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Part III

Statement of Program Service Accomplishments

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

1

Briefly describe the organization’s mission

SHAPED BY THE CATHOLIC BENEDICTINE HERITAGE, THE COLLEGE OF ST SCHOLASTICA PROVIDES INTELLECTUAL AND MORAL PREPARATION FOR RESPONSIBLE LIVING AND MEANINGFUL WORK IN CONJUNCTION WITH THIS MISSION STATEMENT, THE COLLEGE'S VISION STATEMENT IS AS FOLLOWS THE COLLEGE OF ST SCHOLASTICA WILL BE WIDELY REGARDED AS AN ACADEMIC COMMUNITY GROUNDED IN THE RICH BENEDICTINE HERITAGE AND SENDING FORTH THOUGHTFUL LEADERS, SHARPENED AND SENSITIZED BY THE LIBERAL ARTS, WHO ARE COMMITTED TO SERVE AND TO TRANSFORM THE WORLD

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes

No

If “Yes,” describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes

No

If “Yes,” describe these changes on Schedule O

4

Describe the exempt purpose achievements for each of the organization’s three largest program services by expenses

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code ) (Expenses \$ 59,238,540 including grants of \$ 30,304,768 ) (Revenue \$ 80,761,604 )

INSTRUCTION INSTRUCTION, IN ASSOCIATION WITH THE REVENUE GENERATED FROM ITS TUITION AND FEES ASSESSED TO STUDENTS, IS THE COLLEGE'S PRIMARY TAX EXEMPT PURPOSE AND ACCOUNTS FOR OVER 80% OF THE COLLEGE'S TOTAL REVENUES BESIDES THE MAIN CAMPUS IN DULUTH, MINNESOTA, THE COLLEGE ALSO HAS CAMPUSES IN BRAINERD, ST CLOUD, ST PAUL AND ROCHESTER (ALL LOCATIONS ARE IN MINNESOTA) THE COLLEGE OFFERS THE BACHELOR OF ARTS AND BACHELOR OF SCIENCE DEGREES IN OVER 40 MAJOR AREAS OF STUDY MINORS ARE AVAILABLE IN MOST OF THE MAJOR FIELDS AS WELL AS IN AMERICAN INDIAN STUDIES, FRENCH, GERMAN, GERONTOLOGY, MEDIEVAL AND RENAISSANCE STUDIES, OBJIBWE, PHILOSOPHY, PHOTOGRAPHY, POLITICAL SCIENCE, RUSSIAN, THEATRE AND WOMEN'S GENDER STUDIES THE COLLEGE ALSO OFFERS THE MASTER OF ARTS, MASTER OF BUSINESS ADMINISTRATION, MASTER OF EDUCATION AND MASTER OF SCIENCE DEGREES, DOCTOR OF NURSING PRACTICE, DOCTOR OF PHYSICAL THERAPY AND TRANSITIONAL DOCTOR OF PHYSICAL THERAPY DEGREES, AND CERTIFICATES AND LICENSURES IN EIGHT DIFFERENT AREAS COURSE INSTRUCTION TAKES PLACE WITH THE COLLEGE'S MISSION IN MIND OF PROVIDING A STRONG LEARNING ENVIRONMENT TO PREPARE STUDENTS INTELLECTUALLY AND MORALLY FOR MEANINGFUL WORK AND RESPONSIBLE LIVING DURING 2010-11, THE COLLEGE'S ENROLLMENT AVERAGED JUST OVER 3,800 STUDENTS THAT CAN BE BROKEN DOWN INTO FOUR AREAS UNDERGRADUATE TRADITIONAL, GRADUATE, ACCELERATED LEARNING PROGRAMS AND ONLINE STUDIES FULL-TIME EQUIVALENT (FTE) ENROLLMENT FOR THE COLLEGE WAS 3,597 AND 3,403 STUDENTS FOR FALL AND SPRING SEMESTERS, RESPECTIVELY

4b

(Code ) (Expenses \$ 19,715,603 including grants of \$ 1,579,459 ) (Revenue \$ 242,715 )

STUDENT & ADMINISTRATIVE SERVICES STUDENT SERVICES/ACADEMIC SUPPORT COVERS A BROAD RANGE OF STUDENT ACTIVITIES, ADMINISTRATION/ASSISTANCE CONSISTS OF ADMISSIONS, REGISTRATION, FINANCIAL AID AND ACADEMIC AFFAIRS, ACADEMIC SUPPORT INCLUDES ACADEMIC ADVISEMENT AND ASSISTANCE, COMPUTER LABS/TECH SUPPORT AND THE COLLEGE LIBRARY, STUDENT SUPPORT SERVICES INCLUDE ACADEMIC COUNSELING, TUTORING, CAREER COUNSELING, PERSONAL COUNSELING, GRADUATE SCHOOL PREPARATION AND MENTORING SPECIALIZED SERVICES ARE AVAILABLE FOR STUDENT VETERANS, STUDENTS WITH DISABILITIES, STUDENTS OF COLOR, INTERNATIONAL STUDENTS AND STUDENTS WHO ARE IN RECOVERY FROM CHEMICAL DEPENDENCY THE COLLEGE HAS A WIDE VARIETY OF EXTRA-CURRICULAR ACTIVITIES, EXTRA-CURRICULAR ACTIVITIES INCLUDE A VARIETY OF STUDENT CLUBS FOR STUDENTS TO CONNECT AND INTERACT WITH EACH OTHER PROVIDING THEM PERSONAL, VOCATIONAL AND SOCIAL GROWTH THE COLLEGE IS A MEMBER OF THE NCAA AND HAS A VARIETY OF ATHLETIC PROGRAMS FOR MALE AND FEMALE ATHLETES INCLUDING BASEBALL, SOFTBALL, BASKETBALL, CROSS-COUNTRY, FOOTBALL, ICE HOCKEY, SKIING, SOCCER, TENNIS, INDOOR/OUTDOOR TRACK AND VOLLEYBALL NEARLY 500 STUDENTS PARTICIPATE IN THESE PROGRAMS FOR THOSE STUDENTS NOT IN THESE PROGRAMS, A WIDE VARIETY OF INTRAMURAL SPORT ACTIVITIES EXIST ALONG WITH GENERAL USE OF THE COLLEGE'S RECREATIONAL FACILITY, THE BURNS COMMONS WELLNESS CENTER

4c

(Code ) (Expenses \$ 6,665,503 including grants of \$ 0 ) (Revenue \$ 8,182,795 )

AUXILIARY OPERATIONS AUXILIARY OPERATIONS OF THE COLLEGE PROVIDE ON-CAMPUS HOUSING, FOOD SERVICE AND HEALTH SERVICES TO THE STUDENT BODY HOUSING CONSISTS OF SOMERS RESIDENCE HALL AND SUITES AND EIGHT APARTMENT COMPLEXES CEDAR, GROVE, BIRCH, MAPLE, PINE, WILLOW, SCANLON HALL AND KERST HALL WITH A CAPACITY OF 1,025 BEDS ALMOST ONE-HALF OF THE COLLEGE'S FULL-TIME UNDERGRADUATE TRADITIONAL AGED STUDENTS RESIDE ON CAMPUS FOR, 2010-11, OCCUPANCY WAS 1,097 AND 1,030 STUDENTS FOR FALL AND SPRING SEMESTERS, RESPECTIVELY FOOD SERVICE CONSISTS OF THE GREENVIEW (DORMITORY CAFETERIA), STORM'S DEN (STUDENT UNION) AND THE JAVA EXPRESS (ALSO LOCATED IN THE STUDENT UNION) FOOD SERVICE ALSO OPERATES VENDING MACHINES AND ALL ON-CAMPUS CATERING ALL STUDENTS RESIDING IN THE SOMERS RESIDENCE HALL ARE REQUIRED TO BE ON A MEAL PLAN, OF WHICH THERE ARE A VARIETY TO CHOOSE FROM OPTIONAL MEAL PLANS ARE AVAILABLE FOR ALL OTHER RESIDENT AND COMMUTER STUDENTS FOR 2010-11, THE COLLEGE HAD OVER 1,060 STUDENTS ON VARIOUS MEAL PLANS THE STUDENT CENTER FOR HEALTH SERVICES AND WELL-BEING CONSISTS OF A PROFESSIONAL PROGRAM STAFF OF REGISTERED NURSES, NURSE PRACTITIONERS AND MASTER’S LEVEL COUNSELORS SERVICES PROVIDED INCLUDE PHYSICAL EXAMINATIONS, HEALTH SCREENINGS, IMMUNIZATIONS, AND TREATMENT FOR ACUTE ILLNESS AND INJURY, MENTAL HEALTH ASSESSMENTS, PHYSICAL THERAPY CONSULTATIONS, INDIVIDUAL COUNSELING TO ENHANCE GROWTH AND EMOTIONAL WELL-BEING, INFORMATION AND EDUCATION IN THE AREAS OF LIFE SKILLS, ALCOHOL AND DRUG USE AND ABUSE AND LIFE TRANSITIONS

4d

Other program services (Describe in Schedule O ) See also Additional Data for Description

(Expenses \$ 1,565,962 including grants of \$ 52,806 ) (Revenue \$ 997,894 )



















4e

Total program service expenses

\$ 87,185,608

Part IV

Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 	3	No
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	
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 Yes	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8 Yes	
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9 Yes	
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. 	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. 	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. 	11f 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	
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a Yes	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18 Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	

Part 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? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	21	Yes	
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? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	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? <i>If "Yes," complete Schedule J</i> . . . . .	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? <i>If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25</i> . . . . .	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	24d		No
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . .	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? . . . . .	35		No
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	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? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance		
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>		
		<div>YesNo</div>
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	<div>1a226</div>
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	<div>1b0</div>
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<div>1cYes</div>
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.	<div>2a1,940</div>
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	<div>2bYes</div>
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<div>3aYes</div>
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	<div>3bYes</div>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<div>4aYes</div>
b	If "Yes," enter the name of the foreign country: CJ, EI, NL 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?	<div>5aNo</div>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<div>5bNo</div>
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<div>5c</div>
6a	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?	<div>6aNo</div>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<div>6b</div>
7 Organizations that may receive deductible contributions under section 170(c).		
a	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?	<div>7aYes</div>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<div>7bYes</div>
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<div>7cNo</div>
d	If "Yes," indicate the number of Forms 8282 filed during the year.	<div>7d</div>
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<div>7eNo</div>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<div>7fNo</div>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<div>7g</div>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<div>7h</div>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	<div>8</div>
9 Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?	<div>9a</div>
b	Did the organization make a distribution to a donor, donor advisor, or related person?	<div>9b</div>
10 Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12.	<div>10a</div>
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	<div>10b</div>
11 Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders.	<div>11a</div>
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	<div>11b</div>
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	<div>12a</div>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	<div>12b</div>
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<div>13a</div>
b	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.	<div>13b</div>
c	Enter the amount of reserves on hand.	<div>13c</div>
14a	Did the organization receive any payments for indoor tanning services during the tax year?	<div>14aNo</div>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	<div>14b</div>

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

Section A. Governing Body and Management			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a28		
b	Enter the number of voting members included in line 1a, above, who are independent	1b25		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its 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	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions )	15b		No
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure	
17	List the States with which a copy of this Form 990 is required to be filed▶MN
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ PATRICK FLATTERY 1200 KENWOOD AVE DULUTH, MN 558114199 (218) 723-6000

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

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

Form **990** (2010)



Part VII

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total . . . . .										
c Total from continuation sheets to Part VII, Section A . . . . .										
d Total (add lines 1b and 1c) . . . . .								1,353,437	0	233,005

2

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

	Yes	No
3 Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .		No

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		
(A) Name and business address	(B) Description of services	(C) Compensation
MCGOUGH CONSTRUCTION CO INC PO BOX 1450 MINNEAPOLIS, MN 55485	CONSTRUCTION	3,016,192
BLACKBOARD INC PO BOX 200154 PITTSBURGH, PA 15251	SOFTWARE/TECH SUPPORT	443,914
SCHINDLER ELEVATOR CORPORATION PO BOX 93050 CHICAGO, IL 60673	CONSTRUCTION	434,759
SUNGARD HIGHER EDUCATION INC 14083 COLLECTIONS CENTER DR CHICAGO, IL 60693	SOFTWARE/TECH SUPPORT	373,094
MN COACHES & VOYAGEUR BUS CO 3941 E CALVARY RD DULUTH, MN 55803	TRANSPORTATION	237,813
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶19		

Part VIII

Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections  512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . . . .	1a				
	b	Membership dues . . . . .	1b				
	c	Fundraising events . . . . .	1c	11,840			
	d	Related organizations . . . . .	1d				
	e	Government grants (contributions)	1e	6,520,956			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,147,200			
	g	Noncash contributions included in lines 1a-1f \$		116,697			
	h	Total. Add lines 1a-1f . . . . .		8,679,996			
	Program Service Revenue	2a	Business Code				
		TUITION/FEES - UNDERGR	900099	60,610,081	60,610,081		
b		TUITION/FEES - GRADUAT	900099	20,151,523	20,151,523		
c		AUXILIARY ENTERPRISES	900099	8,182,795	8,182,795		
d		SALES/SVCS EDUC ACT	541900	712,097	712,097		
e		CONFERENCES/SPEC EVENT	900099	180,481	8,041	172,440	
f		All other program service revenue		348,031	348,031		
g		Total. Add lines 2a-2f . . . . .		90,185,008			
Other Revenue		3	Investment income (including dividends, interest and other similar amounts) . . . . .		977,155		
	4	Income from investment of tax-exempt bond proceeds . . . . .					
	5	Royalties . . . . .					
	6a	(i) Real		(ii) Personal			
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss) . . . . .					
	7a	(i) Securities		(ii) Other			
		48,341,986		219,003			
		46,223,931		227,479			
		2,118,055		-8,476			
	d	Net gain or (loss) . . . . .		2,109,579			2,109,579
	8a	Gross income from fundraising events (not including \$ 11,840 of contributions reported on line 1c) See Part IV, line 18 . . . . .					
		a		14,967			
		b Less direct expenses . . . . .		14,967			
	c	Net income or (loss) from fundraising events . . . . .		0			
	9a	Gross income from gaming activities See Part IV, line 19 . . . . .					
b Less direct expenses . . . . .							
c Net income or (loss) from gaming activities . . . . .							
10a	Gross sales of inventory, less returns and allowances . . . . .						
	a						
	b Less cost of goods sold . . . . .						
c	Net income or (loss) from sales of inventory . . . . .						
Miscellaneous Revenue			Business Code				
11a	PARKING		812930	243,572		243,572	
	b INDIRECT COST RECOVERY		561000	218,242	218,242		
	c STUDENT LATE PMT FEES		900099	134,147		134,147	
	d All other revenue . . . . .			395,155	40,618	354,537	
	e Total. Add lines 11a-11d . . . . .			991,116			
12	Total revenue. See Instructions . . . . .		102,942,854	90,230,810	213,058	3,818,990	

Part IX

Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	1,647,525	1,647,525		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	30,289,508	30,289,508		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees . . . . .	777,752	348,265	336,179	93,308
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
7	Other salaries and wages	33,402,148	28,008,412	4,659,989	733,747
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	2,037,319	1,708,335	284,230	44,754
9	Other employee benefits . . . . .	5,155,569	4,323,054	719,262	113,253
10	Payroll taxes . . . . .	2,702,999	2,266,522	377,100	59,377
a	Fees for services (non-employees)				
	Management . . . . .	775,064		775,064	
b	Legal . . . . .	17,287		17,287	
c	Accounting . . . . .	61,231		61,231	
d	Lobbying . . . . .	2,450	2,054	342	54
e	Professional fundraising services See Part IV, line 17 . . . . .				
f	Investment management fees . . . . .	100,558		100,558	
g	Other . . . . .	1,733,628	1,453,684	241,861	38,083
12	Advertising and promotion . . . . .	2,608,970	2,187,677	363,982	57,311
13	Office expenses . . . . .	1,214,195	1,018,129	169,394	26,672
14	Information technology . . . . .	1,356,232	1,137,230	189,210	29,792
15	Royalties . . . . .	28,451	23,857	3,969	625
16	Occupancy . . . . .	2,506,489	2,101,744	349,685	55,060
17	Travel . . . . .	2,589,872	2,171,663	361,317	56,892
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
19	Conferences, conventions, and meetings . . . . .	98,393	82,505	13,727	2,161
20	Interest . . . . .	1,541,671	1,541,671		
21	Payments to affiliates . . . . .				
22	Depreciation, depletion, and amortization . . . . .	2,945,672	2,945,672		
23	Insurance . . . . .	251,862	211,191	35,138	5,533
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 )				
a	OTHER SUPPLIES	1,509,521	1,265,765	210,596	33,160
b	ATHLETICS/EC ACTIVITIES	833,750	699,117	116,318	18,315
c	NON-CAPITALIZED EQUIPMT	652,479	547,118	91,028	14,333
d	INSTITUTIONAL SUPPORT	491,462	412,101	68,565	10,796
e	BAD DEBT EXPENSE	316,127	280,767		35,360
f	All other expenses	610,648	512,042	85,192	13,414
25	Total functional expenses. Add lines 1 through 24f	98,258,832	87,185,608	9,631,224	1,442,000
26	Joint costs. Check here <input type="checkbox"/> 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				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	<b>1</b>	Cash—non-interest-bearing . . . . .			430,337	<b>1</b>	739,711
	<b>2</b>	Savings and temporary cash investments . . . . .			13,325,419	<b>2</b>	2,770,188
	<b>3</b>	Pledges and grants receivable, net . . . . .			2,717,135	<b>3</b>	2,871,879
	<b>4</b>	Accounts receivable, net . . . . .			1,800,316	<b>4</b>	1,884,577
	<b>5</b>	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .				<b>5</b>	
	<b>6</b>	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Schedule L . . . . .				<b>6</b>	
	<b>7</b>	Notes and loans receivable, net . . . . .			4,348,392	<b>7</b>	4,140,310
	<b>8</b>	Inventories for sale or use . . . . .			49,676	<b>8</b>	47,490
	<b>9</b>	Prepaid expenses and deferred charges . . . . .			1,080,839	<b>9</b>	1,547,531
	<b>10a</b>	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b>	95,791,399			
	<b>b</b>	Less: accumulated depreciation . . . . .	<b>10b</b>	34,350,727	57,850,726	<b>10c</b>	61,440,672
	<b>11</b>	Investments—publicly traded securities . . . . .			14,467,004	<b>11</b>	44,656,832
	<b>12</b>	Investments—other securities. See Part IV, line 11 . . . . .			18,208,481	<b>12</b>	5,880,801
	<b>13</b>	Investments—program-related. See Part IV, line 11 . . . . .				<b>13</b>	
	<b>14</b>	Intangible assets . . . . .			255,616	<b>14</b>	242,860
	<b>15</b>	Other assets. See Part IV, line 11 . . . . .			2,217,514	<b>15</b>	17,516,489
	<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .			116,751,455	<b>16</b>	143,739,340
Liabilities	<b>17</b>	Accounts payable and accrued expenses . . . . .			6,006,420	<b>17</b>	7,226,545
	<b>18</b>	Grants payable . . . . .			4,106,639	<b>18</b>	4,039,741
	<b>19</b>	Deferred revenue . . . . .			3,233,832	<b>19</b>	3,941,962
	<b>20</b>	Tax-exempt bond liabilities . . . . .			31,680,000	<b>20</b>	49,660,000
	<b>21</b>	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .			177,740	<b>21</b>	180,490
	<b>22</b>	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .				<b>22</b>	
	<b>23</b>	Secured mortgages and notes payable to unrelated third parties . . . . .				<b>23</b>	
	<b>24</b>	Unsecured notes and loans payable to unrelated third parties . . . . .			28,601	<b>24</b>	547,083
	<b>25</b>	Other liabilities. Complete Part X of Schedule D . . . . .			2,524,582	<b>25</b>	2,550,525
	<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .			47,757,814	<b>26</b>	68,146,346
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>						
	<b>27</b>	Unrestricted net assets . . . . .			44,766,397	<b>27</b>	48,159,583
	<b>28</b>	Temporarily restricted net assets . . . . .			7,816,448	<b>28</b>	10,896,990
	<b>29</b>	Permanently restricted net assets . . . . .			16,410,796	<b>29</b>	16,536,421
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>						
	<b>30</b>	Capital stock or trust principal, or current funds . . . . .				<b>30</b>	
	<b>31</b>	Paid-in or capital surplus, or land, building or equipment fund . . . . .				<b>31</b>	
	<b>32</b>	Retained earnings, endowment, accumulated income, or other funds . . . . .				<b>32</b>	
	<b>33</b>	<b>Total net assets or fund balances</b> . . . . .			68,993,641	<b>33</b>	75,592,994
	<b>34</b>	<b>Total liabilities and net assets/fund balances</b> . . . . .			116,751,455	<b>34</b>	143,739,340

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	102,942,854
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	98,258,832
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	4,684,022
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	68,993,641
<b>5</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>5</b>	1,915,331
<b>6</b>	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	<b>6</b>	75,592,994

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
<b>b</b>	Were the organization's financial statements audited by an independent accountant?	Yes	
<b>c</b>	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
<b>d</b>	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

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.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization  
COLLEGE OF ST SCHOLASTICA INC

Employer identification number  
41-0698301

Part I

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

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

1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2

☒

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )

3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )

6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7

☐

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

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )

9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )

10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**

11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

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) and (iii) below, the governing body of the the supported organization?  
(ii) a family member of a person described in (i) above?  
(iii) a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			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.)

Section A. Public Support						
Calendar 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 include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, 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, etc (See instructions )					12	
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support test—2009. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
17a 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶		
b 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶		
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶		

Part IIIPart 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 in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6 )						

Section B. Total Support							
Calendar year (or fiscal year beginning in)		(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
13	Total support (Add lines 9, 10c, 11 and 12 )						
14	First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section501(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	

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



Part IV

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

Facts And Circumstances Test

Additional Data

Software ID:

Software Version:

EIN: 41-0698301

Name: COLLEGE OF ST SCHOLASTICA INC

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DR GEORGE GOODWIN PRESIDENT	40 00	X		X				357,057	0	49,849
MARY IVES CHAIR	1 00	X		X				0	0	0
DONALD SHIPPAR VICE-CHAIR	1 00	X		X				0	0	0
ABBOTT APTER TRUSTEE	1 00	X						0	0	0
MARY ODILE CAHOON OSB TRUSTEE	1 00	X						0	0	0
ED CRAWFORD TRUSTEE	1 00	X						0	0	0
FRED DE SAM LAZARO TRUSTEE	1 00	X						0	0	0
MARY SUSAN DEWITT OSB TRUSTEE	1 00	X						0	0	0
CHRISTOPHER DOLAN TRUSTEE	1 00	X						0	0	0
JESSICA DURBIN TRUSTEE	1 00	X						0	0	0
LOIS ECKES PRIORESS OSB TRUSTEE	1 00	X						0	0	0
KATHLEEN HOFER OSB TRUSTEE	1 00	X						0	0	0
AL HUNTER TRUSTEE	1 00	X						0	0	0
BETH JUST TRUSTEE	1 00	X						0	0	0
DAVID KUEFLER TRUSTEE	1 00	X						0	0	0
JOHN LABOSKY TRUSTEE	1 00	X						0	0	0
JUDINE MAYERLE OSB TRUSTEE	1 00	X						0	0	0
MELANIE MOGG TRUSTEE	1 00	X						0	0	0
ROBERT RYAN TRUSTEE	1 00	X						0	0	0
ROBERT SCHROEDER TRUSTEE	1 00	X						0	0	0
JACQULIN SEBASTIAN TRUSTEE	1 00	X						0	0	0
DAN SEELER TRUSTEE	1 00	X						0	0	0
MARY CATHERINE SHAMBOUR OSB TRUSTEE	1 00	X						0	0	0
M SARAH SMEDMAN OSB TRUSTEE	1 00	X						0	0	0
ELIZABETH STAUBER-JOHNSON TRUSTEE	1 00	X						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 per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ANDREW THELANDER TRUSTEE	1 00	X						0	0	0
LOUISE TOWN MD TRUSTEE	1 00	X						0	0	0
JAMES ZASTROW TRUSTEE	1 00	X						0	0	0
PATRICK FLATTERY VP FINANCE/TREASURER	40 00			X				150,449	0	49,089
ELIZABETH DOMHOLDT VP ACADEMIC AFFAIRS/SECRETARY	40 00			X				161,888	0	27,992
KURT LINBERG DEAN, SCHOOL OF BUSINESS & TECHNOLOGY	40 00					X		111,207	0	20,001
GERALD CIZADLO PROFESSOR	40 00					X		220,461	0	7,709
WILLIAM GRAHAM PROFESSOR	40 00					X		110,508	0	12,888
LORI COLLARD VP HUMAN RESOURCES	40 00					X		122,977	0	20,953
STEVE LYONS VP STUDENT LIFE/DEAN OF STUDENTS	40 00					X		118,890	0	44,524

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

4d. Other program services			
(Code	) (Expenses \$	1,565,962	including grants of \$ 52,806 ) (Revenue \$ 997,894 )
OTHER PROGRAM SERVICES CENTER FOR HEALTH CARE & INNOVATION, PERFORMING ARTS & SPECIAL EVENTS, AND COMMUNITY EDUCATIONAL SERVICES			

SCHEDULE C  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527  
▶ **Complete if the organization is described below.**  
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

2010

Open to Public Inspection

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

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

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

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

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

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization COLLEGE OF ST SCHOLASTICA INC	Employer identification number 41-0698301
---	--

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

1	Provide a description of the organization’s direct and indirect political campaign activities in Part IV	
2	Political expenditures	▶ \$ 0
3	Volunteer hours	0

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

1	Enter the amount of any excise tax incurred by the organization under section 4955	▶ \$ 0
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$ 0
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," describe in Part IV	

**Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).**

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶ \$
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities	▶ \$
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶ \$
4	Did the filing organization file <b>Form 1120-POL</b> for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization’s funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV	

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A

Check

☐

if the filing organization belongs to an affiliated group

B

Check

☐

if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount Enter the amount from the following table in both columns															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No												

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

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

Part II-B

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

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
	a Volunteers?	Yes		
	b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
	c Media advertisements?		No	
	d Mailings to members, legislators, or the public?	Yes		1,358
	e Publications, or published or broadcast statements?		No	
	f Grants to other organizations for lobbying purposes?	Yes		2,450
	g Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		17,472
	h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		1,657
	i Other activities? If "Yes," describe in Part IV		No	
j Total lines 1c through 1i				22,937
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

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

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

Part III-B

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

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV

Supplemental Information

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

Identifier	Return Reference	Explanation
PART IV, SUPPLEMENTAL INFORMATION		LOBBYING ACTIVITIES ARE LIMITED TO PROCURING FUNDING FOR THE COLLEGE RELATING TO THE COLLEGE'S STUDENT FINANCIAL AID PROGRAM AND FOR FEDERAL AND STATE GRANTS RELATING TO THE COLLEGE'S ACADEMIC PURPOSE

SCHEDULE D  
(Form 990)

Supplemental Financial Statements

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization  
COLLEGE OF ST SCHOLASTICA INC

Employer identification number  
41-0698301

Part I 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
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	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	<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1

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  
☒ Protection of natural habitat ☐ Preservation of a certified historic structure  
☐ Preservation of open space

2

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
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ 0

4

Number of states where property subject to conservation easement is located ▶ 1

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☒ No

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ 0 00

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ 2,333

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9

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.

1a

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

b

If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i)

Revenues included in Form 990, Part VIII, line 1 ▶ \$ 0

(ii)

Assets included in Form 990, Part X ▶ \$ 0

2

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

a

Revenues included in Form 990, Part VIII, line 1 ▶ \$

b

Assets included in Form 990, Part X ▶ \$



Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☒

Public exhibition

b

☐

Scholarly research

c

☐

Preservation for future generations

d

☐

Loan or exchange programs

e

☐

Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☒ No

Part IV

Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☒ No

b

If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☒ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance . . . . .	22,974,573	20,862,388	26,415,026	
b	Contributions . . . . .	20,286,753	559,531	477,937	
c	Investment earnings or losses . . . . .	4,857,456	2,234,120	-5,050,064	
d	Grants or scholarships . . . . .	303,400	203,300	351,900	
e	Other expenditures for facilities and programs . . . . .	470,950	381,748	541,418	
f	Administrative expenses . . . . .	100,558	96,418	87,193	
g	End of year balance . . . . .	42,243,873	22,974,573	20,862,388	

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 52 480 %

b

Permanent endowment ▶ 34 790 %

c

Term endowment ▶ 12 730 %

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations . . . . .	3a(i)	No
(ii) related organizations . . . . .	3a(ii)	No
b	3b	

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .		723,266		723,266
b Buildings . . . . .		76,664,162	23,585,524	53,078,638
c Leasehold improvements . . . . .		328,232	38,645	289,587
d Equipment . . . . .		13,299,349	10,592,317	2,707,032
e Other . . . . .		4,776,390	134,241	4,642,149
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				61,440,672



Part XIReconciliation of Change in Net Assets from Form 990 to Financial Statements			
1	Total revenue (Form 990, Part VIII, column (A)), line 12)	1	102,942,854
2	Total expenses (Form 990, Part IX, column (A)), line 25)	2	98,258,832
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	4,684,022
4	Net unrealized gains (losses) on investments	4	1,867,039
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	48,292
9	Total adjustments (net) Add lines 4 - 8	9	1,915,331
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	6,599,353

Part XIIReconciliation of Revenue per Audited Financial Statements With Revenue per Return			
1	Total revenue, gains, and other support per audited financial statements . . . . .	1	74,953,879
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments . . . . .	2a	1,867,039
b	Donated services and use of facilities . . . . .	2b	138,955
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	63,259
e	Add lines 2a through 2d . . . . .	2e	2,069,253
3	Subtract line 2e from line 1 . . . . .	3	72,884,626
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	100,558
b	Other (Describe in Part XIV) . . . . .	4b	29,957,670
c	Add lines 4a and 4b . . . . .	4c	30,058,228
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 ) . . . . .	5	102,942,854

Part XIIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements . . . . .	1	68,354,526
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities . . . . .	2a	138,955
b	Prior year adjustments . . . . .	2b	
c	Other losses . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	23,443
e	Add lines 2a through 2d . . . . .	2e	162,398
3	Subtract line 2e from line 1 . . . . .	3	68,192,128
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	100,558
b	Other (Describe in Part XIV) . . . . .	4b	29,966,146
c	Add lines 4a and 4b . . . . .	4c	30,066,704
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 ) . . . . .	5	98,258,832

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

Identifier	Return Reference	Explanation
DESCRIPTION OF HOW ORGANIZATION REPORTS CONSERVATION EASEMENTS	PART II, LINE 9	THERE ARE NO REVENUES ASSOCIATED WITH THIS EASEMENT. EXPENSES FOR MONITORING FLOW THROUGH THE COLLEGE'S OPERATION AND MAINTENANCE ACCOUNT. LAND FALLING UNDER THE EASEMENT IS INCLUDED UNDER "LAND" IN THE COLLEGE'S BALANCE SHEET. THERE IS NO FOOTNOTE RELATING TO THE EASEMENT IN THE COLLEGE'S FINANCIAL STATEMENTS.
	PART III, LINE 4	DUE TO IMMATERIALITY, THERE IS NO FOOTNOTE RELATED TO COLLECTIONS OF ART, HISTORICAL TREASURES, AND SIMILIAR ASSETS IN THE COLLEGE'S FINANCIAL STATEMENTS. THE COLLEGE'S COLLECTION (ART) CONSISTS PRIMARILY OF PICTURES AND STATUES DEPICTING SCENES AND EVENTS FROM THE HISTORY OF ST. BENEDICT AND ST. SCHOLASTICA. THE COLLEGE WAS FOUNDED IN 1912 BY THE BENEDICTINE SISTERS BENEVOLENT ASSOCIATION AND IS SHAPED BY THE BENEDICTINE HERITAGE. ARTWORK CONTRIBUTES TO THIS HERITAGE VIA PUBLIC DISPLAY IN HALLWAYS IN THE MAIN BUILDING ON CAMPUS.
	PART IV, LINE 2B	THE ESCROW AMOUNT REPRESENTS FUNDS HELD BY THE COLLEGE FOR STUDENT CLUBS AND ORGANIZATIONS (I.E., COLLEGE STUDENT NEWSPAPER, STUDENT SENATE, ETC.) REPRESENTATIVES OF THESE STUDENT ORGANIZATIONS ARE ABLE TO MAKE WITHDRAWALS FROM THESE FUNDS AFTER PROVIDING SUPPORTING DOCUMENTATION FOR WITHDRAWALS.
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	INCOME FROM ENDOWMENT FUNDS ARE USED (PER THE COLLEGE'S SPENDING POLICY AS DETERMINED BY THE COLLEGE'S INVESTMENT COMMITTEE) FOR STUDENT SCHOLARSHIPS AND DEPARTMENTAL EXPENDITURES. NOTE: A \$20,000,000.00 TRANSFER AUTHORIZED BY THE BOARD OF TRUSTEES FROM THE COLLEGE'S OPERATING FUNDS TO THE ENDOWMENT FUND AND CLASSIFIED AS UNRESTRICTED QUASI-ENDOWMENT IS INCLUDED ON LINE 1B CONTRIBUTIONS.
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE INTERNAL REVENUE SERVICE HAS DETERMINED THAT THE COLLEGE IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. IT IS ALSO EXEMPT FROM STATE INCOME TAX. HOWEVER, ANY UNRELATED BUSINESS INCOME MAY BE SUBJECT TO TAXATION. THE COLLEGE HAS ADOPTED ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. THIS STANDARD CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS AND PRESCRIBES A RECOGNITION THRESHOLD FOR THE FINANCIAL STATEMENT RECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN ON A TAX RETURN THAT ARE NOT CERTAIN TO BE REALIZED. THE IMPLEMENTATION OF THIS STANDARD HAD NO IMPACT ON THE COLLEGE'S FINANCIAL STATEMENTS. THE COLLEGE'S TAX RETURNS ARE OPEN TO EXAMINATIONS FOR THE YEARS 2007 THROUGH 2009.
PART XI, LINE 8 - OTHER ADJUSTMENTS		ACTUARIAL ADJUSTMENT 48,292
PART XII, LINE 2D - OTHER ADJUSTMENTS		ACTUARIAL ADJUSTMENT 48,292. SPECIAL EVENT EXPENSES 14,967.
PART XII, LINE 4B - OTHER ADJUSTMENTS		TUITION DISCOUNTS 29,966,146. LOSS ON DISPOSAL OF FIXED ASSETS -8,476.
PART XIII, LINE 2D - OTHER ADJUSTMENTS		SPECIAL EVENT EXPENSES 14,967. LOSS ON DISPOSAL OF FIXED ASSETS 8,476.
PART XIII, LINE 4B - OTHER ADJUSTMENTS		TUITION DISCOUNTS 29,966,146.

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Schools

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

OMB No 1545-0047

2010

Open to Public  
Inspection

Name of the organization  
COLLEGE OF ST SCHOLASTICA INC

Employer identification number

41-0698301

Part I

- 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?
- 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?
- 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

- 4 Does the organization maintain the following?
- a Records indicating the racial composition of the student body, faculty, and administrative staff?
- b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?
- c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?
- d Copies of all material used by the organization or on its behalf to solicit contributions?
- If you answered "No" to any of the above, please explain If you need more space, use Part II

- 5 Does the organization discriminate by race in any way with respect to
- a Students' rights or privileges?
- b Admissions policies?
- c Employment of faculty or administrative staff?
- d Scholarships or other financial assistance?
- e Educational policies?
- f Use of facilities?
- g Athletic programs?
- h Other extracurricular activities?
- 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?
- b Has the organization's right to such aid ever been revoked or suspended?
- If you answered "Yes" to either line 6a or line 6b, explain on Part II
- 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II

	YES	NO
1	Yes	
2	Yes	
3	Yes	
4a	Yes	
4b	Yes	
4c	Yes	
4d	Yes	
5a		No
5b		No
5c		No
5d		No
5e		No
5f		No
5g		No
5h		No
6a	Yes	
6b		No
7	Yes	

**Part III 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).

Identifier	Return Reference	Explanation
EXPLANATION OF NONDISCRIMINATORY POLICY PUBLICATION	SCHEDULE E, PART I, LINE 3	THE COLLEGE FOLLOWS A NONDISCRIMINATION POLICY REGARDING ALL PROGRAMS ENROLLMENT OF STUDENTS IS WITHOUT DISCRIMINATION AS TO RACE, COLOR, GENDER, NATIONAL ORIGIN, AND SEXUAL ORIENTATION AND IS PUBLISHED IN THE COLLEGE'S CATALOG AND RECRUITING INFORMATION. RECRUITMENT PROCEDURES ARE DESIGNED AND CARRIED OUT TO REACH ALL RACIAL SEGMENTS IN THE GEOGRAPHICAL AREA SERVED (PRIMARILY UPPER U.S. MIDWEST).
EXPLANATION OF GOVERNMENT FINANCIAL ASSISTANCE	SCHEDULE E, PART I, LINE 6	THE COLLEGE RECEIVES FINANCIAL ASSISTANCE FROM THE U.S. GOVERNMENT IN CONNECTION WITH VARIOUS PROGRAMS SUCH AS THE PERKINS STUDENT LOAN PROGRAM, FEDERAL COLLEGE WORK-STUDY PROGRAM, AND SUPPLEMENTAL EDUCATIONAL OPPORTUNITY GRANT PROGRAM. STUDENTS ATTENDING THE COLLEGE ALSO RECEIVE FINANCIAL ASSISTANCE FROM THE STATE OF MINNESOTA. THE COLLEGE ALSO RECEIVES FEDERAL AND STATE ASSISTANCE FOR GRANT RELATED PROGRAMS.

## Statement of Activities Outside the United States

Department of the Treasury  
Internal Revenue Service

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

▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

# 2010

**Open to Public Inspection**

Name of the organization  
COLLEGE OF ST SCHOLASTICA INC

**Employer identification number**

41-0698301

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

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ **Yes** ☐ **No**

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

**3** Activities per Region (Use Part V if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
See Add'l Data					
<b>3a</b> Sub-total		15			350,193
<b>b</b> Total from continuation sheets to Part I		23			379,038
<b>c Totals</b> (add lines 3a and 3b)		38			729,231

**1**

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ \_\_\_\_\_

3 Enter total number of other organizations or entities . . . . . ▶ \_\_\_\_\_

## Part III

[illegible]



**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)*

☐

Yes

☒

No
- 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)*

☐

Yes

☒

No
- 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)*

☐

Yes

☒

No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*

☐

Yes

☒

No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*

☐

Yes

☒

No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*

☐

Yes

☒

No

## Supplemental Information

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

[illegible]

Additional Data

Software ID:  
Software Version:  
EIN: 41-0698301  
Name: COLLEGE OF ST SCHOLASTICA INC

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
CENTRAL AMERICA AND THE CARIBBEAN	0	1	PROGRAM SERVICES	INTERNATIONAL STUDENT RECRUITMENT	5,384
CENTRAL AMERICA AND THE CARIBBEAN	0	1	PROGRAM SERVICES	CAMPUS MINISTRY SERVICE LEARNING TRIP	15,277
CENTRAL AMERICA AND THE CARIBBEAN	0	2	PROGRAM SERVICES	SERVICE LEARNING - NURSING PROGRAM - BELIZE	58,274
EAST ASIA AND THE PACIFIC	0	2	PROGRAM SERVICES	MANAGEMENT CAPSTONE PROGRAM	44,863
EAST ASIA AND THE PACIFIC	0	2	PROGRAM SERVICES	STUDY ABROAD IN CHINA - MANAGEMENT PROGRAM	74,915
EAST ASIA AND THE PACIFIC	0	1	PROGRAM SERVICES	INTERNATIONAL STUDENT RECRUITMENT	11,175
EUROPE (INCLUDING ICELAND & GREENLAND)	0	5	PROGRAM SERVICES	STUDY ABROAD PROGRAM - LOUISBURGH, IRELAND	134,904
EUROPE (INCLUDING ICELAND & GREENLAND)	0	1	PROGRAM SERVICES	LANGUAGE EXCHANGE PROGRAM	5,401
EUROPE (INCLUDING ICELAND & GREENLAND)	0	2	PROGRAM SERVICES	STUDY ABROAD PROGRAM - ROME, ITALY	52,299
EUROPE (INCLUDING ICELAND & GREENLAND)	0	1	PROGRAM SERVICES	SKI TEAM TRIP	16,772
EUROPE (INCLUDING ICELAND & GREENLAND)	0	1	PROGRAM SERVICES	TWO CONFERENCES	9,405
EUROPE (INCLUDING ICELAND & GREENLAND)	0	1	PROGRAM SERVICES	ATHLETIC RECRUITMENT	5,491
MIDDLE EAST AND NORTH AFRICA	0	2	PROGRAM SERVICES	MANAGEMENT STUDY ABROAD TRIP - MOROCCO	75,021
NORTH AMERICA	0	4	PROGRAM SERVICES	ATHLETIC RECRUITMENT	17,503
NORTH AMERICA	0	3	PROGRAM SERVICES	CAMPUS MINISTRY J TERM SERVICE LEARNING TRIP - MEXICO	19,141
RUSSIA & THE NEWLY INDEPENDENT STATES	0	2	PROGRAM SERVICES	MANAGEMENT PROGRAM CAPSTONE PROJECT	38,390
SOUTH AMERICA	0	3	PROGRAM SERVICES	SERVICE LEARNING - OCCUPATIONAL THERAPY	48,861
SOUTH AMERICA	0	1	PROGRAM SERVICES	INTERNATIONAL STUDENT RECRUITMENT	4,533
SOUTH ASIA	0	2	PROGRAM SERVICES	STUDY ABROAD PROGRAM	87,348
SOUTH ASIA	0	1	PROGRAM SERVICES	INTERNATIONAL STUDENT RECRUITMENT	4,274

## Supplemental Information Regarding Fundraising or Gaming Activities

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

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

OMB No 1545-0047

# 2010

## Open to Public Inspection

**Employer identification number**  
41-0698301

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

1. Indicate whether the organization raised funds through any of the following activities. Check all that apply.

<b>a</b> <input type="checkbox"/> Mail solicitations	<b>e</b> <input type="checkbox"/> Solicitation of non-government grants
<b>b</b> <input type="checkbox"/> Internet and e-mail solicitations	<b>f</b> <input type="checkbox"/> Solicitation of government grants
<b>c</b> <input type="checkbox"/> Phone solicitations	<b>g</b> <input type="checkbox"/> Special fundraising events
<b>d</b> <input type="checkbox"/> In-person solicitations	

**2a** 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? ☒ **Yes** ☐ **No**

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>Total . . . . . ▶</b>						

**3** 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

Part II 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.

Revenue			(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
			GOLF OUTING			(Add col (a) through col (c))
			(event type)	(event type)	(total number)	
1	Gross receipts	. . .	25,612			25,612
2	Less Charitable contributions	. . .	10,645			10,645
3	Gross income (line 1 minus line 2)	. . .	14,967			14,967
Direct Expenses	4	Cash prizes	. . .			
	5	Non-cash prizes	. .	1,420		1,420
	6	Rent/facility costs	. .	13,547		13,547
	7	Food and beverages	. .			
	8	Entertainment	. . .			
	9	Other direct expenses	.			
	10	Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶				14,967
	11	Net income summary Combine lines 3 and 10 in column (d). . . . . ▶				0

Part III Gaming.

Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
						(Add col (a) through col (c))
1	Gross revenue	. . . . .				
Direct Expenses	2	Cash prizes	. . . . .			
	3	Non-cash prizes	. . . . .			
	4	Rent/facility costs	. . . . .			
	5	Other direct expenses	. . . . .			
	6	Volunteer labor	. . . . .			
			<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	
			7 Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶			
			8 Net gaming income summary Combine lines 1 and 7 in column (d) . . . . . ▶			

9 Enter the state(s) in which the organization operates gaming activities \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states? . . . . . ☐ Yes ☐ No

b If "No," Explain \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . . ☐ Yes ☐ No

b If "Yes," Explain \_\_\_\_\_

11

Does the organization operate gaming activities with nonmembers?

☐ Yes ☐ No

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes ☐ No

13

Indicate the percentage of gaming activity operated in

a	The organization's facility	13a
b	An outside facility	13b

14

Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name

Address

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes ☐ No

b

If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$

c

If "Yes," enter name and address

Name

Address

16 Gaming manager information

Name

Gaming manager compensation \$

Description of services provided

☐ Director/officer

☐ Employee

☐ Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☐ No

b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
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Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
COLLEGE OF ST SCHOLASTICA INC

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

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

OMB No 1545-0047

2010

Open to Public  
Inspection

Employer identification number  
41-0698301

Part I General Information on Grants and Assistance

1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes

☐ No

2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed. 

▶

☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2

Enter total number of section 501(c)(3) and government organizations

34

3

Enter total number of other organizations

1

**Part III**

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

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) COLLEGE FUNDED INSTITUTIONAL AID TO STUDENTS	2500	27,940,394		N/A	N/A
(2) ENDOWED SCHOLARSHIPS TO STUDENTS	140	303,400		N/A	N/A
(3) FEDERAL GRANTS & SCHOLARSHIPS	375	1,097,863		N/A	N/A
(4) STATE GRANTS & SCHOLARSHIPS	20	39,776		N/A	N/A
(5) PRIVATE SCHOLARSHIPS	250	584,713		N/A	N/A
(6) FEDERAL SCHOLARSHIP ALLOWANCE PROGRAMS	250	323,362		N/A	N/A

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

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 ALL GRANT ACTIVITY IS REQUIRED TO MEET THE SPECIFIC STANDARDS AND STIPULATIONS OF THE GRANTOR AND OPERATE WITHIN THE ORGANIZATION'S POLICIES AND PROCEDURES GRANT REVENUE AND EXPENDITURES ARE MONITORED AND FUNDS ARE DRAWN DOWN ON A MONTHLY BASIS INTERNAL REPORTS AND AWARD LEVELS ARE REVIEWED PRIOR TO EACH DRAW TO DETERMINE IF CASH SHOULD BE DRAWN FOR INDIVIDUAL GRANTS FINALLY, THE COLLEGE UNDERGOES AN ANNUAL AUDIT OF ITS FEDERAL AWARDS UNDER THE GUIDELINES OF OMB CIRCULAR A-133
OTHER INFORMATION	PART IV	SCHEDULE I, PART II, COLUMN (H) FUNDS RECEIVED FROM THE MINNESOTA DEPARTMENT OF HEALTH FROM LEGISLATION THAT CREATED THE MERC TRUST FUND (PMAP/PGAMC DISTRIBUTION) THAT PROVIDES REMUNERATION FOR THOSE FACILITIES THAT SERVE AS CLINICAL TRAINING SITES FOR THE COLLEGE'S NURSE PRACTITIONER AND CLINICAL NURSE SPECIALIST STUDENTS DURING THE 2010-2011 ACADEMIC YEAR THE AMOUNTS PAID FROM THE FUNDS RECEIVED FROM THE MERC LEGISLATION TO EACH ORGANIZATION LISTED IN PART II IS BASED ROUGHLY ON THE NUMBER OF STUDENTS THEY HAD AND THE LENGTH OF TIME THEY SPENT AT EACH RESPECTIVE FACILITY TRAINING SITES MUST ALSO HAVE A CURRENT ACTIVE MEDICAL ASSISTANCE ENROLLMENT STATUS IN MINNESOTA



Software ID:

Software Version:

EIN: 41-0698301

Name: COLLEGE OF ST SCHOLASTICA INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AFFILIATED COMMUNITY MEDICAL CENTER101 WILLMAR AVE SW WILLMAR,MN 56201	41-0850702	501(C)(3)	39,048		N/A	N/A	NURSE SPECIALIST/NURSE PRACTITIONER TRAINING SITE FUNDS - SEE PART IV FOR MORE DETAIL
ALBERT LEA MEDICAL CENTER404 WEST FOUNTAIN ST ALBERT LEA,MN 56007	41-1404075	501(C)(3)	33,824		N/A	N/A	NURSE SPECIALIST/NURSE PRACTITIONER TRAINING SITE FUNDS - SEE PART IV FOR MORE DETAIL
ALLINA HEALTH SYSTEMS PO BOX 1583 MINNEAPOLIS,MN 55440	36-3261413	501(C)(3)	27,609		N/A	N/A	NURSE SPECIALIST/NURSE PRACTITIONER TRAINING SITE FUNDS - SEE PART IV FOR MORE DETAIL
AUSTIN MEDICAL CENTER 100 FIRST DRIVE NW AUSTIN,MN 55912	41-0695606	501(C)(3)	30,523		N/A	N/A	NURSE SPECIALIST/NURSE PRACTITIONER TRAINING SITE FUNDS - SEE PART IV FOR MORE DETAIL
BRAINERD MEDICAL CENTERS PA2024 S 6TH ST BRAINERD,MN 56401	37-1532148	501(C)(3)	33,878		N/A	N/A	NURSE SPECIALIST/NURSE PRACTITIONER TRAINING SITE FUNDS - SEE PART IV FOR MORE DETAIL
CAPITAL CITY PARTNERSHIP30 EAST 7TH STR ST PAUL,MN 55101	41-1635237	501(C)(6)	10,000		N/A	N/A	DONATION - SUPPORT OF REVITALIZATION OF STATE CAPITAL - ST PAUL
CENTRACARE CLINIC1200 6TH AVE N ST CLOUD,MN 56303	41-1806657	501(C)(3)	32,430		N/A	N/A	NURSE SPECIALIST/NURSE PRACTITIONER TRAINING SITE FUNDS - SEE PART IV FOR MORE DETAIL
CHIPPEWA COUNTY MONTEVIDEO HOSPITAL 824 N 11TH ST MONTEVIDEO,MN 56265	41-6008775	501(C)(3)	42,859		N/A	N/A	NURSE SPECIALIST/NURSE PRACTITIONER TRAINING SITE FUNDS - SEE PART IV FOR MORE DETAIL
CUYUNA REGIONAL MEDICAL CENTER320 EAST MAIN ST CROSBY,MN 56411	41-0879376	501(C)(3)	27,164		N/A	N/A	NURSE SPECIALIST/NURSE PRACTITIONER TRAINING SITE FUNDS - SEE PART IV FOR MORE DETAIL
ESSENTIA HEALTH DULUTH502 EAST SECOND ST DULUTH,MN 55805	41-1878730	501(C)(3)	370,024		N/A	N/A	NURSE SPECIALIST/NURSE PRACTITIONER TRAINING SITE FUNDS - SEE PART IV FOR MORE DETAIL
ESSENTIA HEALTH ST MARY'S MEDICAL CENTER 407 EAST THIRD ST DULUTH,MN 55805	41-0695604	501(C)(3)	11,729		N/A	N/A	NURSE SPECIALIST/NURSE PRACTITIONER TRAINING SITE FUNDS - SEE PART IV FOR MORE DETAIL
ESSENTIA HEALTH-RANGE CITIES400 E AST THIRD ST DULUTH,MN 55805	41-0883623	501(C)(3)	22,003		N/A	N/A	NURSE SPECIALIST/NURSE PRACTITIONER TRAINING SITE FUNDS - SEE PART IV FOR MORE DETAIL

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAIRVIEW SOUTHDAL E HOSPITALPO BOX 47 MINNEAPOLIS, MN 55454	41-0991680	501(C)(3)	22,963		N/A	N/A	NURSE SPECIALIST/NURSE PRACTITIONER TRAINING SITE FUNDS - SEE PART IV FOR MORE DETAIL
FIRST CARE MEDICAL SERVICES-DBA INNOVIS HEALTH-FOSSTON900 HILLIGROSS BLVD SE FOSSTON, MN 56542	41-0706143	501(C)(3)	9,592		N/A	N/A	NURSE SPECIALIST/NURSE PRACTITIONER TRAINING SITE FUNDS - SEE PART IV FOR MORE DETAIL
FOND DU LAC HUMAN SERVICES DIVISION927 TRETTEL LANE CLOQUET, MN 55720	41-0965719	501(C)(3)	18,064		N/A	N/A	NURSE SPECIALIST/NURSE PRACTITIONER TRAINING SITE FUNDS - SEE PART IV FOR MORE DETAIL
GRAND ITASCA CLINIC & HOSPITAL1601 GOLF COURSE RD GRAND RAPIDS, MN 55744	41-1865875	501(C)(3)	76,971		N/A	N/A	NURSE SPECIALIST/NURSE PRACTITIONER TRAINING SITE FUNDS - SEE PART IV FOR MORE DETAIL
GUARDIAN ANGELS HEALTH SERVICES INC400 EVANS AVE NW ELK RIVER, MN 55330	41-0858938	501(C)(3)	18,104		N/A	N/A	NURSE SPECIALIST/NURSE PRACTITIONER TRAINING SITE FUNDS - SEE PART IV FOR MORE DETAIL
HEALTH PARTNERS CENTRAL MN CLINICS- CENTRAL MINNESOTA GROUP HEALTH8170 33RD AVE S MINNEAPOLIS, MN 55440	41-1236798	501(C)(3)	19,641		N/A	N/A	NURSE SPECIALIST/NURSE PRACTITIONER TRAINING SITE FUNDS - SEE PART IV FOR MORE DETAIL
HEALTHEAST WOODWINDS HOSPITALNW 8947 MINNEAPOLIS, MN 55485	41-1592761	501(C)(3)	6,303		N/A	N/A	NURSE SPECIALIST/NURSE PRACTITIONER TRAINING SITE FUNDS - SEE PART IV FOR MORE DETAIL
HEALTHPARTNERS BLOOMINGTON8170 33RD AVE S MINNEAPOLIS, MN 55440	41-0797853	501(C)(3)	65,959		N/A	N/A	NURSE SPECIALIST/NURSE PRACTITIONER TRAINING SITE FUNDS - SEE PART IV FOR MORE DETAIL
HEARTLAND HOME HEALTH CARE AND HOSPITAL605 FRANKLIN AVE NE ST CLOUD, MN 56304	41-1458213	501(C)(3)	7,464		N/A	N/A	NURSE SPECIALIST/NURSE PRACTITIONER TRAINING SITE FUNDS - SEE PART IV FOR MORE DETAIL
HUMAN DEVELOPMENT CTR1401 E FIRST ST DULUTH, MN 55805	41-0777937	501(C)(3)	21,290		N/A	N/A	NURSE SPECIALIST/NURSE PRACTITIONER TRAINING SITE FUNDS - SEE PART IV FOR MORE DETAIL
HUMAN SERVICES INC 7066 STILLWATER BLVD N OAKDALE, MN 55128	41-0955577	501(C)(3)	36,536		N/A	N/A	NURSE SPECIALIST/NURSE PRACTITIONER TRAINING SITE FUNDS - SEE PART IV FOR MORE DETAIL
HUTCHINSON MEDICAL CENTER3 CENTURY AVE HUTCHINSON, MN 55350	41-0999117	501(C)(3)	5,106		N/A	N/A	NURSE SPECIALIST/NURSE PRACTITIONER TRAINING SITE FUNDS - SEE PART IV FOR MORE DETAIL

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OLMSTED MEDICAL CENTER1650 4 ST SE ROCHESTER,MN 55904	41-0855367	501(C)(3)	72,824		N/A	N/A	NURSE SPECIALIST/NURSE PRACTITIONER TRAINING SITE FUNDS - SEE PART IV FOR MORE DETAIL
OPEN CITIES HEALTH CENTER409 N DUNLAP ST ST PAUL,MN 55104	36-3381598	501(C)(3)	8,241		N/A	N/A	NURSE SPECIALIST/NURSE PRACTITIONER TRAINING SITE FUNDS - SEE PART IV FOR MORE DETAIL
PHS INDIAN HOSPITAL425 7TH ST NW CASS LAKE,MN 56633	41-1902194	501(C)(3)	21,655		N/A	N/A	NURSE SPECIALIST/NURSE PRACTITIONER TRAINING SITE FUNDS - SEE PART IV FOR MORE DETAIL
RICE MEMORIAL HOSPITAL301 BECKER AVESW WILLMAR,MN 56201	41-6008913	501(C)(3)	115,653		N/A	N/A	NURSE SPECIALIST/NURSE PRACTITIONER TRAINING SITE FUNDS - SEE PART IV FOR MORE DETAIL
RIVERWOOD HEALTHCARE CENTER200 BUNKER HILL DR AITKIN,MN 56431	41-0745522	501(C)(3)	5,179		N/A	N/A	NURSE SPECIALIST/NURSE PRACTITIONER TRAINING SITE FUNDS - SEE PART IV FOR MORE DETAIL
SOUTH CENTRAL HUMAN RELATIONS CENTER610 FLORENCE AVE OWATONNA,MN 55060	41-0873833	501(C)(3)	52,525		N/A	N/A	NURSE SPECIALIST/NURSE PRACTITIONER TRAINING SITE FUNDS - SEE PART IV FOR MORE DETAIL
SOUTHSIDE COMMUNITY HEALTH SERVICES4243 4TH AVE S MINNEAPOLIS,MN 55409	23-7113799	501(C)(3)	17,982		N/A	N/A	NURSE SPECIALIST/NURSE PRACTITIONER TRAINING SITE FUNDS - SEE PART IV FOR MORE DETAIL
ST CLOUD HOSPITAL1406 6TH AVE N ST CLOUD,MN 56303	41-0695596	501(C)(3)	137,123		N/A	N/A	NURSE SPECIALIST/NURSE PRACTITIONER TRAINING SITE FUNDS - SEE PART IV FOR MORE DETAIL
ST LUKE'S HOSPITAL915 E 1ST ST DULUTH,MN 55805	41-0714079	501(C)(3)	10,276		N/A	N/A	NURSE SPECIALIST/NURSE PRACTITIONER TRAINING SITE FUNDS - SEE PART IV FOR MORE DETAIL
UNIVERSITY MEDICAL CENTER-MESABI750 EAST 34TH ST HIBBING,MN 55746	41-1293970	501(C)(3)	68,869		N/A	N/A	NURSE SPECIALIST/NURSE PRACTITIONER TRAINING SITE FUNDS - SEE PART IV FOR MORE DETAIL
VIRGINIA REGIONAL MEDICAL CENTER901 9TH ST N VIRGINIA,MN 55792	41-6005596	501(C)(3)	89,276		N/A	N/A	NURSE SPECIALIST/NURSE PRACTITIONER TRAINING SITE FUNDS - SEE PART IV FOR MORE DETAIL

Schedule J  
(Form 990)

Compensation Information

OMB No 1545-0047

2010

Open to Public Inspection

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

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

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization  
COLLEGE OF ST SCHOLASTICA INC

Employer identification number  
41-0698301

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	<div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div> <div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input checked="" type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b	Yes
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
	<div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div></div> <div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a	Receive a severance payment or change-of-control payment from the organization or a related organization?	4a	No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a	The organization?	5a	No
b	Any related organization?	5b	No
	If "Yes," to line 5a or 5b, describe in Part III		
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a	The organization?	6a	No
b	Any related organization?	6b	No
	If "Yes," to line 6a or 6b, describe in Part III		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DR GEORGE GOODWIN	(i) (ii)	280,342 0	25,000 0	51,715 0	39,159 0	13,803 0	410,019 0	 0
(2) PATRICK FLATTERY	(i) (ii)	125,051 0	0 0	25,398 0	24,252 0	25,757 0	200,458 0	 0
(3) ELIZABETH DOMHOLDT	(i) (ii)	149,417 0	0 0	12,471 0	23,626 0	5,335 0	190,849 0	 0
(4) GERALD CIZADLO	(i) (ii)	213,218 0	0 0	7,243 0	12,167 0	4,896 0	237,524 0	 0
(5) STEVE LYONS	(i) (ii)	107,543 0	0 0	11,347 0	20,925 0	24,346 0	164,161 0	 0
( 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.

Identifier	Return Reference	Explanation
	PART I, LINE 1A	HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES - MR. GEORGE GOODWIN - \$577 SOCIAL CLUB DUES WERE PROVIDED FOR MR. GOODWIN - TAXABLE COMPENSATION
	PART I, LINE 1B	THE COLLEGE HAS ESTABLISHED A WRITTEN POLICY REGARDING PAYMENT AND REIMBURSEMENT OF EXPENSES IN 2009. THERE IS A GENERAL UNDERSTANDING THAT FIRST-CLASS TRAVEL AND TRAVEL FOR COMPANIONS (NOT BONA FIDE BUSINESS PURPOSE) ARE NOT ALLOWED BY THE COLLEGE. ALL EMPLOYEES MUST SUBMIT TRAVEL/REIMBURSEMENT REPORTS FOR THEIR TRAVELING FOR THE COLLEGE - THESE ARE REVIEWED BY APPROPRIATE SCHOOL OFFICIALS FOR ACCURACY AND APPROPRIATE CHARGES. IN THE INSTANCES THE COLLEGE CHECKED ABOVE ON LINE 1A, SUCH ITEMS ARE "EXCEPTIONS" GRANTED AS PROVIDED IN THE INDIVIDUAL EMPLOYEE CONTRACTS. ALL OTHER EMPLOYEES WITHOUT THESE GRANTED PROVISIONS AS SPECIFIED IN A CONTRACT ARE SUBJECT TO THE WRITTEN POLICY ESTABLISHED BY THE COLLEGE IN 2009.
	PART I, LINE 4B	DR. GEORGE GOODWIN - 457(F) PLAN - \$5,446 - THE PLAN IS PART OF THE PRESIDENT'S EMPLOYMENT CONTRACT.

Schedule K (Form 990)	<div>Supplemental Information on Tax Exempt Bonds</div> <div>▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990). ▶ Attach to Form 990. ▶ See separate instructions.</div>	OMB No 1545-0047
		2010
		Open to Public Inspection

Name of the organization COLLEGE OF ST SCHOLASTICA INC		Employer identification number 41-0698301
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Part I

Bond Issues

(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A MN HIGHER EDUCATION FACILITIES AUTHORITY	41-0988525	60416HLR3	11-21-2007	8,105,168	EXPANSION OF FIELDHOUSE FACILITY		X		X		X
B MN HIGHER EDUCATION FACILITIES AUTHORITY	41-0988525	60416HVG6	10-26-2010	22,129,697	REFUNDING SERIES 6A & 5J/SCIENCE CENTER EXPANSION		X		X		X
C MN HIGHER EDUCATION FACILITIES AUTHORITY	41-0988525	60416HBF0	05-01-2003	11,747,100	STUDENT APARTMENTS/FIELDHOUSE REFUNDING SERIES 3N		X		X		X
D MN HIGHER EDUCATION FACILITIES AUTHORITY	41-0988525	60416HWE0	02-17-2011	10,171,848	SCIENCE CENTER EXPANSION		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired								
2	Amount of bonds legally defeased								
3	Total proceeds of issue	8,170,000		22,129,697		11,705,000		10,171,848	
4	Gross proceeds in reserve funds	677,518		1,918,399		966,490		1,020,475	
5	Capitalized interest from proceeds	657,869				657,869		180,866	
6	Proceeds in refunding escrow	12,928,332		12,928,332		1,490,000			
7	Issuance costs from proceeds	206,599		272,016		264,618		137,861	
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	7,307,151		2,274,995		9,003,814			
11	Other spent proceeds								
12	Other unspent proceeds	4,078,086		4,078,086				8,832,646	
13	Year of substantial completion	2008		2012		2004		2012	
14	Were the bonds issued as part of a current refunding issue?	Yes	No	Yes	No	Yes	No	Yes	No
			X	X		X			X
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?	X			X		X		X
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X			X

Part III

Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		X

Part IIIPrivate Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?		X		X		X		X
b	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?		X		X		X		X
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government								
6	Total of lines 4 and 5								
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X		X		X	

Part IVArbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?	X		X		X		X	
2	Is the bond issue a variable rate issue?		X	X			X		X
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X		X		X		X
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								
4a	Were gross proceeds invested in a GIC?	X			X		X		X
b	Name of provider	CALYON							
c	Term of GIC	1 000000000000							
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	X							
5	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
6	Did the bond issue qualify for an exception to rebate?		X		X		X		X

Part VSupplemental Information

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

Identifier	Return Reference	Explanation



Schedule L  
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2010

Open to Public Inspection

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

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

Name of the organization  
COLLEGE OF ST SCHOLASTICA INC

Employer identification number  
41-0698301

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c)Original principal amount	(d)Balance due	(e) In default?		(f) Approved by board or committee?		(g)Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total . . . . . ▶ \$										

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b)Relationship between interested person and the organization	(c)Amount of grant or type of assistance

**Part IV Business Transactions Involving Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) SR LOIS ECKES	TRUSTEE, OFFICER OF ENTITY DOING BUSINESS WITH THE COLLEGE	521,065	SHARED USE COSTS		No
(2) DONALD SHIPPAR	TRUSTEE, OFFICER OF ENTITY DOING BUSINESS WITH THE COLLEGE	597,095	UTILITIES		No

**Part V Supplemental Information**

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

Identifier	Return Reference	Explanation
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SCHEDULE M  
(Form 990)

Department of the Treasury  
Internal Revenue Service

NonCash Contributions

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization  
COLLEGE OF ST SCHOLASTICA INC

Employer identification number  
41-0698301

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining oncash contribution amounts
1 Art—Works of art . . . .				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles .				
7 Boats and planes . . . .				
8 Intellectual property . .				
9 Securities—Publicly traded	X	8	116,697	STOCK MARKET QUOTES
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests .				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . .				
15 Real estate—Residential .				
16 Real estate—Commercial				
17 Real estate—Other . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies				
21 Taxidermy . . . . .				
22 Historical artifacts . .				
23 Scientific specimens . .				
24 Archeological artifacts .				
25 Other ► ( )				
26 Other ► ( )				
27 Other ► ( )				
28 Other ► ( )				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . .	29			0
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .	30a			No
b If "Yes," describe the arrangement in Part II				
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes		
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions? . . . . .	32a			No
b If "Yes," describe in Part II				
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II				

**Part II**

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

Identifier	Return Reference	Explanation
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**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.**

OMB No 1545-0047

**2010**

**Open to Public  
Inspection**

**Name of the organization**  
COLLEGE OF ST SCHOLASTICA INC

**Employer identification number**

41-0698301

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1		THE EXECUTIVE COMMITTEE HAS A TWOFOLD PURPOSE 1) IT SERVES AT THE PLEASURE OF THE BOARD AS ITS AGENT IN HELPING THE PRESIDENT TO ADDRESS BUSINESS MATTERS BETWEEN REGULAR BOARD MEETINGS, AND 2) IT ASSISTS THE CHAIRPERSON AND THE PRESIDENT IN THEIR JOINT RESPONSIBILITY TO HELP THE BOARD TO FUNCTION EFFECTIVELY AND EFFICIENTLY BY SUGGESTING BOARD MEETING AGENDA ITEMS AND PERIODICALLY ASSESSING THE QUALITY OF COMMITTEE WORK THE COMMITTEE HAS AUTHORITY TO ACT FOR THE BOARD OF TRUSTEES ON ALL MATTERS EXCEPT THE FOLLOWING, WHICH SHALL BE RESERVED FOR THE BOARD PRESIDENTIAL SELECTION AND TERMINATION, TRUSTEE AND BOARD OFFICER SELECTION, CHANGES IN INSTITUTIONAL MISSION AND PURPOSES, CHANGES TO THE BY LAWS, CHARTER, OR ARTICLES OF INCORPORATION, INCURRING OF CORPORATE INDEBTEDNESS IN EXCESS OF \$100,000, SALE OF COLLEGE ASSETS OR TANGIBLE PROPERTY VALUED GREATER THAN \$250,000, ADOPTION OF THE ANNUAL BUDGET, AND CONFERRAL OF DEGREES IN ADDITION TO ITS AUTHORITY TO TAKE ACTION ON BUSINESS MATTERS WHICH CANNOT BE DEFERRED UNTIL THE BOARD'S NEXT SCHEDULED MEETING, THE EXECUTIVE COMMITTEE OVERSEES THE WORK OF BOARD COMMITTEES, THE COLLEGE'S PLANNING PROCESS OR PROGRESS ON PLANNING GOALS, THE BOARD'S RESPONSIBILITY TO SUPPORT THE PRESIDENT AND ASSESS HIS OR HER PERFORMANCE, AND REVIEW ANNUALLY THE PRESIDENT'S COMPENSATION AND CONDITIONS OF EMPLOYMENT

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A		THE PRESIDENT OF THE BENEDICTINE SISTERS BENEVOLENT ASSOCIATION AND THE PRESIDENT OF THE COLLEGE'S ALUMNI ASSOCIATION ARE VOTING MEMBERS OF THE BOARD OF TRUSTEES AND ARE ELECTED THROUGH THEIR RESPECTIVE ASSOCIATIONS THE PRIORESS OF THE BENEDICTINE SISTERS BENEVOLENT ASSOCIATION APPOINTS UP TO 25% OF THE VOTING TRUSTEES

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B		AS SPONSOR OF THE COLLEGE, THE BENEDICTINE SISTERS BENEVOLENT ASSOCIATION HOLDS CERTAIN RESERVED POWERS, WHICH ARE EXERCISED BY ITS BOARD OF DIRECTORS THE BENEDICTINE SISTERS BENEVOLENT ASSOCIATION RESERVES THE POWER TO WITHHOLD APPROVAL OF ANY ACTION OF THE BOARD OF TRUSTEES OF THE COLLEGE WHICH MAY, INTENTIONALLY OR UNINTENTIONALLY, CHANGE THE MISSION OR MISSION STATEMENT OF THE COLLEGE, ALTER THE REAL ESTATE HOLDINGS OF THE COLLEGE OR THOSE LANDS OR BUILDINGS LEASED TO THE COLLEGE BY THE BENEDICTINE SISTERS, CHANGE THE PROVISION IN ARTICLE IV, SECTION 1 WHICH REQUIRES UP TO 25%, BUT NOT FEWER THAN FOUR OF THE VOTING TRUSTEES TO BE MEMBERS OF THE BENEDICTINE SISTERS BENEVOLENT ASSOCIATION, OR WHICH MODIFIES ARTICLE XII, SECTION 6 OF THESE BY LAWS (THIS PARAGRAPH IS ARTICLE XII, SECTION 6 OF THE BY LAWS) THE BENEDICTINE SISTERS BENEVOLENT ASSOCIATION ALSO RESERVES THE POWER TO WITHHOLD APPROVAL OF ANY MERGER, CONSOLIDATION OR LIQUIDATION INVOLVING THE COLLEGE

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		THE 2010 FORM 990 WAS PREPARED BY THE TAX COMPLIANCE COORDINATOR WITH SUBSEQUENT REVIEW BY THE ASSISTANT CONTROLLER, THE CONTROLLER, AND THE VICE PRESIDENT FOR FINANCE. THIS REVIEW CONSISTED OF ALL PARTS OF FORM 990 AND APPLICABLE SCHEDULES. THE COLLEGE'S INDEPENDENT AUDIT FIRM THEN REVIEWED THE FORM 990 DATA FOR ACCURACY AND COMPLIANCE WITH TAX LAW AND FORM INSTRUCTIONS. A DRAFT COPY OF THE FORM 990 WAS THEN PREPARED BY THE AUDIT FIRM AND WAS REVIEWED FOR ACCURACY BY THE VICE PRESIDENT OF FINANCE, CONTROLLER, ASSISTANT CONTROLLER, AND THE TAX COMPLIANCE COORDINATOR. ANY CHANGES WERE COMMUNICATED TO THE AUDIT FIRM AND REVISED DRAFTS GENERATED AS NECESSARY. A DRAFT OF THE FORM 990 WAS THEN PROVIDED TO THE COLLEGE'S AUDIT & FINANCE COMMITTEE FOR REVIEW AND RECOMMENDATION FOR APPROVAL BY THE BOARD OF TRUSTEES. THE PRESIDENT IS PART OF THIS COMMITTEE. THE BOARD WAS THEN PROVIDED WITH THE DRAFT COPY FOR REVIEW AND APPROVAL PRIOR TO FILING.



Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	<p>A TRUSTEE IS CONSIDERED TO HAVE A CONFLICT OF INTEREST IF (A) SUCH TRUSTEE HAS EXISTING OR POTENTIAL FINANCIAL OR OTHER INTERESTS WHICH IMPAIR OR MIGHT REASONABLY APPEAR TO IMPAIR SUCH MEMBER'S INDEPENDENT, UNBIASED JUDGEMENT IN THE DISCHARGE OF HIS OR HER RESPONSIBILITIES TO THE COLLEGE, OR (B) SUCH TRUSTEE IS AWARE THAT A MEMBER OF HIS OR HER FAMILY (WHICH FOR PURPOSES OF THIS ARTICLE SHALL BE A SPOUSE, PARENT, SIBLING, CHILD AND ANY OTHER RELATIVE) OR ANY ORGANIZATION IN WHICH SUCH TRUSTEE (OR MEMBER OF HIS OR HER FAMILY) IS AN OFFICER, DIRECTOR, EMPLOYEE, MEMBER, PARTNER, TRUSTEE, OR CONTROLLING STOCKHOLDER, HAS SUCH EXISTING OR POTENTIAL FINANCIAL OR OTHER INTERESTS ALL TRUSTEES ARE REQUIRED TO DISCLOSE TO THE BOARD ANY POSSIBLE CONFLICT OF INTEREST AT THE EARLIEST PRACTICAL TIME NO SUCH TRUSTEE MAY VOTE ON ANY MATTER UNDER CONSIDERATION AT A BOARD OR COMMITTEE MEETING, IN WHICH SUCH TRUSTEE HAS A CONFLICT OF INTEREST THE MINUTES OF SUCH MEETING REFLECT THAT A DISCLOSURE WAS MADE AND THE TRUSTEE HAVING A CONFLICT OF INTEREST ABSTAINED FROM VOTING ANY TRUSTEE WHO IS UNCERTAIN WHETHER A CONFLICT OF INTEREST MAY EXIST IN ANY MATTER MAY REQUEST THE BOARD OR COMMITTEE TO RESOLVE THE QUESTION BY MAJORITY VOTE IN ORDER FOR THE COLLEGE TO CARRY OUT ITS MISSION AND PURPOSE, THE ACTIVITIES OF ALL EMPLOYEES ARE TO BE CONDUCTED ACCORDING TO THE HIGHEST STANDARDS OF INTEGRITY AND ETHICS EMPLOYEES SHOULD AVOID ANY SITUATION, BUSINESS OR OTHER ACTIVITY WHICH IN ANY WAY COULD BE CONSTRUED AS A CONFLICT OF INTEREST WITH THEIR EMPLOYMENT AT THE COLLEGE IT IS CONTRARY TO THE COLLEGE'S POLICY FOR ANY EMPLOYEE OR MEMBER OF THE EMPLOYEE'S FAMILY TO ACCEPT GIFTS, SERVICES, DISCOUNTS OR FAVORS FROM THOSE WITH WHOM THE COLLEGE DOES BUSINESS OR CONSIDERS DOING BUSINESS IT IS NOT THE COLLEGE'S DESIRE TO APPEAR UNFRIENDLY OR UNSOCIAL ON THE OTHER HAND, IT IS THE COLLEGE'S POLICY TO AVOID ANY ACTIONS WHICH MAY THROW DOUBT UPON THE INTEGRITY OR MOTIVATION OF EMPLOYEES NO GUIDELINES CAN BE ALL-INCLUSIVE AND THEREFORE THE RESPONSIBILITY FOR PROPER CONDUCT RESTS WITH EACH EMPLOYEE THERE IS NO SUBSTITUTE FOR PERSONAL INTEGRITY AND GOOD JUDGMENT EMPLOYEES SHOULD AVOID ANY SITUATION, BUSINESS, OR OTHER ACTIVITY WHICH IN ANY WAY COULD BE CONSTRUED AS A CONFLICT OF INTEREST WITH THEIR EMPLOYMENT AT THE COLLEGE SUSPECTED ACTUAL OR POTENTIAL VIOLATIONS OF THIS POLICY SHOULD BE REPORTED TO THE EMPLOYEE'S SUPERVISOR, HIS/HER VICE PRESIDENT OR TO THE VICE PRESIDENT OF HUMAN RESOURCES SUSPECTED VIOLATIONS OF THIS POLICY WILL BE INVESTIGATED FAIRLY AND THOROUGHLY AT THE APPROPRIATE TIME, THE COLLEGE WILL INFORM THE INVOLVED EMPLOYEE OF THE ALLEGATION, REVIEW THE INFORMATION DISCOVERED AND WILL ALLOW THE EMPLOYEE AN OPPORTUNITY TO RESPOND IF THE ALLEGATIONS ARE CONFIRMED BY INVESTIGATION AND/OR ACKNOWLEDGED BY THE EMPLOYEE, DISCIPLINARY ACTION, UP TO AND INCLUDING TERMINATION, MAY RESULT INFORMATION CONCERNING SUSPECTED VIOLATIONS WILL BE TREATED CONFIDENTIALLY AND ONLY THOSE PERSONS WITH A DIRECT NEED TO KNOW THE INFORMATION WILL BE GIVEN ACCESS</p>

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15A	<p>RECRUITMENT AND RETENTION OF A WELL-QUALIFIED INDIVIDUAL INTO THE LEADERSHIP ROLE OF PRESIDENT IS VITAL TO THE SUCCESS AND GROWTH OF THE COLLEGE TO SUPPORT THESE EFFORTS, THE COLLEGE HAS CREATED A METHODOLOGY TO DETERMINE A COMPETITIVE WAGE STRUCTURE FOR THIS POSITION THE PRIMARY SOURCE FOR SALARY DATA IS THE ANNUAL COLLEGE AND UNIVERSITY PROFESSIONAL ASSOCIATION (CUPA) ADMINISTRATIVE COMPENSATION SALARY SURVEY CUPA SURVEYS PROVIDE THE MOST COMPREHENSIVE INFORMATION ON HIGHER EDUCATION SALARY DATA THAN OTHER NATIONAL SURVEYS DATA IS COLLECTED ON A VARIETY OF FACTORS THAT ENABLE THE COLLEGE TO CREATE A COMPARATOR GROUP OF COLLEGES THAT MOST RESEMBLE ST SCHOLASTICA TO CREATE THE COMPARATOR GROUP, THE FOLLOWING PARAMETERS HAVE BEEN SELECTED COMPARABLE STUDENT ENROLLMENT, COMPARABLE OPERATING BUDGETS, PRIVATE RELIGIOUS AFFILIATION, MASTER'S LEVEL INSTRUCTION, AND MIDWEST LOCATION THESE VARIABLES RESULTED IN A GROUP OF 11 INSTITUTIONS BENEDICTINE UNIVERSITY (LISLE, IL), DOMINICAN UNIVERSITY (RIVER FOREST, IL), EDGEWOOD COLLEGE (MADISON,WI), FONTBONNE UNIVERSITY (ST LOUIS, MO), FRANCISCAN UNIVERSITY OF STEUBENVILLE (STEUBENVILLE, OH), MALONE COLLEGE (CANTON, OH), NORTH PARK UNIVERSITY (CHICAGO, IL), ROCKHURST UNIVERSITY (KANSAS CITY, MO), UNIVERSITY OF EVANSVILLE (EVANSVILLE, IN), UNIVERSITY OF ST FRANCIS (JOLIET, IL), AND WALSH UNIVERSITY (CANTON, OH) IN ADDITION TO COMPARING THE WAGES OF THE POSITION TO THIS SELECT GROUP, IT IS ALSO RECOGNIZED THAT ANOTHER COMPETITIVE GROUP FOR PRESIDENT IS OTHER MINNESOTA PRIVATE COLLEGES THESE COLLEGES HAVE BEEN ADDED TO OUR COMPARATOR GROUP AND ARE AS FOLLOWS AUGSBURG COLLEGE, BETHEL UNIVERSITY, CARLETON COLLEGE, COLLEGE OF ST BENEDICT, COLLEGE OF ST CATHERINE, CONCORDIA COLLEGE - MOORHEAD, CONCORDIA UNIVERSITY - ST PAUL, CROWN COLLEGE, GUSTAVUS ADOLPHUS COLLEGE, HAMLINE UNIVERSITY, MACALESTER COLLEGE, NORTH CENTRAL UNIVERSITY, NORTHWESTERN COLLEGE, ST JOHN'S UNIVERSITY, ST MARY'S UNIVERSITY, ST OLAF COLLEGE, AND UNIVERSITY OF ST THOMAS SALARY DATA FROM THIS GROUP OF SIMILAR HIGHER EDUCATION INSTITUTIONS PROVIDE SOLID COMPENSATION FIGURES THAT ARE EQUITABLE AND COMPETITIVE FOR OUR INDUSTRY WITHIN THE REGION THE MEDIAN OF THE RANGE OF SALARIES FOR PRESIDENT OF THE LISTED INSTITUTIONS BECOMES THE MIDPOINT OR TARGET WAGE OF THE POSITION THE COLLEGE HAS CHOSEN TO ADJUST THE MEDIAN UPWARDS BY AN ADDITIONAL 4% TO ACCOUNT FOR THE LEADERSHIP DEMANDS OF MULTIPLE CAMPUSES THE 4% FIGURE IS DERIVED FROM CALCULATING THE DIFFERENCE BETWEEN WAGES FOR SINGLE SITE INSTITUTIONS VERSUS THOSE WITH MULTIPLE SITES ALTHOUGH CUPA IS THE PRIMARY SOURCE FOR SALARY DATA, THE COLLEGE ALSO CHECKS OTHER WAGE RELATED DATA ON AN ANNUAL BASIS TO ENSURE WAGE STRUCTURES ARE BUILT ON SOUND ECONOMIC PRINCIPLES AND REFLECT CURRENT COMPENSATION TRENDS SPECIFIC WAGE DATA IS PRESENTED TO THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES BY THE VICE PRESIDENT FOR HUMAN RESOURCES IN THE FALL OF EACH YEAR THIS COMMITTEE REVIEWS THE PRESIDENT'S PERFORMANCE OVER THE PREVIOUS FISCAL YEAR AND PREPARES A SALARY RECOMMENDATION FOR FULL BOARD APPROVAL AT ITS ANNUAL OCTOBER MEETING THE PRESIDENT'S NEW WAGE GOES INTO EFFECT THE FOLLOWING JANUARY 1 THIS PROCESS WAS LAST CONDUCTED IN 2010 FOR THE PRESIDENT, DR GEORGE GOODWIN</p>

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE COLLEGE'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST. ADDITIONALLY, THE COLLEGE'S CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE ON THE COLLEGE'S WEBSITE.

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 1,867,039 ACTUARIAL ADJUSTMENT 48,292 TOTAL TO FORM 990, PART XI, LINE 5 1,915,331