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DLN: 93493132021812

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)

2010

OMB No 1545-0047

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

Open to Public Inspection

A Fo	r the	2010 ca	lendar year, or tax year begi	nning 07-01-2010 and ending 06-30-20	11			
3 Che	eck ıf a	pplicable	C Name of organization EXCELSIOR COLLEGE			D Empl	oyer i	identification number
Add	ress ch	hange				16-1	532	850
– Nar	me cha	inge	Doing Business As			E Telep	hone	number
– _{Init}	ıal retu	ım	Number and street (or P O box	ıf maıl ıs not delivered to street address)	Room/suite	- (518	1464	4-8500
– Ter	mınate	ed	7 Columbia Circle	,		(310	,	
– Am	ended	return	City or town, state or country, a	nd ZIP + 4		G Gross	receip	ots \$ 74,712,582
– Apr	olication	n pending	Albany, NY 122035159					
• • •			F Name and address of	orincinal officer	Ц(а)	_		
			John Ebersole	ometpar omeer	H(a) Is this	a group return	for affil	ıates?
			7 Columbia Circle Albany, NY 122035159		H(b) Are a	ll affiliates in	cluded	r Yes □ No
			Albany, NT 122033139		If "N	o," attach	a lıs	t (see instructions)
[Ta:	x-exen	npt status	▼ 501(c)(3)	◀ (insert no)	H(c) Gro	up exempt	ion n	umber 🟲
				(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-			
			w excelsior edu		<u> </u>			
			Corporation Trust Associ	ation Other 🕨	L Year of fo	ormation 19	98	M State of legal domicile NY
Pa	rt I	Sum	mary					
				sion or most significant activities				and Calculation for a construction
		_	-	ion on Higher Education of the Middle St : and validation of student knowledge	ates Associati	on of Colle	eges	and Schools, focusing
Governance	-	on addic	learners amough assessment	and variation of Student knowledge				
Ē								
<u> </u>								
5	2	Check th	nis box দ if the organization	discontinued its operations or disposed	d of more than ?	25% of its	net a	assets
	3	Number	of voting members of the gov	erning body (Part VI, line 1a)			3	18
Acuvines &	4	Number	of independent voting membe	rs of the governing body (Part VI, line ${ t 1}$	b)	.	4	16
2	5	Total nui	mber of individuals employed	ın calendar year 2010 (Part V, line 2a)			5	1,396
Ş	6	Total nui	mber of volunteers (estimate	ıfnecessary)			6	0
•	7a -	Total uni	related business revenue fror	n Part VIII, column (C), line 12			7a	0
	ь	Net unre	lated business taxable incom	e from Form 990-T, line 34			7b	0
					Pric	or Year		Current Year
	8	Contri	butions and grants (Part VIII	, line 1 h)		558,	192	889,517
Revenue	9	Progra	m service revenue (Part VII)	., line 2g)		61,520,8	334	63,365,085
9.Ke	10	Invest	ment income (Part VIII, colu	mn (A), lines 3, 4, and 7d)		574,4	109	232,007
Ĭ	11	Other	revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		23,	733	20,507
	12			11 (must equal Part VIII, column (A), l	ne	62.677	460	64 507 446
	-					62,677,4		64,507,116
	13			art IX, column (A), lines 1-3)		715,8	_	567,810
	14			rt IX, column (A), line 4)			0	0
82	15	Salarıe 5-10)		oyee benefits (Part IX, column (A), lines	•	42,153,	760	44,538,284
Expenses	16a	•		IX, column (A), line 11e)		<u> </u>	0	81,737
.	b		ndraising expenses (Part IX, columr					
Ď	17			(b), lines 11a-11d, 11f-24f)		18,419,	175	20,495,434
	18			must equal Part IX, column (A), line 25)		61,288,8		65,683,265
	19			ne 18 from line 12		1,388,6	_	-1,176,149
m er	15	Veveil	че тезэ ехрепэез эйригаст п	ne 10 nom me 12	Roginnin	g of Curre		
တည္ ကျောင်း					_	g or curre Year		End of Year
5 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	20	Totala	assets (Part X, line 16)			43,327,	755	42,249,646
net Assets of Fund Bafances	21					15,679,0	_	14,156,430
25	22	Net as	sets or fund balances Subtra	ict line 21 from line 20		27,648,6	594	28,093,216
Pai	rt II	Sign	ature Block					
Jndei (now	r penal	lties of po and belie	erjury, I declare that I have exa	nined this return, including accompanying ate. Declaration of preparer (other than offi				
		Tk .			1	012-05-11		
Sign		Signa	ature of officer			012-05-11 Pate		_
dere		'	Pontius VP of Finance and Administ	ration				
			or print name and title	auon .				
		Print/Type	2	Preparer's signature	Date	Check if sel		PTIN
Paid		preparer's	name	,		employed I	<u> </u>	
²aid Prepa	arar	Fırm's nar	me 🕨					Firm's EIN
-repa Jse (Fırm's add	Iress •					Dhono no b
726 (UIIIY							Phone no 🕨

May the IRS discuss this return with the preparer shown above? (see instructions)

┌ Yes ┌ No

Par	t III		Program Service O contains a respo		lishments Jestion in this Part II	I	
1	Briefl	y describe the orga	nızatıon's mıssıon				
educ		The College meets				is on those historically under ically, offering quality instruc	
2		ie organization unde Tor Form 990 or 99		nt program se	ervices during the year	ar which were not listed on	┌ Yes ┌ No
	If"Ye	s," describe these i	new services on Sc	hedule O			
3		ne organization ceas	se conducting, or m	ake sıgnıfıcar	nt changes in how it c	onducts, any program	┌ Yes ┌ No
	If "Ye	s," describe these (changes on Schedu	le O			
4	Section	on 501(c)(3) and 5	01(c)(4) organızatı	ons and section	-	e largest program services b are required to report the am n service reported	•
4a	(Code	е) (Expenses \$	22,770,337	including grants of \$	214,156) (Revenue \$	29,880,771)
			tion (credit and non-cred se instruction were deliv		er Education During this p	oeriod, 84,695 undergraduate hours	of course instruction, and 9,854
4b	(Code	<u> </u>) (Expenses \$	14,881,599	including grants of \$	353,654) (Revenue \$	17,500,329)
						period, the College administered 38, o students enrolled in its Nursing pro	
	(Code	2) (Expenses \$	9,932,929	ıncludıng grants of \$	0) (Revenue \$	15,955,695)
	Enroll	ment Higher Education	, , ,	240 new students	s enrolled in the College w	while there were 30,963 actively eni	, , ,
	Othe	er program services	(Describe in Sche	edule O) See a	also Additional Data	for Description	
		enses \$	•	udıng grants o		0) (Revenue \$	28,290)
4e	Tota	l program service e	xpenses ⊧ -\$	48,036,41	4		

Part TV	Checklist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? 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		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		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? <i>If</i> "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasiendowments? If "Yes," complete Schedule D, Part V^{\bullet}	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	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		No
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
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		No
е	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	Yes	
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		Νo
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	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV.	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

	990 (2010)			Page •
Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
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		No
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If</i> "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
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 Yes Vo			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Form 990 (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
a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 249			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
	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			
b	return			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
Ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	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
b	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			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
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	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		No
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		No
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		
	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.			
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
1	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers. 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	In which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand			
ı –	Did the organization receive any nayments for indeer tanning convices during the tay year?			NI -
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 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.

Check if Schedule O contains a response to any question in this Part VI				•						. [~	•
---	--	--	--	---	--	--	--	--	--	------	---

Se	ection A. Governing Body and Management			
			Yes	No
		1		
	Enterphenical forting and the community of the community of the control of the term.	1		
1a	Enter the number of voting members of the governing body at the end of the tax year	1		
ь	Enter the number of voting members included in line 1a, above, who are	1		
	ındependent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any			NI a
3	other officer, director, trustee, or key employee?	2		No
3	supervision of officers, directors or trustees, or key employees to a management company or other person?	3	Yes	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was			
5	filed?	5		No No
6	Did the organization become aware during the year of a significant diversion of the organization's assets?. 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	\vdash		110
74	governing body?	7a		Νo
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the			
	year by the following			
a	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		Νo
Se	ection B. Policies (This Section B requests information about policies not required by the Internal			
Re	venue Code.)			
			Yes	No
	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?	\vdash		
		11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
122	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	124	165	
J	to conflicts?	12b	Yes	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
4.7	describe in Schedule O how this is done	12c	Yes	B1 -
13	Does the organization have a written whistleblower policy?	13	V = -	No
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	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)			
16-	Did the comment of th			
10a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?			
		16b		Νo
	List the States with which a copy of this Form 990 is required to be filed. CA			
17	List the States with which a copy of this Form 990 is required to be filed CA Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)			
18	(3)s only) available for public inspection. Indicate how you make these available. Check all that apply			
	Cours we have a CA nother's we have A Upon request			

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

Michele Auricchio Excelsior College 7 Columbia Circle Albany, NY 12203

(518) 464-8804

<u>Part VIII</u> Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee"
- ◆ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organ	nization nor any r	<u>elated o</u>	rgan	zatio	on c	ompen	sate	d any current office	er, director, or trust	ee
(A) Name and Title	(B) Average hours		tion (′)			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
See Additional Data Table										

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

	(A) Name and Title	(B) A verage hours		() Ition that a			II		Rep	(D) ortable ensation	(E) Reportable compensatio	n	(F Estim	ated	
		per week (describe hours for related organizations in Schedule	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	fro organi:	m the zation (W- 19-MISC)	from related organizations (W- 2/1099- MISC)	5	compensation from the organization an related organizations		
See A	dditional Data Table	0)					<u> </u>								
				\vdash		\vdash						+			
				\vdash											
						\vdash						+			
				\vdash											
1b	Sub-Total							▶							
	Total from continuation sheets						-	•		3,222,109		0		464,754	
	Total (add lines 1b and 1c) . Total number of individuals (incl \$100,000 in reportable compen	udıng but not lır	nıted to	thos	e lis	ted		•	receive		n	<u> </u>		404,734	
													Yes	No	
3	Did the organization list any for on line 1a? <i>If</i> "Yes," complete Sch					ey e	mploy •	ee, o	r highes	t compens	ated employee	3	Yes		
4	For any individual listed on line : organization and related organization and related organization.											4	Yes		
5	Did any person listed on line 1a									ganızatıon o	r ındıvıdual for		165		
	services rendered to the organiz	ation? <i>If</i> "Yes,"	complet	e Sch	edui	e J f	or suct	n pers	son .		•	5		No	
Se	ection B. Independent Con	tractors													
1	Complete this table for your five \$100,000 of compensation from			ındep	end	ent d	ontra	ctors	that red	ceived more	e than				
	Nar	(A) ne and business ad	dress							Descr	(B) uption of services			C) ensation	
1303	Pearson Inc 5 Collection Center Drive go, IL 60693										Administrative Serv	/ices		1,908,104	
3032	ern Performance Assessment Center Briarcliff Road NE ia, GA 30329									Nursing Exan Services	nination Administra	tıve		1,104,846	
Johns Baltın	n S Eisenhower Library 6 Hopkins University nore, MD 21218									Library Servio	ces			1,059,941	
1762 Alban	nfotech NY Inc Central Ave y, NY 12205									IT Consulting	, Supply, and Supp	ort		581,562	
Depa PO Bo	le Inc rtment No 33654 ox 39000 grancisco CA 941393654									Advertising S	ervices			508,590	

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►35

Part '	VIII	Statement of Reven	ıe					<u>gc 5</u>
	<u> </u>				(A) Total revenue	or exempt	(C) Unrelated business revenue	excluded
						function revenue		from tax under sections
								512, 513, or 514
##	1a	Federated campaigns	1a	0				
Contributions, gifts, grants and other similar amounts	ь	Membership dues	. 1b	0				
S,G	С	Fundraising events	. 1c	59,740				
€	d	Related organizations	. 1d	0				
<u>%</u> [≣		Government grants (contributions)	1e	320,872				
‡ S ‰		All other contributions, gifts, grants		508,905		<u> </u>	 	<u> </u>
豆套	[similar amounts not included above	, and 1f e					
늍	g	Noncash contributions included in li	nes 1a-1f \$	8,564				
ပြွန်	h	Total. Add lines 1a-1f			889,517			
				Business Code				
III e	2a	Graduate, UG, & Non-Credit Bearin	a Tuition	611310	29,880,771	20 990 771	0	
eve!	ь		g . 200011	611310	23,000,771	25,000,771	0	
ው ሟ		Examination Fees		611310	17,500,329	17,500,329		
rws	С	Enrollment Related Fees		611310	15,955,695	15,955,695	0	
Program Service Revenue	d	Presidents' Forum Conference Fees	3	611310	28,290			
Ē	е							
ŤÕ	f	All other program service re-	venue		0	0	0	,
Д.	g	Total. Add lines 2a-2f			63,365,085			
		Investment income (includin						
		and other similar amounts)			451,971	0	0	451,97
	4	Income from investment of tax-ex	empt bond proceeds		0	0	0	
	5	Royalties			0	0	0	1
			(ı) Real	(II) Personal				
		Gross Rents Less rental						
	_	expenses						
	С	Rental income or (loss)	0	0				
	d	Net rental income or (loss)						
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of	9,959,619	0				
		assets other than inventory						
	ь	Less cost or other basis and	10,173,262	6,321				
		sales expenses						
		Gain or (loss)	-213,643 	-6,321	-219,964	0	0	-219,96
		Net gain or (loss)		<u> </u>	-219,904	0	0	-219,90
Other Revenue	Oa	Gross income from fundraisi (not including	ig events					
₩ >		\$59,740	long d al					
å		of contributions reported on See Part IV, line 18						
<u>u</u>			a	4,920				
돌	b	Less direct expenses .	. b	25,883				
_		Net income or (loss) from fui			-20,963		0	-20,96
			ctivities See Part IV, line 19 .					
	l	Less direct expenses . Net income or (loss) from ga		b				
		Gross sales of inventory, les						
		returns and allowances .	-					
			a					
		Less cost of goods sold .						
	C	Net income or (loss) from sa	ies of inventory 🟲	Business C. I				
	11-	Miscellaneous Revenue		Business Code 900099	5,040	5,040	0	
	_	Bad Check Charges		900099	11,467			
		Merchandise	<u> </u>					
		Miscellaneous		900099	24,963			
		All other revenue			0	0	0	
	e	Total. Add lines 11a–11d			41,470			
	12	Total revenue. See Instructi	ons	 				
					64,507,116	63,406,555	0	211,04

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

Δ	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).											
Do no	ot include amounts reported on lines 6b, p, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses							
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0	0		· ·							
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	567,810	567,810									
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	2,317,378	496,049	1,632,262	189,067							
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	33,527,479	28,337,387	4,582,463	607,629							
8	Pension plan contributions (include section $401(k)$ and section $403(b)$ employer contributions)	2,195,402	1,937,200	231,050	27,152							
9	Other employee benefits	3,690,021	3,116,896	518,296	54,829							
10	Payroll taxes	2,808,004	2,373,322	383,792	50,890							
а	Fees for services (non-employees) Management	74,175	0	74,175	0							
b	Legal	113,793	0	113,793	0							
С	Accounting	131,350	0	131,350	0							
d	Lobbying	318,986	0	318,986	0							
е	Professional fundraising services See Part IV, line 17	81,737			81,737							
f	Investment management fees	119,670	0	119,670	0							
g	Other	8,142,033	6,406,297	1,681,798	53,938							
12	Advertising and promotion	2,150,835	0	2,150,835	0							
13	Office expenses	2,108,863	809,997	1,185,668	113,198							
14	Information technology	1,076,136	5,736	1,069,600	800							
15	Royalties	308,563	308,563	0	0							
16	Occupancy	1,013,695	153,919	859,776	0							
17	Travel	1,650,811	1,271,292	341,111	38,408							
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0							
19	Conferences, conventions, and meetings	563,024	216,500	340,129	6,395							
20	Interest	3,629	0	3,629	0							
21	Payments to affiliates	0	0	0	0							
22	Depreciation, depletion, and amortization	1,591,659	1,018,662	572,997	0							
23 24	Insurance	41,435	1,697	39,738	0							
а	Credit Card Fees	794,857	794,857	0	0							
b	College Wide Bad Debt Expense	214,640	214,640	0	0							
c	Misc Expense	77,280	5,590	71,549	141							
d e												
f	All other expenses	0	0	0	0							
25	Total functional expenses. Add lines 1 through 24f	65,683,265	48,036,414									
26	Joint costs. Check here ► if following	03,083,205	40,030,414	16,422,667	1,224,184							
20	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											
	combined educational earniparyn and fandraising solicitation	i	İ									

Part X Balance Sheet (A) (B) Beginning of year End of year 703.813 -932.109 1 1 8.981.613 2 7.983.992 2 Savings and temporary cash investments 422,252 131,234 3 3 2,794,254 4 2,619,408 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of ol 0 Schedule L 5 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 0 0 6 422,437 229,531 7 139,703 120,844 8 8 872,962 9 812,385 10a Land, buildings, and equipment cost or other basis Complete 24,583,358 Part VI of Schedule D 10a 10b 14.637.223 9.987.282 b Less accumulated depreciation 10c 9.946.135 19.084.903 21.093.851 11 11 0 12 12 Investments—other securities See Part IV, line 11 0 13 13 Investments—program-related See Part IV, line 11 . . . 0 14 14 111,442 15 51,469 15 16 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 43,327,755 16 42,249,646 **17** 8,544,176 17 7,692,634 Accounts payable and accrued expenses . 18 183,669 18 269,739 5.050.251 4,671,321 19 19 20 1,507,618 1,769,621 20 Liabilities 21 o 21 0 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 ol 0 22 131.344 2.892 23 Secured mortgages and notes payable to unrelated third parties . . 23 ol 0 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities Complete Part X of Schedule D ol 25 12.226 26 15.679.061 26 14.156.430 **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. 26.809.777 27 Unrestricted net assets 26,978,371 Temporarily restricted net assets 397,222 515,009 28 28 Fund 599,836 Permanently restricted net assets 441,695 29 29 Organizations that do not follow SFAS 117, check here F and complete lines 30 through 34. ŏ 30 Capital stock or trust principal, or current funds 30 Assets 31 Paid-in or capital surplus, or land, building or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds ž 27,648,694 28,093,216 33 33 Total net assets or fund balances Total liabilities and net assets/fund balances 34 43.327.755 42,249,646

Pal	Check if Schedule O contains a response to any question in this Part XI			. [고	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		64,5	507,11
2	Total expenses (must equal Part IX, column (A), line 25)	2			
3	Revenue less expenses Subtract line 2 from line 1	3		-1,1	176,14
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		27,6	548,69
5	Other changes in net assets or fund balances (explain in Schedule O)	5		1,6	520,67
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		28,0	093,21
Par	The triangle of the contains a response to any question in this Part XII			୮	
		i		Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of taudit, 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 its Schedule O		2 c	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	ssued			
	▼ Separate basis				
За	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?	e	За	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the raudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b	Yes	

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493132021812

Employer identification number

OMB No 1545-0047

OMB No 1545-004

2040

Open to Public Inspection

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization EXCELSIOR COLLEGE

Department of the Treasury Internal Revenue Service

mulate if the organization is a section 501(c)(3) organization or a section

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.

Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

16-1532850

1				on of churches, or as				ection 170(b)(1)(A)(i).		
2	<u> </u>			in section 170(b)(1			•				
3	<u> </u>			perative hospital se							
4	ı			n organization operat ty, and state	ed in conjun	ction with a	hospital desc	cribed in se	ction 170(b)(1)(A)(iii). I	Enter the
5	Γ	An orga	anızatıon op	erated for the benefit	t of a college	or universi	ty owned or o	perated by	a government	al unit desc	cribed in
		sect ion	170(b)(1)(A)(iv). (Complete P	art II)						
6	Γ	A feder	al, state, or	local government or	government	al unit desc	rıbed ın secti	on 170(b)(:	1)(A)(v).		
7	Γ	describ	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in								
	_			A)(vi) (Complete P							
8	<u> </u>		•	described in section			•	•			
9	ı	_		at normally receives							-
				ities related to its ex							
			_	oss investment inco				-		tax) from bu	ısınesses
	_			ganızatıon after June	-			•	•		
.0	<u> </u>	_		ganized and operated	-	-	· ·				
.1	l	one or i	more public	ganized and operated ly supported organiza bes the type of supp b Type I	ations descri orting organi	ibed in secti i <u>za</u> tion and d	ion 509(a)(1)	or section s 11e throu	509(a)(2) Se igh 11h	ee section 5	
e f g	Γ	other the section of the ocheck the Since A	nan foundati 1509(a)(2) rganization this box lugust 17, 2 ig persons?	ox, I certify that the on managers and oth received a written de 2006, has the organi	ner than one etermination zation accep	or more pub from the IR oted any gift	olicly supported in Sthat It Is a contribution	ed organiza Type I, Typ on from any	tions describe	ed in sectio	n 509(a)(1) or
				rectly or indirectly c				persons des	scribed in (ii)	_	Yes No
				governing body of th		_	ation?				J(i)
				er of a person descri							(ii)
_				led entity of a person						11g	(iii)
h		Provide	the followi	ng information about	the supporte	ed organizat	ion(s)				
	(i) Name suppor rganiz	of rted	(ii) EIN	(iii) Type of organization (described on lines 1 - 9 above or IRC section (see	(iv) Is the organizati col (i) list your gove docume	e Ion In ted In rnIng	(v) Did you not organizati col (i) of suppor	on in your	(vi) Is th organizat col (i) org	e ion in anized	(vii) A mount of support
				inst ruct ions))	Yes	No	Yes	No	Yes	No	
ota											

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.)

<u> </u>	ection A. Public Support		and to quanty t				
	endar year (or fiscal year beginning						
Care	in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude any "unusual						
	grants ")						
2	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its						
_	behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the						
	amount shown on line 11, column						
	(f)						
6	Public Support. Subtract line 5 from						
Ū	line 4						
S	ection B. Total Support		<u> </u>	I I.			
	endar year (or fiscal year beginning						
	ın) >	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	A mounts from line 4						
8	Gross income from interest,						
Ū	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 activiti	es, etc (See inst	ructions)			12	
13	First Five Years If the Form 990 is t	for the organizati	on's first, second	, thırd, fourth, or	fifth tax year as a	501(c)(3) organı	
	check this box and stop here						►
	-tiC Ct-tiC D-l	L'a Carana at B					
<u> </u>	ection C. Computation of Pub Public Support Percentage for 2010			11 column (f))			
	· ·		•	II Column (1))		14	
15	Public Support Percentage for 2009	Schedule A, Pa	rt II, line 14			15	
16a	33 1/3% support test—2010. If the				line 14 is 33 1/3%	or more, check	
_	and stop here. The organization qua						▶ □
b	33 1/3% support test—2009. If the				5a, and line 15 is 3	33 1/3% or more,	- -
	box and stop here. The organization				45.46		►
1/a	10%-facts-and-circumstances test-						
	is 10% or more, and if the organization made						rt a d
	in Part IV how the organization mee	ts the "racts and	circumstances"	test ine organiz	ration qualifies as	a publicly suppo	
L	organization	_2000 If+ba a	anization did not	chack a hay an l	no 12 165 166 -	r 17a and line	► □
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ						
	Explain in Part IV how the organization						v
	supported organization	aon meets the 10	acts and circuilis	tances test file	z organizacion qual	mes as a publici	y ▶[¯
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	on ala not check	a box on fine 15	, 100, 100, 1700	I by check tills	SON GING SCC	▶ □

organization

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 Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total in) 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 IV) 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 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 Section D. Computation of Investment Income Percentage Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f)) 17 **17** Investment income percentage from 2009 Schedule A, Part III, line 17 18 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

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

▶□

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Schedule A (Form 990 or 990-EZ) 2010

Software ID: 10000077 **Software Version:** v1.00

EIN: 16-1532850

Name: EXCELSIOR COLLEGE

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

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per		tion (that a	che	['])			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
Richard Yep Chairman of the Board	1 2	Х						0	0	0
Polly Baca Board Member	1 2	×						0	0	0
Lında Davıla Vıce Charıman of the Board	1 2	Х						0	0	0
Gloria R Gelmann Board Member	1 2	Х						0	0	0
William G Harris Board Member	1 2	Х						0	0	0
Harold L Hodgkınson Board Member	1 2	Х						0	0	0
William T Moran Board Member	1 2	Х						0	0	0
Alvın J Schexnider Board Member	1 2	Х						0	0	0
Harry L Staley Board Treasurer	1 2	Х						0	0	0
Pamela Tate Board Member	1 2	Х						0	0	0
Andre Vacroux Board Member	1 2	Х						0	0	0
John R Wetsch Board Member	1 2	Х						0	0	0
Kathryn J Whitmire Board Member	1 2	Х						0	0	0
Jerry L Neff Board Member	1 2	Х						0	0	0
Mary O'Conner Board Member	1 2	Х						0	0	0
David Oliker Board Member	1 2	Х						0	0	0
Sharon I Richie-Melvan Board Member	1 2	Х						0	0	0
John Amıdon Board Member (Ex-Officio)	1 2	Х						0	0	0
Rita Cepeda Board Member	1 2	Х						0	0	0
Joseph S Laposata Board Member	1 2	Х						0	0	0
Joshua L Smith Board Member	1 2	Х						0	0	0
John Ebersole President and Board Member (Ex- Officio)	37 5			х				450,870	0	76,096
John M Pontius VP for Finance and Administration	37 5			Х				175,713	0	15,785
Nancy Davidson VP for HR and Administrative Services	37 5			Х				166,453	0	15,630
Mary Beth Hanner VP for outcomes assessment and Institutional Research	37 5			х				170,166	0	30,058

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

Compensated Employees, and	Compensated Employees, and Independent Contractors									
(A) Name and Title	(B) Average hours		tion (that a		/)			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
Cathy Kushner VP Institutional Advancement	37 5			х				163,702	0	28,888
Joseph Porter VP for Legal & Governmental Affairs, General Counsel, Secretary to the BOT	37 5			х				178,460	0	15,974
Wayne Brown VP for Extended Education	37 5			х				202,435	0	19,441
Dana Offerman Provost & Chief Academic Officer	37 5			х				204,852	0	32,032
Craig Maslowsky VP for Enrolmment Management	37 5			х				0	0	0
Susan O'Hern VP for Information Technology	37 5			х				96,294	0	26,262
Jane LeClair Dean, Business and Technology	37 5				х			150,219	0	14,036
Bridget M Nettleton Dean, Nursing	37 5				х			150,552	0	27,683
George Timmons Dean, Online Education and Learning Services	37 5					х		134,669	0	13,735
Scott Dalrymple Dean, School of Liberal Arts	37 5					×		143,317	0	13,089
Thomas Dalton Assistant VP for Enrollment Management and Financial Aid	37 5					Х		124,925	0	28,369
Timothy Maciel Associate Provost	37 5					х		123,770	0	12,492
Patrick Jones Dean of Assessment	37 5					х		147,407	0	27,786
William Stewart Assistant Vice President for Institutional Advancement	37 5						х	109,139	0	11,073
Anıta Burns Assıstant Vice President for Human Resources	37 5						х	106,490	0	24,127
Murray Block Chief of Staff	37 5						х	118,165	0	5,594
Michele Auricchio Assistant Vice President for Finance and Administration	37 5						x	104,511	0	26,604

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

4d. Other program services

(Code) (Expenses \$ 451,549 including grants of \$ 0) (Revenue \$ 28,290)

During FY 2011 the College conducted the "Presidents' Forum" wich provides both traditional and non-traditional institutions the opportunity to exchange knowledge and perceptions of current models and tools for successful operation in an online environment. The College also started the "Educators Serving Educators" program. This program works with accredited institutions of higher education to

opportunity to exchange knowledge and perceptions of current models and tools for successful operation in an online environment. The College also started the "Educators Serving Educators" program. This program works with accredited institutions of higher education to develop and deliver online programs and courses specializing in assisting institutions that serve individuals traditionally underrepresented in higher education. The College also started a press which uses a variety of new and emerging technologies to publish works in print and as e-books.

DLN: 93493132021812

OMB No 1545-0047

Open to Public **Inspection**

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

Political Campaign and Lobbying Activities

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

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

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

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

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

	me of the organization ELSIOR COLLEGE			Employer idei	ntıfıcatıon number			
				16-1532850				
ar	t I-A Complete if the or	ganization is exempt unde	er section 501(c) or is a section 527	7 organization.			
	Provide a description of the org	ganızatıon's dırect and ındırect po	lıtıcal campaıgn act	ivities in Part IV				
	Political expenditures			▶	\$			
3	Volunteer hours							
ar	Complete if the or	ganization is exempt unde	er section 501(c)(3).				
		tax incurred by the organization			\$			
<u>.</u>	Enter the amount of any excise	tax incurred by organization mar	nagers under sectio	n 4955 🕨	\$			
}	·	ection 4955 tax, did it file Form 4	_		⊤ Yes			
a	Was a correction made?	,	,		☐ Yes ☐ No			
Ь	If "Yes," describe in Part IV				·			
ar	-	ganization is exempt unde	er section 501(c) except section 50	1(c)(3).			
L	Enter the amount directly expe	nded by the filing organization for	section 527 exem	pt function activities 🕨	\$			
2	Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities							
	•							
3		cures Add lines 1 and 2 Enter he	re and on Form 112	.0-POL, line 17b ►	¢			
3 1 5	Total exempt function expendit Did the filing organization file F Enter the names, addresses an	form 1120-POL for this year? Ind employer identification number	(EIN) of all section	527 political organization				
1	Total exempt function expendit Did the filing organization file F Enter the names, addresses an organization made payments F amount of political contribution	orm 1120-POL for this year?	(EIN) of all section the amount paid fro d directly delivered	527 political organization om the filing organization's to a separate political orga	s to which the filing funds Also enter the anization, such as a			
ļ	Total exempt function expendit Did the filing organization file F Enter the names, addresses an organization made payments F amount of political contribution	form 1120-POL for this year? Id employer identification number For each organization listed, enter Is received that were promptly an	(EIN) of all section the amount paid fro d directly delivered	527 political organization om the filing organization's to a separate political orga	funds Also enter the anization, such as a ation in Part IV (e) A mount of political contributions received and promptly and directly delivered to a separate political			
ļ	Total exempt function expendit Did the filing organization file F Enter the names, addresses an organization made payments F amount of political contribution separate segregated fund or a	form 1120-POL for this year? Id employer identification number for each organization listed, enter is received that were promptly an political action committee (PAC)	(EIN) of all section the amount paid fro d directly delivered If additional space	is 527 political organization om the filing organization's to a separate political organic is needed, provide information (d) A mount paid from filing organization's	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization. If none,			
ŀ	Total exempt function expendit Did the filing organization file F Enter the names, addresses an organization made payments F amount of political contribution separate segregated fund or a	form 1120-POL for this year? Id employer identification number for each organization listed, enter is received that were promptly an political action committee (PAC)	(EIN) of all section the amount paid fro d directly delivered If additional space	is 527 political organization om the filing organization's to a separate political organic is needed, provide information (d) A mount paid from filing organization's	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization. If none,			
	Total exempt function expendit Did the filing organization file F Enter the names, addresses an organization made payments F amount of political contribution separate segregated fund or a	form 1120-POL for this year? Id employer identification number for each organization listed, enter is received that were promptly an political action committee (PAC)	(EIN) of all section the amount paid fro d directly delivered If additional space	is 527 political organization om the filing organization's to a separate political organic is needed, provide information (d) A mount paid from filing organization's	(e) A mount of politica contributions received and promptly and directly delivered to a separate political organization If none,			
	Total exempt function expendit Did the filing organization file F Enter the names, addresses an organization made payments F amount of political contribution separate segregated fund or a	form 1120-POL for this year? Id employer identification number for each organization listed, enter is received that were promptly an political action committee (PAC)	(EIN) of all section the amount paid fro d directly delivered If additional space	is 527 political organization om the filing organization's to a separate political organic is needed, provide information (d) A mount paid from filing organization's	(e) A mount of politica contributions received and promptly and directly delivered to a separate political organization If none,			
ŀ	Total exempt function expendit Did the filing organization file F Enter the names, addresses an organization made payments F amount of political contribution separate segregated fund or a	form 1120-POL for this year? Id employer identification number for each organization listed, enter is received that were promptly an political action committee (PAC)	(EIN) of all section the amount paid fro d directly delivered If additional space	is 527 political organization om the filing organization's to a separate political organic is needed, provide information (d) A mount paid from filing organization's	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization.			
	Total exempt function expendit Did the filing organization file F Enter the names, addresses an organization made payments F amount of political contribution separate segregated fund or a	form 1120-POL for this year? Id employer identification number for each organization listed, enter its received that were promptly an political action committee (PAC)	(EIN) of all section the amount paid fro d directly delivered If additional space	is 527 political organization om the filing organization's to a separate political organic is needed, provide information (d) A mount paid from filing organization's	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization. If none,			

Р	art II-A Complete if the organization under section 501(h)).	is exempt under section 501(c)(3)	and filed Form 5768	(election
	Check If the filing organization belongs to a Check If the filing organization checked bo	n affiliated group x A and "limited control" provisions apply		
	Limits on Lobbying E (The term "expenditures" means ar		(a) Filing O rganization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influence public o			
b	Total lobbying expenditures to influence a legisl			
C	Total lobbying expenditures (add lines 1a and 1	o)		
d	O ther exempt purpose expenditures			
е	Total exempt purpose expenditures (add lines 1			
f	Lobbying nontaxable amount Enter the amount to columns			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
	Grassroots nontaxable amount (enter 25% of lir	ne 1f)		
h	Subtract line 1g from line 1a If zero or less, ent	er -0 -		
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -		
j	If there is an amount other than zero on either lii section 4911 tax for this year?	ne 1h or line 1i, did the organization file Form	4720 reporting	┌ Yes ┌ No

4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

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

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

		(á	a)	(b)
		Yes	No	Amount
-	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
а	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		Νo	
d	Mailings to members, legislators, or the public?		Νo	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		440,129
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities? If "Yes," describe in Part IV	Yes		87,983
j	Total lines 1c through 1i			528,112
a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		Ì	
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
2	+ TIT-A Complete if the organization is exempt under section E01(c)(4) section	E01/6	\/E\ 0	r coction

501(c)(6).

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

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

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

Part IV Supplemental Information

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

Identifier	Return Reference	Explanation
SchC_P2B_S00_L01		The majority of time/cost is spent in direct contact with various state legislators and other state government officials, in coordination with the College's registered lobbyist consultants, defending the College's Associate Degree Nursing program. The College works to have state statutes and/or regulations changed or introduced to ensure that the College's Associate Degree. Nursing graduates are eligible for Registered Nurse licensure in those states. A significant portion of cost/time is spent preparing materials to aid College Officials, in coordination with the College's registered lobbyist consultants, in educating government officials on the fact that Excelsior College graduates are as prepared for licensure as nursing graduates from more traditional programs. Time is also spent drafting proposed legislation that would ensure Excelsior College nursing graduates would receive licensure in various states.

2b

2c

3

4

5

DLN: 93493132021812

OMB No 1545-0047

Inspection

Open to Public

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

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

Supplemental Financial Statements

Name of the organization **Employer identification number** EXCELSIOR COLLEGE 16-1532850

Pa	rt I	Organizations Maintaining Donor Acorganization answered "Yes" to Form 99		unds	or Account	s. Comple	te if the
		organization answered Tes to Form 55	(a) Donor advised funds		(b) Funds and	other accou	nts
1	Total	number at end of year					
2	Aggre	egate contributions to (during year)					
3	Aggre	egate grants from (during year)					
4	Aggre	egate value at end of year					
5		he organization inform all donors and donor advi		nor adv	ised	☐ Yes	┌ No
6	used	he organization inform all grantees, donors, and only for charitable purposes and not for the ben erring impermissible private benefit				┌ Yes	┌ No
Pa	rt II	Conservation Easements. Complete	ıf the organızatıon answered "Yes" t	to Forr	n 990, Part I	V, line 7.	
2	☐ F ☐ F ☐ Comp	ose(s) of conservation easements held by the or Preservation of land for public use (e g , recreati Protection of natural habitat Preservation of open space plete lines 2a-2d if the organization held a quali ment on the last day of the tax year	on or pleasure) Preservation of a	certifie	d historic strud		a
	easei	ment on the last day of the tax year			Held at the	e End of the	Year
а	Total	number of conservation easements		2a	Tiola at the	o Liid or tile	
b	Total	acreage restricted by conservation easements		2b			
c		per of conservation easements on a certified his	toric structure included in (a)	2c			
d		per of conservation easements included in (c) ac	, ,	2d			
		. ,				4	
3		per of conservation easements modified, transfe axable year ▶	rrea, releasea, extinguisnea, or terminat	ea by tr	ie organization	i during	
4	Numl	per of states where property subject to conserva	ition easement is located 🗠				
5		the organization have a written policy regarding cement of the conservation easements it holds?		ıdlıng of	violations, an	d ┌ Yes	┌ No
6	Staff	and volunteer hours devoted to monitoring, insp	ecting and enforcing conservation easer	nents d	uring the year	-	
7	Amou	unt of expenses incurred in monitoring, inspection	ng, and enforcing conservation easement	s durın	g the year ► \$		
8		each conservation easement reported on line 2 h)(4)(B)(i) and $170(h)(4)(B)(ii)$?	(d) above satisfy the requirements of se	ction		┌ Yes	┌ No
9	balan the o	ort XIV, describe how the organization reports co nce sheet, and include, if applicable, the text of t rganization's accounting for conservation easen	he footnote to the organization's financia nents	ıl stater	ments that des	cribes	
Par	t III	Organizations Maintaining Collectio Complete if the organization answered "		or Ot	her Similar	Assets.	
1a	art, h	e organization elected, as permitted under SFAS istorical treasures, or other similar assets held de, in Part XIV, the text of the footnote to its fin	for public exhibition, education or resear	ch in fu			e,
b	hısto	e organization elected, as permitted under SFAS rical treasures, or other similar assets held for p de the following amounts relating to these items	public exhibition, education, or research				
	(i) R	evenues included in Form 990, Part VIII, line 1			► \$		0
	(ii) _A	ssets included in Form 990, Part X			► \$		64,800
2		e organization received or held works of art, histo wing amounts required to be reported under SFA!		or finan	cial gain, prov	ide the	
а	Reve	nues included in Form 990, Part VIII, line 1			► \$		0
b	Asse	ts included in Form 990, Part X			—- ► \$		0

Part	•••• Organizations Maintaining Co	<u>llections of Art</u>	t, His	<u>tori</u>	<u>cal Tre</u>	easu	<u>ıres, or Oth</u>	<u>er Sim</u> i	<u>ilar Asse</u>	ets (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ne fol	lowing t	hat ar	e a significant	use of it	s collectio	n	
а	Public exhibition		d	\vdash	Loan o	rexc	hange progran	าร			
b	Scholarly research		e	Γ	Other						
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	ain hov	w the	y furthe	r the o	organization's	exempt p	urpose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t							ımılar	Г	Yes	✓ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an	ements. Compl	ete ıf	the	organiz	zatioi		'Yes" to	Form 990	Ο,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	edıary	forc	ontribut	ions	or other asset	s not	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ving t	able				A moi	unt	
_	Dammung balanca						10	+	Amo	unt	
c d	Beginning balance						10				
	Additions during the year						<u> </u>	-			
e f	Distributions during the year						16 1f	-			
	Ending balance	000 5- : : : :	- 24-				_ 11			V	
2a	Did the organization include an amount on Fo	•	e 21 /						J	Yes	│ No
	If "Yes," explain the arrangement in Part XIV				1 !!>/		F 000 B	- 1 71/ 1	10		
Pai	rt V Endowment Funds. Complete	(a)Current Year)Prior				art IV, I I (d) Three Ye		•\Four V	ears Back
1a	Beginning of year balance	453,217	(1)	<i>)</i> 1 1101	419,861	(0)	402,739	d)Tillee Te	cars back (-)1 Out 1	cars back
b	Contributions	53,899			23,575		37,250				
c	Investment earnings or losses	103,243			48,982		-43,015				
d	Grants or scholarships	20,690			19,490		17,458				
e	Other expenditures for facilities and programs	21,021			19,711		-40,345				
f	Administrative expenses	0			0		0				
g	End of year balance	568,648			453,217		419,861				
2	Provide the estimated percentage of the yea	r end balance held	as				<u> </u>		I		
а	Board designated or quasi-endowment 🕨	0 %									
b	Permanent endowment - 87 %										
c	Term endowment ► 13 %										
3a	Are there endowment funds not in the posses	ssion of the organiz	ation	that a	are held	and a	administered fo	or the			
	organization by	.								Yes	No
	(i) unrelated organizations								. 3a(i)		No
	(ii) related organizations								. 3a(ii)	<u> </u>	No
	If "Yes" to 3a(II), are the related organizatio	•							. 3b		<u> </u>
4	Describe in Part XIV the intended uses of th										
Par	t VI Investments—Land, Buildings	s, and Equipme	nt. S	ee F	orm 99	90, P	art X, line 10 I) <u>.</u>	1		
	Description of investment				Cost or o		(b) Cost or othe basis (other)		cumulated reciation	(d) Bo	ok value
1a	Land					0	706,7	35			706,735
b I	Buildings					0	7,382,8	33	2,279,397		5,103,486
c I	Leasehold improvements					0	268,69	96	108,657		160,039
d I	Equipment					0	15,109,3	76	11,769,448		3,339,928
е (Other	<u></u>				0	1,115,60	58	479,721		635,947
Tota	I. Add lines 1a-1e <i>(Column (d) should equal Fo</i>	orm 990, Part X, colui	mn (B,), line	10(c).)				>		9,946,135
	·							Sc	hedule D (Form 9	90) 2010

Part VIII Investments—Other Securities. See	orm 990, Part X, line 12	<u>2. </u>	
(a) Description of security or category	(b)Book value	(c) Method of valuation	
(including name of security)	(B)Book value	Cost or end-of-year market value	
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
o their			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See	Form 990 Part X line	13	
Part VIII Investments—Frogram Related. See	Torri 330, Fart X, line .	(c) Method of valuation	
(a) Description of investment type	(b) Book value	Cost or end-of-year market value	
		Cost of elid-of-year market value	
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, lin			
		(b) Book value	
Part IX Other Assets. See Form 990, Part X, lin		(b) Book value	
Part IX Other Assets. See Form 990, Part X, lin		(b) Book value	
Part IX Other Assets. See Form 990, Part X, lin		(b) Book value	
Part IX Other Assets. See Form 990, Part X, lin		(b) Book value	
Part IX Other Assets. See Form 990, Part X, lin		(b) Book value	
Part IX Other Assets. See Form 990, Part X, lin		(b) Book value	
Part IX Other Assets. See Form 990, Part X, lin		(b) Book value	
Part IX Other Assets. See Form 990, Part X, lin		(b) Book value	
Part IX Other Assets. See Form 990, Part X, lin		(b) Book value	
Part IX Other Assets. See Form 990, Part X, lin		(b) Book value	
Part IX Other Assets. See Form 990, Part X, lin		(b) Book value	
Part IX Other Assets. See Form 990, Part X, lin		(b) Book value	
Part IX Other Assets. See Form 990, Part X, lin		(b) Book value	
Part IX Other Assets. See Form 990, Part X, lin		(b) Book value	
Part IX Other Assets. See Form 990, Part X, lin		(b) Book value	
Part IX Other Assets. See Form 990, Part X, lin		(b) Book value	
Part IX Other Assets. See Form 990, Part X, lin		(b) Book value	
Part IX Other Assets. See Form 990, Part X, lin		(b) Book value	
Part IX Other Assets. See Form 990, Part X, lin	tion	(b) Book value	
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip (b) Should equal Form 990, Part X, col.(B) line 19	5.)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X	5.)		
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip (b) Should equal Form 990, Part X, col.(B) line 19	5.)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X	5.)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	5.) , line 25. (b) Amount		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)		

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	64,507,116
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	65,683,265
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-1,176,149
4	Net unrealized gains (losses) on investments	4	1,620,670
5	Donated services and use of facilities	5	0
6	Investment expenses	6	0
7	Prior period adjustments	7	0
8	Other (Describe in Part XIV)	8	0
9	Total adjustments (net) Add lines 4 - 8	9	1,620,670
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	444,521
Par	TXII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	66,200,687
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)		
e	Add lines 2a through 2d	2e	1,661,368
3	Subtract line 2e from line 1	3	64,539,319
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 0		
Ь	Other (Describe in Part XIV)		
_ C	Add lines 4a and 4b	4c	-32,203
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	64,507,116
1	Reconciliation of Expenses per Audited Financial Statements With Expenses Total expenses and losses per audited financial	рег	65,756,166
-	statements	1	03,730,100
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV) 2d 0		
е	Add lines 2a through 2d	2e	40,698
3	Subtract line 2e from line 1	3	65,715,468
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 0		
b	Other (Describe in Part XIV)		
C	Add lines 4a and 4b	4 c	-32,203
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	65,683,265

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

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
SchD_P03_S00_L04	Schedule D, Part III, Line 4	Consists of various paintings that have been donated to and/or purchased by the college and have been recorded at their appraised fair market value at the time of donation, or cost at time of purchase. This collection aids in fostering a sense of community and appreciation of the arts for students, faculty, and support staff of the college.
SchD_P05_S00_L01e	Schedule D, Part V, Line 1e	Schedule D, Part V, Line 1e - In accordance with the State of New York Prudent Management of Institutional Funds Act (NYPMIFA), the 21,021 listed as other expenditures represents the College's transfer of funds related to the appreciation of endowment assets from Permanently Restricted Net Assets to Unrestricted Net Assets
SchD_P05_S00_L04	Schedule D, Part V, Line 4	The intended use of the College's endowment is for scholarships which are given to students to defray the cost of degree completion
SchD_P10_S00_L02	Schedule D, Part X, Line 2	The College is classified for tax purposes as an organization under Section 501(c)(3) of the Internal Revenue Code, and except for unrelated business income, if any, is exempt from federal income taxes under Section 501(a) of the Code Therefore, no provision for income taxes is made in the accompanying financial statements. The College follows the FASB guidance regarding accounting for uncertain tax positions. The College believes that it has no uncertain tax positions taken or expected to be taken that could result in an unrecognized tax benefit liability. The College has no federal or state informational tax returns that are currently under examination by the Internal Revenue Service ("IRS") or state authorities. However, fiscal years 2008 and later remain subject to examination by the IRS and New York State.
SchD_P12_S00_L04b	Schedule D, Part XII, Line 4b	Includes fundraising expenditures and loss on disposal of assets
SchD_P13_S00_L04b	Schedule D, Part XIII, Line 4b	Includes fundraising expenditures and loss on disposal of assets

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As Filed Data -

DLN: 93493132021812

OMB No 1545-0047

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.

Employer identification number

EXCELSIOR COLLEGE 16-1532850 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 3 Νo 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? **4c** Yes d Copies of all material used by the organization or on its behalf to solicit contributions? 4d Yes If you answered "No" to any of the above, please explain If you need more space, use 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? Νo 5g 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

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, Line 3	The organization meets the criteria established in section 4 03-2 of revenue procedures 75-50
SchE_P01_S00_L06	Schedule E, Part I, Line 6	The college receives government assistance in the form of, Federal Direct Loans, SEOG grants, NYS TAP grants, NYS APTS grants, training grants such as the HRSA traineeship, HRSA Nursing Student Loan program and the HRSA Nursing Faculty Loan Program

Schedule E (Form 990 or 990-EZ) 2010

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DLN: 93493132021812

OMB No 1545-0047

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization **EXCELSIOR COLLEGE**

Employer identification number

16-1532850

Par	rt I	General Information on Activities Outside the United States. Complete if the organization answer	ed	
		"Yes" to Form 990, Part IV, line 14b.		
1	For g	grantmakers. Does the organization maintain records to substantiate the amount of the grants or		
	assis	stance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award		
	the g	grants or assistance?	\sqcap	No

For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the

(a) Regon (b) Part V if additional space is needed 1 (b) Regon (c)	_	United States	re v ene organiz	acion o procedu	co for monitoring the us	o or grane rando outorao en	
month America (including Canada and Mexico, but not the United States). Europe (including Iceland and Greenland) Middle East and North Africa East Asia and the Pacific South America O Program Services Todal from continuation sheets to Part I to Total from continuation sheets to P	3		I	Ì		(-) T6	(D.T.:.
Canada and Mexico, but not the United States) Europe (including Iceland and Greenland) O 0 Program Services International student recruitment and attending academic conferences Middle East and North Africa 0 0 Program Services International student recruitment East Asia and the Pacific 0 1 Program Services International student recruitment South America 0 0 Program Services International student recruitment South America 0 0 Program Services International student recruitment South America 0 Program Services International student recruitment 3a Sub-total b Total from continuation sheets to Part I I I I I I I I I I I I I I I I I I I			offices in the	employees or agents in region or independent contractors	region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	program service, describe specific type of	expenditures for region/investments in region
Greenland) International student conferences		Canada and Mexico, but not the United States)	0			and attending academic	
East Asia and the Pacific 0 1 Program Services International student recruitment 9,116 South America 0 0 Program Services International student recruitment 9,116 For a service of the pacific of the p			0	0		recruitment and attending academic	14,579
South America 0 0 Program Services International student recruitment 9,116		Middle East and North Africa	0	0	Program Services		6,420
3a Sub-total b Total from continuation sheets to Part I to Totals (add lines 3a and 3b) 0 1 55,934		East Asia and the Pacific	0	1	Program Services		12,847
b Total from continuation sheets to Part I c Totals (add lines 3a and 3b) 0 1 55,934		South America	0	0	Program Services		9,116
b Total from continuation sheets to Part I c Totals (add lines 3a and 3b) 0 1 55,934							
b Total from continuation sheets to Part I c Totals (add lines 3a and 3b) 0 1 55,934							
b Total from continuation sheets to Part I c Totals (add lines 3a and 3b) 0 1 55,934							
b Total from continuation sheets to Part I c Totals (add lines 3a and 3b) 0 1 55,934							
b Total from continuation sheets to Part I c Totals (add lines 3a and 3b) 0 1 55,934							
b Total from continuation sheets to Part I c Totals (add lines 3a and 3b) 0 1 55,934							
b Total from continuation sheets to Part I c Totals (add lines 3a and 3b) 0 1 55,934							
b Total from continuation sheets to Part I c Totals (add lines 3a and 3b) 0 1 55,934							
b Total from continuation sheets to Part I c Totals (add lines 3a and 3b) 0 1 55,934							
b Total from continuation sheets to Part I c Totals (add lines 3a and 3b) 0 1 55,934							
b Total from continuation sheets to Part I c Totals (add lines 3a and 3b) 0 1 55,934							
b Total from continuation sheets to Part I c Totals (add lines 3a and 3b) 0 1 55,934							_
to Part I	3a	Sub-total					
	ь						
	_	·		_		N - 50003W	·

Part	Part IV, l	ine 15, for any					plete if the organiza received more thai		
	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2	Enter total nur tax-exempt by	mber of recipie the IRS, or fo	nt organizations lis or which the grante	ted above that are e or counsel has pro	recognized as chari ovided a section 50	ties by the foreign o 1(c)(3) equivalency	country, recognized letter	as . ►	
3	Enter total nur	mber of other o	organizations or en	tities					(Form 990) 2010

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
			I				
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Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)	Γ	Yes	굣	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)	Γ	Yes	굣	Νo
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)	Г	Yes	্	No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)	Г	Yes	ত	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)	Г	Yes	দ	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).	Г	Yes	্	Νo

Schedule F (Form 990) 2010

Additional Data

Software ID: 10000077

Software Version: v1.00

EIN: 16-1532850

Name: EXCELSIOR COLLEGE

Schedule F (Form 990) 2010

Page **5**

Part V Supplemental Information

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

DLN: 93493132021812

OMB No 1545-0047

Supplemental Information Regarding **SCHEDULE G** (Form 990 or 990-EZ) **Fundraising or Gaming Activities**

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

Open to Public Inspection

Internal Revenue Service Name of the organization **EXCELSIOR COLLEGE**

licensing

Department of the Treasury

Employer identification number

		16-1532850
Part I	Fundraising Activities. Complete if the organization answered "Yes" to Form	990, Part IV, line 17.

- Indicate whether the organization raised funds through any of the following activities. Check all that apply
- ✓ Mail solicitations e Solicitation of non-government grants
- ✓ Internet and e-mail solicitations Solicitation of government grants
- Phone solicitations ✓ Special fundraising events
- ▼ In-person solicitations
- Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?
 - If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name and address of Individual or entity (fundraiser)	(ii) Activity	fundrais custo cont	Did ser have ody or rol of outions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Ruffalo Cody LLC 65 Kırkwood North Road SW Cedar Rapıds, IA 52404	Phone Solicitiation		No	38,437	67,553	-29,116
Washburn & McGoldrick LLC 950 New Loudon Road Suite 210 Latham, NY 12110	Consulting		No	0	8,200	-8,200
Catherine Potvin 1574 New Scotland Road Slingerlands, NY 12159	Consulting		No	0	5,500	-5,500
Total			.	38,437	81,253	-42,816

NY					

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

			(a) Event #1 Partners in Lifelong	(b) Event #2	(c) Other Events	(d) Total Events (Add col (a) through col (c))
			Learning Scholarship Fundraising Event (event type)	(event type)	(total number)	(4)
₽	1	Gross receipts	64,660			64,660
Revenue	2	Less Charitable contributions	59,740			59,740
_	3	Gross income (line 1 minus line 2)	4,920			4,920
	4	Cash prizes	C)		O
ω	5	Non-cash prizes	728	3		728
S S S S	6	Rent/facility costs	800			800
Expenses	7	Food and beverages	12,852	2	0	12,852
Direct Direct	8	Entertainment	C		0	O
ā	9	Other direct expenses .	11,503	3		11,503
	10	Direct expense summary Add lir	ies 4 through 9 in column	(d)		25,883
	11	Net income summary Combine I	nes 3 and 10 ın column (d)	•	-20,963
Par	t III	Gaming. Complete if the o \$15,000 on Form 990-EZ, li		"Yes" to Form 990, Pa	rt IV, line 19, or repo	rted more than
			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
	1	Gross revenue			(c) Other gaming	(Add col (a) through
Revenue		Gross revenue			(c) Other gaming	(Add col (a) through
enses Reveilue	2				(c) Other gaming	(Add col (a) through
enses Reveilue	2	Cash prizes			(c) Other gaming	(Add col (a) through
enses Reveilue	2 3 4	Cash prizes			(c) Other gaming	(Add col (a) through
enses Reveilue	2 3 4 5	Cash prizes Non-cash prizes Rent/facility costs				(Add col (a) through
enses Reveilue	2 3 4 5	Cash prizes	✓ Yes	F Yes% No d)	Г Yes	(Add col (a) through
q e 6 Direct Expenses Reveivue	2 3 4 5 6 7 8 Enter	Cash prizes	Yes% No s 2 through 5 in column (sibine lines 1 and 7 in column ation operates gaming activities in each	Yes% No d)	Г Yes	· Yes No

11	Does the organization operate ga	aming activities with nonmembers? .		$\Gamma_{ m Yes}$ $\Gamma_{ m No}$
12	Is the organization a grantor, be	neficiary or trustee of a trust or a mem	ber of a partnership or other entity	
	formed to administer charitable (gaming?		. Г _{Yes} Г _{No}
13	Indicate the percentage of gamir	ng activity operated in		
а	The organization's facility		13a	
b	An outside facility		13b	
14	Provide the name and address of records	f the person who prepares the organiza	tion's gaming/special events books and	
	Name 🟲			
	Address 🟲			
15a	Does the organization have a co	ntract with a third party from whom the	organization receives gaming	
	-	· ·		. Γ_{Yes} Γ_{No}
b			tion 🟲 \$ and the	, , , , , , , , , , , , , , , , , , , ,
	amount of gaming revenue retain	ned by the third party 🟲 \$		
c	If "Yes," enter name and address	s		
	Name 🟲			
	Address ►			
16	Gaming manager information			
	Name 🟲			
	Gaming manager compensation I	> \$		
	Description of services provided			
	Director/officer	□ Employee	Independent contractor	
17	Mandatory distributions			
а		er state law to make charitable distribu		
				Tyes No
b		required under state law distributed t	o other exempt organizations or spent	
D		activities during the tax year \$	reconnect to question on Cohedule C./	
Pa	t IV Complete this part to proceed instructions.)	provide additional information for	responses to question on Schedule G (see
	Identifier	ReturnReference	Explanation	

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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.

OMB No 1545-0047

DLN: 93493132021812

Department of the Treasury ► Attach to Form 990 **Inspection** Internal Revenue Service Name of the organization Employer identification number **EXCELSIOR COLLEGE** 16-1532850 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) Amount of cash (f) Method of (a) Description of (h) Purpose of grant (e) A mount of nonorganization section grant valuation non-cash assistance or assistance cash or government ıf applicable (book, FMV, assistance 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, lii	ne 22.
	Use Schedule I-1 (Form 990) if additional space is needed.	

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) Scholarships	1062	567,810	0		

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

Identifier	Return Reference	Explanation
SchI_P01_S00_L02		The College provides individual scholarship assistance to enrolled students in order to defray the cost of the College's enrollment and examination fees. This assistance is provided through direct credit to the student's account with the college, ensuring funds are utilized for their intended purpose. Depending on the source of funds, there may be donor stipulations which students may need to adhere to in order to maintain eligibility of funds. In the event of such, ongoing monitoring is performed by the College's Financial Aid department.

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DLN: 93493132021812

OMB No 1545-0047

Open to Public Inspection

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

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

Compensation Information

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

► Attach to Form 990. ► See separate instructions.

Name of the organization EXCELSIOR COLLEGE

Employer identification number

16-1532850

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Fo 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these it			
	First-class or charter travel Housing allowance or residence for personal uses the second se	ıse		
	□ Travel for companions □ Payments for business use of personal reside	nce		
	▼ Tax idemnification and gross-up payments			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef))		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	. 1b	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			
	✓ Compensation committee ✓ Written employment contract ✓ Independent compensation consultant ✓ Compensation survey or study			
	☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation comm	outto o		
	Approval by the board of compensation comin	nttee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing or or a related organization	rganization		
а	Receive a severance payment or change-of-control payment from the organization or a related organizatio	n? 4a		Νo
ь	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990 , Part VII, Section A, line $1a$, did the organization pay or accrue any compensation contingent on the revenues of			
а	The organization?	5a		Νo
b	Any related organization?	5b		Νο
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990 , Part VII, Section A, line $1a$, did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		Νo
b	Any related organization?	6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was			
	subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III	8		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regul section $534958-6(c)$?	lations 9		

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 o	f 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 compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
See Additional Data Table								
(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 Reference	Explanation
	Part I, Line 1a	In calendar year 2010, the College paid gross up payments to the President of the College These tax gross up payments were to reimburse the President for taxes incurred related to supplemental long term care and life insurance. Additionally, in 2010 the college paid social club dues on behalf of the President. These dues were indented for business use relating to College matters only, and as such, were not treated as taxable income to him. Any personal use of the club was reimbursed to the College by the President. A monthly housing allowance is provided to the President and is included in his taxable wages. Finally, several officers received health club benefits during calendar year 2010. The College reimburses a portion of health club dues of its employees as part of the College's wellness initiative policy. This benefit is available to all college employees, and is included in the taxable income of employees who use this benefit.

Schedule J (Form 990) 2010

Software ID: 10000077 **Software Version:** v1.00

EIN: 16-1532850

Name: EXCELSIOR COLLEGE

Form 990, Schedule J, Part .	11 - Officers, Directors	, irustees, key	employees, and	nignest compens	sateu Employees	

Form 990, Schedule J	, Part I	<u> 11 - Officers, Direc</u>	ctors, Trustees, Ke	ey Employees, and	Hignest Compens	sated Employees		
(A) Name		(B) Breakdown o	f W-2 and/or 1099-MIS	C compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation reported in prior Form
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) O ther compensation	compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ
John Ebersole	(1) (11)	301,521 0	30,600 0	118,749 0	62,577 0	14,281 0	527,728 0	36,000 0
John M Pontius	(1) (11)	152,343 0	10,112	13,258 0	15,552 0	491 0	191,756 0	0
Nancy Davidson	(ı) (ıı)	155,894 0	10,163 0	396 0	15,630 0	396 0	182,479 0	0
Mary Beth Hanner	(ı) (ıı)	159,016 0	10,754 0	396 0	16,539 0	13,915 0	200,620	0
Cathy Kushner	(ı) (ıı)	152,938 0	10,268 0	496 0	15,791 0	13,493 0	192,986 0	0
Joseph Porter	(ı) (ıı)	157,709 0	10,267 0	10,484 0	15,789 0	323 0	194,572 0	0
Wayne Brown	(ı) (ıı)	190,291 0	11,934 0	210 0	18,812 0	719 0	221,966 0	0
Dana Offerman	(I) (II)	191,787 0	12,669 0	396 0	19,483 0	12,945 0	237,280	0
Jane LeClair	(ı) (ıı)	143,801 0	6,160 0	258 0	13,614 0	680 0	164,513 0	0
Bridget M Nettleton	(ı) (ıı)	143,394 0	6,900 0	258 0	14,634 0	13,307 0	178,493 0	0 0
Scott Dalrymple	(ı) (ıı)	122,606 0	6,000 0	14,711 0	12,462 0	688 0	156,467 0	0 0
Thomas Dalton	(ı) (ıı)	119,376 0	5,411 0	138 0	12,420 0	16,087 0	153,432 0	0 0
Patrick Jones	(ı) (ıı)	140,649 0	6,500 0	258 0	14,689 0	13,355 0	175,451 0	0
William Stewart	(ı) (ıı)	104,108 0	4,773 0	258 0	10,603 0	728 0	120,470 0	0
Anita Burns	(ı) (ıı)	101,401 0	5,000 0	8 <i>9</i> 0	10,607 0	13,657 0	130,754 0	0
Murray Block	(ı) (ıı)	105,273 0	5,746 0	7,147 0	5,594 0	0	123,760 0	0
Michele Auricchio	(1) (11)	99,471 0	4,950 0	8 <i>9</i> 0	10,607 0	20,065	135,182 0	0

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: 93493132021812

Open to Public **Inspection**

Internal Revenue Service Name of the organization **EXCELSIOR COLLEGE**

Department of the Treasury

Schedule K (Form 990)

Employer identification number

16-1532850

										1 4	.0-133	2030					
Pa	rt I Bond Issues																
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue P	rice	(f) Description of Purpose		tion of Purpose (g)		Description of Purpose		feased	Beh	On alf of suer		Pool ncing
										Yes	No	Yes	No	Yes	No		
A	Albany County Industrial Development Agency	14-1663410		09-18-2003	1,300),000 Pi	urcha	ise of 9 Coli	umbia Circle		Х		Х		Х		
В	Albany County Industrial Development Agency	22-2587283		05-16-2003	2,292	, 1 3U I		nce issue us bia Circle	sed for 7		X		х		х		
Pa	rt III Proceeds																
					,	A		ı	В		С			D			
1	A mount of bonds retired						0		0								
2	Amount of bonds legally defe	ased					0		0								
3	Total proceeds of issue					1,300,000 2,292,130											
4	Gross proceeds in reserve fu	nds					0		0								
5	Capitalized interest from prod	ceeds					0		0								
6	Proceeds in refunding escrow	V					0		0								
7	Issuance costs from proceed	ls				49,9	901		24,404								
8	Credit enhancement from pro	ceeds					0		0								
9	Working capital expenditures	from proceeds					0		0								
10	Capital expenditures from pro	oceeds				1,300,0	000		2,292,130								
11	Other spent proceeds						0		0								
12	Other unspent proceeds						0		0								
13	Year of substantial completion	on			20	03		20	03								
					Yes	No		Yes	No	Yes		No	Yes	s	No		
14	Were the bonds issued as pa	rt of a current refund	ing issue?			Х		Х									
15	Were the bonds issued as pa	rt of an advance refu	nding issue?			Х			Х								
16	Has the final allocation of pro	ceeds been made?			Х			Х									
17	Does the organization mainta allocation of proceeds?		nd records to sup	port the final	х			Х									
Pai	t IIII Private Business	Use								· · ·							
						A		l	В		С			D			

property financed by tax-exempt bonds?

financed property?

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

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

No

Х

Yes

No

Х

Χ

Yes

Yes

Yes

No

No

Part III Private Business Use (Continued)

			4		В	•	C)
		Yes	No	Yes	No	Yes	No	Yes	No
la	Are there any management or service contracts that may result in private business use?		х		×				
b	Are there any research agreements that may result in private business use of bond-financed property?		Х		×				
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?								
ŀ	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 %				
;	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 %				
•	Total of lines 4 and 5		0 %		0 %				
,	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	Х		Х					

Part IV	Arb	itrage
---------	-----	--------

		A		В		C		l 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		x				
2	Is the bond issue a variable rate issue?		X	X					
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X		Х				
b	Name of provider								
С	Term of hedge								
d	Was the hedge superintegrated?								
е	Was a hedge terminated?								
4a	Were gross proceeds invested in a GIC?		Х		Х				
b	Name of provider								
С	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5	Were any gross proceeds invested beyond an available temporary period?		х		х				
6	Did the bond issue qualify for an exception to rebate?		х		x				

Part V Supplemental Information

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

Identifier	Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493132021812

OMB No 1545-0047

2010

Schedule L

(Form 990 or 990-EZ)

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.

Open to Public

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

(a) Name of disqualified				(b) Desc					Yes	rected	
Enter the amount of tax imposed and	ho orac	nization man	agors se	dicqualified pers	one due	na tha :	(oar unda				
Enter the amount of tax imposed on t section 4958							ear under	* —			
Enter the amount of tax, if any, on lin	e 2, abo	ve, reımburs	ed by th	e organization .			🕨	\$			
Loans to and/or From											
Complete if the organization i		d "Yes" on F	orm 990	, Part IV, line 26	, or Forr	n 990-E	Z, Part V (f)	, lıne 38	<u>a</u>		
' '	oan to om the	oan to m the (c) O rig		ginal (1)	(e) In Approved by board or			(g) Written agreement?			
purpose organ	ızatıon?	principal a	mount	(d)Balance due	delau		committee?		agreeme		
То	From				Yes	No	Yes	No	Yes	No	
	1										
									-		
			▶ \$								
					', line 2	27.					
	on ansv	TOICH ICS									
Complete if the organizati (a) Name of interested person		b) Relationsh	ııp betwe	en interested per janization	son	(c) A m	nount of gr	ant or ty	pe of assis	tance	

Part IV Business Transactions Involving Interested Persons.

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

Complete if the organization	n answered res on	roffii 990, Part IV, III	ie zoa, zob, or zoc.		
(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
	organization			Yes	No
(1) MVP Healthcare	President of above referenced business, David Oliker, is a member of the College's Board of Trustees		Payments for adminstration of self-funded health insurance plan for employees of the College		No
(2) CAEL	President of above referenced business, Pamela Tate, serves on the College's Board of Trustees	·	Conducts various consulting activities related to the evaluation, assessment, and prospective research of the College's academic programs		No
					<u> </u>
					<u> </u>

Part V 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

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493132021812

2010

Open to Public
Inspection

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

Supplemental Information to Form 990 or 990-EZ

► Attach to Form 990 or 990-EZ.

Name of the organization EXCELSIOR COLLEGE

Employer identification number

16-1532850

ldentifier	Return Reference	Explanation
F990_P06_S0A_L03	Section A, Line 3	The college contracted with an outside management services firm to temporarily aid with the vacant position of VP of Enrollment Services. The firm provided an interim solution until a permanent employee was hired in March of the tax year.

ldentifier	Return Reference	Explanation
F990_P06_S0B_L11b	Form 990, Part VI, Section B, Line 11b	The form 990 was prepared by the accounting services department at the College. The information within the return was obtained through input from several Officers of the College. Following internal preparation of the return, it was forwarded to the College's independent auditors to seek their input before forwarding to the Audit Committee of the Board of Trustees. The Audit committee was delegated the authority to review and approve the final version of the information return by the Board of Trustees. The Audit Committee reviewed the final return in depth via teleconference with the Officers of the College and the accounting staff. Management at the College guided the Audit Committee through the various schedules included in the filing noting the purpose of the schedule and identifying the origin and sources of the content contained within. All questions posed by the Committee were answered by the Management of the College as documented in the minutes to the meeting. The final return was made available for inspection and review to all Board Members before final filing with the IRS.

ldentifier	Return Reference	Explanation
F990_P06_S0B_L12c	Form 990, Part VI, Section B, Line 12c	The College has had a written conflict of interest policy since June, 1998. This policy, as amended in 2008, is distributed annually to all Officers, Trustees, and other key employees each October. In addition to the policy, all officers, trustees and key employees are required to complete an annual disclosure statement indicating conflicts of interest and any direct or indirect professional and/or business arrangements with vendors with whom the College has a professional or business arrangement. Annually, the Audit Committee of the Board meets with General Counsel and the Secretary to the Board to review all disclosures and to determine the existence and severity of any conflicts. If conflicts exist, the Chairman of the Board is made aware of the conflicts and disclosures and the Secretary of the Board takes action as directed by the Audit Committee. Should the conflict exist at the Board level, full disclosure is made to all Board members and the affected member is recused from any vote related to the conflict of interest. Conflicts at levels below the Board are disclosed to the CEO, the VP of ODHR, and Legal Counsel to determine the impact of the conflict on the employees' ability to function in the effected role and take steps to resolve the conflict.

ldentifier	Return Reference	Explanation
F990_P06_S0B_L14	Form 990, Part VI, Section B, Line 14	Financial records are retained in accordance with the College's standard record retention policy. In addition, grant awards, certain mortgage and contractual arrangement require additional retention timeframes. Other departments in the College such as the Registrar and Financial Aid offices retain student records as required under federal regulations and agencies guidelines.

ldentifier	Return Reference	Explanation
F990_P06_S0B_L15	Form 990, Part VI, Section B, Line 15	The Office of Human Resources establishes compensation within various grade levels at the College based on several factors such as the current and local job market and hiring rate in our area, the demographics of the region including the degree of difficulty and competition in acquiring the particular talent. Annual goal setting, progress goal reporting and written performance evaluations are performed. The achievements noted in these activities are additional factors in determining annual compensation. In addition, a compensation study was performed in 2011 which compared duties, responsibilities, and compensation for all job titles at the College. The study gathered data at the national level as well as industry specific data and job market information for our region of the country. Salaries within the organization were compared against this data. Each year, a pay structure is reviewed and adjusted accordingly. Salary grades are also reviewed and when changes are made, they are first presented to the HR and Compensation Committee of the Board of Trustees and then to the full board for approval. This approval is documented in the Board of Trustee meeting minutes. An employment contract with the College President, including a compensation arrangement that considered comparable institution salary data and campus demographics, was approved by the Board of Trustees in 2009. This contract is up for renewal, extension or termination every four years by the Board of Trustees. Additionally, the compensation of the President is reviewed annually by the Executive Committee of the Board of Trustees. The President has annual goals, is required to report on the progress toward the goals, and is subject to annual performance reviews conducted by the Executive Committee of the Board. Additionally, in 2010 a comprehensive salary study for the President was presented to the Board. All Board approvals are documented in the Board of Trustee meeting minutes. Any Board members with a conflict in the compensation arrangement.

ldentifier	Return Reference	Explanation
F990_P06_S0B_L16b	Form 990, Part VI, Section B, Line 16b	The decision and performance measures used by the Board of Trustees, the President and the Executive Staff at the College align with the core mission of the College as a non-profit educational corporation. Business arrangements are reviewed by these parties before they are entered into to ensure the engagement supports the primary purpose of the tax exemption granted to the College Revenues and net income generated from these arrangements are reinvested into the operations of the College as to further support ongoing educational activities

ldentifier	Return Reference	Explanation
F990_P06_S0C_L19	Form 990, Part VI, Section C, Line 19	Abbreviated financial statements are issued annually in the annual report which is distributed to the student body, alumni, faculty and staff electronically. Hard copies of financial statements are available upon request. All other applicable documents are available upon request in hardcopy and electronic (pdf) form.

ldentifier	Return Reference	Explanation
F990_P11_S00_L05	Form 990, Part XI, Line 5	The amount on this line represents unrealized gains and losses on investments held by the College These are recorded on the College's audited financial statements in accordance with generally accepted accounting principles