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Form **990**

Department of the Treasury

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

Open to Public

y or town, state or country, and ZIP + 4 lesburg, IL 614014999 Name and address of principal officer leresa L A mott ffice of the President E South Street lalesburg, IL 614014999 501(c)(3)	Room/suite (3 G Gro H(a) Is this a group ret H(b) Are all affiliates	lephone i 09) 341 oss receipt urn for affilia s included? ch a list	number -7212 ts \$ 127,857,934 ates ²				
mber and street (or P O box if mail is not delivered to street address) south Street y or town, state or country, and ZIP + 4 lesburg, IL 614014999 Name and address of principal officer leresa L A mott ffice of the President E South Street lalesburg, IL 614014999 501(c)(3) 501(c) () (Insert no) 4947(a)(1) or 527 x edu orporation Trust Association Other y be the organization's mission or most significant activities is dedicated to providing a liberal arts education to students from di	Room/suite (3 G Gro H(a) Is this a group ret H(b) Are all affiliates If "No," atta H(c) Group exern	Dephone (109) 341 Doss receipt urn for affilia s included? ch a list nption nu	number -7212 ts \$ 127,857,934 ates?				
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x edu orporation Trust Association Other y oe the organization's mission or most significant activities is dedicated to providing a liberal arts education to students from di			ımber ►				
orporation Trust Association Other Y be the organization's mission or most significant activities is dedicated to providing a liberal arts education to students from di	L Year of formation	1027					
y De the organization's mission or most significant activities Is dedicated to providing a liberal arts education to students from di	L Year of formation	1027					
oe the organization's mission or most significant activities is dedicated to providing a liberal arts education to students from di		103/	M State of legal domicile IL				
is dedicated to providing a liberal arts education to students from di							
urriculum, the character of our learning environment, our residential							
•	more than 25% of	1	I				
		3	5:				
		<u> </u>	5.				
		<u> </u>	1,62				
, , , , , , , , , , , , , , , , , , , ,		_	132,619				
			21,664				
,	Prior Year	1	Current Year				
			9,215,048 57,678,901				
income (Part VIII, column (A), lines 3, 4, and 7d)	2,92	9,561	4,609,234				
nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	9	4,883	132,423				
	69.32	0.751	71,635,606				
	'		20,753,851				
		0	(
	25,43	5,498	25,974,318				
I fundraising fees (Part IX, column (A), line 11e)	7	3,636	83,878				
- · · · · · · · · · · · · · · · · · · ·							
			19,150,400				
			65,962,447				
ss expenses Subtract line 18 from line 12			5,673,159				
	Year	- CIIC	End of Year				
s (Part X, line 16)		4,369	138,315,339				
ties (Part X, line 26)	54,07 67,62	7,389	53,442,656 84,872,683				
ot dred or ed transit as simple	dependent voting members of the governing body (Part VI, line 1a)	thing members of the governing body (Part VI, line 1a)	A				

Form	990 (2010)				Page 2
Par		nent of Program Service A Schedule O contains a response			୮
1	Briefly describe	e the organization's mission			
our s back activ cam	ociety and our wo grounds, races a re liberal arts lead ous, and our comi	orld We take particular pride in the nd conditions, regardless of finan rning The mission is carried out t munity Our aims throughout are	e backgrounds challenging each ot ne College's early commitment to ii cial means Today, we continue to through our curriculum, the charact to foster a lifelong love of learning a o contribute to the well-being of ot	ncrease access to all qualified expand both the historic missi er of our learning environment and a sense of competence, co	students of varied on and the tradition of , our residential
2		ation undertake any significant pr 990 or 990-EZ?	ogram services during the year whi		es 🗸 No
	If "Yes," describ	be these new services on Schedu	e O		
3	services? .	ation cease conducting, or make s	significant changes in how it condu		es 🔽 No
4	Section 501(c)	(3) and 501(c)(4) organizations a	each of the organization's three larg nd section 4947(a)(1) trusts are r renue, if any, for each program serv	equired to report the amount o	
4a	(Code) (Expenses \$ 52	,414,026 including grants of \$	20,753,851) (Revenue \$	57,685,377)
	curriculum, the ch	naracter of our learning environment, our	a liberal arts education to students from div residential campus culture, and our comm is (housing, food service and bookstore) (unity Program costs include costs foi	
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	(0000	, (Expenses ¢	including grants or \$) (Nevende \$,
4d	Other program (Expenses \$	n services (Describe in Schedule O including	·) (Revenue \$	0)

Part IV	Checklist	of Red	uired	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 📆	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	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? <i>If</i> "Yes," complete Schedule C, Part II	4		Νο
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		Νο
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? <i>If</i> " <i>Yes,"</i> complete <i>Schedule D, Part V</i>	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, 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		Νο
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		Νο
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		Νο
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.*	11f	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	Yes	
Ь	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	Yes	
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		N o
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		Νo
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

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

b c 2a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 2,410 Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0		Yes	No
b c 2a	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
c 2a b		1		
2a b				
2a 	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
b	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax</i> Statements filed for the calendar year ending with or within the year covered by this			
	return	1	V	
	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	Yes	
	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>	3b	Yes	
(At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes	
	If "Yes," enter the name of the foreign country ▶FR , SP			
:	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a '	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
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
	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).			
:	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		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	7b		
1	file Form 8282?	7c		Νο
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	7e		N o
	contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
1	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.			
	Did the organization make any taxable distributions under section 4966?	9a 9b		
	Section 501(c)(7) organizations. Enter	90		
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
	Section 501(c)(12) organizations. Enter Gross income from members or shareholders			
	Gross income from members or shareholders			
	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? If "Yes," enter the amount of tax-exempt interest received or accrued during the	12a		
	year Section 501(c)(39) qualified popprofit health incurance issuers	-		
a	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		
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
14a		14b		Ī

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

Se	ction A. Governing Body and Management			
			Yes	No
4_				
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νο
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		N o
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a		N o
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			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νο
	ction B. Policies (This Section B requests information about policies not required by the Internal venue Code.)			
-110	volue douci,		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		N o
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?			
		11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14		Νο
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	161		
6.	ection C. Disclosure	16b		
<u>5e</u> 17	List the States with which a copy of this Form 990 is required to be filed.			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)			
10	(3)s only) available for public inspection Indicate how you make these available Check all that apply Own website Another's website Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of			

- interest policy, and financial statements available to the public. See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨

Thomas B Axtell 2 E South Street

Galesburg, IL 614014999 (309) 341-7212

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

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

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

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

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

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

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

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

	(A) Name and Title	(B) Average hours per		tion that a			II		(D) Reportable compensation from the	(E) Reportable compensatio		(F) Estima amount o	ated fother
See A		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)	from related organizations (W- 2/1099 MISC)	5	compens from t organizati relati organiza	the ion and ed
See A	dditional Data Table												
											+		
1b	Sub-Total					•		>					
С	Total from continuation shee	ts to Part VII, Sec	ct ion A				-						
d	Total (add lines 1b and 1c) .			•	•	•	•	•	857,392		0	:	143,037
2	Total number of individuals (ir \$100,000 in reportable comp	-				ted	above) who	received more tha	n			
_	Did the construction list and f						1					Yes	No
3	Did the organization list any f on line 1a? <i>If</i> "Yes," complete 5									eted employee	3		No
4	For any individual listed on lin organization and related organ individual	nizations greater t	han \$15	0,00	007 1	f "Y	es," co				4	Yes	

Section B. Independent Contractors

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

services rendered to the organization? If "Yes," complete Schedule J for such person

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for

(A) Name and business address	(B) Description of services	(C) Compensation
MSI 1144 Monmouth Blvd Galesburg, IL 61401	Contractor	577,855
Jenzabar PO Box 845939 Boston, MA 022845939	Software	511,604
PJ Hoerr Inc 107 Commerce Place Peoria, IL 616045285	Contractor	429,446
Dennis Construction PO Box 265 Oneida, IL 61467	Contractor	370,625
DIS Study Program Vestergade 7 1456 Copenhagen K Denmark Denmark DA	Off Campus Studies Tuition	257,195
2 Total number of independent contractors (including but not limited to t	hose listed above) who received more than	

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►23

5

Νo

	990 (2010)				Page 10
Par	t IX Statement of Functional Expenses				
	Section $501(c)(3)$ and $501(c)(4)$ organizations must other organizations must complete column (A) but are not required to c			(D)	
Do no	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and general expenses	(D) Fundraising
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	0	expenses		expenses
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See	19,106,105 1,647,746	19,106,105		
4	Part IV, lines 15 and 16 Benefits paid to or for members	1,047,740	<u> </u>	1 1	
5	Compensation of current officers, directors, trustees, and	0	•		
3	key employees	1,104,113	219,613	746,988	137,512
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	19,218,017	15,405,691	2,746,224	1,066,102
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	780,807	617,518	106,389	56,900
9	Other employee benefits	3,533,427	2,700,394	564,296	268,737
10	Payroll taxes	1,337,954	1,003,844	231,663	102,447
а	Fees for services (non-employees) Management	1,962,758	1,144,304	746,770	71,684
b	Legal	85,345	0	85,345	0
c	Accounting	114,594	0	114,594	0
d	Lobbying	0	0	0	0
е	Professional fundraising services See Part IV, line 17	83,878			83,878
f	Investment management fees				
g	Other				
12	Advertising and promotion	35,640	18,498	17,142	0
13	Office expenses	4,251,855	2,870,371	1,060,503	320,981
14	Information technology	95,334	151,297	-55,963	0
15	Royalties				
16	Occupancy	1,624,320	0	1,624,320	0
17	Travel	1,393,764	1,222,004	91,324	80,436
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	55,606	50,195	484	4,927
20	Interest	1,376,571	0	1,376,571	0
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,989,115	0	2,989,115	0
23	Insurance	336,707	0	336,707	0
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	Auxiliary Food Svc Bookstore	1,948,267	1,949,746	-1,479	0
ь	A llocations - U tilities , A dminExp, Ins , M&F	0	1,528,801	-1,528,801	0
c	Tuition Waivers	308,442	308,442	 	0
d	Faculty Start UP	77,668	77,668	0	0
е					
f	All other expenses	2,494,414	2,391,789	76,064	26,561
25	Total functional expenses. Add lines 1 through 24f	65,962,447	52,414,026		2,220,165
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	,, - (, = 1, = 3	,,	, -,

Pa	rt X	Balance Sheet								
					(A) Beginning of year		(B) End of year			
	1	Cash—non-interest-bearing	į		0	1	0			
	2	Savings and temporary cash investments	•		4,747,602	2	3,387,913			
	3	Pledges and grants receivable, net	•		3,614,024	3	1,623,207			
	4	Accounts receivable, net			1,202,245	4	1,097,170			
	5	Receivables from current and former officers, directors, trustee highest compensated employees Complete Part II of	s, key	employees, and						
		Schedule L			0	5	0			
	6	Receivables from other disqualified persons (as defined under spersons described in section $4958(c)(3)(B)$, and contributing e sponsoring organizations of section $501(c)(9)$ voluntary employorganizations (see instructions)								
ssets		Schedule L		0	6	0				
S	7	Notes and loans receivable, net		0	7	0				
⋖	8	Inventories for sale or use	Inventories for sale or use							
	9	Prepaid expenses and deferred charges			621,737	9	754,670			
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a	91,941,421						
	ь	Less accumulated depreciation	10b	51,832,137	40,432,800	10c	40,109,284			
	11	Investments—publicly traded securities	64,611,182	11	85,487,655					
	12	Investments—other securities See Part IV, line 11	1,360,407	12	1,333,054					
	13	Investments—program-related See Part IV, line 11		13						
	14	Intangible assets	0	14	0					
	15	Other assets See Part IV, line 11			4,878,894	15	4,284,444			
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			121,704,369	16	138,315,339			
	17	Accounts payable and accrued expenses .			3,226,525	17	3,404,358			
	18	Grants payable			0	18	0			
	19	Deferred revenue			487,209	19	491,897			
	20	Tax-exempt bond liabilities			24,700,000	20	24,700,000			
es.	21	Escrow or custodial account liability Complete Part IV of Schedu	le D		0	21	0			
bilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified								
Ē		persons Complete Part II of Schedule L			0	22	0			
	23	Secured mortgages and notes payable to unrelated third parties	5 .	•	73,000	23	0			
	24	Unsecured notes and loans payable to unrelated third parties				24				
	25	Other liabilities Complete Part X of Schedule D			25,590,655	25	24,846,401			
	26	Total liabilities. Add lines 17 through 25			54,077,389	26	53,442,656			
<u></u>		Organizations that follow SFAS 117, check here ▶ 🔽 and com	plete l	ines 27						
ġ		through 29, and lines 33 and 34.								
an	27	Unrestricted net assets			7,911,925	27	16,542,984			
B	28	Temporarily restricted net assets			9,694,108	28	9,639,777			
돧	29	Permanently restricted net assets			50,020,947	29	58,689,922			
or Fund Balance		Organizations that do not follow SFAS 117, check here ► ☐ at lines 30 through 34.	nd con	ıplet e						
	30	Capital stock or trust principal, or current funds				30				
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31				
Ą	32	Retained earnings, endowment, accumulated income, or other fi				32				
Net	33	Total net assets or fund balances			67,626,980	33	84,872,683			
Z	34	Total liabilities and net assets/fund balances			121,704,369		138,315,339			
	l .	· · · · · · · · · · · · · · · · · · ·			<u> </u>		L			

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		71,6	35,606
2	Total expenses (must equal Part IX, column (A), line 25)	2			962,447
3	Revenue less expenses Subtract line 2 from line 1	3		5,6	573,159
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		67,6	526,980
5	Other changes in net assets or fund balances (explain in Schedule O)	5		11,5	572,544
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		84,8	372,683
Par	Tt XII Financial Statements and Reporting Check If Schedule O contains a response to any question in this Part XII		•		No
1	Accounting method used to prepare the Form 990			i es	140
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		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were in a separate basis, consolidated basis, or both	ssued			
	▼ Separate basis				
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	e	3a	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	

OMB No 1545-0047

Inspection

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ. See separate instructions. **Employer identification number**

Name of the organization KNOX COLLEGE

KIIOX	COLLEC	37-0673513							
Pai	rt I	Reason for Public Charity Status (All organizations must complete this part.) See instruc	tions						
		zation is not a private foundation because it is (For lines 1 through 11, check only one box)							
1	\sqcap	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2	굣	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)							
3	\sqcap	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).							
4	Γ	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A) hospital's name, city, and state	(iii). Ente	r the					
5	Γ	An organization operated for the benefit of a college or university owned or operated by a governmental unit	t describe	d ın					
		section 170(b)(1)(A)(iv). (Complete Part II)							
6	Γ	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).							
7	Γ	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II)							
8	Г	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)							
9	Γ	An organization that normally receives (1) more than 331/3% of its support from contributions, membersh	ıp fees, ar	nd gros	ŝS				
		receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more tha	n 331/3%	of					
		its support from gross investment income and unrelated business taxable income (less section 511 tax) from	om busine	esses					
		acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)							
10	\sqcap	An organization organized and operated exclusively to test for public safety See section 509(a)(4).							
11	Γ	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See sective box that describes the type of supporting organization and complete lines 11e through 11h a Type I b Type II c Type III - Functionally integrated d		a)(3).	Check				
e	Γ	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more di other than foundation managers and other than one or more publicly supported organizations described in s section 509(a)(2)							
f		If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supcheck this box	porting o	rganız	ation,				
g		Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?							
		(i) a person who directly or indirectly controls, either alone or together with persons described in (ii)		Yes	No				
		and (III) below, the governing body of the the supported organization?	11g(i)						
		(ii) a family member of a person described in (i) above?	11g(ii)						
		(iii) a 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)						
h		Provide the following information about the supported organization(s)							

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

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

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

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

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

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

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

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

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

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

Facts And	Circumstances	Test

Schedule A (Form 990 or 990-EZ) 2010

Software ID: 10000077
Software Version: v1.00

EIN: 37-0673513 **Name:** KNOX 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		(C tion (hat a	che)			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation		
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations		
Anderson Jean O Trustee	1	Х						0	0	0		
Andrew Laurel J	2	Х						0	0	0		
Secretary of the Board Bayer Douglas												
Trustee	1	Х						0	0	0		
Bibb Harold D Trustee	1	Х						0	0	0		
Blew Susan Trustee	1	Х						0	0	0		
Burkhardt Dorothy J	25	X						0	0	0		
Life Trustee Carlin Nancy								_				
Trustee	1	Х						0	0	0		
Castendyck Robert W Lıfe Trustee	25	X						0	0	0		
Cecil Jarvis B Life Trustee Chair Emeritus	25	Х						0	0	0		
Cottrell Frank S	0	Х						0	0	0		
Honorary Trustee Deans Susan S	1	Х						0	0	0		
Trustee DeGraff Deborah												
Vice Chair for Education	2	Х						0	0	0		
Frum Sandra E Life Trustee	25	Х						О	0	0		
Fridovich David P LTG Trustee	1	х						0	0	0		
Gibbs Charles Trustee	1	Х						0	0	0		
Glossberg Joseph B	2	Х						0	0	0		
Trustee Graham Patrick F	25	Х						0	0	0		
Life Trustee Hartog Elzelien	25							0	0			
Trustee	1	Х						0	0	0		
Henke Richard and Sophia Honorary Trustees	0	Х						0	0	0		
Hınz Mary M Lıfe Trustee	25	X						0	0	0		
Jacobson Gary S Trustee	1	Х						0	0	0		
Jaffee Erica A Trustee	1	Х						0	0	0		
Jamieson Robert Trustee	1	Х						0	0	0		
Kerous Frank J Trustee	25	Х						0	0	0		
Kılts James M	1	Х						0	0	0		
Trustee								<u> </u>				

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

Compensated Employees, an								(5)	/E)	/E)
(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
Kleine Mark Trustee	1	х						0	0	0
Knight Mary Honorary Trustee	0	Х						0	0	0
Koran Janet M	2	х						0	0	0
Chair								0	0	
Luetger Steven P Trustee	1	x						0	0	0
Lyn Patrick Trustee	1	Х						0	0	0
Martin Dan M	25	Х						0	0	0
Lıfe Trustee Masterson Joe A										
Life Trustee	1	Х						0	0	0
Matkov George] Jr Trustee	1	Х						0	0	0
Mıtchell Wıllıam G Lıfe Trustee	25	Х						0	0	0
Parks Clarence A Trustee	1	Х						0	0	0
Petrovich Dushan Trustee	1	Х						0	0	0
Podesta John D Spec Counsel to Pres	1	Х						0	0	0
Potter James R Trustee	1	Х						0	0	0
Procknow Eugene A Trustee	2	х						0	0	0
Purlee James R Trustee	1	Х						0	0	0
Ramanan Hariharan Trustee	1	Х						0	0	0
Rıddell Rıchard Trustee	1	х						0	0	0
Rosenberg Diane S Trustee Chair Emeritus	1	Х						0	0	0
Sampson Walter E Life Trustee	25	Х						0	0	0
Schulz David A Vice Chair for Trustees	2	х						0	0	0
Smith Charles F Vice Chair for Advancement	2	Х						0	0	0
Sparks Robert Life Trustee	25	Х						0	0	0
Stevenson Smith Fay Trustee	1	х						0	0	0
Stisser Vernon LE Jr Life Trustee	25	х						0	0	0
Tucker Caroline H Life Trustee	25	Х						0	0	0

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

(A) Name and Title	(B) Average hours	Posi t	((tion (hat a	che		II		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
Vovis Gerald F Trustee	1	Х						0	0	0
Walter Ralph V ice Chair for Finance	2	Х						0	0	0
Weir Morton W Life Trustee	25	X						0	0	0
A mott Teresa L President (Started 7/1/2011)	55			х				0	0	0
Axtell Thomas B Treasurer/Vice President	40			x				137,056	0	19,881
Bailey Denise Secretary	40			х				37,359	0	13,841
Breitborde Lawrence B Vice President	40			х				146,146	0	20,351
Holmes Beverly Vice President	40			х				119,443	0	15,416
Maurer Bobby Jo Controller/Assistant Treasurer	40			х				76,108	0	12,906
Nixon Ann Assistant Secretary	40			х				41,631	0	10,789
Steenis Paul Vice President	40			х				119,395	0	15,416
Taylor Roger L President (Retired June 30 2011)	55			х				180,254	0	34,437

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As Filed Data

DLN: 93493089006132

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

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

Open to Public Inspection

Internal Revenue Service ► Attach to Form 990. ► See separate instructions. **Employer identification number** Name of the organization KNOX COLLEGE 37-0673513 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🛌 Number of states where property subject to conservation easement is located **-**__ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year 🕨 A mount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ ___ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items 0 Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

0

ar	Til Organizations Maintaining Co	llections of Art	<u>, His</u>	torica	<u>II Tre</u>	asure	s, or Oth	<u>er Simil</u>	<u>ar Asse</u>	ets (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	of th	ne follow	ving tha	at are a	sıgnıfıcant	use of its	collectio	n	
а	Public exhibition		d	▽ L	oan or	exchar	ige program	ns			
b	Scholarly research		e	Г о	ther						
С	✓ Preservation for future generations										
1	Provide a description of the organization's co Part XIV	ollections and expla	ın hov	w they fo	urther	the org	anızatıon's	exempt pu	rpose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t							mılar	Г	Yes	√ No
Pai	t IV Escrow and Custodial Arrang						nswered '	Yes" to F	orm 990	Ο,	
	Part IV, line 9, or reported an an										
la	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other interme	diary	for con	tributio	ons or o	ther assets	s not	Γ	Yes	┌ No
Ь	If "Yes," explain the arrangement in Part XI\	/ and complete the	follow	ıng tabl	e						
_									A mo	unt	
с	Beginning balance						1c				
d	Additions during the year						1d				
e	Distributions during the year						1e				
f	Ending balance						1f				
a	Did the organization include an amount on Fo	orm 990, Part X, line	21?						Γ	Yes	┌ No
	If "Yes," explain the arrangement in Part XIV										
Pa	rt V Endowment Funds. Complete	f the organization (a)Current Year		wered)Prior Ye				art IV, lın (d)Three Yea		a \ Eaur V	ears Back
а	Beginning of year balance	67,435,543	(D	•	50,359	(C)TWO	71,423,256	(u)Tillee Tea	als back (e)roui i	ears back
b	Contributions	4,393,325		•	29,547		1,623,588				
c	Investment earnings or losses	15,004,316			78,101		-11,697,778				
d	Grants or scholarships	2,756,938		3,0	75,965		3,261,000				
e	Other expenditures for facilities	-8,860		4	16,499		537,707				
	and programs										
f	Administrative expenses	0			0		0				
g	End of year balance	84,085,106		67,43	35,543		57,550,359				
	Provide the estimated percentage of the yea	r end balance held a	is								
а	Board designated or quasi-endowment 🕨	30 %									
b	Permanent endowment 🕨 68 %										
c	Term endowment ► 2 %										
а	Are there endowment funds not in the posses organization by	ssion of the organiza	ation t	that are	held a	and adm	iinistered fo	r the		W	
	(i) unrelated organizations								. 3a(i)	Yes	No No
	(ii) related organizations		•						3a(ii)		No
ь	If "Yes" to 3a(II), are the related organization								. 3b		
	Describe in Part XIV the intended uses of th	e organization's end	lowme	ent fund	s						
аī	t VI Investments—Land, Buildings	s, and Equipme	nt. S	ee For	m 990), Part	X, line 10				
	Description of investment				st or oth nvestme		Cost or other)	(c) Accui		(d) Boo	ok value
a	Land					0	2,690,13	6		:	2,690,136
b	Buildings					0	59,521,42	2 34	,748,111	24	4,773,311
c	Leasehold improvements					0		0	0		(
d	Equipment					0	16,802,12	6 13	,353,350		3,448,776
e	Other					0	12,927,73	7 3	,730,676		9,197,061

40,109,284

Part VII Investments—Other Securities. Se	e Form 990, Part X, line 12.		
(a) Description of security or category (including name of security)	(b)Book value	(c) Method o Cost or end-of-ye	
(1)Financial derivatives		•	
(2)Closely-held equity interests			
(3)O ther (A) Real Estate Principally Farms	717,007		F
(V) Real Estate Illieipany Farms	717,007		<u> </u>
(B) Other Investments	616,047		F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. S		(c) Method o	of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-ye	
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	þ.		
Part IX Other Assets. See Form 990, Part X,			
(a) Desc	ription		(b) Book value
(1) Grants and Contracts Receivable			349,606
(2) Student Loans Receivable			3,934,838
Total. (Column (b) should equal Form 990, Part X, col.(B) line	= 15.)		4,284,444
Part X Other Liabilities. See Form 990, Part			.,=0 ,, 144
1 (a) Description of Liability	(b) A mount		
Federal Income Taxes	0		
Student Deposits	467,835		
Deposits Held In Custody for Others	81,440		
Postretirement benefit obligation	8,242,083		
Federal Equity in Loan Programs	2,249,169		
Interest Rate SWAP Liability	3,060,128		
Lines of Credit	9,346,919		
Annuities Payable	1,398,827		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	▶ 24,846,401		

Sche	dule D (Form 990) 2010		Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	71,635,606
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	65,962,447
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	5,673,159
4	Net unrealized gains (losses) on investments	4	10,845,210
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	727,334
9	Total adjustments (net) Add lines 4 - 8	9	11,572,544
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	17,245,703
Par	rt XII 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	61,726,965
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments 2a 10,845,210		
b	Donated services and use of facilities 2b 0		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d 0		
e	Add lines 2a through 2d	2e	10,845,210
3	Subtract line 2e from line 1	3	50,881,755
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 0		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	20,753,851
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	71,635,606
1	Total expenses and losses per audited financial Statements With Expenses	s per	45,208,596
-	statements	1	43,200,390
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV) 2d 0		
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	45,208,596
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 0	1	
b	Other (Describe in Part XIV)	1	
c	Add lines 4a and 4b	4c	20,753,851

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

Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)

Ident if ier	Ret urn Reference	Explanation
SchD_P03_S00_L01	Schedule D, Part III, Line 1	The College has collections of valuable artwork, papers, and other memorabilia that were donated to the College These items are on display and are used by educators, researchers, historians, and others However, all proceeds from any sales of collections, or items in a collection, must be used to acquire other items for collections (From Note 1 Knox College Financial Statements and Independent Auditor's Report For the Years Ended June 30, 2011 and 2010)
SchD_P03_S00_L04	Schedule D, Part III, Line 4	The College has collections of valuable artwork, papers, and other memorabilia that were donated to the College These items are on display and are used by educators, researchers, historians, and others (From Note 1 Knox College Financial Statements and Independent Auditor's Report For the Years Ended June 30, 2011 and 2010)
SchD_P05_S00_L04	Schedule D, Part V, Line 4	The College's endowment consists of approximately 540 individual funds established for a variety of purposes scholarships, professorships, library, lectureships, research, prizes, and donor specified educational activities. Included in these funds are both donor-restricted endowment funds and funds designated by the Board of Trustees to function as endowments (From Note 18 of Knox College Financial Statements and Independent Auditor's Report For the Years Ended June 30, 2011 and 2010)
SchD_P10_S00_L02	Schedule D, Part X, Line 2	NOTE 2 - INCOME TAX STATUS The College is a not-for-profit entity as described in Section 501(c)(3) of the Internal Revenue Code (IRC) and is exempt from federal income taxes on related income pursuant to Section 501(a) of the IRC. The College follows the authoritative guidance issued by FASB that clarifies the accounting for uncertainty in income taxes recognized in an entity's financial statements and prescribes a recognition threshold of more-likely-than-not to be sustained upon examination. Measurement of the tax uncertainty occurs if the recognition threshold has not been met. This guidance also addresses de-recognition, classification, interest and penalties, disclosure, and transition. The College conducts business solely in the U.S. and, as a result, files income tax returns for the United States and Illinois. In the normal course of business, the College is subject to examination by taxing authorities. The College's tax returns for years subsequent to fiscal year 2007 are open, by statute, for review by authorities. However, at present, there are no ongoing income tax audits or unresolved disputes with the various tax authorities that the College currently files or has filed with. (From Note 2 of Knox College Financial Statements and Independent Auditor's Report For the Years Ended June 30, 2011 and 2010.)
SchD_P11_S00_L08	Schedule D, Part XI, Line 8	Change in fair value of interest rate SWAPS \$932,051 and Actuarial adjustments of amounts due under annuity and life income agreements (\$204,717)
SchD_P12_S00_L04b	Schedule D, Part XII, Line 4b	Student Aid, Scholarships, and Prizes \$20,753,851
SchD_P13_S00_L04b	Schedule D, Part XIII, Line 4b	Student Aid, Scholarships, and Prizes \$20,753,851

65,962,447

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DLN: 93493089006132

Schools

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

OMB No 1545-0047

Name of the organization KNOX COLLEGE

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Employer identification number

	37-0673513			
Pa	rt I		YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II	3	Yes	
۱ -	Does the organization maintain the following?		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	\vdash
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	4-	V	
d	with student admissions, programs, and scholarships? Copies of all material used by the organization or on its behalf to solicit contributions?	4c 4d	Yes	
u	If you answered "No" to any of the above, please explain If you need more space, use Part II	40	165	
ā	Does the organization discriminate by race in any way with respect to Students' rights or privileges?	5a		No
b	Admissions policies?	5b		No
c	Employment of faculty or administrative staff?	5с		Νο
d	Scholarships or other financial assistance?	5d		No
e	Educational policies?	5e		No
f	Use of facilities?	5f		Νο
g	Athletic programs?	5g		Νο
h	Other extracurricular activities?	5h		No
	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
7	If you answered "Yes" to either line 6a or line 6b, explain on Part II Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05			1
•	of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II	7	Yes	1

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	Knox College's nondiscrimination policy is clearly stated in the College catalog, wiebsite, admissions materials, applications, and other publications
SchE_P01_S00_L06	Schedule E, Part I, Line 6	For the fiscal year, Knox College received awards from the following federal programs. Federal Work Study, Federal Direct Loan Program, Federal Supplemental Educational Opportunity Grant Program, Federal Pell Grant, Federal Perkins Loan Program, Academic Competitiveness Grant, SMART Grant, Student Support Services Program, McNair Post-Baccalaureate Achievement, Higher Educational Institutional Aid, College Access Grant, Alcohol Research Programs, Chapter 33-Post 911 GI Bill, Department of the Interior Save America's Treasures, and Lincoln Studies Center

Schedule E (Form 990 or 990-EZ) 2010

SCHEDULE F

(Form 990)

Department of the Treasury

Internal Revenue Service

Statement of Activities Outside the United States

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

DLN: 93493089006132 OMB No 1545-0047

Open to Public

Name of the organization KNOX COLLEGE

▶ Attach to Form 990. ▶ See separate instructions.

Employer identification number

37-0673513 Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award ✓ Yes For grant makers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the

Activites per Region (Use Part V if addition of fices reg	nber of in the	(c) Number of employees or agents in region or	(d) Activities conducted in region (by type) (e g ,	(e) If activity listed in (d) is a program service, describe	(f) Total expenditures for
offices reg			region (by type) (e g ,	program service, describe	evnenditures for
South America		independent contractors	fundraising, program services, investments, grants to recipients located in the region)	specific type of service(s) in region	region/investments in region
	1	1		Buenos Aires In cooperation with the	180,8
				University of Palermo in Buenos Aires, Knox	
				offers a term of accredited academic study specially designed	
				to emphasize the social sciences and language	
				Program offerings vary, but recent courses have	
				Included Introduction to Anthropology, Popular	
				Culture in Latin America, Argentine Society, Social Thought,	
				and Culture, Latin A merican Art, History of	
				20th Century Latin America, Politics and	
				Government in Latin America, Evolution of Argentine Society, Latin	
				A merican Literature, A dvanced Spanish	
				Language, and Social Cinema of Argentina	
				Courses are taught in Spanish by University of Palermo professors All	
				students take a language course (which	
				includes two educational trips outside Buenos	
				Aires, and several within the city) and pursue a	
				combination of electives, mostly chosen from those	
Europe (including Iceland and	1	1	Program Services	offered by the program France Besancon The	227,7
Greenland)	_	_		Knox program is the principal American	,
				program at the University in Besancon	
				is a city of 120,000 people, with 20,000 students at the	
				University Participants take courses for foreign	
				students in language and culture, plus several	
				courses chosen from the regular University curriculum to meet	
				individual needs All courses are taught in	
				French by the University of Besancon professors	
				Students with majors other than French may	
				continue study in their major fields All students stay with	
				French families for the October orientation	
				period, then live during the year or term in	
				University dormitories with French and foreign students in University	
				dormitories with French and foreign students	
Europe (including Iceland and Greenland)	1	1		Spain-Barcelona Knox, in cooperation with the	494,2
				University of Barcelona, offers academic study in language, the	
				humanities and the social sciences	
				Students pursue a combination of courses,	
				all taught in Spanish by professors from the University of Barcelona	
				Some of the courses are fitted to the particular	
				needs of program students, other courses	
				are from the regular University curriculum offered to Spanish	
				students All students live in the homes of	
				Spanish families in Barcelona The program	
				has a two-week trip throughout southern	
				Spain during Winter Break as well as other shorter educational field	
				trips	
Sub-total Total from continuation sheets					
to Part I Totals (add lines 3a and 3b)	3	3			902,7

Pa	Part IV, I	line 15, for any	sistance to Organ y recipient who recess space is needed.	nizations or Entiti erved more than \$5,	es Outside the Ur ,000. Check this box	nited States. Comp x if no one recipient	plete if the organiza received more thai	tion answered "Yes' n \$5,000	'to Form 990, ► 厂
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2	Enter total nur tax-exempt by	mber of recipie the IRS, or fo	ent 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	organızatıons or en	tities				. ▶	
								Schodulo F	(Form 990) 2010

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

Use Part V ıf	additional space is nee	eded.					
(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)
Scholarships	Central America and the Caribbean	1		Credit to student tuition and fees	0		
Scholarships	East Asia and the Pacific	52	872,366	Credit to tuition and fees	0		
Scholarships	Europe (including Iceland and Greenland)	13	190,280	Credit to tuition and fees	0		
Scholarships	Middle East and North Africa	1	18,000	Credit to tution and fees	0		
Scholarships	North America (including Canada and Mexico, but not the United States)	4	·	Credit to tuition and fees	0		
Scholarships	Russia and the newly independent States	1	11,744	Credit to tuition and fees	0		
Scholarships	South Asıa	18	324,429	Credit to tuition and fees	0		
Scholarships	Sub-Saharan Africa	9	134,041	Credit to tuition and fees	0		
							1 = (= 000) 0040

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	₹	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	~	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	굣	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)	Г	Yes	্	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)	Г	Yes	্	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).	Г	Yes	⊽	Νo

Schedule F (Form 990) 2010

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

ldentifier	Return Reference	Explanation
SchF_P01_S00_L02	Schedule F, Part I, Line 2	To remain at Knox, all degree-seeking students are expected to make satisfactory academic progress Satisfactory progress is defined both in terms of the accumulation of credits toward the degree, and as the maintenance of a gradepoint average consistent with graduation requirements. The Financial Aid Office follows the decisions of the Academic Standing Committee in determining whether a student is meeting the College's satisfactory academic progress standards.

Schedule F (Form 990) 2010

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DLN: 93493089006132

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

Name	of the	organizatio
KNOX	COLL	FGF

Department of the Treasury

Internal Revenue Service

Employer identification number

37-0673513

Part I	Fundraising	Activities.	Complete if th	e 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 Solicitation of government grants
- ▼ Internet and e-mail solicitations 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?

굣	Yes	Γ ,

No

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization	
		Yes	No				
Ruffalo Cody and Association 65 Kirkwood North Rd SW Cedar Rapids, IA 52406	Provide telephone fundraising services and were hired to oversee the College's Phonathon		No	556,288	83,878	472,410	
Total				556,288	83,878	472,410	

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

AL, AZ, CA, CO, CT, FL, GA, IL, KS, KY, MD, MI, MN, MO, NC, ND, NH, NJ, NY, OH, OK, OR, PA, SC, SD, TN, UT, WA, WI

Pa	Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.					
			(a) Event #1	(b) Event #2	(c) O ther Events	(d) Total Events (Add col (a) through col (c))
Ф			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts				
Æ	2	Less Charitable contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
۲n	5	Non-cash prizes				
i) L	6	Rent/facility costs				
Expenses	7	Food and beverages				
Direct I	8	Entertainment				
à	9	Other direct expenses .				
	10	Direct expense summary Add lin	es 4 through 9 in colum	n (d)		
	11	Net income summary Combine li			.	
Par	t II	Gaming. Complete if the or \$15,000 on Form 990-EZ, lii		"Yes" to Form 990, Pa	rt IV, line 19, or repo	orted more than
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Total gaming (Add col (a) through col (c))
	1	Gross revenue				
Ses	2	Cash prizes				
xpenses	3	Non-cash prizes				
ш	4	Rent/facility costs				
Direct	5	Other direct expenses				
	6	Volunteer labor	Γ Yes % Γ No	┌ Yes %	┌ Yes %	
	7	Direct expense summary Add line	s 2 through 5 ın column	(d)		
	8	Net gaming income summary Com	bine lines 1 and 7 in col	umn (d)	<u> ▶</u>	
9		ter the state(s) in which the organiza				
а						
Ь	If"	No," Explain				
10a b		re any of the organization's gaming Yes," Explain			the tax year?	· · Yes No
•		, =xp:siii				

11	Does the organization operate gaming activities with nonmembers?						
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity						
	formed to administer charitab	le gaming?		· · · · · · · · · · · · · · · · · · ·			
13	Indicate the percentage of ga						
а	The organization's facility .			13a			
ь	An outside facility			13b			
14		s of the person who prepares the or					
	Name 🟲						
	Address ►						
15a	-	contract with a third party from wh	•	•			
b	If "Yes," enter the amount of	gaming revenue received by the or	ganızatıon 🟲 \$	Yes No			
c	If "Yes," enter name and add	ess					
	Name 🟲						
	Address ►						
16	Gaming manager information						
	Name 🟲						
	Gamıng manager compensatı	on 🟲 \$					
	Description of services provi	ded ▶					
	Director/officer	□ Employee	☐ Independent contrac	tor			
17	Mandatory distributions						
а	Is the organization required u	nder state law to make charitable o	listributions from the gaming pro				
	retain the state gaming licens	se?		· · · · · · · · · · · · · · · · · · ·			
b		ons required under state law distrib	· -	ons or spent			
		mpt activities during the tax year					
Par	t IV Complete this part instructions.)	to provide additional information	on for responses to question	on Schedule G (see			
1	Identifier	ReturnReference		Explanation			
Sch	G_P01_S00_L03	Schedule G, Part I, Line 3	American Council on Gift covers state regulations	3 The College references the : Annuities (ACGA) web site that for gift annuities Of the 14 states f registration, the College currently			

maintains registrations in Florida and Maryland. The College has form letters for those states that merely require some form

of notice

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Schedule I

(Form 990)

Department of the Treasury

Internal Revenue Service

DLN: 93493089006132 OMB No 1545-0047

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

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

Inspection

Name of the organization						Employer identification	n number
KNOX COLLEGE						37-0673513	
Part I General Informatio	n on Grants and	l Assistance				'	
Does the organization maintain the selection criteria used to aw Describe in Part IV the organization Transport IV described in Part III Grants and Other A	vard the grants or ass ation's procedures fo ssistance to Gov	sistance? r monitoring the use overnments and O	f grant funds in the Unite	d States United States. Cor	mplete if the organ	nization answered "Y	
Form 990, Part IV, line duplicated if additiona							Part II can be
1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grai or assistance
2 Enter total number of section 50 3 Enter total number of other orga	nizations						
For Privacy Act and Paperwork Reduction	n Act Notice, see the I	nstructions for Form 99	0.	Cat No 50055P		Schedu	le I (Form 990) 2010

art III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Par	rt IV, line 22.
	Use Schedule I-1 (Form 990) if additional space is needed.	

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) Individual gift aid (grants and/or scholarships to students)	1306	19,106,105	0		

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

Ident if ier	Return Reference	Explanation
SchI_P01_S00_L02	, ,	To remain at Knox, all degree-seeking students are expected to make satisfactory academic progress. Satisfactory progress is defined both in terms of the accumulation of credits toward the degree, and as the maintenance of a gradepoint average consistent with graduation requirements. The Financial Aid Office follows the decisions of the Academic Standing Committee in determining whether a student is meeting the College's satisfactory academic progress standards.

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DLN: 93493089006132

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

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

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

Compensation Information

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

KNO	OX COLLEGE						
В-	Ougations Describes Commenced to			37-0673513			
Рā	rt I Questions Regarding Compensation						
						Yes	No
1a	Check the appropriate box(es) if the organization prov 990, Part VII, Section A, line 1a Complete Part III t						
	First-class or charter travel		·	_			
	✓ Travel for companions	Ė	Payments for business use of person	•			
	Tax idemnification and gross-up payments	<u> </u>	Health or social club dues or initiat	ion fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chau	ffeur, chef)			
b	If any of the boxes in line 1a are checked, did the org reimbursement orprovision of all the expenses descri				1b	Yes	
2	Did the organization require substantiation prior to re officers, directors, trustees, and the CEO/Executive I				,	Yes	
					2 Yes		
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all that		•	e			
	Compensation committee	Г	Written employment contract				
	Independent compensation consultant	<u> </u>	' '				
	Form 990 of other organizations	~	Approval by the board or compensa	ition committee			
4	During the year, did any person listed in Form 990, Por a related organization	art VII	, Section A, line 1a with respect to t	he filing organization			
а	Receive a severance payment or change-of-control p	aymen	it from the organization or a related o	organization?	4a		Νo
b	Participate in, or receive payment from, a supplement	tal non	qualified retirement plan?		4b		Νo
c	Participate in, or receive payment from, an equity-bas	sed co	mpensation arrangement?		4с		Νo
	If "Yes" to any of lines 4a-c, list the persons and pro	vide th	e applicable amounts for each item	n Part III			
	Only 501(c)(3) and 501(c)(4) organizations only mus	st comp	olete lines 5-9.				
5	For persons listed in form 990, Part VII, Section A, li compensation contingent on the revenues of	ıne 1a,	did the organization pay or accrue a	ny			
а	The organization?				5a		Νo
b	Any related organization?				5b		No
	If "Yes," to line 5a or 5b, describe in Part III						
6	For persons listed in form 990, Part VII, Section A, li compensation contingent on the net earnings of	ıne 1a,	did the organization pay or accrue a	ny			
а	The organization?				6a		Νo
ь	Any related organization?				6b		Νο

payments not described in lines 5 and 6? If "Yes," describe in Part III

For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed

If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

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

If "Yes," to line 6a or 6b, describe in Part III

ın Part III

section 53 4958-6(c)?

7

8

Νo

Νo

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

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

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

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and		(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
(1) Taylor Roger L	(I) (II)	180,254 0	0	0	22,437 0	12,000 0	214,691 0	0
(2) Breitborde Lawrence B	(ı) (ıı)	146,146 0	0	0		0	,	0
(3) Axtell Thomas B	(I) (II)	137,056 0	0 0	0	,	0		0
(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	Occasionally the President's wife will accompany the President on College fund raising events. The College provides funding for her travel costs. These travel costs are not considered compensation as she is participating in the fundraising for the College. The President is provided housing by the College. The President's house is considered a part of the College's campus and is used for College events and entertaining. The President's housing is considered nontaxable as it was provided to him for the convenience of the College. The College also provides dues for the President for Soangataha. Country Club in Galesburg, Illinois. These dues are paid for access to the Club's dining facilities and are considered to be attributed to the College's fund raising activities and not taxable compensation. Reimbursements for travel costs and payment of club dues must follow the College's purchasing and accounts payable policies. These policies include requirements for documentation and receipts.
	Part I, Line 3	Compensation is reviewed annually. This review includes cost of living statistics, compensation paid for similar positions at other similar colleges, and compensation paid locally for like positions. A standard achievement increase is determined and is approved by the Board of Trustees during the June meeting in conjunction with the approval of the following year's budget. The Board of Trustees reviews the President's salary and approves any changes All staff increases are reviewed by the President, Vice Presidents, and heads of departments.

Schedule J (Form 990) 2010

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DLN: 93493089006132

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

SCHEDULE M

(Form 990)

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

NonCash Contributions

Name of the organization KNOX COLLEGE

Employer identification number

					37-0673513			
Pa	Types of Property							
		(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d Method of determining o amounts		ontribut	iion
1	Art-Works of art							
2	Art—Historical treasures							-
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household							
good								
6	Cars and other vehicles .							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded	Х	50	1,610,085	A ve High/Low MV			
10	Securities—Closely held stock							
11	Securities—Partnership,							
	LLC, or trust interests .							
	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
	Drugs and medical supplies							
	Taxidermy							
	Historical artifacts							
23	Scientific specimens							
	Archeological artifacts .							
	Other ► ()							
	Other ▶()							
	Other ►()							
	Other ► ()							
29	Number of Forms 8283 received by	y the orga	anızatıon durıng the tax yea	r for contributions				
	for which the organization complete	ed Form 8	3283, Part IV, Donee Ackn	owledgement	29			0
							Yes	No
30a	During the year, did the organization	on receive	e by contribution any prope	rty reported in Part I, lines	1-28 that it			
	must hold for at least three years f	rom the c	date of the initial contribution	on, and which is not require	d to be used			
	for exempt purposes for the entire	holding p	erıod?			30a		No
b	If "Yes," describe the arrangement	t ın Part I	I					
31	Does the organization have a gift a	cceptano	e policy that requires the r	eview of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or use t contributions?		es or related organizations	to solicit, process, or sell i	non-cash	32a		No
Ь	If "Yes," describe in Part II							110
33	If the organization did not report re	evenuesı	n column (c) for a type of p	roperty for which column (a) is checked,			
	describe in Part II							

Page 2

Part II

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

Identifier Return Reference Explanation

Schedule M (Form 990) 2010

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DLN: 93493089006132

OMB No 1545-0047

2010

Open to Public Inspection

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

Name of the organization KNOX COLLEGE

Employer identification number

37-0673513

ldentifier	Return Reference	Explanation
F990_P06_S0B_L11a	Form 990, Part VI, Section B, Line 11a	The 990 is reviewed by the Audit Committee prior to filing the return. The 990 is made available to all College Trustees for review

ldentifier	Return Reference	Explanation
F990_P06_S0B_L12c	Form 990, Part VI, Section B, Line 12c	Officer's Conflict of Interest Any conflict of interest on the part of an officer of the College designated in this article, or members of such officer's immediate family, shall be disclosed by the officer in writing to the Board of Trustees at least annually and made a matter of record. When any such interest becomes relevant to any subject requiring administration or Board of Trustees' action, the officer having a conflict shall call it to the attention of the President and, if the matter is being considered by the Board of Trustees or one of its committees, to the attention of the Board or such committee. The officer shall not participate in the discussion of the subject or make any recommendations regarding the subject in which the officer or a member of the officer's immediate family has a conflict of interest, and shall not use personal influence to affect the decision with respect to such subject. An officer of the College who is excluded from participating in discussions or making recommendations regarding the subject because of such conflict or interest shall, however, briefly state the nature of the conflict and shall be encouraged to answer pertinent questions of the Trustees when the officer's knowledge of the subject will assist the Board of Trustees, any of its committees or the administration. The minutes of any meeting attended by the interested officer abstained from the discussion except to the extent provided above. (From Bylaws of Knox College)

ldentifier	Return Reference	Explanation
F990_P06_S0B_L13	Form 990, Part VI, Section B, Line 13	Each year, during fall term, a memo is sent via e-mail to all employees reminding them of Knox College's "common sense approach to reporting fraud" Included in this message are instructions on how to report suspected fraud. This memo includes the following instructions: "If you suspect fraud, please immediately notify someone in a position of authority, for example, your supervisor, a department head, a dean or vice president, pro bono counsel, the president or trustee who chairs the audit committee."

ldentifier	Return Reference	Explanation
F990_P06_S0B_L14	Form 990, Part VI, Section B, Line 14	The College does not have a written document retention and destruction policy, however, record retention and destruction policies are developed, as needed, by each department to address their specific type(s) of records. Departments follow industry standards that are appropriate for their specific type(s) of records. In conjunction with record destruction for confidential records, the College contracted with a vendor to provide locked bins for departmental us and the secure destruction of these records.

ldentifier	Return Reference	Explanation
F990_P06_S0B_L15	Form 990, Part VI, Section B, Line 15	Compensation is reviewed annually. This review includes cost of living statistics, compensation paid for similar positions at other similar colleges, and compensation paid locally for like positions. A standard achievement increase is determined and is approved by the Board of Trustees during the June meeting in conjunction with the approval of the following year's budget. The Board of Trustees reviews the President's salary and approves any changes. All staff increases are reviewed by the President, Vice Presidents, and heads of departments.

ldentifier	Return Reference	Explanation
F990_P06_S0C_L19		The Bylaw's of the College are available on the College's website (www knox edu) Each fall, conflict of interest forms are distributed to trustees, officers, and department heads. Financial statements are available upon request to the Treasurer's Office. All trustees are provided copies of the financial statements each year.

ldentifier	Return Reference	Explanation
F990_P11_S00_L05	Form 990, Part XI, Line 5	Other Changes In Net Assets includes the change in the fair value of interest rate SWAPS \$932,051 less actuarial adjustments for annuity and life income agreements \$204,717 Unrealized Gains \$10,845,210