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Form <b>990</b>  Department of the Treasury Internal Revenue Service	<b>Return of Organization Exempt From Income Tax</b>  <b>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)</b>	OMB No 1545-0047
	▶ The organization may have to use a copy of this return to satisfy state reporting requirements	<div> <div>2011</div> <div>Open to Public Inspection</div> </div>

<b>A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012</b>		<b>D Employer identification number</b> 48-0777079	
<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> Benedictine College		<b>E Telephone number</b> (913) 367-5340
	Doing Business As		<b>G Gross receipts</b> \$ 60,951,278
	Number and street (or P O box if mail is not delivered to street address) 1020 N 2nd Street	Room/suite	
	City or town, state or country, and ZIP + 4 Atchison, KS 66002		
	<b>F Name and address of principal officer</b> STEPHEN D MINNIS 1020 N 2ND STREET Atchison, KS 66002		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) <b>H(c)</b> Group exemption number ▶ 0928
<b>I Tax-exempt status</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J Website:</b> ▶ www.benedictine.edu			
<b>K Form of organization</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L Year of formation</b> 1971	<b>M State of legal domicile</b> KS

<b>Part I</b>	<b>Summary</b>
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Activities & Governance	1 Briefly describe the organization's mission or most significant activities BENEDICTINE COLLEGE'S MISSION AS A CATHOLIC, BENEDICTINE, LIBERAL ARTS, RESIDENTIAL COLLEGE IS THE EDUCATION OF MEN AND WOMEN WITHIN A COMMUNITY OF FAITH AND SCHOLARSHIP		
	2 Check this box <input checked="" type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a) . . . . .	3	28
	4 Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	4	27
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a) . . . . .	5	1,034
	6 Total number of volunteers (estimate if necessary) . . . . .	6	28
	7a Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	7a	211,391
b Net unrelated business taxable income from Form 990-T, line 34 . . . . .	7b		
Revenue	8 Contributions and grants (Part VIII, line 1h) . . . . .	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g) . . . . .	9,660,866	7,412,410
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . .	40,034,438	46,055,373
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,919,232	920,920
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	409,304	561,177
		53,023,840	54,949,880
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . . .	14,625,850	17,241,585
	14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	14,857,168	16,432,085
	16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	48,200	49,200
	b Total fundraising expenses (Part IX, column (D), line 25) <u>1,186,281</u>		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . .	15,120,021	17,380,110
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	44,651,239	51,102,980
	19 Revenue less expenses Subtract line 18 from line 12 . . . . .	8,372,601	3,846,900
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16) . . . . .	96,291,036	113,266,461
	21 Total liabilities (Part X, line 26) . . . . .	35,374,049	48,634,592
	22 Net assets or fund balances Subtract line 21 from line 20 . . . . .	60,916,987	64,631,869

<b>Part II</b>	<b>Signature Block</b>
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Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	***** Signature of officer			2013-02-15 Date	
	RONALD J OLINGER CFO Type or print name and title				
<b>Paid Preparer's Use Only</b>	Preparer's signature	Jakeb D Blake	Date	Check if self-employed <input type="checkbox"/>	Preparer's taxpayer identification number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	BKD LLP 1201 Walnut Surte 1700 Kansas City, MO 641062246			EIN
					Phone no (816) 221-6300

May the IRS discuss this return with the preparer shown above? (see instructions) . . . . . ☒ Yes ☐ No

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III ☐ Yes ☒ No

1

Briefly describe the organization's mission

SEE SCHEDULE O

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 organization's program service accomplishments for each of its three largest program services, as measured 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 \$ 43,462,948 including grants of \$ 17,241,585 ) (Revenue \$ 46,484,542 )

SEE SCHEDULE O

4b

(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c

(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d

Other program services (Describe in Schedule O )























(Expenses \$ including grants of \$ ) (Revenue \$ )

4e

Total program service expenses \$ 43,462,948

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 	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	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 . . . . .		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 . . . . .		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III . . . . .		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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 		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 		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	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 		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	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. 	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. 		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. 		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. 		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 	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. 	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 	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 		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I . . . . . 	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, Part II and IV . . . . . 		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, Part III and IV . . . . . 	Yes	
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . . 	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 . . . . . 		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H . . . . .		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements . . . . .		

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		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <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 questions 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	Yes	
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
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 owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28c		No
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
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	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> . . . . .	35b		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"/>		
		YesNo
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .	1a2,084
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1cYes
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return .	2a1,034
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2bYes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3aYes
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3bYes
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 or securities account)?	4aNo
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5aNo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5bNo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c
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?	6aNo
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b
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?	7aYes
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7bYes
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7cNo
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7eNo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7fNo
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8
9	Sponsoring organizations maintaining donor advised funds.	
a	Did the organization make any taxable distributions under section 4966?	9a
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b
10	Section 501(c)(7) organizations. Enter	
a	Initiation fees and capital contributions included on Part VIII, line 12	10a
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b
11	Section 501(c)(12) organizations. Enter	
a	Gross income from members or shareholders	11a
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b
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? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	13a
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b
c	Enter the aggregate amount of reserves on hand	13c
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14aNo
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b

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	1a	28	
b	Enter the number of voting members included in line 1a, above, who are independent	1b	27	
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	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
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	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete 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 the Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did 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	15b		No
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take 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	
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 made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request	
19	Describe in Schedule O whether (and if so, how), the organization made 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. RONALD J OLINGER 1020 N 2ND STREET ATCHISON, KS 66002 (913) 367-5340	

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

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

Form **990** (2011)



## Part VII

<b>1b</b>	<b>Sub-Total . . . . .</b>			
<b>c</b>	<b>Total from continuation sheets to Part VII, Section A . . . . .</b>			
<b>d</b>	<b>Total (add lines 1b and 1c) . . . . .</b>	850,979	0	134,563

**2** Total number of individuals (including but not limited to those I  
\$100,000 of reportable compensation from the organization) 4

		Yes	No
<b>3</b>	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> . . . . .	<b>3</b>	No
<b>4</b>	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> . . . . .	<b>4</b>	Yes
<b>5</b>	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> . . . . .	<b>5</b>	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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
TREANOR ARCHITECTS PA	ARCHITECT FIRM	653,642

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶1

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	465,892			
	d	Related organizations . . . . .	1d				
	e	Government grants (contributions)	1e	158,184			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	6,788,334			
	g	Noncash contributions included in lines 1a-1f \$ 93,314					
	h	Total. Add lines 1a-1f . . . . .		7,412,410			
Program Service Revenue			Business Code				
	2a	TUITION & FEES	611600	35,855,370	35,855,370		
	b	ROOM & BOARD	611600	9,411,612	9,411,612		
	c	STUDENT ACTIVITIES	611710	662,535	662,535		
	d	ATHLETIC INCOME	611710	125,856	125,856		
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f . . . . .		46,055,373			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . .		498,382		498,382	
	4	Income from investment of tax-exempt bond proceeds . . .		0			
	5	Royalties . . . . .		47		47	
	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			
		5,700,513		345,878			
		5,567,089		56,764			
		133,424		289,114			
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss) . . . . .		422,538			422,538
	8a	Gross income from fundraising events (not including \$ 465,892 of contributions reported on line 1c) See Part IV, line 18 . . . . .					
	a		99,566				
	b	Less direct expenses . . . . .	b	178,996			
	c	Net income or (loss) from fundraising events . . .		-79,430			-79,430
	9a	Gross income from gaming activities See Part IV, line 19 . . . . .					
	a						
b	Less direct expenses . . . . .	b					
c	Net income or (loss) from gaming activities . . .		0				
10a	Gross sales of inventory, less returns and allowances . . . . .						
a		321,030					
b	Less cost of goods sold . . . . .	b	198,549				
c	Net income or (loss) from sales of inventory . . .		122,481	122,481			
Miscellaneous Revenue		Business Code					
11a	COMSPEC	611710	12,000		12,000		
b	CATERING SERVICES	722320	93,049		93,049		
c	CONFERENCES	541900	106,342		106,342		
d	All other revenue . . . . .		306,688	306,688			
e	Total. Add lines 11a-11d . . . . .		518,079				
12	Total revenue. See Instructions . . . . .		54,949,880	46,484,542	211,391	841,537	

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

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 United States See Part IV, line 21	0			
2	Grants and other assistance to individuals in the United States See Part IV, line 22	16,883,178	16,883,178		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	358,407	358,407		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	744,121	137,765	606,356	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	12,301,569	10,150,416	1,486,029	665,124
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	290,100	237,510	33,911	18,679
9	Other employee benefits	2,501,998	1,249,533	1,199,340	53,125
10	Payroll taxes	594,297	494,856	69,855	29,586
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	49,339		49,339	
c	Accounting	76,282		76,282	
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	49,200			49,200
f	Investment management fees	94,115		94,115	
g	Other	3,392,422	3,129,303	159,469	103,650
12	Advertising and promotion	96,951	28,529	68,219	203
13	Office expenses	883,696	547,627	282,874	53,195
14	Information technology	473,231	83,843	388,413	975
15	Royalties	0			
16	Occupancy	1,462,304	1,214,683	201,874	45,747
17	Travel	638,031	575,302	36,586	26,143
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	120,665	113,812	4,480	2,373
20	Interest	1,303,091	1,303,091		
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	4,539,244	3,797,913	720,020	21,311
23	Insurance	305,759	234,204	59,178	12,377
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	ACADEMIC SUPPORT	758,011	758,011		
b	AUXILIARY EXPENSES	522,706	522,706		
c	INSTRUCTION & DEPT RESEARCH	181,708	181,708		
d	STUDENT SERVICES	801,995	801,995		
e					
f	All other expenses	1,680,560	658,556	917,411	104,593
25	Total functional expenses. Add lines 1 through 24f	51,102,980	43,462,948	6,453,751	1,186,281
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	1	Cash—non-interest-bearing . . . . .			1,311,470	1	1,062,385
	2	Savings and temporary cash investments . . . . .			2,597,679	2	3,231,926
	3	Pledges and grants receivable, net . . . . .			4,764,817	3	5,706,577
	4	Accounts receivable, net . . . . .			450,267	4	492,369
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .			0	5	0
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L . . . . .			0	6	0
	7	Notes and loans receivable, net . . . . .			0	7	0
	8	Inventories for sale or use . . . . .			199,895	8	259,008
	9	Prepaid expenses and deferred charges . . . . .			170,559	9	271,417
	10a	Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D . . . . .	10a	108,663,780			
	b	Less: accumulated depreciation . . . . .	10b	37,204,326	56,659,634	10c	71,459,454
	11	Investments—publicly traded securities . . . . .			24,386,166	11	25,397,732
	12	Investments—other securities. See Part IV, line 11 . . . . .			671,054	12	0
	13	Investments—program-related. See Part IV, line 11 . . . . .			3,177,453	13	3,303,123
	14	Intangible assets . . . . .			0	14	0
	15	Other assets. See Part IV, line 11 . . . . .			1,902,042	15	2,082,470
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .			96,291,036	16	113,266,461
Liabilities	17	Accounts payable and accrued expenses . . . . .			4,328,041	17	4,116,397
	18	Grants payable . . . . .			0	18	0
	19	Deferred revenue . . . . .			458,757	19	414,302
	20	Tax-exempt bond liabilities . . . . .			26,469,800	20	39,995,399
	21	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .			0	21	0
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .			0	22	0
	23	Secured mortgages and notes payable to unrelated third parties . . . . .			95,950	23	31,146
	24	Unsecured notes and loans payable to unrelated third parties . . . . .			0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .			4,021,501	25	4,077,348
	26	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .			35,374,049	26	48,634,592
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>						
	27	Unrestricted net assets . . . . .			24,766,910	27	39,117,788
	28	Temporarily restricted net assets . . . . .			19,730,583	28	8,898,662
	29	Permanently restricted net assets . . . . .			16,419,494	29	16,615,419
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>						
	30	Capital stock or trust principal, or current funds . . . . .				30	
	31	Paid-in or capital surplus, or land, building or equipment fund . . . . .				31	
	32	Retained earnings, endowment, accumulated income, or other funds . . . . .				32	
	33	<b>Total net assets or fund balances</b> . . . . .			60,916,987	33	64,631,869
	34	<b>Total liabilities and net assets/fund balances</b> . . . . .			96,291,036	34	113,266,461

**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>	54,949,880
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	51,102,980
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	3,846,900
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	60,916,987
<b>5</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>5</b>	-132,018
<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>	64,631,869

**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

2011

Open to Public  
Inspection

Name of the organization Benedictine College	Employer identification number 48-0777079
---	--

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 **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 Se**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 IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 (Explain in Part IV ) Do not include gain or loss from the sale of capital assets						
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 2011 (line 6 column (f) divided by line 11 column (f))	14
15	Public Support Percentage for 2010 Schedule A, Part II, line 14	15
16a	<b>33 1/3% support test—2011.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization	<input type="checkbox"/>
b	<b>33 1/3% support test—2010.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization	<input type="checkbox"/>
17a	<b>10%-facts-and-circumstances test—2011.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization	<input type="checkbox"/>
b	<b>10%-facts-and-circumstances test—2010.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization	<input type="checkbox"/>
18	<b>Private Foundation</b> If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions	<input type="checkbox"/>

Part IIIPart III

Support Schedule for Organizations Described in IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2011. 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—2010. 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 explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE D  
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b  
Attach to Form 990. See separate instructions.

Name of the organization  
Benedictine College

Employer identification number  
48-0777079

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 ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

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 ▶ \_\_\_\_\_

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

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	▶ \$ _____ 1,660,200
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 . . . . .	19,476,151	16,778,487	15,538,813	13,332,708
b	Contributions . . . . .	294,310	678,561	314,515	4,249,053
c	Investment earnings or losses . . . . .	368,235	2,676,333	1,343,660	-1,736,993
d	Grants or scholarships . . . . .	620,758	485,378	200,000	137,845
e	Other expenditures for facilities and programs . . . . .	0	0	54,787	34,047
f	Administrative expenses . . . . .	81,981	171,852	163,714	134,063
g	End of year balance . . . . .	19,435,957	19,476,151	16,778,487	15,538,813

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 8 120 %

b

Permanent endowment ▶ 85 490 %

c

Term endowment ▶ 6 390 %

3a

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

(i)

unrelated organizations . . . . .

3a(i)

☐ Yes☐ No

(ii)

related organizations . . . . .

3a(ii)

☐ Yes☐ No

b

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

3b

☐ Yes☐ No

4

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

Part VI

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

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .		1,049,855		1,049,855
b Buildings . . . . .		94,052,625	27,016,694	67,035,931
c Leasehold improvements . . . . .		0	0	0
d Equipment . . . . .		13,561,300	10,187,632	3,373,668
e Other . . . . .		0	0	0
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . .				71,459,454



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	54,949,880
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	51,102,980
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	3,846,900
4	Net unrealized gains (losses) on investments	4	-139,724
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	7,706
9	Total adjustments (net) Add lines 4 - 8	9	-132,018
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	3,714,882

Part XIIReconciliation of Revenue per Audited Financial Statements With Revenue per Return			
1	Total revenue, gains, and other support per audited financial statements . . . . .	1	37,864,265
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments . . . . .	2a	-139,724
b	Donated services and use of facilities . . . . .	2b	
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	385,251
e	Add lines 2a through 2d . . . . .	2e	245,527
3	Subtract line 2e from line 1 . . . . .	3	37,618,738
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	94,115
b	Other (Describe in Part XIV) . . . . .	4b	17,237,027
c	Add lines 4a and 4b . . . . .	4c	17,331,142
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 ) . . . . .	5	54,949,880

Part XIIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements . . . . .	1	34,149,383
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities . . . . .	2a	
b	Prior year adjustments . . . . .	2b	
c	Other losses . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	377,545
e	Add lines 2a through 2d . . . . .	2e	377,545
3	Subtract line 2e from line 1 . . . . .	3	33,771,838
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	94,115
b	Other (Describe in Part XIV) . . . . .	4b	17,237,027
c	Add lines 4a and 4b . . . . .	4c	17,331,142
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 ) . . . . .	5	51,102,980

Part XIVSupplemental Information

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

Identifier	Return Reference	Explanation
COLLECTIONS OF ART	SCHEDULE D, PART III, LINE 4	Frederick Hart's Washington National Cathedral Collection is an impressive assemblage of sculptures that includes the bas-relief "Ex Nihilo" and the life-size castings of the biblical figures Adam, St. Peter and St. Paul. In addition to these sculptures from the National Cathedral in Washington, DC, the artist is best known for his bronze sculptures of three soldiers for the National Vietnam War Memorial. Benedictine College is the only college to have these first castings available for viewing on a daily basis. "Ex Nihilo" is on exhibit inside the Student Union and the statues of Adam, St. Peter and St. Paul are located in the heart of campus along the Raven Walk. The presence of these pieces exposes our students and our campus visitors to some truly magnificent artwork, and is another illustration of our commitment to a broad liberal arts education.
ENDOWMENT FUNDS	SCHEDULE D, PART V, LINE 4	THE PRIMARY PURPOSE OF THE ENDOWMENT FUNDS IS TO FUND SCHOLARSHIPS. THE ENDOWMENT FUNDS ARE ALSO USED TO FUND BUSINESS PROGRAMS AND GENERAL OPERATIONS OF THE COLLEGE.
LIABILITY FOR UNCERTAIN TAX POSITIONS UNDER FIN 48	SCHEDULE D, PART X, LINE 2	MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740. BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS.
RECONCILIATION OF CHANGE IN NET ASSETS	SCHEDULE D, PART XI, LINE 8	CHANGE IN CSV OF LIFE INSURANCE \$ (6,205) CHANGE IN PV OF SPLIT LIFE INSURANCE \$ 13,911 ----- \$ 7,706
RECONCILIATION OF REVENUES	SCHEDULE D, PART XII, LINE 2D	CHANGE IN CSV OF LIFE INSURANCE \$ (6,205) BOOKSTORE COGS \$ 198,549 FUNDRAISING EXPENSES \$ 178,996 CHANGE IN PV OF SPLIT LIFE INSURANCE \$ 13,911 ----- \$ 385,251
RECONCILIATION OF REVENUES	SCHEDULE D, PART XII, LINE 4B	SCHOLARSHIPS \$17,237,027
RECONCILIATION OF EXPENSES	SCHEDULE D, PART XIII, LINE 2D	BOOKSTORE COGS \$ 198,549 FUNDRAISING EXPENSES \$ 178,996 ----- \$ 377,545
RECONCILIATION OF EXPENSES	SCHEDULE D, PART XIII, LINE 4B	SCHOLARSHIPS \$17,237,027

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

2011

Open to Public Inspection

Name of the organization  
Benedictine College

Employer identification number  
48-0777079

Part I		YES	NO
<div>1</div> <div>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?</div>	1	Yes	
	2	Yes	
	3	Yes	
<div>4</div> <div>Does the organization maintain the following?</div> <div>a Records indicating the racial composition of the student body, faculty, and administrative staff?</div> <div>b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?</div> <div>c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?</div> <div>d Copies of all material used by the organization or on its behalf to solicit contributions?</div> <div>If you answered "No" to any of the above, please explain If you need more space, use Part II</div>	4a	Yes	
	4b	Yes	
	4c	Yes	
	4d	Yes	
<div>5</div> <div>Does the organization discriminate by race in any way with respect to</div> <div>a Students' rights or privileges?</div> <div>b Admissions policies?</div> <div>c Employment of faculty or administrative staff?</div> <div>d Scholarships or other financial assistance?</div> <div>e Educational policies?</div> <div>f Use of facilities?</div> <div>g Athletic programs?</div> <div>h Other extracurricular activities?</div> <div>If you answered "Yes" to any of the above, please explain If you need more space, use Part II</div>	5a		No
	5b		No
	5c		No
	5d		No
	5e		No
	5f		No
	5g		No
	5h		No
<div>6a</div> <div>Does the organization receive any financial aid or assistance from a governmental agency?</div> <div>b Has the organization's right to such aid ever been revoked or suspended?</div> <div>If you answered "Yes" to either line 6a or line 6b, explain on Part II</div> <div>7</div> <div>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</div>	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
RACIALLY NONDISCRIMINATORY POLICY PUBLICATION	SCHEDULE E, PART I, LINE 3	BENEDICTINE'S RACIALLY NONDISCRIMINATORY POLICY IS PUBLISHED IN THE COLLEGE CATALOG, WHICH EVERY STUDENT RECEIVES UPON RECEIVING NOTICE OF ACCEPTANCE
GOVERNMENT FINANCIAL AID	SCHEDULE E, PART I, LINE 6A	BENEDICTINE RECEIVES TITLE IV FUNDS FROM THE DEPARTMENT OF EDUCATION

SCHEDULE F  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No 1545-0047

2011

Open to Public  
Inspection

Name of the organization  
Benedictine College

Employer identification number  
48-0777079

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

3

Activites 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
Europe (Including Iceland and Greenland)	1	1	Program Services	Education	550,303
East Asia and the Pacific	0	0	Program Services	EDUCATION	6,716
Europe (Including Iceland and Greenland)			Grantmaking		92,793
East Asia and the Pacific			Grantmaking		92,113
North America			Grantmaking		63,396
South America			Grantmaking		46,497
Sub-Saharan Africa			Grantmaking		39,555
Middle East and North Africa			Grantmaking		24,053
3a Sub-total	1	1			915,426
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	1	1			915,426



[illegible]

**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

**Part V**   **Supplemental Information**

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

Identifier	Return Reference	Explanation
PROCESS FOR MONITORING THE USE OF GRANTS OUTSIDE THE U S	SCHEDULE F, PART I, LINE 2	ALL GRANTS ARE INSTITUTIONAL FINANCIAL AID AND APPLIED DIRECTLY TO STUDENT ACCOUNTS IT IS A CONTINUAL PROCESS IN WHICH WE AWARD STUDENT AID WITHIN FEDERAL GUIDELINES AT THE INITIAL AWARDING TIME PERIOD IF ANY CHANGES TO A STUDENT'S STATUS OCCUR, WE REVIEW THE STUDENT'S AID PACKAGE COMPONENTS TO ENSURE THAT ANY/ALL ADJUSTMENTS MADE MAINTAIN COMPLIANCE WITH TITLE IV FUND RULES WE ALSO PERFORM SPOT CHECKS THROUGHOUT THE SEMESTER TO DOUBLE CHECK THAT AID ELIGIBILITY CALCULATIONS ARE MET

SCHEDULE G  
(Form 990 or 990-EZ)

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

2011

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Benedictine College

Employer identification number  
48-0777079

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.

a

☒

Mail solicitations

e

☒

Solicitation of non-government grants

b

☒

Internet and e-mail solicitations

f

☒

Solicitation of government grants

c

☒

Phone solicitations

g

☒

Special fundraising events

d

☒

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			
WILSON BENNET	FUNDRAISING		No	257,331	49,200	208,131
Total . . . . . ▶				257,331	49,200	208,131

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.

All States

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 50083H

Schedule G (Form 990 or 990-EZ) 2011

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.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		<u>SCHOLARSHIPBALL</u> (event type)	<u>GOLF TOURNAMENT</u> (event type)	<u>1</u> (total number)	(Add col (a) through col (c))
Revenue	1 Gross receipts . . . .	498,143	59,615	7,700	565,458
	2 Less Charitable contributions . . . .	426,029	36,213	3,650	465,892
	3 Gross income (line 1 minus line 2) . . . .	72,114	23,402	4,050	99,566
Direct Expenses	4 Cash prizes . . . .				
	5 Non-cash prizes . . . .				
	6 Rent/facility costs . . . .	1,532	600	3,650	5,782
	7 Food and beverages . . . .	73,000	12,532		85,532
	8 Entertainment . . . .	4,387	499		4,886
	9 Other direct expenses . . . .	67,598	13,622	1,576	82,796
	10 Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶				( 178,996 )
	11 Net income summary Combine lines 3 and 10 in column (d). . . . . ▶				-79,430

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.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
Revenue	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
------------	-----------------	-------------

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Benedictine College

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

2011

Open to Public  
Inspection

Employer identification number

48-0777079

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. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ▶ ☐

(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

2

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶

3

Enter total number of other organizations listed in the line 1 table . . . . . ▶



Part IIIGrants 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) STUDENT AID / SCHOLARSHIPS	1683	16,883,178			

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

Identifier	Return Reference	Explanation
PROCESS FOR MONITORING THE USE OF GRANTS IN THE U S	SCHEDULE I, PART I, LINE 2	ALL GRANTS ARE INSTITUTIONAL FINANCIAL AID AND APPLIED DIRECTLY TO STUDENT ACCOUNTS IT IS A CONTINUAL PROCESS IN WHICH WE AWARD STUDENT AID WITHIN FEDERAL GUIDELINES AT THE INITIAL AWARDING TIME PERIOD IF ANY CHANGES TO A STUDENT'S STATUS OCCUR, WE REVIEW THE STUDENT'S AID PACKAGE COMPONENTS TO ENSURE THAT ANY/ALL ADJUSTMENTS MADE MAINTAIN COMPLIANCE WITH TITLE IV FUND RULES WE ALSO PERFORM SPOT CHECKS THROUGHOUT THE SEMESTER TO DOUBLE CHECK THAT AID ELIGIBILITY CALCULATIONS ARE MET

Schedule J  
(Form 990)

Compensation Information

OMB No 1545-0047

2011

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  
Benedictine College

Employer identification number  
48-0777079

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 checked="" type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input checked="" type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</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 checked="" type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Form 990 of other organizations</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?	4a	No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	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	

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual.

[illegible]

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
HOUSING ALLOWANCE OR RESIDENT FOR PERSONAL USE & SOCIAL CLUB DUES	SCHEDULE J, PART I, LINE 1A	BENEDICTINE COLLEGE PROVIDES HOUSING TO STEPHEN D MINNIS. THE FMV OF THE HOUSING IS NOT INCLUDED IN HIS W-2 BECAUSE IT QUALIFIES AS A NON TAXABLE BENEFIT UNDER CODE SECTION 119. PRESIDENT MINNIS ALSO RECIEVES SOCIAL CLUB DUES THAT ARE TAXABLE AND INCLUDED IN HIS W-2.

<div>Schedule K (Form 990)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Name of the organization Benedictine College</div>	<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	
									2011	
									Open to Public Inspection	
								Employer identification number		
								48-0777079		

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	KANSAS INDEPENDENT COLLEGE FINANCE AUTHORITY	48-1233911	48526HLA2	12-28-2004	6,981,013	SEE SCHEDULE O	X			X		X
B	ATCHISON COUNTY KANSAS	48-6025049	046597BC3	12-27-2007	4,824,916	SEE SCHEDULE O		X		X		X
C	ATCHISON COUNTY KANSAS	48-6025049	046617AX4	01-23-2008	5,232,252	SEE SCHEDULE O		X		X		X
D	KANSAS INDEPENDENT COLLEGE FINANCE AUTHORITY	48-1233911	48526HVB9	05-18-2010	10,785,000	SEE SCHEDULE O		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired	400,000		240,000		270,000		1,195,000	
2	Amount of bonds defeased	1,765,000		0		0		0	
3	Total proceeds of issue	7,063,852		4,859,596		5,279,087		10,785,000	
4	Gross proceeds in reserve funds	254,272		167,949		178,584		714,104	
5	Capitalized interest from proceeds	254,785		137,584		128,284		0	
6	Proceeds in refunding escrow	0		0		0		0	
7	Issuance costs from proceeds	77,908		96,000		104,000		210,600	
8	Credit enhancement from proceeds	0		0		0		0	
9	Working capital expenditures from proceeds	0		0		0		0	
10	Capital expenditures from proceeds	6,370,336		4,453,324		4,861,689		3,660,704	
11	Other spent proceeds	0		0		0		6,747,015	
12	Other unspent proceeds	823		0		0		166,682	
13	Year of substantial completion	2006		2008		2009			
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		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 III

Private 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	If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?							X	
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0 %		0 %		0 %		0 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	0 %		0 170 %		0 190 %		0 230 %	
6	Total of lines 4 and 5	0 %		0 170 %		0 190 %		0 230 %	
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 IV

Arbitrage

		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	0		0		0			
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	0		0		0		0	
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5	Were any gross proceeds invested beyond an available temporary period?	X			X		X		X
6	Did the bond issue qualify for an exception to rebate?		X		X		X	X	

Part V

Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations . . . . . ☒ Yes ☐ No

Part VI

Supplemental Information

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

Identifier	Return Reference	Explanation
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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
		2011
		Open to Public Inspection

Department of the Treasury Internal Revenue Service	
Name of the organization Benedictine College	Employer identification number 48-0777079

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 ATCHISON COUNTY KANSAS	48-6025049	046597BT6	11-16-2011	9,990,000	SEE SCHEDULE O		X		X		X
B ATCHISON COUNTY KANSAS	48-6025049		04-26-2012	1,805,000	SEE SCHEDULE O		X		X		X

Part II Proceeds											
				A	B	C	D				
1	Amount of bonds retired			0	0						
2	Amount of bonds defeased			0	0						
3	Total proceeds of issue			9,990,000	1,805,000						
4	Gross proceeds in reserve funds			748,883	90,223						
5	Capitalized interest from proceeds			152,776	0						
6	Proceeds in refunding escrow			0	0						
7	Issuance costs from proceeds			199,800	34,625						
8	Credit enhancement from proceeds			0	0						
9	Working capital expenditures from proceeds			0	0						
10	Capital expenditures from proceeds			5,078,036	0						
11	Other spent proceeds			0	1,770,375						
12	Other unspent proceeds			3,809,388	0						
13	Year of substantial completion			2006							
			Yes	No	Yes	No	Yes	No	Yes	No	
14	Were the bonds issued as part of a current refunding issue?				X	X					
15	Were the bonds issued as part of an advance refunding issue?				X		X				
16	Has the final allocation of proceeds been made?				X	X					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?			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				
2	Are there any lease arrangements that may result in private business use of bond-financed property?				X	X					

Part III

Private 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				
b	If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X							
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X				
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0 %		0 %					
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	0 %		0 %					
6	Total of lines 4 and 5	0 %		0 %					
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X					

Part IV

Arbitrage

		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				
2	Is the bond issue a variable rate issue?		X	X					
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X		X				
b	Name of provider	0		0					
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								
4a	Were gross proceeds invested in a GIC?		X		X				
b	Name of provider	0		0					
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5	Were any gross proceeds invested beyond an available temporary period?		X		X				
6	Did the bond issue qualify for an exception to rebate?		X	X					

Part V

Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations . . . . . ☐ Yes ☒ No

Part VI

Supplemental Information

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

Identifier	Return Reference	Explanation
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Schedule L  
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization  
Benedictine College

Employer identification number  
48-0777079

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
(1)		11,000

**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

**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)

NonCash Contributions

OMB No 1545-0047

2011

Open to Public Inspection

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

Name of the organization  
Benedictine College

Employer identification number  
48-0777079

Part I

Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining 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	16	53,087	FMV
10 Securities—Closely held stock . . . . .	X	2	40,227	FMV
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

1

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? . . . . .	Yes	No
b	If "Yes," describe the arrangement in Part II		No
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions? . . . . .	Yes	
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 III**

**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
NUMBER OF CONTRIBUTIONS	SCHEDULE M, PART I, COLUMN B	THE NUMBER IN COLUMN B REPRESENTS THE NUMBER OF CONTRIBUTIONS DURING THE YEAR
NONCASH CONTRIBUTIONS	SCHEDULE M, PART I, QUESTION 32B	PUBLICLY TRADED STOCK GIFTS ARE TRANSFERRED TO A BROKER AND SOLD AS SOON AS POSSIBLE WITH OVERSIGHT BY THE CONTROLLER

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

2011

Open to Public  
Inspection

Name of the organization Benedictine College	Employer identification number 48-0777079
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Identifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990, PART III, LINE 1	BENEDICTINE COLLEGE IS A CATHOLIC, BENEDICTINE, LIBERAL ARTS, RESIDENTIAL COLLEGE. OUR MISSION IS TO EDUCATE MEN AND WOMEN WITHIN A COMMUNITY OF FAITH AND SCHOLARSHIP. BUILDING A GREAT CATHOLIC COLLEGE REQUIRES A COMMUNITY-WIDE COMMITMENT TO EXCELLENCE. WE DEDICATE OURSELVES TO EDUCATING STUDENTS TO BECOME LEADERS IN THE BENEDICTINE TRADITION, WHO WILL TRANSFORM THE WORLD THROUGH THEIR COMMITMENT TO INTELLECTUAL, PERSONAL, SPIRITUAL GREATNESS.

Identifier	Return Reference	Explanation
PROGRAM SERVICE ACCOMPLISHMENTS	FORM 990, PART III, LINE 4A	<p>BENEDICTINE COLLEGE IS A CATHOLIC, BENEDICTINE, LIBERAL ARTS, RESIDENTIAL COLLEGE WITH A MISSION TO EDUCATE MEN AND WOMEN WITHIN A COMMUNITY OF FAITH AND SCHOLARSHIP. WE HAVE A VISION TO BUILD ONE OF THE GREAT CATHOLIC COLLEGES IN AMERICA, AND ATTAINING THAT VISION REQUIRES A COMMUNITY-WIDE COMMITMENT TO EXCELLENCE. WE DEDICATE OURSELVES TO EDUCATING STUDENTS TO BECOME LEADERS IN THE BENEDICTINE TRADITION, WHO WILL TRANSFORM THE WORLD THROUGH THEIR COMMITMENT TO INTELLECTUAL, PERSONAL AND SPIRITUAL GREATNESS. BENEDICTINE COLLEGE IS LOCATED IN ATCHISON, KANSAS, ON A 120-ACRE CAMPUS OVERLOOKING THE MISSOURI RIVER, ABOUT 50 MILES NORTH OF KANSAS CITY, MISSOURI. THERE IS A GRADUATE PROGRAMS SATELLITE CAMPUS IN ROELAND PARK, KANSAS, AND A PARTNERSHIP WITH THE KANSAS CITY POLICE DEPARTMENT TO TEACH GRADUATE COURSES AT THE REGIONAL POLICE ACADEMY. THE COLLEGE ALSO HAS AN INTERNATIONAL CAMPUS IN FLORENCE, ITALY. FOR THE CURRENT ACADEMIC YEAR (2012-13), BENEDICTINE COLLEGE IS BLESSED TO HAVE THE LARGEST FULL-TIME UNDERGRADUATE STUDENT BODY IN ITS HISTORY, WITH MORE THAN 1,700 STUDENTS, NEARLY TRIPLING BENEDICTINE COLLEGE'S ENROLLMENT FROM 20 YEARS AGO. THE FRESHMAN CLASS ENTERING IN 2012 WAS NOT ONLY THE LARGEST IN SCHOOL HISTORY, BUT ALSO HAD THE HIGHEST AVERAGE ACT SCORE IN SCHOOL HISTORY AND THE HIGHEST AVERAGE GPA IN SCHOOL HISTORY. IT IS OBVIOUS THAT BENEDICTINE COLLEGE IS ATTRACTING BOTH MORE STUDENTS AS WELL AS THE BEST AND THE BRIGHTEST. NEARLY 80% OF UNDERGRADUATE STUDENTS LIVE ON CAMPUS IN ACCORDANCE WITH THE COLLEGE'S STRONG RESIDENTIAL TRADITION. TO KEEP UP WITH ITS GROWTH, BENEDICTINE COLLEGE HAS OPENED NINE NEW RESIDENCE HALLS SINCE THE YEAR 2000. THIS YEAR WAS NO DIFFERENT, AS THE COLLEGE OPENED ST. MICHAEL HALL AS A HOME TO 150 UNDERGRADUATE MEN. NATIONAL SURVEYS PLACE BENEDICTINE'S STUDENT LIFE PROGRAM HIGHEST IN OVERALL RESIDENT SATISFACTION AND BENEDICTINE COLLEGE'S RETENTION RATE IS CONSISTENTLY ABOVE 90%. IN MARCH OF 2012, THE COLLEGE OPENED THE NEW 57,000-SQUARE-FOOT FERRELL ACADEMIC CENTER. THIS LEED-CERTIFIED FACILITY PROVIDES SPACE FOR CLASSES, FACULTY AND PROGRAMS, ALLOWING BENEDICTINE TO CONTINUE GROWING. THE COLLEGE ALSO OPENED THE MCCARTHY GALLERY OF ART IN HONOR OF LONG-TIME ART PROFESSOR, DENNIS MCCARTHY. OUR ATHLETES HAVE EXCELLED ON THE FIELD AS WELL AS OFF, WITH SEVEN VARSITY SPORTS TEAMS RECEIVING NAIA SCHOLAR TEAM RECOGNITION AND BENEDICTINE COLLEGE BEING NAMED A "CHAMPIONS OF CHARACTER FIVE STAR INSTITUTION" BY THE NATIONAL ASSOCIATION OF INTERCOLLEGIATE ATHLETICS. MORE THAN A DOZEN ATHLETES WERE NAMED NAIA DAKTRONICS SCHOLAR ATHLETES AND TWO WERE NAMED TO THE ALL-AMERICA HONORABLE MENTION LIST. IN THE AREA OF ACADEMIC EXCELLENCE, BENEDICTINE IS NOW ONE OF THE FEW CATHOLIC COLLEGES IN THE NATION OFFERING ABET-ACCREDITED PROGRAMS IN CHEMICAL, CIVIL, ELECTRICAL, AND MECHANICAL ENGINEERING. ALSO, SEVERAL NEW MAJORS HAVE BEEN ADDED IN RECENT YEARS, INCLUDING ART, CRIMINOLOGY, ENGINEERING PHYSICS, FINANCE, INTERNATIONAL BUSINESS, INTERNATIONAL STUDIES, AND NURSING. THE FIRST CLASSES OF BENEDICTINE ENGINEERS AND NURSES GRADUATED IN SPRING 2012. ALL THE NURSES PASSED THEIR EXAMS AND HAVE JOBS IN THE MEDICAL FIELD. THIS YEAR, 25 OF OUR PROFESSORS WERE RANKED IN THE TOP 10% OF THE NATIONAL IDEA FACULTY EVALUATIONS. FOR THE SIXTH YEAR, BENEDICTINE COLLEGE WAS NAMED ONE OF AMERICA'S BEST COLLEGES BY "U.S. NEWS &amp; WORLD REPORT," APPEARING AS A TOP-TIER SCHOOL IN THE MIDWEST - MASTERS CATEGORY. IN ADDITION, THE CARDINAL NEWMAN SOCIETY NAMED BENEDICTINE COLLEGE ONE OF THE TOP CATHOLIC COLLEGES IN THE UNITED STATES IN ITS PUBLICATION, "THE NEWMAN GUIDE TO CHOOSING A CATHOLIC COLLEGE." AFTER AN EXTENSIVE NATIONAL STUDY, "FIRST THINGS" MAGAZINE ALSO NAMED BENEDICTINE COLLEGE TO ITS TOP 20. THE SCHOOL IS RANKED NUMBER 18 IN THE NATION BY THEIR RESEARCH, WHICH INCLUDED MORE THAN 2,000 COLLEGES AND UNIVERSITIES, FROM AMERICAN UNIVERSITY TO YALE. THE STUDY ALSO RANKED BENEDICTINE COLLEGE AMONG THE TOP 5 CATHOLIC COLLEGES IN THE COUNTRY. THE COLLEGE ALSO LAUNCHED AN HONORS PROGRAM, A GREGORIAN FELLOWS PROGRAM, AND THE GREGORIAN SPEECH DIGEST. LAST YEAR, A NEW INSTITUTE FOR MISSIONARY ACTIVITY WAS DEVELOPED. THE MINISTRY PROGRAM IS NATIONALLY RECOGNIZED, THE STUDENT LIFE PROGRAM HAS BECOME A MODEL FOR OTHER COLLEGES AND UNIVERSITIES, AND ATHLETIC PROGRAMS, INCLUDING THE ADDITION OF A NEW WRESTLING PROGRAM, ARE HIGH ACHIEVING IN EVERY ASPECT. BENEDICTINE COLLEGE IS CONSISTENTLY GAINING IN IMAGE AND AWARENESS. IT HAS AVERAGED 6% GROWTH IN ENROLLMENT EACH YEAR FOR THE PAST 13 YEARS. THE CAMPUS HAS BEEN TRANSFORMED, WITH NEW RESIDENCE FACILITIES AND NOW A FABULOUS NEW SIGNATURE ACADEMIC BUILDING. IN ADDITION, A SPECIALLY-COMMISSIONED STATUE OF ST. BENEDICT NOW WELCOMES VISITORS TO CAMPUS OUTSIDE THE HAVERTY CENTER. THE BENEDICTINE MONKS AND SISTERS WHO BRAVED THE AMERICAN FRONTIER OF THE MIDDLE 1800s WOULD BE PROUD TO SEE THE INSTITUTION THAT STILL REPRESENTS THEIR VISION OF COMMUNITY, FAITH AND SCHOLARSHIP.</p>

Identifier	Return Reference	Explanation
PROGRAM SERVICE ACCOMPLISHMENTS	FORM 990, PART III, LINE 4A	IN SUCH AN OUSTANDING WAY

Identifier	Return Reference	Explanation
BUSINESS/FAMILY RELATIONSHIPS	FORM 990, PART VI, SECTION A, LINE 2	LENE WESTERMAN AND PAUL WESTERMAN HAVE A FAMILY RELATIONSHIP STEPHEN MCBRIDE AND SUSAN ZUBRADT HAVE A BUSINESS RELATIONSHIP



Identifier	Return Reference	Explanation
FORM 990 REVIEW PROCESS	FORM 990, PART VI, SECTION B, LINE 11A	AN INDEPENDENT ACCOUNTING FIRM PREPARES AND REVIEWS THE 990 THE 990 IS THEN REVIEWED BY THE ORGANIZATION'S OFFICERS AND ACCOUNTING PERSONNEL ANY QUESTIONS OR CONCERNS THE ORGANIZATION'S OFFICERS AND ACCOUNTING PERSONNEL HAVE ARE ADDRESSED AND ANY CORRECTIONS OR CLARIFICATIONS ARE MADE THE 990 IS THEN PROVIDED TO THE FINANCE COMMITTEE OF THE BOARD AND THE FULL BOARD FOR REVIEW

Identifier	Return Reference	Explanation
CONFLICT OF INTEREST POLICY	FORM 990, PART VI, SECTION B, LINE 12C	AT THE TIME OF HIRE OR ELECTION (IN THE CASE OF DIRECTORS) AND ANNUALLY THEREAFTER, THE OFFICERS, DIRECTORS, AND KEY EMPLOYEES SHALL PROVIDE THE APPLICABLE CONFLICT OF INTEREST DISCLOSURES WHICH SHALL BE COMPLETED TO IDENTIFY ANY RELATIONSHIPS, POSITIONS, OR CIRCUMSTANCES IN WHICH IT IS BELIEVED A CONFLICT MAY ARISE. IF A CONFLICT ARISES, THE OFFICER, DIRECTOR, OR KEY EMPLOYEE ABSTAINS FROM THE VOTE OF THE CONFLICTED POSITION. AN APPROPRIATE REPORT SHALL BE SUBMITTED TO THE EXECUTIVE BOARD CONCERNING ANY INTEREST DISCLOSED.

Identifier	Return Reference	Explanation
COMPENSATION REVIEW	FORM 990, PART VI, SECTION B, LINES 15A & B	LINE 15A - THE ORGANIZATION'S PROCESS FOR DETERMINING PRESIDENT COMPENSATION BEGAN WITH THE BOARD REQUIRING A 5 YEAR REVIEW OF THE PRESIDENT'S SALARY AND A REVIEW FOR THE SAME PERIOD AT COLLEGES OF LIKE SIZES. ADDITIONALLY, THE BOARD REQUIRED A COMPREHENSIVE REVIEW OF HIS SALARY TO INCLUDE NON-TANGIBLE BENEFITS. THE ORGANIZATION'S PROCESS FOR DETERMINING PRESIDENT COMPENSATION BEGINS WITH AN INITIATIVE LEAD BY THE CHAIRMAN OF THE GOVERNING BOARD. THE CHAIRMAN COMPARES COMPENSATION AND SALARY DATA WITH OTHER ORGANIZATIONS OF A SIMILAR SIZE AND INDUSTRY. THE CHAIRMAN REVIEWS THE DATA AND MAKES A RECOMMENDATION TO THE BOARD OF DIRECTORS IN A CLOSED EXECUTIVE COMMITTEE MEETING WHERE THE COMPENSATION IS THEN VOTED UPON. LINE 15B - THE PRESIDENT CONDUCTS AN ANNUAL REVIEW OF OTHER OFFICER AND KEY EMPLOYEE'S COMPENSATION BASED ON COMPARABLE SALARY DATA OF OTHER ORGANIZATIONS OF SIMILAR SIZE AND INDUSTRY. This past year we conducted a salary analysis of all positions vetted against national data and adjusted regionally. We made adjustments to salaries as appropriate and we will continue to do this on an ongoing basis.

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

Identifier	Return Reference	Explanation
HIGHLY COMPENSATED EMPLOYEES	FORM 990, PART VII, LINE 35	Darrin Muggli appears on the 990 for FY 11-12 as a highly compensated employee due to external grant funding that pays him for the work he does on the grants along with his base salary from Benedictine

Identifier	Return Reference	Explanation
OTHER CHANGES IN NET ASSETS	FORM 990, PART XI, LINE 5	UNREALIZED LOSS ON INVESTMENTS \$ ( 139,724) INCREASE IN CSV OF LIFE INSURANCE \$ 13,911 CHANGE IN PV OF SPLIT LIFE INSURANCE \$ (6,205) ----- \$ (132,018)

Identifier	Return Reference	Explanation
BOND ISSUE PURPOSE	SCHEDULE K, PART I	PART I - BOND ISSUES TAX-EXEMPT BONDS #1 BOND ISSUE (A), COLUMN (F) CONSTRUCTING, IMPROVING AND EQUIPPING EDUCATIONAL FACILITIES BOND ISSUE (B), COLUMN (F) CONSTRUCTING, IMPROVING AND EQUIPPING EDUCATIONAL FACILITIES BOND ISSUE (C), COLUMN (F) CONSTRUCTING, IMPROVING AND EQUIPPING EDUCATIONAL FACILITIES BOND ISSUE (D), COLUMN (F) CONSTRUCTING, IMPROVING AND EQUIPPING EDUCATIONAL FACILITIES, REFUND 2003 BONDS (ORIGINALLY ISSUED ON 3-31-2003) TAX-EXEMPT BONDS #2 BOND ISSUE (A), COLUMN (F) CONSTRUCTION OF A NEW RESIDENCE HALL BOND ISSUE (B), COLUMN (F) PARTIALLY REFUND SERIES 2004 BONDS ISSUED 12/28/2004

Identifier	Return Reference	Explanation
BOND ISSUE PROCEEDS	SCHEDULE K, PART II	<p>Part II - Proceeds TAX-EXEMPT BONDS #1 Column A, Line 3 Amount is not equal to the issue price due to investment earnings during the project period Column A, Line 4 A portion of the reserve became transferred proceeds of the 2012 bonds Column A, Line 12 There was approximately \$823 of earnings deposited into the Project Fund after the end of the "project period " However, this amount was included in the "Total proceeds of issue" reported on Line 1 and reported as "unspent proceeds " Subsequent to the fiscal year end this amount was used to pay project expenditures Column B, Line 3 Amount is not equal to the issue price due to investment earnings during the project period Column C, Line 3 Amount is not equal to the issue price due to investment earnings during the project period Column D, Line 11 This amount was used to refund the 2003 bonds Column D, Line 12 Amounts held in the project fund as of the fiscal year end Column D, Line 13 Not all projects were completed as of the fiscal year end Column D, Line 16 Not all projects were completed as of the fiscal year end TAX-EXEMPT BONDS#2 Column A, Line 12 Amounts held in the project fund as of the fiscal year end Column A, Line 13 Not all projects were completed as of the fiscal year end Column A, Line 16 Not all projects were completed as of the fiscal year end Column B, Line 4 A portion of the debt service reserve fund for the 2004 bonds became transferred proceeds of the 2012 bonds Column B, Line 11 This amount was used to refund a portion of the 2004 bonds</p>



## Additional Data

**Software ID:****Software Version:****EIN:** 48-0777079

**Name:** Benedictine College

**Form 990, Special Condition Description:**

### Special Condition Description

**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				
Fr James Albers OSB Director	1 0	X									
Larry Buessing Director	1 0	X									
Shirley Chenoweth Director	1 0	X									
JUDITH HEMBERGER Director	1 0	X									
M Darryl Jones Director	1 0	X									
Lawrence S Kaminsky Director	1 0	X									
Kevin E Kramer Director	1 0	X									
Fr Gabriel Landis OSB Director	1 0	X									
David M Laughlin Director	1 0	X									
Stephen E McBride Director	1 0	X									
Michael Murphy Director	1 0	X									
Jack A Newman Jr Director	1 0	X									
Kathleen O'Hara Director	1 0	X									
S Mary Agnes Patterson OSB Director	1 0	X									
RICHARD SULLIVAN Director	1 0	X									
Christopher Thompson Director	1 0	X									
Matthew Tynan Director	1 0	X									
Carolyn Watley Director	1 0	X									
Paul D Westerman Director	1 0	X									
Robert S Wholey Director	1 0	X									
James T O'Brien Director/Board Chairman	1 0	X		X							
S Anne Shepard OSB Director/Board Secretary	1 0	X		X							
Abbot Barnabas Senecal OSB Director/Board SECRETARY	1 0	X		X							
S Mary Irene Nowell OSB Director/Assistant VICE-CHAIR	1 0	X		X							
Susan Zubradt Director	1 0	X									

**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			
PATRICK M CARR SR DIRECTOR	1 0	X								
MICHAEL LAUSE DIRECTOR	1 0	X								
LENE WESTERMAN DIRECTOR	1 0	X								
Stephen D Minnis Director/President	40 0			X				300,411	0	42,573
Kimberly C Shankman Vice President	40 0			X				99,199	0	24,937
Ronald J Olinger Treasurer/CFO	40 0			X				134,174	0	14,995
Kristie R Scholz Asst Treasurer	40 0			X				67,999	0	4,051
FR MAURICE HAEFLING OSB ASST TREASURER	1 0			X						
Kelly Vowels VP of Institutional Advancemnt	40 0					X		141,079	0	25,707
DARRIN MUGGLI ENGINEERING PROFESSOR	40 0					X		108,117	0	22,300