

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



DLN: 93493078004114

Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

A Fo	r the	2012 cal	endar year, or tax year beginning 06-	-01-2012 , 2012, and end	ling 05-31-	2013					
B Ch	eck ıf a	applicable	C Name of organization St Olaf College				D Employer	identification number			
☐ Add	dress cl	hange			41-0693979						
∏ Na	me cha	ange	Doing Business As								
Ind	tial retu	ım	Number and street (or P O box if mail is	not delivered to street address)	Room/suite		E Telephone	number			
Г Теі	rmınate	ed	1520 St Olaf Avenue				(507) 786-2222				
		return	City or town, state or country, and ZIP + Northfield, MN 55057	4			(507)70				
M Apı	plicatio	n pending					G Gross recei	pts \$ 262,774,777			
			F Name and address of principal David Anderson	al officer			s a group ret				
			1520 St Olaf Avenue			affilia	tes?	┌ Yes ┌ No			
			Northfield, MN 55057			H(b) Are a	ll affiliates ir	ncluded? 🗆 Yes 🔽 No			
——— т Та	x-exen	npt status	✓ 501(c)(3)	: no.)	527	If "No	o," attach a l	ist (see instructions)			
			w stolaf edu	110 / 1 191/(1/(1/01) 3		H(c) Grou	p exemption	number ►			
K For	m of or	rganızatıon	Corporation Trust Association	Other -		L Year of fo	mation 1874	M State of legal domicile MN			
Pa	rt I	Sum	mary								
	1	Briefly d	escribe the organization's mission or	most significant activities	5						
		See Sch	edule O								
Governance											
E E											
9.Ye	2	Check tl	nis box দ if the organization discon	itinued its operations or di	sposed of	more than 2	5% of its ne	t assets			
	3	Number	of voting members of the governing b	oodv (Part VI. line 1a)			. 1:	3 30			
Activities &			of independent voting members of th					4 28			
Ě	1		mber of individuals employed in cale					5 3,625			
ទូ	6	Total nu	mber of volunteers (estimate if neces			6 700					
•	1		related business revenue from Part $oldsymbol{arphi}$				7	7a 523,190			
	b	Net unre	lated business taxable income from	Form 990-T, line 34 .			7	/b			
						Prio	r Year	Current Year			
ā	8		butions and grants (Part VIII, line 1		19,889,294						
Revenue	9 10	_	im service revenue (Part VIII, line 2 tment income (Part VIII, column (A)				.50,241,791 13,013,692				
Ä	11		revenue (Part VIII, column (A), line:				408,328	· · · · · ·			
	12		revenue—add lines 8 through 11 (mu								
			<u> </u>			1	83,553,105	 			
	13		s and similar amounts paid (Part IX,				52,259,600				
	14		ts paid to or for members (Part IX, c es, other compensation, employee be					0			
\$	15	5-10			62,499,254	62,978,990					
Expenses	16a	Profes	sional fundraising fees (Part IX, colu	74,764	82,118						
ਡੌ	Ь	Total fu	ndraising expenses (Part IX, column (D), line	e 25) 🛌 3,852,813							
_	17		expenses (Part IX, column (A), lines		48,953,429						
	18		expenses Add lines 13-17 (must ed		•	1	63,787,047				
_ 07	19	Reven	ue less expenses Subtract line 18 f	rom line 12		Dani	19,766,058	22,169,885			
20 G							of Current ear	End of Year			
esse Baka	20	Total	assets (Part X, line 16)			6	26,413,381	679,566,482			
Net Assets or Fund Balances	21	Total	liabilities (Part X, line 26)	.32,226,991	127,975,757						
	22		sets or fund balances Subtract line	21 from line 20		4	94,186,390	551,590,725			
	rt II		ature Block								
my k	nowle	dge and	perjury, I declare that I have examın belief, it is true, correct, and complet nowledge								
		****					14-03-19				
Sigr		Signa	ature of officer			Da	ite				
Her	е		Norton VP & Treasurer or print name and title								
		17	•	eparer's signature	Date	e Cho	ck f PT	IN			
Paid	d			· •		self-	employed				
	pare		irm's name 🕨			Firm	's EIN ►				
	On		ım's address 🕨			Pho	ne no				

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

┌ Yes ┌ No

orm	990 (2	2012)					Page 2
Part	***		Program Serv e O contains a resp		lishments uestion in this Part II	п	
1	Briefl	y describe the org	janization's mission	1			
ooted s ulti emai listin God's	d in the mately ns dec ctive e call to	e Christian Gospe y worthwhile and fo dicated to the high environment that i o faith The collegi	l, and incorporating osters the developn standards set by it ntegrates teaching e intends that its gi	a global persp nent of the who ts Norwegian ir , scholarship, c raduates comb	ective In the convic le person in mind, bo nmigrant founders In reative activity, and ine academic excelle	provides an education comm tion that life is more than a li dy, and spirit Now in its seco n the spirit of free inquiry and opportunities for encounter v nce and theological literacy v liffering backgrounds and beli	velihood, it focuses on what nd century, St Olaf College free expression, it offers a with the Christian Gospel and with a commitment to lifelong
		ne organization und rior Form 990 or 9		ant program se	ervices during the year	ar which were not listed on	
	If "Ye	s," describe these	new services on S	chedule O			
	servic	es?			nt changes in how it c	onducts, any program	
	expen	ses Section 501) organizations	s are required to repo	hree largest program service ort the amount of grants and a	
4a	part t camp and S Cound	econdary Education ime students The gra- us experiences St Ol Gecondary Schools The cil on Social Work Educ	duating class of 2013 ha af College is accredited e Colleges academic pro	ad 717 graduates as a degree-grant ograms are also ac tion of Schools of	A student to faculty ratio ling institution by the High credited by the American	57,037,619) (Revenue \$ smic year, St Olaf College enrolled it of 12 1 supports St Olaf students in or Learning Commission of the Nort Chemical Society, Commission on Con of Schools of Music, National Asso	with clasroom, laboratory, and off- th Central Association of Colleges Collegiate Nursing Education,
4b	(Code	e) (Expenses \$		including grants of \$) (Revenue \$)
4c	(Code	2) (Expenses \$		ıncludıng grants of \$) (Revenue \$)
4d	Otha	ar nrogram cervico	s (Describe in Sch	edule O)			
M		enses \$		luding grants o	f \$) (Revenue \$)

Total program service expenses ►

157,363,154

art TV	Check	list of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I^{\bullet}	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts 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	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	Yes	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, 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^{\bullet}	9	Yes	
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 $\sqrt{2}$	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
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 and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 🥵	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
	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, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	Yes	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Νo
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M $$.	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Νo
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	Yes	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Yes	

	Check if Schedule O contains a response to any question in this Part V	•	Yes	i i
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 4,121		165	14
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	4		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		
	gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered			
	by this return	4		
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)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		N
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?	5a		N
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		N
D	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).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		l N
ч	If "Yes," indicate the number of Forms 8282 filed during the year 7d 0			IN
u	Thes, indicate the number of forms 3232 med during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		N
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		N
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		N
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	Yes	
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		N
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		N
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		N
.0	Section 501(c)(7) organizations. Enter			
а	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			
.1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		N
.2a				
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			1
b	· · · · · · · · · · · · · · · · · · ·			
ь 13	year	132		NI.
b 13 a	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		N
b 13 a	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states	13a		N
b L3 a b	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13a		N
b l3 a b	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states	13a		N

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

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

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	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		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		Νο
6	Did the organization have members or stockholders?	6	Yes	
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	Yes	
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	Yes	
8				
а	The governing body?	8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
	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
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	even	ue Cod	e.)
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	Reveni	ue Cod Yes	e.) No
	Did the organization have local chapters, branches, or affiliates?	10a		
10a				No
10a b	Did the organization have local chapters, branches, or affiliates?	10a 10b		No
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	10a 10b 11a 12a 12b	Yes Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No No

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed SC , NH , MN , MI , MD , MA , AZ , AK
- 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 Own website Another's website Upon request Other (explain in Schedule O)
- 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 during the tax year
- $State\ the\ name,\ physical\ address,\ and\ telephone\ number\ of\ the\ person\ who\ possesses\ the\ books\ and\ records\ of\ the\ organization$ ►Alan Norton 1520 St Olaf Avenue Northfield, MN (507) 786-2222

Form	990	(2012)	
------	-----	--------	--

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

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

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

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

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

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

	1	1								
(A) Name and Title	(B) A verage hours per week (list any hours	more t perso and	han o	one l both ector	box, an o	officer stee)		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations
See Additional Data Table										
	•	•	•							Form 990 (2012)

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

	(A) Name and Title	(B) A verage hours per week (list any hours	more t	tion (han d on is	one l both	oox, an	heck unless officer stee)		(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-		(F) Estima mount of compens	other ation he
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)		ganizati relate organiza	d
											+		
											_		
11.	Cub Tabal							 			_		
1b c	Sub-Total	s to Part VII, S	ection A	٠.			•	Þ			+		
d	Total (add lines 1b and 1c) .							Þ	2,347,603				343,179
2	Total number of individuals (in \$100,000 of reportable compe	-					d abov	e) w	ho received more th	an			
												Yes	No
3	Did the organization list any fo on line 1a? <i>If</i> " <i>Yes,"</i> complete S					key •	emplo	yee, •	or highest compen	sated employee	3	Yes	
4	For any individual listed on line organization and related organ individual										4	Yes	
5	Did any person listed on line 1 services rendered to the organ										5		No
Se	ection B. Independent Co	ntractors											
1	Complete this table for your five	ve highest comp										ax vear	

(A) Name and business address	(B) Description of services	(C) Compensation
The Boldt Company 2525 N Roemer Road Appleton WI 54911	Contractor	6,586,789
Muska Electric Company 1985 Oakcrest Avenue Roseville MN 55113	Electric Contractor	1,335,382
Educational & Institutional Insurance Adm 200 S Wacker Dr Ste 1000 Chicago IL 60606	Insurance Advisor	1,093,292
Bon Appetit Management Co 100 Hamilton Avenue Suite 400 Palo Alto CA 94301	Food Service	8,264,243
American Excavating Inc 200 Oak Street Northfield MN 55057	Construction	795,772
2. Total number of independent contractors (including but not limited to those lie	tod above) who received more than	

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 \blacktriangleright 54

Part V	7111	Statement of Revenue										
		Check If Schedi	ule O contains a respor	nse to any question	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514				
0	1a	Federated cam	paigns 1a									
ints unts	ь	Membership du	ıes 1b									
9 C C	c	Fundraising eve		234,444								
Ā		_										
E E	d	Related organiz		2.105.056								
ns,	e	Government grant	s (contributions) 1e	3,195,056								
er S	f	All other contribute similar amounts no	ons, gifts, grants, and 1f ot included above	14,549,056								
ributions, Gifts, Grants Other Similar Amounts	g		ons included in lines	1,966,663		i						
Contributions, Gifts, Grants and Other Similar Amounts		1a-1f \$	- 4 - 44		17,978,556							
<u>ರಹ</u>	h	Total. Add lines	sla-lf	.	17,976,550							
e E				Business Code								
Yen	2a	Tuition and Fees		900099	127,714,049	127,714,049						
<u>æ</u>	b	Sales & Services fr	om Aux	611710	26,151,315	760,412	921,714	24,469,189				
ž F	C	Other		900099	2,822,427	2,676,074		146,353				
Program Serwce Revenue	d											
ran	e f	All other progra	am service revenue									
Į,	•	_										
<u> </u>	g		s 2a-2f		156,687,791							
	3		ome (including dividen ar amounts)		9,150,856		-435,808	9,586,664				
	4		stment of tax-exempt bond		0							
	5	Royalties	<u></u>	🕨	0							
			(ı) Real	(II) Personal								
	6a	Gross rents	166,221 89,554	41,715 4,431								
	B	Less rental expenses	·	,								
	С	Rental income or (loss)	76,667	37,284								
	d	Net rental inco	me or (loss)		113,951		37,284	76,667				
		Gross amount	(ı) Securities	(II) O ther								
	7a	from sales of assets other than inventory	73,206,232	3,001,693								
	Ь	Less cost or other basis and	65,209,489	2,057,518								
	c	sales expenses Gaın or (loss)	7,996,743	944,175								
	ď		ss)		8,940,918			8,940,918				
Other Revenue	8a	events (not inc \$234	. <u>,444</u> s reported on line 1c)									
- -			а	46,546								
Ě			penses b		-96,075							
•	c 9a	Gross income f	(loss) from fundraising rom gaming activities ne 19	events 🌬	-90,073							
	.		a									
	l b		penses b (loss) from gaming acti	vities	0							
		Gross sales of		vicies i i i								
		returns and allo	owances .	2 105 155								
			a .	2,495,167								
	b		oods sold . . b (loss) from sales of inve	2,239,516	255,651			255,651				
		Miscellaneous		Business Code								
	11a											
	ь											
	С											
	d	All other reven	ue									
	е	Total. Add lines	s 11a-11d	🕨	0							
	12	Total revenue.	See Instructions .	🕨	193,031,648	131,150,535	523,190	43,475,442				
	1				193,031,048	101,100,000	323,190	+3,4/3,442				

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) Check if Schedule O contains a response to any question in this Part IX (D) (B) (C) Do not include amounts reported on lines 6b, (A) Program service Management and Fund raising 7b. 8b. 9b. and 10b of Part VIII. Total expenses expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 Grants and other assistance to individuals in the United States See Part IV, line 22 54,791,058 54,791,058 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 2,246,561 2,246,561 Benefits paid to or for members Compensation of current officers, directors, trustees, and 1,638,360 528,309 744,786 365,265 key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons 275,026 244,943 30,083 described in section 4958(c)(3)(B) Other salaries and wages 45,664,769 41,266,595 2,738,627 1,659,547 Pension plan accruals and contributions (include section 401(k) 4,425,940 3,920,498 308,246 197,196 and 403(b) employer contributions) 7,742,684 6,651,387 780,200 Other employee benefits 311,097 10 3,232,211 2,873,918 224,619 133,674 11 Fees for services (non-employees) O Management 135,226 550 Legal 134,676 Accounting 118,985 5,066 113,919 O Lobbying 82,118 Professional fundraising services See Part IV, line 17 82,118 Investment management fees 249,138 249,138 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on 2,625,987 2,026,796 507,284 91,907 Schedule O) Advertising and promotion . . 418,205 350,375 67,547 12 283 13 Office expenses . . . 3,497,714 2,852,428 392,104 253,182 2,045,154 393,416 14 Information technology . . 1,550,138 101,600 15 5,737 4,502 1,235 Royalties . 5,507,026 5,243,258 226,044 37,724 16 Occupancy **17** 7,759,420 7,307,431 245,243 206,746 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 0 175,859 19 Conferences, conventions, and meetings . 159,594 9,674 6,591 20 Interest 3,089,826 2,879,215 209,472 1,139 Payments to affiliates 21 O 11,958,017 22 Depreciation, depletion, and amortization . 11,281,041 517,922 159,054 23 826,512 821,546 4,842 124 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) a Membership dues paid to other 554,107 295,535 251,957 6,615 Other Expenses 1,341,960 1,245,189 42,134 54,637 Tuition Fees Paid to Other Ins 2,152,665 2,150,025 2,541 99 d Food Service 8,088,884 7,451,432 483,616 153,836 e All other expenses 212,614 76,046 136,272 296 Total functional expenses. Add lines 1 through 24e 25 170,861,763 157,363,154 9,645,796 3,852,813 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► [if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

Par	't X	Balance Sheet Check if Schedule O contains a response to any question in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	171,025	1	306,435
	2	Savings and temporary cash investments	23,852,146	2	22,659,404
	3	Pledges and grants receivable, net	2,530,579	3	5,140,482
	4	Accounts receivable, net	281,637	4	151,796
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			
ts	6	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and contributing employers and sponsoring organizations of section $501(c)(9)$ voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		_	0
Se	_			6	0
Assets	7	Notes and loans receivable, net		7	0
	8	Inventories for sale or use	805,771	8	803,527
	9	Prepaid expenses and deferred charges	761,299	9	1,159,798
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 360,327,848			
	Ь	Less accumulated depreciation 10b 135,646,540		10c	224,681,308
	11	Investments—publicly traded securities	125,168,526	11	147,405,850
	12	Investments—other securities See Part IV, line 11	202,915,665	12	227,780,271
	13	Investments—program-related See Part IV, line 11	7,707,246	13	7,241,424
	14	Intangible assets		14	0
	15	Other assets See Part IV, line 11	38,510,034	15	42,236,187
	16	Total assets. Add lines 1 through 15 (must equal line 34)	626,413,381	16	679,566,482
	17	Accounts payable and accrued expenses	18,658,253	17	17,096,069
	18	Grants payable	6,557,109	18	6,559,715
	19	Deferred revenue	3,921,227	19	3,862,819
	20	Tax-exempt bond liabilities	82,893,493	20	80,362,179
Ø	21	Escrow or custodial account liability Complete Part IV of Schedule D	15,987,170	21	16,669,408
Liabilitie	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
ge e		persons Complete Part II of Schedule L	416,287	22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	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	3,793,452	25	3,425,567
	26	Total liabilities. Add lines 17 through 25	132,226,991	26	127,975,757
s e s		Organizations that follow SFAS 117 (ASC 958), check here ▶ ▽ and complete lines 27 through 29, and lines 33 and 34.			
ä	27	Unrestricted net assets	211,172,705	27	240,317,981
<u>8</u>	28	Temporarily restricted net assets	129,781,194	28	147,243,903
둳	29	Permanently restricted net assets	153,232,491	29	164,028,841
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.			
ō	30	Capital stock or trust principal, or current funds		30	
횬	31	Paid-in or capital surplus, or land, building or equipment fund		31	
Assets	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net /	33	Total net assets or fund balances	494,186,390	33	551,590,725
Ž	34	Total liabilities and net assets/fund balances	626,413,381	34	679,566,482
	1		1 525,415,551	<i>-</i>	5.5,555,452

Par	TEXT Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				৮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		193,0	31,648
2	Total expenses (must equal Part IX, column (A), line 25)	2	170.86		361,763
3	Revenue less expenses Subtract line 2 from line 1	3		22,:	169,885
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) \cdot .	4			86,390
5	Net unrealized gains (losses) on investments	5			196,116
6	Donated services and use of facilities	6			,
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		5,0	38,334
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			590,725
Par	t XII Financial Statements and Reporting			· ·	•
	Check if Schedule O contains a response to any question in this Part XII				. \sqsubset
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revial separate basis, consolidated basis, or both	ewed or	ו		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep basis, consolidated basis, or both	arate			
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversign audit, review, or compilation of its financial statements and selection of an independent accountant?	ht of th	e 2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	ın			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in t Single Audit Act and OMB Circular A-133?	he	За	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	require	d 3b	Yes	

Software ID: 12000229 **Software Version:** 2012v2.0

EIN: 41-0693979 **Name:** St Olaf College

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 (list	Positio more unless an	than	not one on i er an	box s bo d a tee)	, th		(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	
	any hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			related organizations	
Al Tındall Regent	1 70 0 00	х						0	0	0	
Mary Rand Taylor Regent	1 70 0 00	×						0	0	0	
Glenn Taylor Regent	1 70 0 00	×						0	0	0	
Lawrence Stranghoener Regent	1 70 0 00	×						0	0	0	
Jon Salveson Regent	1 70 0 00	×						0	0	0	
Peter Rogness Regent	1 70 0 00	×						0	0	0	
Larry Rasmussen Regent	1 70 0 00	х						0	0	0	
Katherine Bollman Pearce Regent	1 70 0 00	х						0	0	0	
Martha Nelson Regent	1 70 0 00	x						0	0	0	
Gretchen Morgenson Regent	1 70 0 00	х						0	0	0	
Philip Milne Regent	1 70 0 00	х						0	0	0	
Timothy Maudlin Regent	1 70 0 00	х						0	0	0	
Jay Lund Regent	1 70 0 00	x						0	0	0	
Mark Johnson Regent	1 70 0 00	×						0	0	0	
Kristine Johnson Regent	1 70 0 00	×						0	0	0	
Ruth Hustad Regent	1 70 0 00	х						0	0	0	
Ronald Hunter Regent	1 70 0 00	х						0	0	0	
Jody Kleppe Horner Regent	1 70 0 00	х						0	0	0	
David Hill Regent	1 70 0 00	х						0	0	0	
Eric Hanson Regent	1 70 0 00	х						0	0	0	
John Grotting Regent	1 70 0 00	Х						0	0	0	
Peter Gotsch Regent	1 70 0 00	Х						0	0	0	
William Gafkjen Regent	1 70 0 00	x						0	0	0	
Andrew Foxwell Regent	1 70 0 00	х						0	0	0	
William Cowles Regent	1 70 0 00	х						0	0	0	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (A) (C) (D) (E) (F) Name and Title Average Position (do not check Reportable Reportable Estimated amount hours more than one box, compensation compensation of other unless person is both from the from related compensation per an officer and a organization (Worganizations (Wfrom the week director/trustee) 2/1099-MISC) 2/1099-MISC) organization and (list related any or director Highest compensated employee Individual trustae Institutional organizations hours imer for employee related organizations below l Trustee dotted line) 1 70 Gregory Buck Χ 0 0 Regent 0 00 1 70 Kevin Bethke Χ 0 0 0 Regent 0 00 1 70 Nancy Anderson Χ 0 0 0 Regent 0 00 7 00 Addison Piper Х 0 0 0 Chairman 0 00 40 00 David Anderson Х 0 Х 361,514 55,851 President & CEO 10 40 00 Marcı Sortor Χ 229,675 0 33,420 Provost 30 40 00 Alan Norton Χ 201,254 0 24,363 VP & Treasurer 40 00 Angela Mathews Χ 86,231 0 9,305 Controller 0 00 40 00 Michael Kyle Χ 0 166,251 30,884 Vice President 0 00 40 00 Gregory Kneser Χ 137,038 0 18,688 Vice President 0 00 40 00 Mark Gelle Χ 110,140 0 10,579 CIO 0 00 40 00 Paula Carlson 17,487 Χ 128,749 0 Vice President 40 00 **Enoch Blazis** Χ 0 175,050 20,822 Vice President 10 40 00 Robert Jacobel Χ 130,405 0 27,133 Professor 0 00 40 00 Roberta Lembke 0 Χ 114,861 16,278 Drctr of IT & Libr 0 00 40 00 Wesley Pearson Х 151,941 0 19,528 Professor 0 00 40 00 LaVern Rippley Х 0 17,035 126,572 Professor 0 00 40 00 Peter Sandberg Х 0 116,451 20,845 Asst VP of Facilit 0 00 3 10 Michael Stitsworth 0 Х 9,872 1,381 Former Vice President 0 00

40 00

0 00

Х

101,599

0

19,580

James May

Former Provost

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493078004114

Employer identification number

OMB No 1545-0047

SCHEDULE A (Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

St Olaf College

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.

2012

Open to Public Inspection

									41-0693				
Pai				iblic Charity Sta						instructions	5.		
	_			te foundation becaus									
1			A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).										
2	고		school described in section 170(b)(1)(A)(ii). (Attach Schedule E)										
3				r a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4				h organızatıon opera ıty, and state	ted ın conjun	ction with a	hospital des	cribed in s	ection 170(b)	(1)(A)(iii).	Enter the		
5	Γ	Anorg	anızatıon op	erated for the benefi	t of a college	or univers	ity owned or o	perated by	a governme	ntal unit des	cribed in		
				(A)(iv). (Complete P		art II)							
6	Γ	A fede	ral, state, or	local government o	r government	tal unit des	cribed in sect	ion 170(b)	(1)(A)(v).				
7	Γ	An org	anization th	at normally receives	a substantia	al part of its	support from	n a governn	nental unit or	from the gen	eral public		
8	_			on 170(b)(1)(A)(vi). described in sectio i			mnlete Part I	T)		_	·		
9	Ë		-	at normally receives			-	-	ubutions mer	nhershin fee	s and dross		
_	•	_		rities related to its e			7.7		•	•	-		
				oss investment inco									
				ganızatıon after June						,			
10	Г			ganized and operate									
11	Ė	_		ganized and operate							the purposes of		
	•			ly supported organiz									
		the box that describes the type of supporting organization and complete lines 11e through 11h Type II											
	a												
е	ı			ox, I certify that the ion managers and ot									
			n 509(a)(2)		ner than one	or more pu	blicly support	led organiz	ations descri	bed in section	11 303(a)(1)01		
f				received a written d	etermination	from the IF	RS that it is a	Type I, Ty	pe II, or Typ	e III support	ing organization,		
			this box						5.1		Г		
g			August 1 / , ? ng persons?	2006, has the organ	ization accep	oted any gif	t or contribut	ion from an	y of the				
				rectly or indirectly o	ontrols, eith	er alone or	together with	persons d	escribed in (i	ι)	Yes No		
				governing body of th	•		_		•		g(i)		
				er of a person descr		_					ı(ii)		
		(iii) A	35% contro	lled entity of a perso	n described	ın (ı) or (ıı)	above?				(iii)		
h		Provide	e the followi	ng information about	the supporte	ed organiza	tıon(s)				<u> </u>		
(i) Nan	ne of	(ii) EIN	(iii) Type of	(iv) Is	the	(v) Did you	u notify	(vi) Is	the	(vii) A mount of		
	uppoi			organization	organizati		the organi		organiza		monetary		
or	ganiz	ation		(described on lines 1- 9 above	col (i) list your gove		ın col (i) o suppo		col (i) or in the l		support		
				or IRC section	docume	_	Jappa		111 6116				
				(see									
				instructions))	Yes	No	Yes	No	Yes	No			
									1				
Total													

Sch	edule A (Form 990 or 990-EZ) 2012							Page 2
Pa	(Complete only if you o	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation faile	ed to q	
	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	ow, please com	<u>iplete Pa</u>	rt III.)	
	ection A. Public Support endar year (or fiscal year beginning					1		
	in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2	312	(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							
6	(f) Public support. Subtract line 5 from							
	line 4							
S	ection B. Total Support							
Cal	endar year (or fiscal year beginning	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 20)12	(f) Total
_	in) ► A mounts from line 4		. ,		. ,	, ,		. ,
7 8	Gross income from interest,							
0	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar							
9	sources Net income from unrelated							
9	business activities, whether or not							
	the business is regularly carried							
	on							
10	Other income Do not include gain or loss from the sale of capital							
	assets (Explain in Part IV)							
11	Total support (Add lines 7 through							
4.0	10)		<u> </u>					
12	Gross receipts from related activitie					12		
13	First five years. If the Form 990 is this box and stop here							ization, check
	ection C. Computation of Pub				<u> </u>	<u> </u>		
14	Public support percentage for 2012			11, column (f))		14		
15	Public support percentage for 2011			, , , , , , ,		15		
	33 1/3% support test—2012. If the o	· ·	•	on line 13 and l	ine 14 is 33 1/20%		chack ti	nie hov
104	and stop here. The organization qua				me 1 1 13 33 1/3/0	or more,	JIICCK CI	► □
b	33 1/3% support test—2011. If the				and line 15 is 33	3 1/3% or n	nore, ch	eck this
	box and stop here. The organization						. 4 4	▶□
1/a	10%-facts-and-circumstances test- is 10% or more, and if the organizat							•
	in Part IV how the organization mee							
	organization				4	r	,	▶ □
b	10%-facts-and-circumstances test-							
	15 is 10% or more, and if the organ Explain in Part IV how the organizat							lv
	supported organization	ion meets the T	acts-ana-cncum:	stances test III	ic organization qu	uiiiiE5 45 i	a public	·y ▶□
18	Private foundation. If the organizat	on did not check	c a box on line 13	, 16a, 16b, 17a,	or 17b, check thi	s box and	see	·
	instructions							▶ ┌

Schedule A (Form 990 or 990-EZ) 2012 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt

	purpose						
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						
3	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2,						
<i>7</i> a	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						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c						
	from line 6)						
_Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	in) ►	(u) 2000	(6) 2003	(6) 2010	(4) 2011	(6) 2012	(1) 10tai
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
Ь	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						
11	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)			Librari Corretto con	6.01	E04(-)(2)	
14	First five years. If the Form 990 is for	or the organization	on's first, second	i, thira, fourth, or	ππη tax year as a	1 501(c)(3) org	anization, ►
	check this box and stop here	a Cunnaut Da					
	ction C. Computation of Public			12		T I	
15	Public support percentage for 2012			13, column (T))		15	
16	Public support percentage from 2011	L Schedule A, Pa	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	me Percenta	ge			
17	Investment income percentage for 20				nn (f))	17	
					. , ,		
18	Investment income percentage from					18	
19a	33 1/3% support tests—2012. If the o						ıd lıne 17 ıs not ▶□

33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18

is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2012

DLN: 93493078004114

OMB No 1545-0047

Inspection

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

Political Campaign and Lobbying Activities

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

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

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

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

• Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then ◆ Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** St Olaf College 41-0693979 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV 2 Political expenditures 3 Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes 3 ✓ No Was a correction made? ☐ Yes If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? 4 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV **(c)** EIN (e) A mount of political (a) Name (b) Address (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter -0directly delivered to a separate political organization If none, enter-0-

e Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

Sch	nedule C (Form 990 or 990-EZ) 2012					Page 2
Pa	art II-A Complete if the organization	is exempt under	section 501(c)(3) and fil	ed Form 5768	(election
_	under section 501(h)). Check ► if the filing organization belongs to a	an affiliated group (and	lict in Part IV os	ach affiliated are	un mambar's nam	o addross EIN
	expenses, and share of excess lobb	ying expenditures)		_	up member s nam	e, address, LTN
<u>B</u>	Check Frifthe filing organization checked box	x A and "limited contro	ıl" provisions apı	oly		
	Limits on Lobbying E (The term "expenditures" means an		l .)		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public o	pınıon (grass roots lob	bying)			
b	Total lobbying expenditures to influence a legisla	ative body (direct lobb	yıng)			
c	Total lobbying expenditures (add lines 1a and 1b	o)				
d	O ther exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1c	c and 1d)				
f	Lobbying nontaxable amount Enter the amount fo					
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax	able amount is:			
	Not over \$500,000	20% of the amount on li	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,0	000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000	0,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,	.000		
	Over \$17,000,000	\$1,000,000				
	Grassroots nontaxable amount (enter 25% of lin	e 1f)				
_	Subtract line 1g from line 1a If zero or less, ente	•		-		
i	Subtract line 1f from line 1c If zero or less, ente			-		
_	If there is an amount other than zero on either lin		organization file	Form 4720 rep	ortina	1
-	section 4911 tax for this year?					┌ Yes ┌ No
_	4-Voor Av	veraging Period U	Inder Section	F01/b)		
	(Some organizations that made a scolumns below. See the	section 501(h) el	ection do not	have to cor		ne five
	Lobbying Expe	enditures During	4-Year Avera	ging Period		1
	Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots nontavable amount					

Schedule C (I	om 330 or 330 E2/2012		raye				
Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT							
	filed Form 5768 (election under section 501(h)).						
		(a)	(b)				

For o	ach "Vee" response to lines to through the below, provide in Part IV a detailed description of the lebburg	<u> </u>	1)	(D)
activ	ach "Yes" response to lines 1a through 11 below, provide in Part IV a detailed description of the lobbying ity.	Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
а	Volunteers?	Yes		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
C	Media advertisements?		Νo	
d	Mailings to members, legislators, or the public?	Yes		370
е	Publications, or published or broadcast statements?		Νo	
f	Grants to other organizations for lobbying purposes?		Νo	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		6,138
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Νo	
i	Other activities?	Yes		98,913
j	Total Add lines 1c through 1i			105,427
2a	Did the activities in line 1 cause the organization to be not described in section $501(c)(3)$?		Νo	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		Νo	

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section

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

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

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

Part IV Supplemental Information

Identifier	Return Reference	Explanation
Part II-B, Line 1i	Part II-B, Line 11 - Other Activities Description	In Tax Year 2012 St Olaf College provided financial support in the form of transportation to students and staff who attended various lobbying and seminars with legislators. In addition, St Olaf College provided support in the form of compensation to staff involved in these activities and postage for mailings sent to legislators. The primary focus of efforts was to communicate to representatives their continued interest in receiving grants for educational activities. The influence to legislation through other activities is derived from the dues St. Olaf College pays to the Minnesota Private College Council (MPCC). St. Olaf College is a member of MPCC, an organization described in section 501(c). (4) of the Internal Revenue Code. MPCC is an association of private nonprofit institutions of higher education that serves a variety of its members' shared needs, including, but not only, nonpartisan and non-electoral advocacy for public policy that meets students' needs and advances the interests of private higher education. St. Olaf College paid membership dues to MPCC in the amount of \$187,798 during the taxable year MPCC has divided its expenses for its taxable year into two groups. Group 1 consists of those expenses that did not in any way support attempts to influence legislation within the meaning of section 501(c)(3) of the Internal Revenue Code. ("lobbying"), and Group 2 consists of all other expenses. Group 2 includes many expenses, such as personnel costs, that supported both lobbying and nonlobbying activities. MPCC did not attempt to allocate the Group 2 expenses between lobbying and nonlobbying activities. MPCC has determined that the amount of the Group 2 expenses represents 52.67% of the amount of the dues that MPCC collected in the same taxable year. Assuming that all Group 2 expenses were paid from member dues, and allocating those expenses pro rata based on the dues paid by each member, \$98,913 of St. Olaf College's dues were used to pay Group 2 expenses. The amount of lobbying expenses paid from St. O

DLN: 93493078004114

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

Open to Public

Interna	al Revenue Service	► Attach to For	m 990. ► See separate instructions.		Inspection
	me of the organ Olaf College	ization		Employer identific	ation number
эi (oiai Coilege			41-0693979	
Pa			ised Funds or Other Similar Fu	inds or Account	s. Complete if the
	organiz	zation answered "Yes" to Form 990	, Part IV, line 6. (a) Donor advised funds	(h) Funda and	other accounts
1	Total number a	t and of year	(a) Donor advised lunds	(b) Funds and	other accounts
2		tributions to (during year)			
3	33 3	nts from (during year)			
4		ue at end of year			
5	Did the organiz	•	cors in writing that the assets held in donc ganization's exclusive legal control?	or advised	┌ Yes ┌ No
6	used only for c conferring imp	haritable purposes and not for the benef ermissible private benefit?	onor advisors in writing that grant funds of the donor or donor advisor, or for an	y other purpose	┌ Yes ┌ No
		•	the organization answered "Yes" to	Form 990, Part I	V, line 7.
1	Preservation Protection	conservation easements held by the org on of land for public use (e g , recreation of natural habitat on of open space	or education) $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	historically importai ertified historic stru	
2	Complete lines	•	a qualified conservation contribution in th	ne form of a conserv	ation
	easement on t	ne last day of the tax year	Г	Held at th	e End of the Year
а	Total number o	of conservation easements		2a	2
ь	Total acreage	restricted by conservation easements	<u> </u>	2b	15
c	Number of con	servation easements on a certified histo	oric structure included in (a)	2c	
d		servation easements included in (c) acq ure listed in the National Register	uired after 8/17/06, and not on a	2d	
3	Number of con	servation easements modified, transferr	ed, released, extinguished, or terminated	d by the organization	n during
	the tax year ►				
4	Number of stat	tes where property subject to conservat	ion easement is located ► 1		
5	Does the organ		the periodic monitoring, inspection, hand	— ling of violations, an	d ┌ Yes
6	Staff and volur	nteer hours devoted to monitoring, inspe	cting, and enforcing conservation easem	ents during the year	
_	A mount of exp	enses incurred in monitoring inspecting	, and enforcing conservation easements	during the year	
7	► \$ 3		,, and emoreing conservation casements	during the year	
8	Does each cor		d) above satisfy the requirements of sect	tion 170(h)(4)(B)(ı)	┌ Yes
9	balance sheet,	, and include, if applicable, the text of the	nservation easements in its revenue and e footnote to the organization's financial		
		on's accounting for conservation easeme		0.1. 0	• 1 -
Par		ete if the organization answered "Y	s of Art, Historical Treasures, of es" to Form 990 Part IV line 8	or Other Similar	Assets.
1a	If the organiza works of art, hi	tion elected, as permitted under SFAS 1 istorical treasures, or other similar asse	16 (ASC 958), not to report in its reven ts held for public exhibition, education, o to its financial statements that describes	or research in furthei	
b	works of art, hi	, ,	16 (ASC 958), to report in its revenue s ts held for public exhibition, education, o e items		
	(i) Revenues i	ncluded in Form 990, Part VIII, line 1		► \$	113,280
	(ii) Assets inc	luded in Form 990, Part X		► \$	1,526,168
2	If the organiza	•	ical treasures, or other similar assets foi 116 (ASC 958) relating to these items	•	<u> </u>
а	Revenues incli	uded in Form 990, Part VIII, line 1		► \$	
		,,		T	

b Assets included in Form 990, Part X

Par	t IIII Organizations Maintaining Co	llections of Art	<u>, His</u>	tori	<u>cal Tre</u>	asures, or (<u>Othe</u>	<u>r Similar</u>	<u>Asse</u>	ts (co	ntınued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other recor	ds, cł	necka	any of th	e following that	are a	significant	use of	ıts	
а	▼ Public exhibition		d	Γ	Loan or	exchange prog	grams	;			
b	✓ Scholarly research		e	Γ	Other						
c	Preservation for future generations										
4	Provide a description of the organization's c Part XIII	ollections and expla	ın hov	w the	y further	the organizatio	n's ex	xempt purpo	se in		
5	During the year, did the organization solicit							nılar			_
	assets to be sold to raise funds rather than									Yes	┌ No
Pai	rt IV Escrow and Custodial Arrang Part IV, line 9, or reported an ar						ed "Y	es" to Forr	n 990	,	
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?					ons or other as	sets	not	₽	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	II and complete the	follov	wing t	able						
_							-		Amou		
C	Beginning balance						1c				72,757
d	Additions during the year						1d				07,978
e	Distributions during the year						1e				22,036
f	Ending balance						1f				58,699
2a	Did the organization include an amount on F	orm 990, Part X, line	e 21?	•					<u>r</u>	Yes	∏ No
ь	If "Yes," explain the arrangement in Part XII	I Check here if the	expla	anatio	n has be	en provided in	Part :	XIII			⊽
Pa	rt V Endowment Funds. Complete										
4 -	Daniman of warmhalan a	(a)Current year 328,985,882	(b)	Prior y	ear b 295,632	(c)Two years bac 275,844,54		Three years ba 249,425,4	_		ars back 5,824,317
1a	Beginning of year balance	8,953,711			580,894	24,633,46	_	5,587,6			5,526,690
b	Contributions	8,955,711		9,0	560,694	24,633,40	3	3,367,6	552		3,326,690
С	Net investment earnings, gains, and losses	47,567,892		-13,8	371,104	56,465,35	7	32,105,7	'34	-7	9,993,453
d	Grants or scholarships	3,793,720		3,7	762,023	3,683,00	9	3,602,2	240		3,318,865
e	Other expenditures for facilities and programs	1,887,570		7,9	963,892	7,598,78	7	7,344,5	63		8,305,648
f	Administrative expenses	325,007		3	393,625	365,94	0	327,4	76		307,602
g	End of year balance	379,501,188		328,9	985,882	345,295,63	2	275,844,5	46	24	9,425,439
2	Provide the estimated percentage of the cur	rent year end baland	e (lır	ne 1g,	, column	(a)) held as					
а	Board designated or quasi-endowment 🕨	39 020 %									
b	Permanent endowment ► 38 700 %										
С		280 %									
	The percentages in lines 2a, 2b, and 2c sho	uld equal 100%									
За	Are there endowment funds not in the posse	ssion of the organiz	atıon	that a	are held a	and administer	ed for	the			
	organization by							Г		Yes	No
	(i) unrelated organizations							-	3a(i)	Yes	N.o.
b	(ii) related organizations If "Yes" to 3a(ii), are the related organization				 Julo P2		-	[3a(ii) 3b		No No
4	Describe in Part XIII the intended uses of t						•	L	30		140
	rt VI Land, Buildings, and Equipme).					
	Description of property		<u> </u>	(a)	Cost or ot (investme	her (b)Cost or		(c) Accumula depreciatio		(d) Boo	k value
	Land			T		1,23	2,890				1,232,890
	Buildings				1,113,				,861		2,037,072
	Leasehold improvements				, 7		,	2.,312			, ,
	Equipment					50.30	9,676	31,882	,549	18	3,427,127
	O. +						5,349	<u> </u>	`		2,984,219
	II. Add lines 1a through 1e (Column (d) must o		X, colu	ımn (ı	B), line 1				,		4,681,308
	=	,	, 25,0	(,,	\-/·/ · · ·	-		le D (F		90) 2012

Part VIII Investments—Other Securities. See	<u>Form 990, Part X, line 12</u>	2.	
(a) Description of security or category	(b) Book value		d of valuation
(including name of security)		Cost or end-of	-year market value
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
	<u> </u>		
	+		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	227,780,271]	
Part VIII Investments—Program Related. See			
(a) Description of investment type	(b) Book value	•	d of valuation
(a) Description of investment type	(5) Book value		- year market value
	+	2021 31 2114 31	year market value
	+		
	+		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, lir	ne 15		
(a) Descrip			(b) Book value
	7.1011		
(1) Other Receivables			1,155,238
(2) Funds Held in Trust by Others			2,106,422
(3) Deposits Held by Trustee			5,753,767
(4) Deferred Debt Acquisition Cost			469,487
(5) Assets Held in Charitable Trust			32,751,273
 			
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15			42,236,187
Part X Other Liabilities. See Form 990, Part X	., line 25.		
1 (a) Description of liability	(b) Book value		
Federal income taxes			
	1.049.188		
Interest Rate Exchange Liability	1,049,188		
Interest Rate Exchange Liability	1,049,188 2,376,379		
Interest Rate Exchange Liability			
Interest Rate Exchange Liability			
Interest Rate Exchange Liability			
Interest Rate Exchange Liability			
Interest Rate Exchange Liability			
Interest Rate Exchange Liability			
Interest Rate Exchange Liability			
Interest Rate Exchange Liability			
Interest Rate Exchange Liability			
Interest Rate Exchange Liability			
Interest Rate Exchange Liability			
Interest Rate Exchange Liability			
Interest Rate Exchange Liability			
Interest Rate Exchange Liability Asset Retirement O bligation	2,376,379		
Interest Rate Exchange Liability			

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	173,294,639
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	-22,072,599
3	Subtract line 2e from line 1	3	195,367,238
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII)		
c	Add lines 4a and 4b	4c	-2,335,590
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	193,031,648
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per	Return
1	Total expenses and losses per audited financial statements	1	115,918,190
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	2,335,590
3	Subtract line 2e from line 1	3	113,582,600
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII)		
С	Add lines 4a and 4b	4c	57,279,163
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	170,861,763

Part XIII Supplemental Information

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

Identifier	Return Reference	Explanation			
		Endowment Fund Investment Mngt Fees \$241546 Scholarships and Grants \$57037617			
Part XII, Line 2d	Part XII, Line 2d Other expenses and losses per audited F/S	Loss from Fundraising Events \$96074 Cost of Goods Sold on Inventory \$2239516			
In re re ta be		The College follows the accounting standards for continger in evaluating uncertain tax positions. This guidance prescrecognition threshold principles for the financial statement recognition of tax positions taken or expected to be taken tax return that are not certain to be realized. No liability habeen recognized by the College for uncertain tax positions May 31, 2013.			
Part V, Line 4	Part V, Line 4 Intended uses of the endowment fund	The intended uses of the Endowment Fund include scholarships, endowed faculty chairs, and general support to subsidize various operations			
Part IV, Line 2b Explanation of escrow account liability		Included in Line 21 of Part X are two separate types of liabiliting First are "Liabilities Payable" [\$13,960,913] resulting from Charitable Annuities and Trusts where the College serves as thrustee of the assets and records a liability for the present value of future cash flows estimated to be paid out to the income beneficiaries. In addition, the College also records "Funds Hell in Trust for Others" [\$2,708,495] that primarily result from trusts under control of the College that will benefit other organizations at the termination of the Trust.			
Part IV, Line 1b	Part IV, Line 1b Why is organization an agent, trustee, custodian or other intermediary for contrib	The College serves as an agent for several student and other organizations			
Part III, Line 4 Description of organization's collections and how it furthers its purpose		The College's collections are composed primarily of artwork donated and displayed on the premises of the College The collection furthers the exempt purpose by providing subjects for students to observe and interpret			
Part II, Line 9 Part II, Line 9 Organization M Reporting of conservation areasements the		Money received initially was recorded as unrestricted revenue and placed into a board designated quasi-endowment. Expensions that are incurred pertaining to the easements are recorded as operating expenses. The land related to the easements is included in as Property, Plant, and Equipment on the College' balance sheet.			

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493078004114

OMB No 1545-0047

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

St Olaf College

Name of the organization

Schools

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

► Attach to Form 990 or Form 990-EZ.

Employer identification number

41-0693979 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? 1 Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 2 Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II 3 Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c Yes 4d Yes d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain If you need more space, use Part II Does the organization discriminate by race in any way with respect to a Students' rights or privileges? Νo 5a **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? Νo d Scholarships or other financial assistance? 5d Νo e Educational policies? 5e Νo f Use of facilities? 5f Νo g Athletic programs? 5g Νo 5h Νo h Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Part II 6a 6a Does the organization receive any financial aid or assistance from a governmental agency? Yes b Has the organization's right to such aid ever been revoked or suspended? Νo If you answered "Yes" to either line 6a or line 6b, explain on Part II 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II

Yes

Part II Supplemental Information. Complete this part to provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also complete this part to provide any other additional information (see instructions)

ldentifier	Identifier Return Explanation Reference				
Schedule E, Line 3 - Racially Nondiscriminatory Policy Publicized		The College does not engage in signficant advertising activities via new spapers or broadcast media. However, when the College posts job openings in new spapers the applicable discrimination policies are included.			
Schedule E, Line 6 - Explanation of Aid or Assistance from Governmental Agency		St Olaf College participates in the Federal Student Financial Aid Program administered through the U.S. Department of Education. St. Olaf students receive funding from campus based programs (Perkins, SEOG and Federal Work Study) as well as Federal Pell Grants and Federal Student Loans In addition, St. Olaf students receive funding via the Minnesota State Grant, Work Study and SELF loan programs administered through the Minnesota Office of Higher Education. The College also received other grants through federal and state programs, such as the Department of Education and National Science Foundation.			

Schedule E (Form 990 or 990-EZ) 2012

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

Statement of Activities Outside the United States

DLN: 93493078004114

OMB No 1545-0047

2012

Open to Public Inspection

SCHEDULE F (Form 990)

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

Department of the Treasury

Internal Revenue Service

► Attach to Form 990. ► See separate instructions.

Name of the organization St Olaf College

Employer identification number

41-0693979

				11 0030373	
Part I General Information "Yes" to Form 990, Pa			ne United States. Co	omplete if the organiz	ation answered
1 For grantmakers. Does the dassistance, the grantees' eligible the grants or assistance?	gibility for the g	grants or assis	stance, and the selecti	on criteria used to awa	rd
2 For grantmakers. Describe in the United States.	n Part V the or	ganızatıon's p	rocedures for monitori	ng the use of grant fu	nds outside
3 Activites per Region (The follow	ing Part I, line 3	table can be du	uplicated if additional spa	ace is needed)	
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(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 and investments in region
See Add'l Data			,		
3a Sub-total b Total from continuation sheets to Part I					74,570,000
c Totals (add lines 3a and 3b)					74,570,000

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) Amount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2				ted above that are r e or counsel has pro					
3	Enter total nu	mher of other or	nanizations or en	tities					

Schedule F (Form 990) 2012

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

							
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
See Add'l Data						 [
					1	1	
			1			1	
			1			1	
			1			1	
					1	1	
			1			1	
			1			1	
			1			1	
			1			1	
			1			1	
			1			1	
						1	
			1			1	
			1			1	
						1	
			1			1	
			1			1	
							I-I- E (E 000) 2012

Part IV Foreign Forms

1	organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	<u> </u>	Yes	Г	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organizationmay be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Γ	Yes	▽	Νo
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	굣	Yes	Г	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	굣	Yes	Γ	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)	▽	Yes	Г	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).	Г	Yes	✓	No

Schedule F (Form 990) 2012

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

as applicable. Also contible	ete tilis part to provide ally au	ditional information (see instructions).
I dentifier	ReturnReference	Explanation
Grantmaker's Description of How Grants are Used in Foreign Country		The College offers grants in the form of need or merit based scholarships to students who are studying outside of the United States Before the grant or award is available and disbursed, the International and Off-Campus Studies Office must approve any program that a student is participating in Once the grant has been disbursed to the student's account to cover tuition for the study abroad progam, the International and Off-Campus Studies Office maintains contact with the host institutions to monitor the student's attendance and notifies the Financial Aid Office and Student Accounts Office if a student withdraws from an off-campus program
		Schedule F (Form 990) 2012

Additional Data

Software ID: 12000229

Software Version: 2012v2.0

EIN: 41-0693979

Name: St Olaf College

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
East Asia & the Pacific	0	0	Program Service	Music Tours	191,000
Europe	0	0	Program Service	Alumnı Study Travel	199,000
Middle East & N Africa	0	0	Program Service	Alumnı Study Travel	65,000

Form 990 Schedule F Part I - Activities Outside The United States							
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region		
Antarctica	0	0	Program Service	Alumnı Study Travel	272,000		
Sub-Saharan Africa	0	0	Program Service	Intl Studies	378,000		
South Asia	0	0	Program Service	Intl Studies	159,000		

Form 990 Schedule F Part I - Activities Outside The United States							
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region		
South America	0	0	Program Service	Intl Studies	327,000		
Russia & New States	0	0	Program Service	Intl Studies	46,000		
North America	0	0	Program Service	Intl Studies	87,000		

Form 990 Schedule F Part I - Activities Outside The United States										
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region					
Middle East & N Africa	0	0	Program Service	Intl Studies	773,000					
Europe	0	0	Program Service	Intl Studies	2,542,000					
East Asia & the Pacific	0	0	Program Service	Intl Studies	1,437,000					

Form 990 Schedule F Part I - Activities Outside The United States										
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region					
C America & Carribean	0	0	Program Service	Intl Studies	280,000					
South Asia	0	0	Program Service	Recruitment	11,000					
C America & Caribbean	0	0	Investments		67,803,000					

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The 0.5										
(a) Type of grant or assistance	(b) Region	(c)Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non- cash assistance	(g) Description of non- cash assistance	(h) Method of valuation (book, FMV , appraisal, other)			
Tuition Waivers	Europe	3	45,046	Credit on Acct						
Tuition Waivers	E Asia & the Pacific	2	19,942	Credit on Acct						
Need-Based Aıd	Sub-Saharan Africa	4	45,817	Credit on Acct						
Need-Based Aıd	South Asia	6	44,775	Credit on Acct						
Need-Based Aıd	South America	4	38,263	Credit on Acct						
Need-Based Aıd	Russia & New States	3	27,558	Credit on Acct						
Need-Based Aıd	North America	6	36,639	Credit on Acct						
Need-Based Aid	Mıddle East & N Afrıca	21	190,900	Credit on Acct						
Need-Based Aıd	Europe	62	594,339	Credit on Acct						
Need-Based Aid	East Asia & the Pacific	36	323,745	Credit on Acct						

Form 990 Schedule F Part III - Grants and Assistance to Individual	s Outside The U S
--	-------------------

(a) Type of grant or assistance	(b) Region	(c)Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non- cash assistance	(g) Description of non- cash assistance	(h) Method of valuation (book, FMV , appraisal, other)
Merit-Based Aid	Sub-Saharan Africa	4	29,000	Credit on Acct			
Merit-Based Aid	South Asia	6	30,000	Credit on Acct			
Merit-Based Aid	South America	8	45,250	Credit on Acct			
Merit-Based Aid	Russia & New States	3	15,000	Credit on Acct			
Merit-Based Aid	North America	3	14,000	Credit on Acct			
Merit-Based Aid	Middle East & N Africa	18	88,000	Credit on Acct			
Merit-Based Aid	Europe	60	446,537	Credit on Acct			
Merit-Based Aid	East Asia & the Pacific	40	201,750	Credit on Acct			
Davis Project for Peace	E Asia & The Pacific	1	10,000	EFT			

DLN: 93493078004114

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. Form 990-EZ filers are not required to complete this part.

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

OMB No 1545-0047

Open to Public **Inspection**

Name of the organization St Olaf College

Department of the Treasury

Internal Revenue Service

Employer identification number

41-0693979

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

Indicate whether the organization raised funds through any of the following activities. Check all that apply ✓ Mail solicitations e Solicitation of non-government grants Internet and email solicitations Solicitation of government grants ▼ Special fundraising events Phone solicitations In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **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 (i) Name and address of (ii) Activity (iii) Did (iv) Gross receipts (v) Amount paid to (vi) Amount paid to

individual or entity (fundraiser)	(II) Activity	fundrai cust cont	ser have ody or crol of outions?	from activity	(or retained by) fundraiser listed in col (i)	(or retained by) organization
		Yes	No			
			No			
			No			
Langley Innovat	Consulting		No		25,723	
Plus Delta Part	Consulting		No		52,760	
 I			>		78,483	

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

WA. VA. UT. SC. NC. NH, MO, MS, MN, MI, MA, MD, ME, HI, DC, DE, CT, CO, AR, AZ, AK, AL

Sche	dule	G (Form 990 or 990-EZ) 2012				Page 2
Pa	rt II	Fundraising Events. Commore than \$15,000 of fundrevents with gross receipts of	aising event contributi			
		events war gross receipts g	(a) Event #1 Gala (event type)	(b) Event #2 St. Olaf Golf Classic (event type)	(c) O ther events (total number)	(d) Total events (add col (a) through col (c))
M.	1	Gross receipts	273,680	, , , ,	(,	280,990
Revenue	2	Less Contributions	233,714	730		234,444
<u>~</u>	3	Gross income (line 1 minus line 2)	39,966	6,580		46,546
	4	Cash prizes				
မှာ	5	Noncash prizes	1,253			1,253
Expenses	6	Rent/facility costs		4,579		4,579
	7	Food and beverages .	67,444	1,288		68,732
Direct	8	Entertainment	34,742			34,742
ā	9	Other direct expenses .	33,315			33,315
	10	Direct expense summary Add lir	nes 4 through 9 in column	(d)		(142,621)
	11	Net income summary Combine I	ine 3, column (d), and line	10		-96,075
Par	t III	Gaming. Complete if the o \$15,000 on Form 990-EZ, li		"Yes" to Form 990, Pa	rt IV, line 19, or rep	orted more than
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
<u> </u>	1	Gross revenue				
sesued	2	Cash prizes				
	3	Non-cash prizes				
Direct B	4	Rent/facility costs				
<u>ā</u>	5	Other direct expenses				
	6	Volunteer labor	│ Yes	Г Yes Г No	Г Yes Г No	
	7	Direct expense summary Add line	s 2 through 5 in column (d)		
	8	Net gaming income summary Com	nbine lines 1 and 7 in colu	ımn (d)	<u> </u>	
9 a b	Ist	er the state(s) in which the organiz the organization licensed to operate No," explain	gaming activities in each	n of these states?		「Yes 「No
10a b	Wer	re any of the organization's gaming Yes," explain	licenses revoked, susper	ded or terminated during	the tax year?	

70ES	the organization operate gaming	activities with nonlinelinders		· · I Yes I No
.2		neficiary or trustee of a trust or a men		
	formed to administer charitable of	gaming?		· · · · Fyes F No
.3	Indicate the percentage of gamir	ng activity operated in		
а	The organization's facility			13a
b	An outside facility			13b
.4	Enter the name and address of th	ne person who prepares the organizati	on's gaming/special events books	and records
	Name ►			
	Address 🟲			
	revenue?	ntract with a third party from whom the		
	amount of gaming revenue retain	ed by the third party 🟲 \$		
C	If "Yes," enter name and address	s of the third party		
	Name 🟲			
	Address ►			
.6	Gaming manager information			
	Name 🟲			
	Gaming manager compensation I	\$ \$		
	Description of services provided	>		
	☐ Director/officer	Employee	Independent contractor	
.7	Mandatory distributions			
а	Is the organization required unde	er state law to make charitable distrib	utions from the gaming proceeds to	
	retain the state gaming license?			Г _{Yes} Г _{No}
b	Enter the amount of distributions	required under state law distributed t	to other exempt organizations or sp	ent
	<u> </u>	activities during the tax year 🟲 💲		
Par	columns (III) and (v), a	mation. Complete this part to pr and Part III, lines 9, 9b, 10b, 15b ditional information (see instructi	, 15c, 16, and 17b, as applical	
	Identifier	Return Reference	Explana	tion

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Schedule I

(Form 990)

DLN: 93493078004114

OMB No 1545-0047

Governments and Individuals in the United States Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

nternal Revenue Service			Attach to Form 990			Employer identificati	Inspection
St Olaf College						41-0693979	on number
Part I General Information	n on Grants and	Assistance					
 Does the organization maintain r the selection criteria used to awa Describe in Part IV the organiza 	ard the grants or ass	sistance?					F Yes Γ ۱
Part II Grants and Other As Form 990, Part IV, line							es" to
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	
2 Enter total number of section 503 Enter total number of other organ						_	0

Grants and Other Assistance to Organizations,

	(101111990)2012				
	Grants and Other Assist Part III can be duplicated if		s. Complete if the orga	inization answered "Yes" to	Form 990, Part IV, line 22.
<i>(</i>) T		(1)	 6 ID A	()M II I C I I	(6)5

(a) Type of graffic of assistance	recipients	cash grant	non-cash assistance	(book, FMV, appraisal, other)	(1)Description of non-cash assistanc
See Addıtıonal Data Table					

Part IV Supplemental Information

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
Grantmaker's Description of How Grants are Used		Grant funds disbursed by the College are predominantly available as merit or need based scholarships. These scholarships are disbursed by the Financial Aid office and are credited directly to the student's account to pay for tuition, room and board. They are then monitored by the Financial Aid Office and the Student Accounts Office, both of whom are notified if the student's enrollment status changes during the semester. These offices monitor whether the grantee is taking the necessary classes and is therefore utilizing the grant as it was intended. Adjustments are made to the awarded grants as needed if a student's enrollment changes. Other grant funds are disbursed by the College through Accounts Payable. These payments and funds are monitored by the respective departments responsible for disbursement of the funds.

Software ID: 12000229

Software Version: 2012v2.0

EIN: 41-0693979

Name: St Olaf College

Form 990, Schedule I, Part III, Grants and Other Assistance to Individuals in the United States

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
Tuition Waiver	70	1,782,173			
Svoboda Legal Scholars	4	10,000			
Rockswold Assistance	3	15,357			
Need Based Financial Aid	1865	32,662,446			
Merit Based Scholarships	1812	20,021,892			
Independent Educational Activity	38	84,910			
Glesne Scholarship	2	19,000			
DOE-McNair	9	20,600			
CURI Assistance	2	9,650			
Cleven Scholarship	1	15,000			
Center for Vocation & Career Assist	115	150,030			

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493078004114

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990,

Compensation Information

Part IV, question 23. ► Attach to Form 990. ► See separate instructions. Open to Public Inspection

Name of the organization St Olaf College

Employer identification number

41-0693979

C	Questions Regarding Compensation					
				Yes	No	
1a	Check the appropriate box(es) if the organization provided as 990, Part VII, Section A, line 1a Complete Part III to prov					
	□ First-class or charter travel □	Housing allowance or residence for personal use				
	▼ Travel for companions	Payments for business use of personal residence				
	▼ Tax idemnification and gross-up payments	Health or social club dues or initiation fees				
	Discretionary spending account	Personal services (e g , maid, chauffeur, chef)				
b	If any of the boxes in line 1a are checked, did the organization reimbursement or provision of all of the expenses described		1b	Yes		
2	Did the organization require substantiation prior to reimburs		10	162		
_	directors, trustees, and the CEO/Executive Director, regard		2	Yes		
3	Indicate which, if any, of the following the filing organization organization's CEO/Executive Director Check all that applused by a related organization to establish compensation of	y Do not check any boxes for methods				
	✓ Compensation committee ✓	Written employment contract				
	☐ Independent compensation consultant ☐					
	Form 990 of other organizations	Approval by the board or compensation committee				
4	During the year, did any person listed in Form 990, Part VII or a related organization	I, Section A, line 1a with respect to the filing organization				
а	Receive a severance payment or change-of-control paymen	nt?	4a		Νo	
b	Participate in, or receive payment from, a supplemental non	qualified retirement plan?	4b		Νo	
С	Participate in, or receive payment from, an equity-based co	mpensation arrangement?	4c		No	
	If "Yes" to any of lines 4a-c, list the persons and provide th	ne applicable amounts for each item in Part III				
	Only 501(c)(3) and 501(c)(4) organizations only must comp	plete lines 5-9.				
5	For persons listed in Form 990, Part VII, Section A, line 1a compensation contingent on the revenues of	, did the organization pay or accrue any				
а	The organization?		5a		Νo	
b	Any related organization?		5b		Νo	
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in Form 990, Part VII, Section A, line 1a compensation contingent on the net earnings of					
а	The organization?		6a		No	
b	Any related organization?		6b		Νo	
	If "Yes," to line 6a or 6b, describe in Part III				_	
7	For persons listed in Form 990, Part VII, Section A, line 1a payments not described in lines 5 and 6? If "Yes," describe		7		No	
8	Were any amounts reported in Form 990, Part VII, paid or a					
	subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III					
_			8		Νo	
9	If "Yes" to line 8, did the organization also follow the rebutta section 53 4958-6(c)?	able presumption procedure described in Regulations	9		No	

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

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

Note. The sum of columns (B)(1)-(111) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	(B) Breakdown of	f W-2 and/or 1099-MI:	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of	(F) Compensation	
	(i) Base compensation	(ii) Bonus & ıncentıve compensatıon	(iii) Other reportable compensation	other deferred compensation	benefits	columns (B)(ı)-(D)	reported as deferred in prior Form 990	
See Additional Data Table								

Schedule J (Form 990) 2012

Part IIII Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Identifier	Return Reference	Explanation
Sch J, Part I, Line 1a	Part I, Line 1a Relevant information	Travel for companions - David Anderson - \$8,291Tax Indemification and gross-up payments - Marci Sortor -
	ın regards to selections on 1a	\$13,668Housing allowance/residence for personal use - David Anderson - \$18,000

Schedule J (Form 990) 2012

Software ID: 12000229

Software Version: 2012v2.0

EIN: 41-0693979

Name: St Olaf College

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Torm 550, Schedule 3, Fart II Officers, Directors, Trustees, Rey Employees, and Trighest Compensated Employees										
(A) Name	(B) Breakdown o	of W-2 and/or 1099-MI	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation reported in prior Form			
	(ii) Base Compensation (iii) Bonus & Incentive compensation		(iii) O ther compensation	compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ			
	(ı) 149,939 II)		2,002	13,723	5,805	171,469				
	(ı) 127,748 II)		2,657	12,282	14,851	157,538				
	(ı) 9,872 II)			881	. 500	11,253				
	(ı) 164,510 II)		1,741	15,754	15,130	197,135				
	(ı) 227,873 ıı)		1,802	18,210	15,210	263,095				
	(ı) 100,300 ıı)		1,299	9,446	10,134	121,179				
	(ı) 136,798 ıı)		240	12,692	5,996	155,726				
	(ı) 173,382 II)		1,668	14,839	5,983	195,872				
	(I) 357,435 II)		4,079	22,500	33,351	417,365				
Alan Norton ((ı) 198,145 (ı)		3,109	18,210	6,153	225,617				

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -Schedule K

DLN: 93493078004114 OMB No 1545-0047

Open to Public

Inspection

2012

Supplemental Information on Tax Exempt Bonds ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions,

> explanations, and any additional information in Part VI. ► Attach to Form 990. ► See separate instructions.

Department of the Treasury Internal Revenue Service

Bond Issues

Name of the organization St O laf College

(Form 990)

Employer identification number

41-0693979

	Dolla 155ac5													
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose		(g) De	(g) Defeased		On alf of uer	(i) Pool financing		
									Yes	No	Yes	No	Yes	No
Α	MNHEFA - Series 7-F	41-0988525	60416HTL8	08-31-2010	34,045,66	4 Re	efi variable rate	debt		×		Х		Х
В	MNHEFA - Series 6-0	41-0988525	60416HKK9	03-29-2007	46,207,40	4 Co	Construction & Refunding			х		Х		Х
Pa	rt III Proceeds					•								•
					A		В			С			D	
1	A mount of bonds retired				2,2	30,00	00							
2	A mount of bonds legally defe													
3	Total proceeds of issue	34,0	45,66	54 4	16,207,404									
4	Gross proceeds in reserve funds			2,4	64,99	96	3,278,265							
5	Capitalized interest from pro	ceeds			2,2.	35,56	,562 2,235,562							
6	Proceeds in refunding escrov	NS												
7	Issuance costs from proceed	ds			2'	93,29	310,982							
8	Credit enhancement from pro	oceeds												
9	Working capital expenditures	from proceeds												
10	Capital expenditures from proceeds			28,3	39,87	74 2	28,339,874							
11	O ther spent proceeds		31,3	50,00	00	12,119,736								
12	O ther unspent proceeds													
13	Year of substantial completion	on					•	•			<u> </u>			
					Yes	No	Yes	No	Yes	1	No	Yes	,	No
4							_			_				

allocation of proceeds?									
Part III	Private	Business	Use						

14

15

16

		Α		В		С		<u> </u>)
		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?		×		×				
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X				
For F	Paperwork Reduction Act Notice, see the Instructions for Form 990.		at No 5019	93E			Sch	edule K (For	m 990) 201

Χ

Χ

Χ

Were the bonds issued as part of a current refunding issue?

Has the final allocation of proceeds been made?

Were the bonds issued as part of an advance refunding issue?

Does the organization maintain adequate books and records to support the final

Χ

Х

Χ

Χ

Χ

Sche	dule K (Form 990) 2012									Page 2
Par	Private Business Use (Continued)								_	
				Α		B		<u>C</u>		D
3a	Are there any management or service contracts that may result in private	husiness use	Yes	No	Yes	No	Yes	No	Yes	No
J a	of bond-financed property?			Х	Х					
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					
С	Are there any research agreements that may result in private business use of bond- financed property?			х		х				
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 be 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			%		%	%		%	
6	Total of lines 4 and 5			%		%		%	%	
7	Does the bond issue meet the private security or payment test?			Х		Х				
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?			х		х				
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of			%		%		%		%
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?									
9	Has the organization established written procedures to ensure that all non- bonds of the issue are remediated in accordance with the requirements und Regulations sections 1 141-12 and 1 145-2?		x		Х					
Do	t IV Arbitrage									
Par	GIV Arbitrage	A			В		c		D	
		Yes	No	Yes	No	Yes		No	Yes	No
1	Has the issuer filed Form 8038-T?		Х	Х						
2	If "No" to line 1, did the following apply?					<u> </u>		•		
а	Rebate not due yet?		Х							
b	Exception to rebate?		Х							
С	No rebate due?									
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed			•	•	•	•	•		
3	Is the bond issue a variable rate issue?									
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		Х		Х					
b	Name of provider									
С	Term of hedge									
d	Was the hedge superintegrated?									
e	Was a hedge terminated?									
					•	-	•	•		

and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?

Pai	rt IV Arbitrage (Continued)								,
		А		В	}	C	;	D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		х	Х					
ь	Name of provider	See Part VI See Part VI							
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	Х		Х					
6	Were any gross proceeds invested beyond an available temporary period?		×		х				
7	Has the organization established written procedures to monitor the requirements of section 148?	Х		Х					
Pa	rt V Procedures To Undertake Corrective Action								,
		Α		В	1	C	:	D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified								

Part VI Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions).						
Identifier Return Reference Explanation						
Supplemental Information		Part III Line 7 - These are qualified 501(c)3 bond issue Part IV Line 5b & 5c - There are two GIC providers to disclose for the Series 6-0 bond issuance. The information is as follows MBIA, Inc. with an original GIC term of 6 years DEPFA. Bank with an original GIC term of 1 year.				

Χ

Χ

Schedule K (Form 990) 2012

DLN: 93493078004114

Employer identification number

Schedule L

(Form 990 or 990-FZ)

Name of the organization

Department of the Treasury

Internal Revenue Service

Transactions with Interested Persons

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

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

OMB No 1545-0047

Open to Public Inspection

Part		etions (section 501(c)(3) and section	. , , , ,		
1	(a) Name of disqualified person	nswered "Yes" on Form 990, Part IV, line 2 (b) Relationship between disqualified	(c) Description of transaction		rrected?
		person and organization		Yes	No
					_
					_
					_
					_
					_
					_
		organization managers or disqualified pers			
3	Enter the amount of tax, if any, on I	ine 2, above, reimbursed by the organization	on		
Part	-	n Interested Persons. n answered "Yes" on Form 990-EZ, Part V,	line 38a. or Form 990. Part IV. line	26. or if the	

organization reported an amount on Form 990, Part X, line 5, 6, or 22 (i)Written (a) Name of (b) Relationship (c) Purpose (d) Loan to (e)Original (f)Balance (h) (g) In interested with organization of loan or from the principal due default? Approved agreement? person organization? amount by board or committee? Τо From Yes No Yes No Yes No

Total \$

Part III	Grants or Assistance Benefitting Interested Persons.
	Consolists of the assessment on a second live all as Faure 2000 David

Complete ii t	ile organization answere	a res officiali 220, rai	tiv, iiie 27.	
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) A mount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)	Discounted Tuition	94,944		
			-	
			-	
			_	
			-	

Part IV Business Transactions Complete if the organizat			ne 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) Sh of organiz	f zatıon's
				Yes	No
See Additional Data Table					
					Ī

Part V Supplemental Information

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

Identifier	Return Reference	Explanation
		Part IV - Business Transactions Involving Interested Persons - Priscilla Paton Priscilla Paton's compensation was a result of employment with the College as a faculty member

Schedule L (Form 990 or 990-EZ) 2012

Additional Data

Software ID: 12000229

Software Version: 2012v2.0

EIN: 41-0693979

Name: St Olaf College

Form 990, Schedule L, Part IV - Business Transactions Invol	lving Interested Persons
---	--------------------------

(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
	organization			Yes	No
(1) Priscilla Paton	See Sch O	12,000	See Part V		No
(2) Andrea Gelle	See Sch O	33,764	Employment		No
(3) North Sky	See Sch O	323,010	Asset Management Fees		No
(4) Ziegler Inc	See Sch O	145,427	Contruction Costs		No
(5) Christopher Brunelle	See Sch O	33,120	Employment		No
(6) Kathleen Doran-Norton	See Sch O	50,510	Employment		No
(7) Karen Stitsworth	See Sch O	30,083	Employment		Νo
(8) Boldt Construction	See Sch O	6,282,192	Contruction Costs		No
(9) CapGen Advisors	See Sch O	143,997	Asset Management Fees		No

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493078004114

OMB No 1545-0047

Open to Public Inspection

SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

Noncash Contributions

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

Name of the organization St Olaf College

Employer identification number

41-0693979

Pa	rt I	Types of Property							
			(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	(d Method of d noncash contrib	- etermı		ts
1	Art—V	Vorks of art	Х	15		Rplcmnt Cost			
2	Art—H	Historical treasures .			,				
3	Art—F	ractional interests							
4	Books	and publications	Х		2,705	Rplcmnt Cost			
5	Clothi	ng and household			·	•			
	goods		Х		5,419	Rplcmnt Cost			
6	Cars	and other vehicles							
		and planes	X	1	2,000	Selling Price			
		ectual property							
		ities—Publicly traded .	X	80	1,571,826	Avg Mkt Value			
		ities—Closely held stock .							
11		ities—Partnership, LLC, st interests							
12	Secur	ities—Miscellaneous							
13	contri	fied conservation bution—Historic tures							
14	•	fied conservation bution—Other							
15	Reale	estate—Residential .							
16	Reale	estate—Commercial							
17	Reale	estate—Other							
18	Collec	ctibles	Х	8	664	Rplcmnt Cost			
19	Foodı	nventory	Х	41	7,543	Rplcmnt Cost			
20	Drugs	and medical supplies .							
21	Taxıd	ermy							
		rical artifacts							
		tific specimens							
		ological artifacts							
		► (Gift Certificat)	X	34	·	Rplcmnt Cost			
26		► (<u>Equipment</u>)	X	23	187,/03	Rplcmnt Cost			
27		Event ► (Passes)	×	104	35.820	Rplcmnt Cost			
21	Other	Prepaid		101	33,020	TOTAL COSC			
28	Other	► (Travel)	Х	17	28,853	Rplcmnt Cost			
29		er of Forms 8283 received							
	for wh	ich the organization comple	ted Form 8	283, Part IV, Donee Ackno	owledgement [29			80
	_							Yes	No
30a		ng the year, did the organiza							
		hold for at least three year			on, and which is not require	a to be usea			
_		kempt purposes for the entire					30a		No
b	o If"Y€	es," describe the arrangeme	ent in Part 1	1					
31		the organization have a gif					31	Yes	
32a		the organization hire or use	e third parti	es or related organizations	to solicit, process, or sell i	noncash • • •	32a	Yes	
b	If"Ye	es," describe in Part II							
33		organization did not report	an amount	ın column (c) for a type of	property for which column (a) is checked,			
		ribe in Part II			,	•			

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
Part I, Line 32, Hire and Use of Third Parties		In tax year 2012, the College used several brokers to sell publically traded securities that were transferred to the College In addition, the College used an auction house to sell collectible items that were donated to the College several years ago

Schedule M (Form 990) (2012)

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493078004114

OMB No 1545-0047

Open to Public Inspection

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

Name of the organization
St Olaf College

Employer identification number
41-0693979

Identifier	Return Reference	Explanation
	Schedule L, Part IV, Col B	CapGen Advisors Former Regent Tomson is a Board MemberBoldt Construction Former Regent Boldt is Board Member/Ow nerKaren Stitsworth Spouse of Officer StitsworthKathleen Doran-Norton Spouse of Officer NortonChristopher Brunelle Son of Former Regent BrunelleZiegler Inc Former Regent Hoeft is Board Member/Ow nerNorth Sky Regent Piper is AdvisorAndrea Gelle Daughter of Officer GellePriscilla Paton Spouse of Officer Anderson

Identifier	Return Reference	Explanation
	Schedule K, Part IV, Line 4 - 6	Gross proceeds from the 'Issue A' were invested in two GIC contracts. The first is noted on Schedule K. The second was provided by MBIA Inc. The term was 13 months. The regulatory safe harbor for establishing the fair market value of the GIC was satisfied. Gross proceeds were not invested beyond a temporary period.

Identifier	Return Reference	Explanation
	Schedule K, Part III, Line 5	For 'Issue A', St Olaf calculated that 0 19% of financed property is in private business use as a result of unrelated trade or business. The tax software used to prepare the return only allowed reporting a whole number.

Identifier	Return Reference	Explanation
	Form 990, Part VI - Governing Body	The ByLaws, Article VII, section 7 04 states that "The Executive Committee of the Board of Regents shall be composed of those individuals designated by the Board of Regents from time to time. The Executive Committee shall act only during intervals between meetings of the Board of Regents and shall at all times be subject to the control and direction of the Board of Regents. During such intervals, and subject to such control and direction, the Executive Committee shall have and may exercise all of the authority and powers of the Board of Regents in the management and affairs of the Corporation, subject to such limitations as the Board of Regents may impose. The Executive Committee shall keep regular minutes of its proceedings and report the same to the Board of Regents." During tax year 2012, the committee's members were Addison Piper, Lawrence Stranghoener, Kristine Johnson, Kevin Bethke, Philip Milne, Nancy Anderson, Glenn Taylor, Larry Rasmussen and David Anderson.

Identifier	Return Reference	Explanation
	Form 990, Part I - Organization's Mission	St Olaf College, a four-year college of the Evangelical Lutheran Church in America, provides an education committed to the liberal arts, rooted in the Christian Gospel, and incorporating a global perspective. In the conviction that life is more than a livelihood, it focuses on what is ultimately worthwhile and fosters the development of the whole person in mind, body, and spirit Now in its second century, St. Olaf College remains dedicated to the high standards set by its Norwegian immigrant founders. In the spirit of free inquiry and free expression, it offers a distinctive environment that integrates teaching, scholarship, creative activity, and opportunities for encounter with the Christian Gospel and God's call to faith. The college intends that its graduates combine academic excellence and theological literacy with a commitment to lifelong learning St. Olaf College strives to be an inclusive community, respecting those of differing backgrounds and beliefs. Through its curriculum, campus life, and off-campus programs, it stimulates students' critical thinking and heightens their moral sensitivity, it encourages them to be seekers of truth, leading lives of unselfish service to others, and it challenges them to be responsible and knowledgeable citizens of the world

ldentifier	Return Reference	Explanation
Form 990, Part XI, Line 9	Other Changes In Net Assets Or Fund Balances - Other Increases	Interest Rate Sw ap Adjustment = \$7077

ldentifier	Return Reference	Explanation
Form 990, Part XI, Line 9	Other Changes In Net Assets Or Fund Balances - Other Increases	Gain from Insurance Receivable Estimate = \$216086

Identifier	Return Reference	Explanation
Form 990, Part XI, Line 9	Other Changes In Net Assets Or Fund Balances - Other Increases	Adjustment to actuarial libility for annuities payable = \$3256619

ldentifier	Return Reference	Explanation
Form 990, Part XI, Line 9	Other Changes In Net Assets Or Fund Balances - Other Increases	Adj to prior service cost and actuarial liabi retiree health = \$1558552

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 19	Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	The College's governing documents and conflict of interest policy are available upon request of the Treasurer's Office The annual form 990, 990T, and financial statements are available on the College's website as well as upon the request of the Treasurer's Office

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 15b	Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	Comparative data for the primary Vice Presidents is gathered from CUPA survey data from the 26 members of the Associated Colleges of the Midwest (ACM) and the Great Lakes Colleges Association (GLCA) and for the 24 St. Olaf "Peer Group" liberal arts colleges. The executive committee of the Board of Regents reviews this data and sets the salary for the President. The executive committee considers the recommendation the President makes regarding the other key officers and then sets their salary. The Chair of the Board reviews the decision of the executive committee with the full Board of Regents during an executive session of the Board. The Chair of the Board sends a letter to the VP & Treasurer indicating the new salary for the President and documenting the process followed to establish it. That letter is filed with Human Resources. The President reports the new salary for the key Vice Presidents to Human Resources.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 15a	Form 990, Part VI, Line 15a Compensation Review & Approval Process - CEO, Top Management	Comparative data for the President is gathered from CUPA survey data from the 26 members of the Associated Colleges of the Midwest (ACM) and the Great Lakes Colleges Association (GLCA) and for the 24 St. Olaf "Peer Group" liberal arts colleges. The executive committee of the Board of Regents reviews this data and sets the salary for the President. The executive committee considers the recommendation the President makes regarding the other key officers and then sets their salary. The Chair of the Board reviews the decision of the executive committee with the full Board of Regents during an executive session of the Board. The Chair of the Board sends a letter to the VP & Treasurer indicating the new salary for the President and documenting the process followed to establish it. That letter is filed with Human Resources. The President reports the new salary for the key Vice Presidents to Human Resources.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 12c	Line 12c Explanation of Monitoring and Enforcement of Conflicts	On an annual basis, a Conflict of Interest Questionnaire is circulated to the Board of Regents and Officers The Questionnaire requires the individual to disclose any relationships or transactions that would result or appear to result in a Conflict of Interest. The College collects and reviews the forms and discusses whether the appropriate actions have been taken in voting, discussions, and other meetings to properly recognize the conflict. Restrictions, such as being unable to participate in voting or discussions, may be imposed on any individual who has a conflict. In general, any identified conflict of interest is monitored by the Treasurer(for financial statement reporting purposes) and the President's Office (to ensure compliance, proper considerations are made at meetings)

ldentifier	Return Reference	Explanation
	Form 990, Part VI, Line 11b Form 990 Review Process	To review the 990, the Board of Regents delegated the detail review process to the Audit Sub-Committee On February 12, 2014 the Sub-Committee reviewed and approved the Form in its entirety. In addition, the form (not including Schedule B) was circulated to all members of the Board of Regents prior to the filing date.

Identifier	Return Reference Explanation								
Form 990, Part VI, Line 7b	Governing Body Approval by Members or	Certain decisions made by the Board of Regents, such as election of Regents and changes to by-laws, must be approved by all members of the Corporation							

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 7a		The primary decision-making members of the Corporation are the Board of Regents However, the members of the Evangelical Lutheran Church in America Churchwide assemblies as well as the Officers of the Church are involved whenever changes are made to the Board of Regents or when the Articles of Incorporation are amended

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 6	Form 990, Part VI, Line 6 Explanation of Classes of Members or Shareholder	The Articles of Incorporation of St Olaf College describe its members as being (a) The members of the Evangelical Lutheran Church in America Churchwide assemblies entitled to vote at such meetings chosen in accordance with the discipline and usage of such Church, or its successor. Such members shall remain members of the Corporation until the convening of the succeeding Churchwide assembly of the Evangelical Lutheran Church in America at which time such members shall give place to the members entitled to vote at such succeeding Churchwide assembly, in accordance with the discipline and usage of said Church, or its successor (b) The officers of the Church(c) The President of the Corporation, and(d) The members of the Board of Regents of the Corporation

Identifier Return Reference		Explanation
Form 990, Part VI, Line 2	Form 990, Part VI, Line 2 Description of Business or Family Relationship of Officers, Directors, Et	Business Relationship Regent Piper and Regent K Johnson and Regent SalvesonBusiness Relationship Regent K Johnson and Regent GrottingBusiness Relationship Regent Maudlin and Regent Gafkjen

DLN: 93493078004114

OMB No 1545-0047

Open to Public Inspection

SCHEDULE R Related Organizations and Unrelated Partnerships (Form 990)

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► Attach to Form 990. ► See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization **Employer identification number** St Olaf College 41-0603070

					41-0693	1/9			
Part I Identification of Disregarded Entities (Comple	ete if the organization	n answered "Yes" to	o Form 990, P	art I	V, line 33.)				
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	End-	(e) of-year assets	С	(f) Direct controlling entity		
Part II Identification of Related Tax-Exempt Organiz or more related tax-exempt organizations during the second control of the secon		the organization a	nswered "Yes	" to	Form 990, F	Part IV,	line 34 because it	had o	ne
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code se	ction	(e) Public charity (if section 501		(f) Direct controlling entity	Section (13) co en	g) n 512(b ontrolle tity?
(1) Employee-Contribution VEBA Trust St Olaf	Employee Benefit Plan	MN	501c9					Yes	No No
1520 St Olaf Avenue							l		
Northfield, MN 55057 04-3838476							N/A		
(2) Employer-Contribution VEBA Trust St Olaf	Employee Benefit Plan	MN	501c9						No
1520 St Olaf Avenue							N/A		
Northfield, MN 55057 04-3838456									
(3) Ella & Kaare Nygaard Foundation	Foundation	MN	501c3		11 - Type 2		NA	Yes	
1520 St Olaf Avenue									
Northfield, MN 55057 41-1644089									
(4) MN Intercollegiate Nursing Consortium	Nursing Program	MN	501c3		11 - Type 2				No
1520 St Olaf Avenue							N/A		
Northfield, MN 55057 41-1717579									
			1		I		l		1

(a)		(b)	(c)	(d)		(e)		(f)	(g)	(h)	(i)	l G	i)	(k)
Name, address, and EIN of related organization		Primary activity Legal domicile (state or foreign country)		omicile controll state or entity oreign		Predomina income(rela unrelated excluded fr tax unde sections 51 514)	ant Sha ated, total d, rom er	Share of total income	Share of end-of-year assets	Disprop	rtionate	Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part	ral or aging ner?	Percentage ownership
										Yes	No		Yes	No	
													-		
													-		
Part IV Identification of Related line 34 because it had one o	Organizations Taxable r more related organizatio	as a Corpo ns treated a	ration s a cor	or Tru poratio	ıst (Complete trust duri	e if the c	rgan ax ye	ızatıon an ear.)	swere	d "Ye	s" to Form	990,	Part	IV,
(a)	(b)	(c)			D at	(d)	(e)		(f)	, Ch-	(g)	(h)	T,	(i)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)			Direct control entity		Illing Type of entity (C corp, S corp, or trust)		Share of tota income	al Share of er of-year assets		owner	entage ership		Section 512 (b)(13) controlled entity?
														Ţ	Yes No
(1) Life Income Fund 1	Investments		1		N/A	[Trust								No
1520 St Olaf Avenue Northfield, MN 55057		IM I	V												
(2) Pooled Income Fund 1	Investments				N/A	-	Trust								No
1520 St Olaf Avenue Northfield, MN 55057		М	١												
(3) Chrtbl Rmndr Uni Trust	Investments				N/A	[Trust								No
1520 St Olaf Avenue Northfield, MN 55057		М	N												
(4) Chrtbl Rmndr Annuity 4	Investments				N/A	-	Trust								No
1520 St Olaf Avenue Northfield, MN 55057		М	J												
								\dashv						\top	
	ı	1				- 1		ı		- 1				- 1	1

Part \	Transactions With Related Organizations (Complete if the organization	n answered "Yes" to Fo	orm 990, Part IV, lin	e 34, 35b, or 36.)				
No	te. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No	
1 Durin	g the tax year, did the orgranization engage in any of the following transactions with one or	more related organization	s listed in Parts II-IV?					
a Re	ceipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		No	
b Gr	ft, grant, or capital contribution to related organization(s)				1b		No	
c Gif	t, grant, or capital contribution from related organization(s)				1 c	Yes		
d Lo	ans or loan guarantees to or for related organization(s)				1d		No	
e Lo	ans or loan guarantees by related organization(s)				1e		No	
f Div	vidends from related organization(s)				1f		No	
g Sa	le of assets to related organization(s)				1 g		No	
h Pu	rchase of assets from related organization(s)				1h		No	
i Exc	change of assets with related organization(s)				1i		No	
j Lea	ase of facilities, equipment, or other assets to related organization(s)				1j		No	
k le	ase of facilities, equipment, or other assets from related organization(s)				1k		No	
Performance of services or membership or fundraising solicitations for related organization(s)								
	formance of services or membership or fundraising solicitations by related organization(s)				1m		No	
	iring of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Yes		
	aring of paid employees with related organization(s)				10	Yes		
p Re	imbursement paid to related organization(s) for expenses				1 p	Yes		
q Re	imbursement paid by related organization(s) for expenses				1 q		No	
r Ot	her transfer of cash or property to related organization(s)				1r	Yes		
	her transfer of cash or property from related organization(s)				1s		No	
2 If t	he answer to any of the above is "Yes," see the instructions for information on who must co	mplete this line, including	g covered relationships	and transaction threshol	ds			
	(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining	amount	ınvolved		
(1) Emplo	yer-Contribution VEBA Trust St Olaf	r	944,447	'Cost				
(2) Ella &	Kaare Nygaard Foundation	С	82,679	Cost			,	
(3) MN Int	ercollegiate Nursing Consortium	p	78,607	Cost				
(4) MN Int	ercollegiate Nursing Consortium	0	66,957	'Cost				

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross)

revenue) that was not a related organization See instructions re	garding exclu	sion for ce		nent	partnerships				`	,		_	
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512- 514)	org	(e) all partners section 501(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
												1	

Additional Data Return to Form

Software ID: 12000229

Software Version: 2012v2.0

EIN: 41-0693979

Name: St Olaf College

Schedule R (Form 990) 2012

Page **5**

Part VII Supplemental Information

	Complete this part to provide additional information for responses to questions on Schedule R (see instructions)									
	Identifier	Return Reference	Explanation							
-										