u> | 25,730,894                      |              | 33,419,567                            | (,                                   |             | 7                |                  |
| ь   | Contributions   | 309,603                 |          | 355,091                         |              | 543,944                               |                                      | $\top$      |                  |                  |
| c   | Investment earnings or losses   | 5,558,785               |          | 3,299,294                       |              | -6,375,617                            |                                      |             |                  |                  |
| d   | Grants or scholarships  | 757,803                 |          | 1,039,827                       |              | 1,379,054                             |                                      |             |                  |                  |
| e   | Other expenditures for facilities and programs  | 949,082                 |          | 736,836                         |              | 390,946                               |                                      |             |                  |                  |
| f   | Administrative expenses   | 100,000                 |          | 96,667                          |              | 87,000                                |                                      |             |                  |                  |
| g   | End of year balance   | 31,573,452              |          | 27,511,949                      |              | 25,730,894                            |                                      |             |                  |                  |
| 2   | Provide the estimated percentage of the yea   | r end balance held a    | as       |                                 |              |                                       |                                      |             |                  |                  |
| а   | Board designated or quasi-endowment 🕨   | 0 %                     |          |                                 |              |                                       |                                      |             |                  |                  |
| Ь   | Permanent endowment 🕨 89 %  |                         |          |                                 |              |                                       |                                      |             |                  |                  |
| c   | Term endowment ► 11 %   |                         |          |                                 |              |                                       |                                      |             |                  |                  |
| 3a  | Are there endowment funds not in the posse  | ssion of the organiza   | ation t  | hat are held                    | and ad       | mınıstered fo                         | or the                               |             |                  |                  |
|     | organization by  (i) unrelated organizations  |                         |          |                                 |              |                                       | Гэ                                   | Ba(i)       | Yes              | No               |
|     | (ii) related organizations  |                         | • •      |                                 | •            |                                       |                                      | a(ii)       | 163              | No               |
| ь   | If "Yes" to 3a(II), are the related organization  |                         |          |                                 |              |                                       | · · · · · ·                          | 3b          |                  |                  |
| 4   | Describe in Part XIV the intended uses of th  | e organization's end    | dowme    | nt funds                        |              |                                       | _                                    |             |                  |                  |
| Pai | t <b>VI</b> Investments—Land, Building:   | s, and Equipme          | nt. Se   | ee Form 99                      | 0, Pai       | t X, lıne 10                          |                                      |             |                  |                  |
|     | Description of investment   |                         |          | (a) Cost or o<br>basis (investm |              | <b>b)</b> Cost or other basis (other) | (c) Accumulat<br>depreciation        |             | ( <b>d</b> ) Boo | ok value         |
| 1a  | Land  |                         |          | 1,137                           | 7,750        | 7,073,30                              | 3                                    |             |                  | 8,211,053        |
| b   | Buildings   |                         |          | 1,151                           | 1,301        | 39,448,49                             | 1 17,644,                            | 391         | 2:               | 2,955,401        |
| c   | Leasehold improvements  |                         |          |                                 | 0            |                                       | 0                                    | 0           |                  | (                |
| d   | Equipment   |                         |          |                                 | 0            | 9,055,36                              | 4 6,640,                             | 527         |                  | 2,414,837        |
| e   | Other   |                         |          |                                 | 0            | 3,292,68                              | 5 184,                               | 408         | -                | 3,108,277        |

36,689,568

| Part VIII Investments—Other Securities. See  | Form 990, Part X, line 12   |  |   |
|--|---|--|---|
| <ul><li>(a) Description of security or category<br/>(including name of security)</li></ul> | (b)Book value   | <b>(c)</b> Method of valuation<br>Cost or end-of-year market value |   |
| (1)Financial derivatives   |   | ·  |   |
| (2)Closely-held equity interests   |   |  |   |
| (3)O ther  |   |  |   |
| (A) Short term investments   | 1,005,312   |  | F |
| (B) other  | 1,054   |  | F |
|  |   |  |   |
| (C) Pinehurst Instituitional LTD   | 3,346,553   |  | F |
| (D) Farm Real Estate   | 2,289,051   |  | С |
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| Total. (Column (b) should equal Form 990, Part X, col (B) line 12 )                        | - , |  |   |
| Part VIII Investments—Program Related. See   | Form 990, Part X, line 1  |  |   |
| (a) Description of investment type   | (b) Book value  | <b>(c)</b> Method of valuation<br>Cost or end-of-year market value |   |
|  |   | Cost of end of year market value                                   |   |
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| Total. (Column (b) should equal Form 990, Part X, col (B) line 13)                         |   |  |   |
| Part IX Other Assets. See Form 990, Part X, III  (a) Descrip                               |   | (b) Book value   |   |
|  |   | (-,  |   |
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| Total. (Column (b) should equal Form 990, Part X, col.(B) line 1                           |   |  |   |
| Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability               |   |  |   |
|  | ( <b>b</b> ) A mount  |  |   |
| Federal Income Taxes   | 213,273   |  |   |
| State Income Taxes   | 36,890  |  |   |
| A cturial Liability for Annuities  | 526,630   |  |   |
| Interest Rate Swap Agreement Other Current Lightlites                                      | 1,711,643   |  |   |
| Other Current Liabilities  | 997,670   |  |   |
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| <b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 25 ) ▶               | 3,486,106   |  |   |

| Pari | XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen                  | <u>its</u> |                 |
|------|--|------------|-----------------|
| 1    | Total revenue (Form 990, Part VIII, column (A), line 12)                                       | 1          | 39,193,467      |
| 2    | Total expenses (Form 990, Part IX, column (A), line 25)  | 2          | 41,371,280      |
| 3    | Excess or (deficit) for the year Subtract line 2 from line 1                                   | 3          | -2,177,813      |
| 4    | Net unrealized gains (losses) on investments   | 4          | 6,938,045       |
| 5    | Donated services and use of facilities   | 5          |                 |
| 6    | Investment expenses  | 6          |                 |
| 7    | Prior period adjustments   | 7          | (               |
| 8    | Other (Describe in Part XIV)   | 8          |                 |
| 9    | Total adjustments (net) Add lines 4 - 8  | 9          | 6,938,045       |
| 10   | Excess or (deficit) for the year per financial statements. Combine lines 3 and 9               | 10         | 4,760,232       |
| Part | . , , , , , , , , , , , , , , , , , , ,  | er Retu    | rn              |
| 1    | Total revenue, gains, and other support per audited financial statements                       | 1          | 46,131,513      |
| 2    | A mounts included on line 1 but not on Form 990, Part VIII, line 12                            |            |                 |
| а    | Net unrealized gains on investments  |            |                 |
| b    | Donated services and use of facilities   |            |                 |
| c    | Recoveries of prior year grants  |            |                 |
| d    | Other (Describe in Part XIV) 2d 0  |            |                 |
| e    | Add lines <b>2a</b> through <b>2d</b>  | 2e         | 6,938,046       |
| 3    | Subtract line <b>2e</b> from line <b>1</b>   | 3          | 39,193,467      |
| 4    | A mounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>                    |            |                 |
| а    | Investment expenses not included on Form 990, Part VIII, line 7b . 4a 0                        |            |                 |
| b    | Other (Describe in Part XIV) 4b 0  |            |                 |
| c    | Add lines <b>4a</b> and <b>4b</b>  | 4c         | C               |
| 5    | Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12 ) | 5          | 39,193,467      |
| Part | XIII Reconciliation of Expenses per Audited Financial Statements With Expenses                 | per Re     | turn            |
| 1    | Total expenses and losses per audited financial statements                                     | 1          | 41,371,280      |
| 2    | A mounts included on line 1 but not on Form 990, Part IX, line 25                              | -          |                 |
| a    | Donated services and use of facilities   |            |                 |
| b    | Prior year adjustments   |            |                 |
| c    | Other Janes  |            |                 |
| d    | Other (Describe in Part XIV)   |            |                 |
| e    | Add lines 2a through 2d  | 2e         | C               |
| 3    | Subtract line <b>2e</b> from line <b>1</b>   | 3          | 41,371,280      |
| 4    | A mounts included on Form 990, Part IX, line 25, but not on line 1:                            |            | , - : - , - : - |
| а    | Investment expenses not included on Form 990, Part VIII, line 7b 4a 0                          |            |                 |
| b    | Other (Describe in Part XIV) 4b  |            |                 |
| c    | Add lines <b>4a</b> and <b>4b</b>  | 4c         | C               |
| 5    | Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18) | 5          | 41,371,280      |
|      | 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  |
|-------------------|------------------------------|--|
| SchD_P03_S00_L04  |                              | The Morningside College Art Collection is housed in the Levitt ARt Gallery and serves a purpose similar ro library collections This visual library provides students with primary visual resources that they use in assignments from both art and nonart courses Students in studio courses investigate the visual, technical, and methodologies of the pieces Students in art history and other humanities courses study the visual content and style in a contextual relationship with human history |
| SchD_P04_S00_L02b | Schedule D, Part IV, Line 2b | The amount on line 21 Part X consists of "Enrollment Deposits" and students with credit balances   |
| SchD_P05_S00_L04  | Schedule D, Part V, Line 4   | The intended uses of the college's endowment funds are to support the ongoing operations of the college, including providing scholarships to students  |

**Employer identification number** 

#### **SCHEDULE E**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

#### **Schools**

►Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48. ► Attach to Form 990 or Form 990-EZ. OMB No 1545-0047

2010

Open to Public Inspection

MORNINGSIDE COLLEGE 42-0680400 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? 1 Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? Yes 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 Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? Yes d Copies of all material used by the organization or on its behalf to solicit contributions? 4d Yes If you answered "No" to any of the above, please explain If you need more space, use Part II Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Νo **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? 5c Νo d Scholarships or other financial assistance? 5d Νo e Educational policies? 5e Νo f Use of facilities? 5f Νo g Athletic programs? 5g Νo h 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 **b** Has the organization's right to such aid ever been revoked or suspended? 6b Νo If you answered "Yes" to either line 6a or line 6b, explain on Part II 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on 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   |
|------------------|-------------------------------|---|
| SchE_P01_S00_L03 | Schedule E, Part I,<br>Line 3 | Notice of nondiscriminatory policy as to students is published in the Sioux City Journal in November of each year |
| SchE_P01_S00_L06 | Schedule E, Part I,<br>Line 6 | The college passes through asistance to eligible students   |

Schedule E (Form 990 or 990-EZ) 2010

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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

OMB No 1545-0047

DLN: 93493062018552

Department of the Treasury **Inspection** Internal Revenue Service Employer identification number Name of the organization MORNINGSIDE COLLEGE 42-0680400 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 States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

| (a)Type of grant or assistance                     | (b)Number of recipients | (c)A mount of<br>cash grant | (d)A mount of non-cash assistance | (e)Method of valuation<br>(book,<br>FMV, appraisal, other) | (f)Description of non-cash assistance |
|--|-------------------------|-----------------------------|-----------------------------------|--|---------------------------------------|
| (1) Activity Grants                                | 638                     | 2,051,063                   | 0                                 |  |                                       |
| (2) A cademic Scholarships & Non need based grants | 1204                    | 7,913,331                   |                                   |  |                                       |
| (3) Department Grants                              | 588                     | 1,568,230                   |                                   |  |                                       |
| (4) Endowed Scholarships                           | 237                     | 627,196                     |                                   |  |                                       |
|  |                         |                             |                                   |  |                                       |
|  |                         |                             |                                   |  |                                       |
|  |                         |                             |                                   |  |                                       |

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

| Ident if ier     | Return Reference | Explanation   |
|------------------|------------------|---|
| SchI_P01_S00_L02 |                  | Grant funds are monitored through an electronic packaging program for all new students. The electronic program automatically determines the eligibility for federal, state and instituitional grant funding against a series of preiestablished eligibility criteria. Once the program determines each student's eligibility for federal, state and instituitional grant funding, the information is also checked by a member of the Student Financial Planning staff. For all returning students, a computer program checks eligibility for federal and state grant funding. A member of the Student Financial Planning staff updates this data for each new award year. Each semester, there are also a series of programs that are run to confirm eligibility for Federal, State and Instituitional grant funding to ensure all changes and or updates have been properly processed. |

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DLN: 93493062018552

**Employer identification number** 

OMB No 1545-0047

**Schedule J** (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

**Compensation Information** 

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

► Attach to Form 990. ► See separate instructions.

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| MOI | MINOSIDE COLLEGE  |              | 42-0680400  |    |     |    |  |
|-----|---|--------------|---|----|-----|----|--|
| Pa  | rt I Questions Regarding Compensatio  | n            |   |    |     |    |  |
|     |   |              |   |    | Yes | Νo |  |
| 1a  | Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part II                                    |              |   |    |     |    |  |
|     | First-class or charter travel   | 굣            | Housing allowance or residence for personal use               |    |     |    |  |
|     | ▼ Travel for companions   |              | Payments for business use of personal residence               |    |     |    |  |
|     | Tax idemnification and gross-up payments  | 굣            | Health or social club dues or initiation fees                 |    |     |    |  |
|     | Discretionary spending account  | Γ            | Personal services (e g , maid, chauffeur, chef)               |    |     |    |  |
| b   | If any of the boxes in line 1a are checked, did the oreimbursement orprovision of all the expenses desc                                     |              |   | 1b |     | No |  |
| 2   | Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executiv                                    |              |   | 2  | Yes |    |  |
| 3   | Indicate which, if any, of the following the organizat organization's CEO/Executive Director Check all t  Compensation committee            | that apply   | y   |    |     |    |  |
|     | Independent compensation consultant   | 년<br> <br> - | Written employment contract Compensation survey or study      |    |     |    |  |
|     | Form 990 of other organizations   | ٠<br>اح      |   |    |     |    |  |
|     | 1 orm 9 90 or other organizations   | ,            | Approval by the board of compensation committee               |    |     |    |  |
| 4   | During the year, did any person listed in Form 990, or a related organization   | Part VII     | I, Section A, line 1a with respect to the filing organization |    |     |    |  |
| а   | Receive a severance payment or change-of-control  | Ipaymen      | it from the organization or a related organization?           | 4a |     | No |  |
| ь   | Participate in, or receive payment from, a suppleme   | ental non    | qualified retirement plan?                                    | 4b |     | Νο |  |
| С   |   |              |   | 4c |     | No |  |
|     | If "Yes" to any of lines 4a-c, list the persons and p   |              |   |    |     |    |  |
|     |   |              |   |    |     |    |  |
|     | Only 501(c)(3) and 501(c)(4) organizations only m   | ust comp     | olete lines 5-9.  |    |     |    |  |
| 5   | For persons listed in form 990, Part VII, Section A compensation contingent on the revenues of  | , line 1a,   | did the organization pay or accrue any                        |    |     |    |  |
| а   | The organization?   |              |   | 5a |     | No |  |
| b   | Any related organization?   |              |   | 5b |     | No |  |
|     | 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  | , line 1a,   | did the organization pay or accrue any                        |    |     |    |  |
| а   | The organization?   |              |   | 6a |     | No |  |
| b   | Any related organization?   |              |   | 6b |     | Νo |  |
|     | If "Yes," to line 6a or 6b, describe in Part III  |              |   |    |     |    |  |
| 7   | For persons listed in Form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes,"                                      |              |   | 7  | Yes |    |  |
| 8   | Were any amounts reported in Form 990, Part VII,  |              |   |    |     |    |  |
|     | subject to the initial contract exception described in Part III   | ın Regs      | section 53 4958-4(a)(3)? If "Yes," describe                   |    |     |    |  |
|     | III Fail III  |              |   | 8  |     | Νo |  |
| 9   | If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations<br>section 53 4958-6(c)? |              |   |    |     |    |  |

#### 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)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

| (A) Name          |             | (B) Breakdown of      | W-2 and/or 1099-MI                  | SC compensation                     | (C) Retirement and             | (D) Nontaxable | (E) Total of columns | (F) Compensation                                |
|-------------------|-------------|-----------------------|-------------------------------------|-------------------------------------|--------------------------------|----------------|----------------------|---|
|                   |             | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | other deferred<br>compensation | benefits       | (B)(ı)-(D)           | reported in prior<br>Form 990 or<br>Form 990-EZ |
| (1) JOHN REYNDERS | (1)<br>(11) | 208,255<br>0          | 6,000<br>0                          | 4,011<br>0                          | 65,468<br>0                    | 7,717<br>0     | 291,451<br>0         | 0   |
| (2)               |             |                       |                                     |                                     |                                |                |                      |   |
| (3)               |             |                       |                                     |                                     |                                |                |                      |   |
| (4)               |             |                       |                                     |                                     |                                |                |                      |   |
| (5)               |             |                       |                                     |                                     |                                |                |                      |   |
| (6)               |             |                       |                                     |                                     |                                |                |                      |   |
| (7)               |             |                       |                                     |                                     |                                |                |                      |   |
| (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      | Return<br>Reference | Explanation  |
|-------------------|---------------------|--|
| SchJ_P01_S00_L01a | Part I, Line 1a     | The college does provide travel for the President's spouse to events the president is attending. Travel for VP's spouses is also allowed by approval of the president when such travel is deemed to provide benefits for the college. A college owned house is provided to the president for his residence. A number of college functions are conducted at the residence. Dues to a Country Club membership for the president are paid by the college. Numerous college events are held at the Country Club. |
| SchJ_P01_S00_L01b | Part I, Line 1b     | The college does provide travel for the President"s spouse to events the president is attending Travel for VP's spouses is allowed by approval of the President when such travel is deemed to provide benefits for the college A college owned house is provided to the President for his residence A number of college functions are conducted at the residence Dues to a Country Club membership for the President are paid by the college Numerous college events are held at the country club            |
| SchJ_P01_S00_L07  | Part I, Line 7      | Incentive bonuses are paid to the President and Vice Presidents upon approval by the Board Compensation Committee Bonuses are based upon goal attainment and other performance review criteria. The President's annual bonus is based on a performance contract. The Vice President's bonus amounts are determined by the College President and approved by the Compensation Committee.  |

Schedule J (Form 990) 2010

Schedule K

**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.

OMB No 1545-0047

DLN: 93493062018552

Open to Public **Inspection** 

42-0680400

Name of the organization MORNINGSIDE COLLEGE

Part I Bond Issues

allocation of proceeds?

financed property?

Part III

**Private Business Use** 

property financed by tax-exempt bonds?

Department of the Treasury

Internal Revenue Service

(Form 990)

Employer identification number

|                | pwa Finance Authority  Proceeds  A mount of bonds retired  A mount of bonds legally defeat  Total proceeds of issue  Gross proceeds in reserve fur  Capitalized interest from proceeds in refunding escrow  Issuance costs from proceed  Credit enhancement from proceed  Credit enhancement from proceed  Capital expenditures  Capital expenditures  Capital expenditures  Capital expenditures  Capital expenditures from proceeds  Vere the bonds issued as par  Were the bonds issued as par  Has the final allocation of pro | (b) Issuer EIN         | <b>(c)</b> CUSIP # | (d) Date Issued | (e) Issue P | rıce            | <b>(f)</b> Description | n of Purpose | <b>(g)</b> Def | eased | Beh      | On<br>alf of<br>uer | (i) Pool<br>financing |          |
|----------------|--|------------------------|--------------------|-----------------|-------------|-----------------|------------------------|--------------|----------------|-------|----------|---------------------|-----------------------|----------|
|                |  |                        |                    |                 |             |                 |                        |              | Yes            | No    | Yes      | No Y                | es No                 | <u> </u> |
| A              | Iowa Finance Authority   | 52-1699886             | 46246AAZ7          | 12-13-2006      | 8,000       | ,000 Ca         | nstruction and         | Equipment    |                | Χ     |          | X                   | x                     |          |
| В              | Iowa Finance Authority   | 52-1699886             | 46246ABA1          | 07-18-2007      | 3,905       | ,000 Ca         | nstruction and         | Equipment    |                | Х     |          | Х                   | х                     |          |
| <b>c</b>       | Iowa Finance Authority   | 42-1235696             | 462460D60          | 05-19-2010      | 5,500       | ,000 Wd         | orking Capital         |              |                | Х     |          | x :                 | (                     |          |
| -              |  |                        |                    |                 |             |                 |                        |              |                |       |          |                     |                       |          |
|                |  |                        |                    |                 |             |                 |                        |              |                |       |          |                     |                       |          |
|                | -  |                        |                    |                 |             |                 |                        |              |                |       |          |                     |                       |          |
| Pa             | rt III Proceeds  |                        | Т .                |                 |             | В               |                        | С            |                | 1     | <u> </u> |                     |                       |          |
| 1              | A mount of bonds retired   |                        |                    |                 |             | 300,0           |                        | 1,115,000    |                |       |          | D                   |                       |          |
|                | _  |                        |                    |                 |             | 300,0           | 7,000                  |              | 0              |       |          |                     |                       |          |
| 3              |  |                        |                    |                 |             | 8,000,0         | 00                     | 3,905,000    | 5,500,000      |       |          | <del> </del>        |                       |          |
| 4              |  | nds                    |                    |                 |             | 0 0             |                        | 3,300,000    |                |       |          |                     |                       |          |
| <del>-</del> 5 | <u> </u>   |                        |                    |                 |             | 0 0             |                        | 0            |                |       |          |                     |                       |          |
| 6              |  |                        |                    |                 |             |                 |                        |              |                |       | <u> </u> |                     |                       |          |
| 7              |  |                        |                    |                 |             | 200,289 100,885 |                        | 31,448       |                |       |          |                     |                       |          |
| 8              |  |                        |                    |                 |             | 200,2           | 0                      | 0            | +              |       | 31,11    | <u> </u>            |                       |          |
| 9              | <u> </u>   |                        |                    |                 | 1           |                 | 0                      | 0            |                | 5 /   | 468,55   | ,                   |                       |          |
| 10             |  | <u> </u>               |                    |                 |             | 7,799,7         | 11                     | 3,036,986    |                |       | 100,55   | <u>-</u>            |                       |          |
| 11             | Other spent proceeds   |                        |                    |                 |             | . , ,.          | 0                      | 0            |                |       |          |                     |                       |          |
| 12             | Other unspent proceeds   |                        |                    |                 |             |                 | 0                      | 0            |                |       |          |                     |                       | -        |
| 13             | Year of substantial completio  | on .                   |                    |                 | 20          | 10              |                        |              |                | 2010  |          |                     |                       |          |
|                | <u> </u>   |                        | Yes                | No              | Yes         | No [            | Yes                    |              | No             | Yes   | No       | <b>5</b>            |                       |          |
| 14             | Were the bonds issued as pai   | rt of a current refund | ding issue?        |                 |             | Х               |                        | Х            |                |       | Х        |                     |                       |          |
| 15             | Were the bonds issued as pai   | rt of an advance refu  | unding issue?      |                 |             | Х               |                        | х            |                |       | Х        |                     |                       |          |
| 16             | Has the final allocation of pro  | ceeds been made?       |                    |                 | Х           |                 | Х                      |              | Х              |       |          |                     |                       |          |
| 17             | <u> </u>   |                        |                    |                 |             |                 | Х                      |              | Х              |       |          |                     |                       |          |

Yes

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

Χ

Yes

No

Χ

Χ

Yes

C

No

Χ

Χ

Yes

No

Part III Private Business Use (Continued)

|    |  | P   | \   |     | В   | С   |     | I   | D  |
|----|--|-----|-----|-----|-----|-----|-----|-----|----|
|    |  | 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?   |     | ×   |     | ×   |     | ×   |     |    |
| 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   |     | 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  |     | 0 % |     | 0 % |     | 0 % |     |    |
| 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 |     | 0 % |     | 0 % |     | 0 % |     |    |
| 6  | Total of lines 4 and 5   |     | 0 % |     | 0 % |     | 0 % |     |    |
| 7  | Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?  | Х   |     | Х   |     | ×   |     |     |    |

Part IV Arbitrage

|    |  | Α       |       | В       |       | С   |                                       | D   |    |
|----|--|---------|-------|---------|-------|-----|---------------------------------------|-----|----|
|    |  | 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? |         | ×     |         | ×     |     | x                                     |     |    |
| 2  | Is the bond issue a variable rate issue?   | X       |       | X       |       |     | X                                     |     |    |
| 3a | Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?                                     | ,       |       |         |       |     | , , , , , , , , , , , , , , , , , , , |     |    |
|    |  | X       |       | X       |       |     | X                                     |     |    |
| ь  | Name of provider   | US Bank |       | US Bank |       |     |                                       |     |    |
| c  | Term of hedge  |         | 24 50 |         | 20 20 |     |                                       |     |    |
| d  | Was the hedge superintegrated?   |         | х     |         | х     |     |                                       |     |    |
| e  | Was a hedge terminated?  |         | х     |         | х     |     |                                       |     |    |
| 4a | Were gross proceeds invested in a GIC?   |         | Х     |         | Х     |     | Х                                     |     |    |
| ь  | Name of provider   |         |       |         |       |     |                                       |     |    |
| С  | Term of GIC  |         |       |         |       |     |                                       |     |    |
| d  | Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?  |         |       |         |       |     |                                       |     |    |
| 5  | Were any gross proceeds invested beyond an available temporary period?   |         | х     |         | х     |     | х                                     |     |    |
| 6  | Did the bond issue qualify for an exception to rebate?   | Х       |       | ×       |       | х   |                                       |     |    |

#### 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 | Explanation |
|--------------|------------------|-------------|
|              |                  |             |
|              |                  |             |
|              |                  |             |

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DLN: 93493062018552

DLN: 93493062018552

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

#### **Transactions with Interested Persons**

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

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

2010

Open to Public Inspection

| 2 Enter the amount of tax imposed on the organization managers or disqualified personsection 4958 |          |          |             |                 |                     |                    | Employer identification number |                                       |              |             |          |  |  |
|---|----------|----------|-------------|-----------------|---------------------|--------------------|--------------------------------|---------------------------------------|--------------|-------------|----------|--|--|
| Part T Excess Benefit Trai  | nsacti   | ions (s  | ection 501  | (c)(3) a        | and section 501     | (c)(4)             |                                | 2-06804<br>zations (                  |              |             |          |  |  |
|   |          |          |             |                 |                     |                    |                                |                                       |              | ıne 40b     |          |  |  |
| 1 (a) Name of disq  | ualıfıed | l person |             | (b) Description |                     |                    |                                | ion of transaction                    |              |             |          |  |  |
|   |          |          |             |                 | (2, 2 33            |                    |                                |                                       |              | Yes         | No       |  |  |
|   |          |          |             |                 |                     |                    |                                |                                       |              |             |          |  |  |
|   |          |          |             |                 |                     |                    |                                |                                       |              |             |          |  |  |
|   |          |          |             |                 |                     |                    |                                |                                       |              |             |          |  |  |
|   |          |          |             |                 |                     |                    |                                |                                       |              |             |          |  |  |
|   |          |          |             |                 |                     |                    |                                |                                       |              |             |          |  |  |
|   |          |          |             |                 |                     |                    |                                |                                       |              |             |          |  |  |
|   |          |          |             |                 |                     |                    |                                |                                       |              |             |          |  |  |
|   |          |          |             |                 |                     |                    |                                |                                       |              |             |          |  |  |
|   |          |          |             |                 |                     |                    |                                | year unde                             | r<br>• ¢     |             |          |  |  |
|   |          |          |             |                 |                     |                    |                                |                                       | • \$<br>• \$ |             |          |  |  |
|   |          |          |             | -               |                     |                    |                                |                                       |              |             |          |  |  |
|   |          |          |             |                 | ). Part IV. line 26 | . or For           | m 990-l                        | FZ. Part V                            | '. line 38   | la          |          |  |  |
|   |          |          |             |                 |                     |                    |                                | (f)                                   |              |             |          |  |  |
| (a) Name of interested person and   | or fro   | om the   |             |                 | (d)Balance due      | (e) In<br>default? |                                | Approved<br>by board or<br>committee? |              | (g)Writ     |          |  |  |
| purpose   | organı   | ızatıon? | principal a | mount           | (d) Barance due     |                    |                                |                                       |              |             |          |  |  |
|   | То       | From     |             |                 |                     | Yes                | No                             | Yes                                   | No           | Yes         | No       |  |  |
|   |          |          |             |                 |                     |                    |                                |                                       |              |             | <u> </u> |  |  |
|   |          |          |             |                 |                     |                    |                                |                                       |              |             |          |  |  |
|   |          |          |             |                 |                     |                    |                                |                                       |              |             |          |  |  |
|   |          |          |             |                 |                     |                    |                                |                                       |              |             |          |  |  |
|   |          |          |             | _               |                     |                    |                                |                                       |              |             |          |  |  |
| Total   |          |          |             | <b>▶</b> \$     | <b>.</b>            |                    |                                |                                       |              |             |          |  |  |
| Part III Grants or Assistan<br>Complete if the orga   |          |          |             |                 |                     | /. line 2          | 27.                            |                                       |              |             |          |  |  |
| (a) Name of interested pers   |          |          |             |                 | een interested per  |                    |                                | nount of a                            | rant or to   | ype of assı | stance   |  |  |
| (a) Name of interested pers   | 011      |          | an          | d the or        | ganızatıon          |                    | (C)AII                         | iloulit of g                          | rant or ty   | ype or assi | Stance   |  |  |
|   |          |          |             |                 |                     |                    |                                |                                       |              |             |          |  |  |
|   |          |          |             |                 |                     |                    |                                |                                       |              |             |          |  |  |
|   |          |          |             |                 |                     |                    |                                |                                       |              |             |          |  |  |
|   |          |          |             |                 |                     |                    |                                |                                       |              |             |          |  |  |

Part IV Business Transactions Involving Interested Persons.

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

| Complete ii the organizati    | on answered res on                                       | TOTHI 330, Part IV, III    | 16 20a, 20b, 01 20c.           |   |    |
|-------------------------------|--|----------------------------|--------------------------------|---|----|
| (a) Name of interested person | (b) Relationship<br>between interested<br>person and the | (c) A mount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? |    |
|                               | organization   |                            | Yes                            |   | No |
| (1) Garrett Smith             | Board Member   | 75,137                     | Compensation                   |   | Νο |
| (2) William Deeds             | VP & Dean  | 24,540                     | Compensation                   |   | Νο |
|                               |  |                            |                                |   |    |
|                               |  |                            |                                |   |    |
|                               |  |                            |                                |   |    |
|                               |  |                            |                                |   |    |

#### **Supplemental Information**

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

Identifier Return Reference Explanation

Schedule L (Form 990 or 990-EZ) 2010

#### 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** 

MORNINGSIDE COLLEGE 42-0680400 Part I Types of Property (a) (b) (c) (d) Number of Contributions or items Noncash contribution amounts Check if Method of determining oncash contribution applicable contributed reported on Form 990, Part VIII, line 1 Art-Works of art . . Х 200,000 Insured value of the gift Art—Historical treasures Art-Fractional interests Books and publications 5 Clothing and household goods . . . . . . . 6 Cars and other vehicles . Boats and planes . . . Intellectual property . . Securities—Publicly traded 6 184,854 Avg Mkt value on gift date Х 10 Securities-Closely held stock . . . . . 11 Securities—Partnership, LLC, or trust interests . 12 Securities—Miscellaneous Qualified conservation contribution—Historic structures . . . 14 Qualified conservation contribution-Other . . Real estate—Residential . Real estate—Commercial Real estate—Other . . 18 Collectibles . . . 19 Food inventory . . . . 20 Drugs and medical supplies 21 Taxidermy . . . . 22 Historical artifacts . . Scientific specimens . . 23 24 Archeological artifacts . 25 Other ► ( Other ►( \_\_ 26 Other ►( \_ 27 28 Other ► ( \_ Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . . No 30a **b** If "Yes," describe the arrangement in Part II 31 Yes Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions? . . . . 32a Yes b If "Yes," describe in Part II

If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,

#### 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      | Ret urn Reference | Explanation   |
|-------------------|-------------------|---|
| SchM_P01_S00_L32b | , ,               | The College sells marketable securities that it receives as contributions. A registered broker is used to process the transaction |

Schedule M (Form 990) 2010

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DLN: 93493062018552

OMB No 1545-0047

2010

Open to Public Inspection

## (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

**SCHEDULE 0** 

Supplemental Information to Form 990 or 990-EZ

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.

Name of the organization MORNINGSIDE COLLEGE

**Employer identification number** 

42-0680400

| ldentifier       | Return<br>Reference                           | Explanation  |
|------------------|---|--|
| F990_P06_S0A_L09 | Form 990,<br>Part VI,<br>Section A,<br>Line 9 | Larry P Arnold 205 Northgate Rd Wayzata MN 55391, Sandra K Bainbridge 978 Wynstone Dr Jefferson SD 57038, Michael L Bennett 4280 Srgt RD Suite 250 Sioux City IA 51106, Craig S Berenstein 721 Deerfield Dr Sioux City IA 51108, Robert Burkhart 2301 Rittenhouse St Des Moines IA 50321, James G Carlson 4425 Corporation Lane Virginia Beach VA 23462, Arlene T Curry 500 6th St sioux City IA 51102, Roger Curry 28000 Audrey Smith Lane Saratoga CA 95070, Stephen F Davis 649 Hide A Way Lane E Hideaw ay TX 75771, Richard C Engle 3624 Juniper CT Sioux City IA 51106, John W Gleeson PO BOx 8800 Sioux City IA 51102, Thomas P Grimsley 1800 11 th St Sioux City IA 51101, James E Hanke 1918 Hughes Dr SW Cedar Rapids IA 52404, Dave L Lageschulte 4411 Cleveland Ave Fort Myers FL 33901, Esther M Mackintosh 1600 Wilson Blvd Suite 902 Arlington VA 22209, Nancy R Metz 933 Spyglass Circle Dakota Dunes SD 57049, Cynthia C Moser PO Box 3086 Sioux City IA 51102, Tom C Narak 3550 Mill Civic Parkw ay West Des Moines IA 50265, Tony R Nester 1735 Morningside Ave Sioux City IA 51106, Russell G Olson 6400 Westow n Parkw ay Wast Des Moines IA 50266, Douglas E Palmer PO Box 3809 Sioux City IA 51102, Scott Rager 307 North Michigan Ave Chicago IL 60601, David Roederer 321 E Walnut Suite 100 Des Moines IA 50309, Thomas J Rosen PO Box 933 Fairmont MN 56031, Garrett K Smith PO Box 178 Sioux City IA 51102, Craig I Struve PO Box 98 Calumet IA 51009, Julius C Trimble 2301 Rittenhouse St Des Moines IA 50321, Clifford E Tufty 801 Lew is Blvd Sioux City IA 51105, Kevin Vaughan PO Box 1700 North Sioux City SD 57049, Donald W Verdoorn 304 Iverness Way S Suite 180 Englew ood CO 80112, James A Walker 2685 North Shore Dr Wayzata MN 55391, Richard A Waller PO Box 147 Sioux City IA 51102, Craig Wansink 1584 Wesleyan Dr Norfolk VA 23502, Curtis N White 333 Continental Blvd El Segundo CA 90245, Connie Horton Wimmer 100 4th St Des Moines IA 50309, Ronald C Yockey 891 Two Rivers Drive Dakota Dunes SD 57049, Donald J Zelenznak 11159 Ironwood Square Dr Scottsdale AZ 85259 |

| ldentifier        | Return<br>Reference                          | Explanation   |
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| F990_P06_S0B_L11a | Form 990, Part<br>VI, Section B,<br>Line 11a | It is the policy of the Board of Directors of Morningside College that the Board Audit Committee shall review the Internal Revenue Service (IRS) Form 990 prior to filing with the IRS. Once the Audit Committee has reviewed the form 990, a copy shall be made available to all Board members located on the college's board portal wieb page. Board members with have comments or revisions to the Form 990 shall submit these comments or revisions in wirting to the Chair of the Audit Committee no later than 10 days after the report is made available to them. The Chair of the Audit Committee shall review these comments with the VP for Business and Finance to determine if changes are necessary prior to filing it with the IRS. |

| ldentifier        | Return Reference    | Explanation  |
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| F990_P06_S0B_L12c | Section B, Line 12c | Annually Board members complete a conflict of interest form, the forms are compiled by the President's Administrative Assistant and review ed by the Board Chair Potential conflicts of interest are addressed by the Board Chair and review ed by the Audit Committee |

| ldentifier       | Return<br>Reference                            | Explanation   |
|------------------|--|---|
| F990_P06_S0B_L15 | Form 990,<br>Part VI,<br>Section B,<br>Line 15 | Compensation for the President is based upon terms of an employment contract. The Board compensation committee annually reviews the performance and salary level. The review includes interviews with faculty, staff and students. The salary is compared to colleges in the college's aspirant peer group and other private college presidents as reported in the national and state surveys. The external auditor also reviews the information with the audit committee. Compensation of Vice Presidents is based on individual performance and a comparasion of peer group salary levels for comparable positions. The President prepares the annual evaluation with input from the faculty senate. The President presents compensation recommendations to the board compensation committee for their approval. The compensation and comparison data is also presented to the college's external auditors for their review. The external auditor reviews the information with the board audit committee. |

| ldentifier       | Return Reference                      | Explanation   |
|------------------|---------------------------------------|---|
| F990_P06_S0C_L19 | Form 990, Part VI, Section C, Line 19 | The college maintains documents for public inspection at the college's library. The documents are also available to the public upon request |

| ldentifier       | Return Reference          | Explanation                        |
|------------------|---------------------------|------------------------------------|
| F990_P11_S00_L05 | Form 990, Part XI, Line 5 | Investment income Unrealized Gains |