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OMB No 1545-0047

Open to Public Inspection

Department of the Internal Revenue Service

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private

foundations) ▶ Do not enter social security numbers on this form as it may be made public

▶ Information about Form 990 and its instructions is at <u>www IRS gov/foim990</u>

		'					
		calendar year, or tax year beginning 06-01-2015 , and ending 05-31-2016 C Name of organization	•	D Emplo		entification number	
	eck if applicab Idress change	St Olaf College			-		
<u>. </u>	ame change			41-06	59397	79	
_	itial return	Doing business as					
Fi	nal			E Telepho	one nui	mber	
	terminated	Number and street (or P O box if mail is not delivered to street address) Room/suit 1520 St Olaf Avenue	е	(507)	786-	2222	
	nended return plication pendi	City or town, state or province, country, and ZIP or foreign postal code		(307)	700		
I AP	plication pendi	Northfield, MN 55057		G Gross	receipts	s \$ 234,925,997	
		F Name and address of principal officer	H(a) Is th	I———	rotur	n for	
		David Anderson		rdinates?		T Yes ✓	
		1520 St Olaf Avenue Northfield, MN 55057	No			•	
r Ta	x-exempt stat		H(b) Are a		ınates	⊤Yes 🗸 No	
	•	JS			ı a lıst	(see instructions)	
ı w	ebsite: ▶	ww stolaf edu	H(c) Grou	ip exempt	ion ni	ımber ▶	
(Forr	n of organizat	on ✓ Corporation Trust Association Other ►	L Year of fo		374 I	M State of legal domicile	
					1	MN	
Pa		mmary					
		lescribe the organization's mission or most significant activities nedule O					
υ υ		iodate 0					
<u> </u>							
Ě		<u> </u>					
GOVERNANCE	2 Check	this box \blacktriangleright \sqsubset if the organization discontinued its operations or disposed of	f more than ?	25% of its	s net a	assets	
	3 Numbe	r of voting members of the governing body (Part VI, line 1a)		_ [3	27	
Ø Ø		r of independent voting members of the governing body (Part VI, line 1b)			4	26	
Activities &		umber of individuals employed in calendar year 2015 (Part V, line 2a)		· · ·	5	3,535	
		umber of volunteers (estimate if necessary)			6	700	
∢		nrelated business revenue from Part VIII, column (C), line 12		7a	-842,159		
	b Netunr	elated business taxable income from Form 990-T, line 34			7b	-1,233,217	
			Pric	or Year		Current Year	
	8 Cor	tributions and grants (Part VIII, line 1h)		21,937,	435	26,137,294	
Ę	9 Pro	gram service revenue (Part VIII, line 2g)		157,223,	999	163,015,257	
Ravenua	10 Inv	estment income (Part VIII, column (A), lines 3, 4, and 7d)		26,318,	539	8,966,773	
α	11 Oth	er revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		279,	333	410,918	
	12 Tot 12)	al revenue—add lines 8 through 11 (must equal Part VIII, column (A), line		205,759,	306	198,530,242	
	<u> </u>	nts and similar amounts paid (Part IX, column (A), lines 1–3)		60,031,	521	65,408,640	
		efits paid to or for members (Part IX, column (A), line 4)		00,031,	721	05,400,040	
		iries, other compensation, employee benefits (Part IX, column (A), lines					
8	5-1			64,322,	521	67,617,157	
Expenses	16a Pro	fessional fundraising fees (Part IX, column (A), line 11e)		24,	414	73,242	
笳		fundraising expenses (Part IX, column (D), line 25) ▶4,698,205					
	17 Oth	er expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		51,387,	377	53,519,497	
		al expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		175,765,	-+	186,618,536	
. vo	19 Rev	enue less expenses Subtract line 18 from line 12	•	29,993,	473	11,911,706	
Net Assets or Fund Balances			Beginning o	of Current	Year	End of Year	
sse.	20 Tot	al assets (Part X, line 16)		757,230,	334	764,920,265	
Z Z	21 Tot	al liabilities (Part X, line 26)		123,040,	146	142,167,324	
ΣŢ	22 Net	assets or fund balances Subtract line 21 from line 20		634,190,	188	622,752,941	
		nature Block					
ny ki		of perjury, I declare that I have examined this return, including accompany d belief, it is true, correct, and complete Declaration of preparer (other tha knowledge					
	*	± € 5 €		017-03-28			
Sign		gnature of officer	D	ate			
Here	1 1 20	net Hanson Vice President & CFO					
	 	pe or print name and title	t		DTT		
n-:	4	Print/Type preparer's name Preparer's signature Da	Che	eck I if	PTIN		
Paid		Firm's name		r's EIN ►	<u> </u>		
	parer	Firm's address ▶		ne no			
	Only	1	1				

. Yes No

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 2	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? ${f 2}$	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts 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 2	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	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 V 🔰	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
	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	
	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	
	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	11 c		No
	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	11 d	Yes	I
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12 a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, 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 other assistance to or for any foreign organization? 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 other assistance to or for foreign individuals? 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? <i>If "Yes," complete Schedule G, Part I</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
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government 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 or other assistance to or for domestic individuals 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 25a	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24 c		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), 501(c)(4), and 501(c)(29) 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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? 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	28 a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No

25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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, Pait I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? 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	28 a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
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	28 c	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		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? 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 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? Νo **b** If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled 35b Nο

36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

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 🔧 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Note. All Form 990 filers are required to complete Schedule O

37

Νo

Yes

36

37

Par	rt V	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this		V			_
		effect if seffective of contains a response of flote to any line in this	i ai c	<u> </u>	• •	Yes	No
1a	Enter	the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	3,860			
		the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
_	Did th	L ie organization comply with backup withholding rules for reportable payments to	Vend	lors and reportable			
٠		g (gambling) winnings to prize winners?	•		1c	Yes	
2a	Enter	the number of employees reported on Form W-3, Transmittal of Wage and					
		tatements, filed for the calendar year ending with or within the year covered	2a	3,535			
b	•	s return			2b	Yes	
b		If the sum of lines 1a and 2a is greater than 250, you may be required to e-file					
3a	Did th	e organization have unrelated business gross income of \$1,000 or more during	the '	year?	3a	Yes	
b	If "Yes	s," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanatio</i>	on in S	Schedule O	3b	Yes	
4a		y time during the calendar year, did the organization have an interest in, or a sig					
		a financial account in a foreign country (such as a bank account, securities acc int)?	count	, or other financial	4a		No
ь		,					110
_		s," enter the name of the foreign country mathematic between the foreign Bank is tructions for filling requirements for FinCEN Form 114, Report of Foreign Bank	and	Einancial Accounts			
	(FBAR		ana	Tillanetal Accounts			
5a	Was tl	he organization a party to a prohibited tax shelter transaction at any time durin	g the	tax year?	5a		Νo
b	Did ar	ny taxable party notify the organization that it was or is a party to a prohibited t	ax sh	elter transaction?	5b		Νo
С	If"Ye	s," to line 5a or 5b, did the organization file Form 8886-T?					
		•			5c		
	organı	the organization have annual gross receipts that are normally greater than \$10 ization solicit any contributions that were not tax deductible as charitable cont	rıbutı	ons?	6a		No
	were r	s," did the organization include with every solicitation an express statement th not tax deductible?	at su	ch contributions or gifts	6b		
7	_	izations that may receive deductible contributions under section 170(c).					
	servic	e organization receive a payment in excess of \$75 made partly as a contribution in the payor?		· · · · ·	7a	Yes	
		s," did the organization notify the donor of the value of the goods or services pi			7b	Yes	
С		e organization sell, exchange, or otherwise dispose of tangible personal proper irm 8282?	•	which it was required to	7 c		No
d	If"Ye	s," indicate the number of Forms 8282 filed during the year	7d	0			
е	Dıd th	e organization receive any funds, directly or indirectly, to pay premiums on a p	erson	al benefit contract?	7e		No
f	Did th	e organization, during the year, pay premiums, directly or indirectly, on a perso	nal b	enefit contract?	7f		Νo
g	If the require	organization received a contribution of qualified intellectual property, did the ored?	rganız • •	zation file Form 8899 as	7 g		No
h		organization received a contribution of cars, boats, airplanes, or other vehicles	, dıd	the organization file a	7h		No
8	Did a	oring organizations maintaining donor advised funds. donor advised fund maintained by the sponsoring organization have excess bus the year?	sines	s holdings at any time			
0-		, , , , , , , , , , , , , , , , , , ,		· · ·	8 9a		No
		le sponsoring organization make any taxable distributions under section 49667					No
ь 10		le sponsoring organization make a distribution to a donor, donor advisor, or rela on 501(c)(7) organizations. Enter	itea p	e15011/	9b		No
		tion fees and capital contributions included on Part VIII, line 12	1 0 a	1			
		receipts, included on Form 990, Part VIII, line 12, for public use of club	10a				
_	facılıtı						
		on 501(c)(12) organizations. Enter		1			
		Income from members or shareholders	11a				
b		income from other sources (Do not net amounts due or paid to other sources st amounts due or received from them)	11b				
12a	Section	on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990	ın lıe	u of Form 1041?	12 a		No
b		s," enter the amount of tax-exempt interest received or accrued during the	12b				
13	year Sectio	on 501(c)(29) qualified nonprofit health insurance issuers.	120				
а		organization licensed to issue qualified health plans in more than one state? N ote that the organization must report on Schedule O	ote. S	See the instructions for	13a		No
b		the amount of reserves the organization is required to maintain by the states					
-		ch the organization is licensed to issue qualified health plans	13b				
		the amount of reserves on hand	13 c				
		e organization receive any payments for indoor tanning services during the tax	•		14a		No
b	If"Ye	s," has it filed a Form 720 to report these payments? If "No," provide an explana	tıon ır	Schedule O	14b		

orm	990 (2015)					Page
Par	For each "Yes" response to lines 2 through 7b below, and for a "No describe the circumstances, processes, or changes in Schedule O. Check if Schedule O contains a response or note to any line in this Part VI	See ii	nstructions.		Ob belo	w,
Se	ction A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	27			
	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	1b	26			
2	Did any officer, director, trustee, or key employee have a family relationship or a but 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?					
4	Did the organization make any significant changes to its governing documents since filed?	e the p	orior Form 990 was	4	Yes	
5	Did the organization become aware during the year of a significant diversion of the o	rganız	ation's assets? .	5		No
6	Did the organization have members or stockholders?			6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the pow more members of the governing body?		' '	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approve or persons other than the governing body?	, ,	•	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written active year by the following	ons u	ndertaken during the			
а	The governing body?			8a	Yes	
b	Each committee with authority to act on behalf of the governing body?			8 b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A,	who c	annot be reached at the			

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

S	e	C	ti	0	n	С	D	i	S	C	I	0	S	u	r	е

17 List the States with which a copy of this Form 990 is required to be filed▶

CA, MA, MD, MI, MN, NH, SC

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, address, and telephone number of the person who possesses the organization's books and records

► Janet Hanson 1520 St Olaf Avenue Northfield, MN 55057 (507) 786-2222

Part VII

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 (B) (C) (D) (F) (A) (E) Name and Title Average Position (do not check Reportable Reportable Estimated hours per more than one box, unless compensation compensation amount of other week (list person is both an officer from the from related compensation any hours and a director/trustee) organization (Worganizations from the (W-2/1099for related 2/1099-MISC) organization and Former Highest compensat employee Individual trustee É organizations MISC) related ũ stitutional below organizations employee 医含 dotted line) Trustee See Additional Data Table

Name and Title	Average hours per week (list any hours	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2,2033 11.00,	2/1099-MISC)	organization and related organizations
See Additional Data Table										
1b Sub-Total			٠.			. ▶				
c Total from continuation	•					. ▶				
d Total (add lines 1b and 1	Lc)					>		2,769,896		568,052

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

Section B. Independent Contractors

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

(A)	(B)	(C)
Name and business address	Description of services	Compensation
Bon Appetit Management Co	Food Service	8,120,245
100 Hamilton Avenue Suite 300 Palo Alto, CA 94301		
Educational & Institutional Insurance Adm	Insurance Advisor	1,164,005
200 S Wacker Dr Ste 1000 Chicago, IL 60606		
Muska Electric Company	Electric Contractor	981,192
1985 Oakcrest Avenue Roseville, MN 55113		
The Boldt Company	Cnstruction Contract	6,582,683
2525 N Roemer Road Appleton, WI 54911		
Thyssenkrupp Elevator Corporation	Services and Goods	924,487
2801 Network Boulevard Suite 700 Frisco, TX 75034		
2 Total number of independent contractors (including but not limited to those	e listed above) who received more than	

Yes

No

orm 99		15)						Page S
Part V	•••	Statement o						_
		Check if Sched	ule O contains a respor	se or note to any III	ne in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
2 2	1a	Federated cam	paigns 1a					
Grants	b	Membership du	ues 1b					
- F	c	Fundraising ev	ents 1c	152,278				
ar A	d	Related organiz	zations 1d					
ons, Gifts, Grants Similar Amounts	е	Government grant	es (contributions) 1e	3,175,443				
Contributions, Gifts, and Other Similar A	f	All other contribution	ons, gifts, grants, and 1f	22,809,573				
tributio Other	g	Noncash contributi	ions included in lines	5,634,609				
Contr and (h	1a-1f \$ Total. Add lines	c 1 2 1 f		26,137,294			
ة د		Total. Add filles	5 1 d - 11	Þ	20,137,231			
Ele.	2a	Other		Business Code 900099	3,405,548	3,214,330		191,218
¥ V.5	b	Sales & Services fr	rom Aux	611710	27,107,419	655,083	410,507	26,041,829
Ce F	c	Tuition and Fees	_	900099	132,502,290	132,502,290		
Program Service Revenue	d							
<u>ا</u>	е							
ogra	f	All other progra	am service revenue					
<u>ጽ</u>	g	Total. Add lines	s 2a-2f		163,015,257			
	3		come (including dividendar amounts)	ds, interest,	7,698,979		-1,301,619	9,000,598
	4		stment of tax-exempt bond	proceeds ►	0			
	5	Royalties .	() P 1	▶	0			
	6a	Gross rents	(i) Real 271,586	(II) Personal 54,169				
	b	Less rental	122,903	5,216				
		expenses Rental income	148,683	48,953				
		or (loss)		·	197,636		48,953	148,683
	d	Net rental inco	me or (loss) (i) Securities	▶ (II) O ther	137,030		40,555	140,000
	7a	Gross amount from sales of assets other than inventory	32,615,335	2,986,848				
	b	Less cost or other basis and sales expenses	32,823,201	1,511,188				
	с	Gain or (loss)	-207,866	1,475,660				
	d		ss) .		1,267,794			1,267,794
Other Kevenue	8a	events (not inc \$152	:luding 2,278 s reported on line 1c)					
her			a	75,451				
5	D C		rpenses b (loss) from fundraising	178,384 events >	-102,933			
	9a	Gross income f	from gaming activities ne 19	,				
	b	Less direct ex	penses b					
	c	Net income or	loss) from gamıng actı	vities	О			
	10a	Gross sales of returns and allo		•				
	b	less costofa	a a	2,071,078				
		_	oods sold b (loss) from sales of inve	1,754,863 entory ►	316,215			316,215
		Miscellaneou	<u> </u>	Business Code				
	11a							
	b							
	C C	All other rough						
	d e	All other reven Total. Add lines		•				
	12		See Instructions .	_	0			
		iocai ievenuė.	Sectionactions .	· · · · •	198,530,242	136,371,703	-842,159	36,966,337

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 of note to any fine in	ans raicin			
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	0			
2	Grants and other assistance to domestic individuals See Part IV, line 22	63,062,640	63,062,640		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	2,346,000	2,346,000		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	2,446,449	870,175	1,116,234	460,040
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	48,324,403	43,166,452	3,190,450	1,967,501
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	4,288,794	3,863,027	240,666	185,101
9	Other employee benefits	9,178,116	8,099,313	683,766	395,037
10	Payroll taxes	3,379,395	2,958,759	268,132	152,504
11	Fees for services (non-employees)				
a	Management	0	042	674.242	
b	Legal	672,315	912	671,213	190
c d	Accounting	96,457		96,457	
e e	Professional fundraising services See Part IV, line 17	73,242			73,242
f	Investment management fees	367,399		367,399	75,242
g g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	3,180,788	2,400,066	519,583	261,139
12	Advertising and promotion	537,106	497,943	38,664	499
13	Office expenses	3,224,356	2,565,188	414,148	245,020
14	Information technology	2,334,725	1,815,069	348,458	171,198
15	Royalties	5,055	4,180	875	
16	Occupancy	5,051,148	4,809,741	178,709	62,698
17	Travel	8,172,663	7,618,909	297,999	255,755
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	242,058	206,919	20,664	14,475
20	Interest	3,253,504	3,118,447	133,796	1,261
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	12,446,403	11,464,444	737,367	244,592
23	Insurance	762,298	3,109	759,189	
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)				
а	Food Service	8,292,958	7,903,867	256,437	132,654
b	Tuition paid to other Institut	2,050,095	2,047,989	1,717	389
c	Other Expenses	1,949,213	1,889,156		60,057
d	Membership dues paid to others	605,643	340,553	250,835	14,255
e	All other expenses	275,313	98,785	175,930	598
25	Total functional expenses. Add lines 1 through 24e	186,618,536	171,151,643	10,768,688	4,698,205
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)				

(B)

End of year

291,057

15,738,412

8.898.491

261,775

593,109

658,799

237,071,439

172,580,530

265,271,871

6,451,808

57,102,974

764,920,265

20,047,300

5,437,487

2,797,048

97,084,701

14,826,475

1,974,313

142,167,324

264,095,592

156,381,653

202,275,696

622,752,941

764,920,265 Form 990 (2015)

(A)

Beginning of year

243,915

23,408,966

9,254,166

218,924

603,903

880.387

227,303,423

174.228.641

269,773,502

6,550,927

44,763,580

757,230,334

18,326,604

6,190,067

3,049,447

75,009,550

17,599,546

2,864,932

123,040,146

270,065,026

174,839,933

189,285,229

634, 190, 188

757,230,334

390 989 795

153,918,356

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	Ch L C - L L L

O contains a response or note to any line in this Part X

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10b

Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of

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

Form 990 (2015)

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Fund Balances

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Net Assets

Schedule L .

II of Schedule L

Grants payable

Deferred revenue .

Tax-exempt bond liabilities

Complete Part X of Schedule D

Unrestricted net assets

Inventories for sale or use

Complete Part VI of Schedule D

Less accumulated depreciation .

Intangible assets

Other assets See Part IV, line 11 .

Accounts payable and accrued expenses

Cash-non-interest-bearing

Savings and temporary cash investments

Notes and loans receivable, net . .

Prepaid expenses and deferred charges

Investments—publicly traded securities .

Land, buildings, and equipment cost or other basis

Investments—other securities See Part IV, line 11

Investments—program-related See Part IV, line 11

Total assets. Add lines 1 through 15 (must equal line 34)

Escrow or custodial account liability Complete Part IV of Schedule D .

key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Organizations that follow SFAS 117 (ASC 958), check here ▶

Organizations that do not follow SFAS 117 (ASC 958), check here ▶

Retained earnings, endowment, accumulated income, or other funds

Paid-in or capital surplus, or land, building or equipment fund

and other liabilities not included on lines 17-24)

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Total liabilities. Add lines 17 through 25 .

lines 27 through 29, and lines 33 and 34.

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

complete lines 30 through 34.

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Pledges and grants receivable, net

Accounts receivable, net . .

Dalance	JIICCC
Check if S	chedule (

Net unrealized gains (losses) on investments . . .

Other changes in net assets or fund balances (explain in Schedule O) .

10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,

If the organization changed its method of accounting from a prior year or checked "Other," explain in

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

✓ Consolidated basis

Check if Schedule O contains a response or note to any line in this Part XII

Donated services and use of facilities .

Part XIII Financial Statements and Reporting

1 Accounting method used to prepare the Form 990

a separate basis, consolidated basis, or both

Single Audit Act and OMB Circular A-133?

Investment expenses .

column (B))

Schedule O

Schedule O

Separate basis

Separate basis

basis, consolidated basis, or both

Prior period adjustments .

Total revenue (must equal Part VIII, column (A), line 12) 1 Total expenses (must equal Part IX, column (A), line 25) . . . 2 Revenue less expenses Subtract line 2 from line 1 . . . 3 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . 4

Cash ✓ Accrual COther

Both consolidated and separate basis

Both consolidated and separate basis

186,618,536 11,911,706 634,190,188 5 -20,856,793

6

7

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10

Page **12**

198,530,242

-2,492,160

No

Νo

622,752,941

Yes

Yes

Yes

Yes

Yes Form 990 (2015)

3b

2a If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on 2b If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c If the organization changed either its oversight process or selection process during the tax year, explain in 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the 3a **Software ID:** 15000324

Software Version: 2015v3.0

EIN: 41-0693979

Name: St Olaf College

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

Compensated Employees, and Independent Contractors												
(A) Name and Title	(B) A verage hours per week (list any hours	more pers	than on is	one bot	not box h an	checl , unle office ustee	ss er	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the		
	for related organizations below dotted line)	Individual trustee or director	Institutional Trust⊭ë	Officer	key employee	Highest compensated employee	Former		(W- 2/1099- MISC)	organization and related organizations		
Kristine Johnson Chair	1 70 0 00	x						0	0	C		
Lawrence Stranghoener Vice Chair	1 70 0 00	×						0	0	(
Nancy Anderson Regent	1 70 0 00	×						0	0	(
Kevin Bethke Regent	1 70 0 00	х						0	0	(
Kan Bjorhus Regent	1 70 0 00	×						0	0	(
Gregory Buck Regent	1 70 0 00	×						0	0	(
Leon Clark Jr Regent	1 70 0 00	x						0	0	(
Sam Dotzler Regent	1 70 0 00	x						0	0	(
William Gafkjen Regent	1 70 0 00	x						0	0	(
Peter Gotsch Regent	1 70 0 00	×						0	0	(

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

(A) Name and Title	(B) A verage hours per week (list any hours for related	m unles	ore t ss pe	han erso cer	not one n is and			(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
	organizations below dotted line)	individual trustee or director	Institutional Trustee		key employee	Highest compensated employee	Former			
John Grotting	1 70									
Regent	0 00	Х						0	0	0
Susan Gunderson	1 70	.,								
Regent	0 00	X						0	0	0
Enc Hanson	1 70	x						0	0	0
Regent	0 00									
David Hill Regent	1 70	x						0	0	0
Jody Kleppe Horner	1 70	×						0	0	0
Regent	0 00							_		
Ronald Hunter Regent	1 70	х						0	0	0
	1 70									
Mark Jordahl	1	l l		1	1	I	I	_		

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Regent

Regent

Jay Lund

Regent

Regent

Timothy Maudlin

Ward Klein

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

62,061

29,967

33,865

20,559

Compensated Employees, and Inde	pendent co	ntrac	tor	5			i	i	i
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	m unles	ore t ss pe offi direct	han erso cer tor/t	not one n is and trus	tee)	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
Philip Milne	1 70	х					0	0	0
Gretchen Morgenson Regent	1 70	×					0	0	0
Jon Salveson Regent	1 70	×					0	0	0
Glenn Taylor Regent	1 70	×					0	0	0
Al Tındall Regent	1 70	×					0	0	0
Theresa Hull Wise	1 70	v					0	0	0

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402,449

103,892

190,221

120,882

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Regent

President

Jo Beld

VP of Mission

Enoch Blazis

VP Advancement

Assoc Provost

David Anderson

48,180

40,249

23,676

16,145

Form 990, Part VII - Compensation Compensated Employees, and Inde					ru	stee	s, k	(ey Employe	es, Highest	
(A) Name and Title	(B) A verage hours per week (list any hours for related	Pos mo unles	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
Nathan Engle Controller	40 00			×				88,285	5 0	33,165
Mark Gelle CIO	40 00			x				120,486	0	14,205
Michael Goodson VP Human Resour	40 00			х				148,951	0	38,876
Janet Hanson VP and CFO	40 00			x				193,568	0	36,737
Gregory Kneser VP & Dean of St	40 00			x				149,232	0	26,615
Michael Kyle	40 00			x				183,204	0	45,709

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213,938

128,234

124,158

136,227

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VP of Admission

Provost Dean Co

Christopher George

Dean of Admission

Roberta Lembke

Dir of IT & Librar

Rebecca Otten

Dir of Development

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Marcı Sorter

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

(A) (B) (C) (D) (E)

Name and Title Average Position (do not check Reportable Reportable

Name and Title	hours per week (list any hours for related	more than one box, unless person is both an officer and a director/trustee)						compensation from the organization (W- 2/1099-	compensation from related organizations (W- 2/1099- MISC)	amount of other compensation from the	
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC)	мізс	organization and related organizations	
Lavern Rippley	40 00					х		133,487	0	23,699	
Professor	0 00										
Peter Sandberg Asst VP Facilities	40 00					x		128,847	0	28,925	
ASSUVE FACILITIES	0 00										
Angle Mathews	40 00						x	110,048	0	16,620	
Former Controller	0 00										
James May	40 00						х	93,787	0	28,799	
Former Provost	0 00]	ľ	[

Employer identification number

41-0693979

SCHEDULE A

hospital's name, city, and state

170(b)(1)(A)(iv). (Complete Part II)

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.

Open to Public Inspection

OMB No 1545-004

Treasury Internal Revenue Service Name of the organization

(Form 990 or

990EZ)

Department of the

St Olaf College

Part I

✓

(i)

Total

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▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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

A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section

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

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

A school described in section 170(b)(1)(A)(ii).(Attach Schedule E (Form 990 or 990-EZ))

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

A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 Seesection 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s) (ii)EIN (iii) (iv) (v) (vi) Name of supported organization Type of Is the organization A mount of A mount of other listed in your governing organization monetary support support (see (described on lines document? (see instructions) instructions) 1-9 above (see instructions)) Yes No

	edule A (Form 990 of 990-EZ) 2015						Page Z
Pa	Support Schedule fo						
	(Complete only if you of Part III. If the organization						
S	ection A. Public Support	ttion runs to qu	anny anach anc	tests listed bei	ovi, picase con	ipiece i di c III.	,
	Calendar year		412242	4.3204.2	4.0004.4	4.32045	(5) T
(or	fiscal year beginning in) ▶	(a)2011	(b) 2012	(c)2013	(d)2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do						
_	not include any unusual grants)						
2	Tax revenues levied for the organization's benefit and either						
	paid to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit						
	to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11, column						
	(f)						
6	Public support. Subtract line 5						
S	from line 4 ection B. Total Support						
	Calendar year	4-12011	/b\2012	(-)2012	(4)2014	(-)201F	(6)T-4-1
(or	fiscal year beginning in) 🕨	(a)2011	(b) 2012	(c)2013	(d)2014	(e)2015	(f)⊤otal
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
9	and income from similar 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						
	VI)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activiti	es, etc (see inst	ructions)			12	•
13	First five years.If the Form 990 is f	or the organizati	on's first, second	, third, fourth, or	fifth tax year as a	section 501(c)(3) organization,
	check this box and stop here					▶ ┌	
S	ection C. Computation of Pub						
14	Public support percentage for 2015	(line 6, column	(f) divided by line	11, column (f))		14	
L5	Public support percentage for 2014	Schedule A , Pa	rt II, line 14			15	
L6a	33 1/3% support test—2015. If the	organization did	not check the box	on line 13, and	line 14 is 33 1/3%	6 or more, check	this box
b	and stop here. The organization qua 33 1/3% support test—2014. If the	•			, and line 15 is 33	3 1/3% or more, o	heck this
	box and stop here. The organization						▶┌
17a	10%-facts-and-circumstances test - is 10% or more, and if the organiza in Part VI how the organization mee	tion meets the fa	cts-and-circums	tances test, chec	k this box and st	op here. Explain	oorted
	organization			_	•		▶
b	10%-facts-and-circumstances test-						
	15 is 10% or more, and if the organ				•	•	-1
	Explain in Part VI how the organiza	tion meets the "f	acts-and-circum	stances" test Th	ne organization qu	alities as a publi	•
18	supported organization Private foundation. If the organizati	ion did not check	a box on line 13	. 16a. 16h 17a -	or 17b, check this	s box and see	▶
	instructions	ala not check		, , , _ , _ , _ , _ , _ , _ ,	z. z. s, check this	200 and 300	▶┌
							• 1

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
	Calendar year	(a)2011	(b) 2012	(c)2013	(d)2014	(e)2015	(f) ⊤otal
•	iscal year beginning in)	(4)2011	(5)2012	(6)2010	(4)2011	(0)2010	(1)10ta1
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions,						
-	merchandise sold or services						
	performed, or facilities furnished						
	in any activity that is related to						
	the organization's tax-exempt						
	purpose						
3	Gross receipts from activities						
	that are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
•	furnished by a governmental unit						
	to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2,						
	and 3 received from disqualified						
	persons						
b	Amounts included on lines 2 and						
	3 received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the amount on line 13 for the year						
_	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6)						
Se	ction B. Total Support				1		I
	Calendar year			1	I	I	
(or f	iscal year beginning in)	(a) 2011	(b) 2012	(c)2013	(d)2014	(e) 2015	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
b	Unrelated business taxable						
	income (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c	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						
	VI)						
13	Total support. (Add lines 9, 10c,						
14	11, and 12) First five years.If the Form 990 is f	or the organization	n's first second	thurd fourth or	fifth tay year ac a	section 501/c	V3) organization
14	•	or the organization	on s mist, second	, tillia, louitii, oi	ilitii tax yeal as a	1 5600001 501(0)(3) organization, ▶ □
	check this box and stop here	lia Cunnant D					
	ction C. Computation of Pub						
15	Public support percentage for 2015	(line 8, column	(f) divided by line	: 13, column (f))		15	
16	Public support percentage from 201	l 4 Schedule A, P	art III, line 15			16	
Se	ction D. Computation of Inv	estment Inco	me Percenta	ae			
17	Investment income percentage for				nn (f))	14-1	
	· · · · · ·	•		•	···· (1 <i>))</i>	17	
18	Investment income percentage from	n 2014 Schedule	A, Part III, line	1 /		18	
19a	33 1/3% support tests—2015. If the	organization did	not check the bo	ox on line 14, and	l line 15 is more t	than 33 1/3%, a	ind line 17 is not
	more than 33 1/3%, check this box	and stop here. T	he organization q	ualıfıes as a publ	icly supported or	ganızatıon	▶┌
b	33 1/3% support tests—2014. If the	organization did	not check a box	on line 14 or line	19a, and line 16	ıs more than 3	3 1/3% and line
	18 is not more than 33 1/3%, check	this box and st	op here. The orga	nızatıon qualıfıes	as a publicly sup	ported organiz	ation 🕨 🗍
20	Private foundation. If the organizati	on did not check	a box on line 14	. 19a. or 19b. ch	eck this box and	see instruction	s ▶⊤ˈ

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and D, and complete Part V.)

	I, complete Sections A and D, and complete Part V)			
Se	ction A. All Supporting Organizations			
	Averally of the community of community of community of community of the community of community o		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section	2		
	509(a)(1) or (2)			<u> </u>
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?	3 c		
4a	If "Yes," explain in Part VI what controls the organization put in place to ensure such use Was any supported organization not organized in the United States ("foreign supported organization")?			l
	If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization?	4b		
	If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations			
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or (2) ? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported	4c		
	organization was used exclusively for section 170(c)(2)(B) purposes			l
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in	5b		
c	the organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	J.		
	anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9 c		
0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	10 b		
1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11 a		
	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11 c		

Part IV	Supporting	Organizations	(continued

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Section	n R	Tyne	T Si	innorting	Orga	nization	_

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization	2		

Section C. Type II Supporting Organization	Section	C.	Type	II	Supporting	Organization	s
--	---------	----	------	----	------------	--------------	---

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or			
	trustees of each of the organization's supported organization(s)?			
	If "No," describe in Part VI how contiol or management of the supporting organization was vested in the same persons			
	that controlled or managed the supported organization(s)	1		

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes." describe in Part VI the role the organization's supported organizations played in this regard	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satis	fy the Integral Part Test during the year (see instructions)

- The organization satisfied the Activities Test Complete line 2 below
- The organization is the parent of each of its supported organizations. Complete line 3 below

С		i ne orga instructi	nization supported a governmental entity. Describe in Part VI now you supported a government entity (see ons)	эe
2	<u>A ctivit</u>	ies Test	_Answer (a) and (b) below.	Y
а			all of the organization's activities during the tax year directly further the exempt purposes of the	

	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of 3a each of the supported organizations? Provide details in Part VI
- **b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

3b

	Check here if the organization satisfied the Integral Part Test as a qualifying tr Type III non-functionally integrated supporting organizations must complete S			ructions. All other
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
	Net short-term capital gain	1		
	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		
	Depreciation and depletion	5		
i	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
,	Other expenses (see instructions)	7		
;	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
	Aggregate fair market value of all non-exempt-use assets (see	1		
_	instructions for short tax year or assets held for part of year)	—		
a L	A verage monthly value of securities	1a 1b		
b	A verage monthly cash balances			
C	Fair market value of other non-exempt-use assets	1c 1d		+
d	Total (add lines 1a, 1b, and 1c) Discount claimed for blockage or other factors	La		
e	(explain in detail in Part VI)			
	Acquisition indebtedness applicable to non-exempt use assets	2		
	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrate	d Type III supporting	organization (see

Part V Type III Non-Functionally Integra	ated 509(a)(3) Suppo	rting Organizations (c	ontinued)
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accomp	olish exempt purposes		
2 Amounts paid to perform activity that directly furthe excess of income from activity	ers exempt purposes of supp	ported organizations, in	
3 Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	uured)		
6 Other distributions (describe in Part VI) See instru			
·	ic tions		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide	
9 Distributable amount for 2015 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2015			
a .			
b c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
a Applied to underdistributions of prior years			-
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 31 and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013			
d From 2014			
e From 2015			
		Schodulo A	/Form 990 or 990-F7) /2015

DLN: 93493087009207

Employer identification number

41-0693979

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue

Name of the organization

Political expenditures

Volunteer hours

St Olaf College

Part I-A

2

3

Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.

▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at

<u>www.irs.gov/form990</u>.

2015
Open to Public Inspection

If the organization answered "Yes" on 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

Provide a description of the organization's direct and indirect political campaign activities in Part IV

Section 527 organizations Complete Part I-A only

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

If the organization answered "Yes" on 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" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

Complete if the organization is exempt under section 501(c) or is a section 527 organization.

Par	t I-B Complete if the or	ganization is exempt under	section 501(c)(3).	
1	Enter the amount of any excise	e tax incurred by the organization u	nder section 4955	.	\$
2	Enter the amount of any excise	e tax incurred by organization mana	gers under sectio	n 4955 >	\$
3	If the organization incurred a s	ection 4955 tax, did it file Form 47	20 for this year?		☐ Yes 🗸 No
4a	Was a correction made?				⊤Yes ✓ No
b	If "Yes," describe in Part IV				
Par	t I-C Complete if the or	ganization is exempt under	section 501(c), except section 50	1(c)(3).
1	Enter the amount directly expe	ended by the filing organization for s	ection 527 exemp	ot function activities 🕨	\$
2	Enter the amount of the filing of exempt function activities	organization's funds contributed to c	other organizations	s for section 527	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here	e and on Form 112	0-POL, line 17b ►	\$
4	Did the filing organization file F	orm 1120-POL for this year?			Yes No
5	organization made payments I amount of political contribution	nd employer identification number (I For each organization listed, enter t ns received that were promptly and political action committee (PAC) I	he amount paid fro directly delivered	om the filing organization's f to a separate political orga	to which the filing unds Also enter the nization, such as a
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2					
3					
4					
5					
6					
For P	Paperwork Reduction Act Notice, se	ee the instructions for Form 990 or 99	00-EZ. (Cat No 50084S Schedule C (I	Form 990 or 990-EZ) 2015

Not over \$500,000

Over \$17,000,000

g

2a

Over \$500,000 but not over \$1,000,000

Over \$1,000,000 but not over \$1,500,000

Over \$1,500,000 but not over \$17,000,000

reporting section 4911 tax for this year?

Lobbying nontaxable amount

Total lobbying expenditures

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

Grassroots nontaxable amount

Grassroots lobbying expenditures

Lobbying ceiling amount (150% of line 2a, column(e))

С	hedule C (Fo	rm 990 or 990-EZ) 2015		Page 2
P	art II-A	Complete if the organization is exempt under section $501(c)(3)$ and under section $501(h)$.	filed Form 5768	(election
١.	Check ►	If the filing organization belongs to an affiliated group (and list in Part IV each affiliated expenses, and share of excess lobbying expenditures)	group member's nam	ne, address, EIN
3	Check ▶	If the filing organization checked box A and "limited control" provisions apply		
		Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobb lobbying)	ying expenditures to influence public opinion (grass roots		
b	Total lobb	ying expenditures to influence a legislative body (direct lobbying)		
	T - 4 - 1 1 - 1 - 1			

20% of the amount on line 1e

\$1,000,000

\$100,000 plus 15% of the excess over \$500,000

\$175,000 plus 10% of the excess over \$1,000,000

\$225,000 plus 5% of the excess over \$1,500,000

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

(b)2013

(a)2012

Total lobbying expenditures (add lines 1a and 1b)

Total exempt purpose expenditures (add lines 1c and 1d)

Lobbying nontaxable amount Enter the amount from the following table in both columns

Grassroots nontaxable amount (enter 25% of line 1f)

Subtract line 1g from line 1a If zero or less, enter -0-Subtract line 1f from line 1c If zero or less, enter -0-

Calendar year (or fiscal year

beginning in)

If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is:

Other exempt purpose expenditures

(d)2015

Schedule C (Form 990 or 990-EZ) 2015

(e) Total

If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720

(c)2014

Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has N filed Form 5768 (election under section 501(h)).	ОТ				-
For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(a)	1	(b)
activ			No		\ mou	unt
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	Yes				
а	Volunteers?	Yes				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		1		
c	Media advertisements?		No	1		
d	Mailings to members, legislators, or the public?	Yes				38
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				14
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Νo			
i	Other activities?	Yes				115,38
j	Total Add lines 1c through 1i					115,90
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Νo	1		
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			
Pai	t III-A Complete if the organization is exempt under section 501(c)(4), section 5	01 (c)(5),	or s	ecti	on
	501(c)(6).				Yes	s No
1	Were substantially all (90% or more) dues received nondeductible by members?		ſ	1		110
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		F	2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?		F	3		
Pai	\mathbf{t} III-B Complete if the organization is exempt under section 501(c)(4), section 5	01(0)(5).	or s	ecti	on
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."	No" (OR (b)	Par	t II	I-A,
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	<u> </u>			
b	Carryover from last year	2b				
C	Total	2 c				
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				
P	art IV Supplemental Information		l			
Pro	ovide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated groussee instructions), and Part II-B, line 1. Also, complete this part for any additional information.	p list)	, Part I	I-A,I	ines	1 and
	Return Reference Explanation					
Dart	II-B, Line 1i - Other Activities In Tax Year 2015 St. Olaf College provided financial support in the form	of tra	nenorta	tion t	o eti	Idents
	and staff who attended various lobbying and seminars with legislators. In provided support in the form of compensation to staff involved in these a mailings sent to legislators. The primary focus of efforts was to commun continued interest in receiving grants for educational activities. St. Olaf of Minnesota Private College Council (MPCC), an organization described in Internal Revenue Code. MPCC is an association of private nonprofit inst. that serves a variety of its members shared needs, including, but not only electoral advocacy for public policy that meets students needs and advaction and the serves of the serves and including and higher education. St. Olaf College paid membership dues to MPCC in the the taxable year. MPCC has divided its expenses for its taxable year engroups. Group 1 consists of those expenses that did not in any way supplied in the server of the se	additictiviticate to college sectifution nees amouting Julian te Cos, sucttemp	ion, Stess and orepresent softing partisation of \$ interest of \$ interes	Olaf posta senta (c)(4) (her e n and rests 158,2 2010 to inf oying rsonr	College for the college for th	ege or s their he ation - rivate during o two ce d osts, Group nt of

used to pay Group 2 expenses The amount of lobbying expenses paid from St Olaf Colleges dues

was significantly less than that amount

SCHEDULE D

(Form 990)

Department of the Treasury

Supplemental Financial Statements

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

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

DLN: 93493087009207

Open to Public

Na	nal Revenue Service me of the organization		Empl	oyer identification number
St	Dlaf College		41-0	1693979
Pa	rt I Organizations Maintaining Donor	Advised Funds or Other Similar		
	Complete if the organization answere	ed "Yes" on Form 990, Part IV, line 6.		
		(a) Donor advised funds	(b)	Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor a funds are the organization's property, subject to t		nor advi	sed Yes No
6	Did the organization inform all grantees, donors, a used only for charitable purposes and not for the conferring impermissible private benefit?	benefit of the donor or donor advisor, or for	any othe	r purpose Yes No
Pa	rt III Conservation Easements. Comple	ete if the organization answered "Yes"	on Forn	n 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by th			
	Preservation of land for public use (e g , recreeducation)		an histor	rically important land area
	▼ Protection of natural habitat	Preservation of	a certifie	d historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization leasement on the last day of the tax year	held a qualified conservation contribution in	the form	of a conservation
				Held at the End of the Year
a	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easeme		2b	1!
C	Number of conservation easements on a certified	, ,	2c	
d	Number of conservation easements included in (o historic structure listed in the National Register	c) acquired after 8/1//06, and not on a	2d	
3	Number of conservation easements modified, tran	nsferred, released, extinguished, or termina	ted by th	e organization during the
	tax year ▶			
4	Number of states where property subject to cons	ervation easement is located > 1		
5	Does the organization have a written policy regar violations, and enforcement of the conservation e		ndling of	⊤Yes 🗸 No
6	Staff and volunteer hours devoted to monitoring, year	inspecting, handling of violations, and enfor	cing cons	servation easements during the
	<u>20</u>			
7	Amount of expenses incurred in monitoring, inspection \$\\$ \\$ 21,741	ecting, handling of violations, and enforcing	conserva	ation easements during the year
8	Does each conservation easement reported on lin (B)(i) and section 170(h)(4)(B)(ii)?	ne 2(d) above satisfy the requirements of se	ection 17	0(h)(4)
9	In Part XIII, describe how the organization report balance sheet, and include, if applicable, the text the organization's accounting for conservation ea	of the footnote to the organization's financi	•	se statement, and
Par	t III Organizations Maintaining Collect Complete if the organization answere	tions of Art, Historical Treasures	, or Oth	ner Similar Assets.
1a	If the organization elected, as permitted under SF	· · · · · · · · · · · · · · · · · · ·	enue stat	tement and balance sheet
±a	works of art, historical treasures, or other similar service, provide, in Part XIII, the text of the foots	assets held for public exhibition, education	, or resea	arch in furtherance of public
b	If the organization elected, as permitted under SF works of art, historical treasures, or other similar service, provide the following amounts relating to	assets held for public exhibition, education		

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

(i) Revenue included on Form 990, Part VIII, line 1

Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

Assets included in Form 990, Part X

146,279

1,756,767

		(Form 990) 2015						<u> </u>			Page 2	
Par	t IIII	Organizations Maintaining (continued)	g Collections of	Art, His	torica	I Tre	asures, or	Other Similar	Asse ——	ts 		
3		the organization's acquisition, accition items (check all that apply)	cession, and other r	ecords,ch	ieck any	of the	e following that	are a significant	use of	ıts		
а	√	Public exhibition		d	_ L	oan o	r exchange pro	grams				
b	▽ :	Scholarly research		e	Го	ther						
c	Γ	Preservation for future generations	;									
4		de a description of the organization	n's collections and e	xplaın hov	v they fu	rther	the organizatio	n's exempt purpo	se in			
5	Part >	(111 g the year, did the organization sol	licit or receive dona	tions of ar	t histori	cal tr	easures or oth	er sımılar				
	asset	s to be sold to raise funds rather t	han to be maintaine						'es	☐ No	1	
Pai	t IV	Escrow and Custodial Arr Complete if the organization Part X, line 21.		on Form	990, Pa	rt IV	, line 9, or re	eported an amo	unt or	ı Forn	n 990,	
1 a		e organization an agent, trustee, cu ded on Form 990, Part X?	ıstodıan or other ınt	ermediary	for cont	rıbutı	ons or other as	sets not	'es	┌ No	,	
b	If"	Yes," explain the arrangement in I	Part XIII and compl	ete the fol	lowing ta	able		A	mount	:		
c	Вед	ginning balance					1	с		87	75,253	
d	A d	ditions during the year					1	d		6 (00,094	
e	Dıs	tributions during the year					1	e		68	86,016	
f		ding balance					1			78	89,331	
2 a	Did th	ne organization include an amount	on Form 990, Part X	(, line 21,	for escro	ow or	custodial acco	unt liability? 🔽 Y	es	┌ No	1	
b Pa	If"Ye rt V	es," explain the arrangement in Pai								<u></u>	✓	
			(a)Current year	(b) Prio)Two years back	(d)Three years back		Four year	ars back	
1 a	Begin	ining of year balance	455,506,474	43	5,935,124		379,501,188	328,985,88	2	345	5,295,632	
b	Contr	 Ibutions	15,066,886	1	0,077,735		13,924,729	8,953,71	1	<u> </u>	9,680,894	
c	Net ir Iosse	nvestment earnings, gains, and s	-12,507,726	1	6,623,144		49,433,253	47,567,89	2	-13	3,871,104	
d	Grant	s or scholarships	4,998,039		4,471,680		4,013,894	3,793,72	93,720		3,762,023	
e	and p	r expenditures for facilities rograms	4,910,837		2,205,166		2,483,586	1,887,57	0	7	7,963,892	
f		nistrative expenses	455,620		452,684		426,566	325,00	7		393,625	
g	End o	f year balance	447,701,139	45	5,506,473		435,935,124	379,501,18	3	328	3,985,882	
2	• Provid	· · · · · · de the estimated percentage of the	current year end ba	alance (lın	e 1g, co	<u>I</u> Iumn	(a)) held as					
а	Board	l designated or quasi-endowment i	37 410 %									
b	Perma	anent endowment ► 41 420 %										
С		orarily restricted endowment ► ercentages on lines 2a, 2b, and 20	21 170 % should equal 100%	%								
3а		nere endowment funds not in the po	ossession of the org	anızatıon 1	that are	held a	and administer	ed for the	ſ			
	_	ızatıon by related organızatıons						Г	3a(i)	Yes Yes	No	
		lated organizations					· . ·	-	3a(ii)	100	No	
b		s" on 3a(II), are the related organi							3b		No	
4		ribe in Part XIII the intended uses		s endowm	ent funds	S						
Ра	rt VI	Land, Buildings, and Equi Complete if the organization		o Form 9	90, Pari	t IV,	line 11a.See	Form 990, Part	X, lır	ne 10.		
		Description of property		Cos	(a) it or other investmer	basıs	(b) Cost or other ba (other)	Accumulate	d ((d) Book	value	
1a	Land						1,232,8	390			1,232,890	
b	Buildin • •	gs 			1,48	7,270	285,245,0	011 102,011,	572	184	1,720,709	
c	Leaseh	old improvements		· 🗀					\bot			
		nent		·			51,582,	157 34,986,4	⊦32	16	5,595,725	
е	Other • •				18	32,500	51,259,9	967 16,920,3	352	34	1,522,115	
Tota	ıl. Addı	lines 1a through 1e (Column (d) mu	ust equal Form 990 P	Part X. colui					+		7.071.439	

Part VII		omplete if the org	anızatıon answered 'Ye	s' on Form 990, Part IV, line 11b.
	See Form 990, Part X, line 12. (a) Description of security or catego (including name of security)	ry	(b) Book value	(c)Method of valuation Cost or end-of-year market value
(1)Financia	al derivatives			,
	-held equity interests			
(3)0 ther				
				+
Total (Colur	mn (b) must equal Form 990, Part X, col (B) line 12)	•	265,271,871	
	Investments—Program Related.			
	Complete if the organization answer	ed 'Yes' on Form 9		
	(a) Description of investment		(b) Book value	(c) Method of valuation Cost or end-of-year market value
				·
T-1-1 (C-hu	(h)	•		
Part IX	onn (b) must equal Form 990, Part X, col (B) line 13) Other Assets. Complete if the organization		n Form 990, Part IV, line 1	 l 1d See Form 990, Part X, line 15
	(a) Des	cription		(b) Book value
	Held in Charitable Trust d Debt Acquisition Cost			30,088,537
	ts Held by Trustee			23,041,178
	Held in Trust by Others			2,073,820
(5) Other F	Receivables			1,899,439
-	(1) 15 000 0 17 1701	45.)		
	other Liabilities. Complete if the or		ed 'Yes' on Form 990. I	▶ 57,102,974
	See Form 990, Part X, line 25.			
1.	(a) Description of liability	(b) Book valu	ne ne	
Federal inc	ome taxes			
A cook Dots	version to blumbing	1.07	1.212	
ASSEL RELI	rement Obligation	1,974	+,313	
_				
Total. (Colur	nn (b) must equal Form 990, Part X, col (B) line 25)	▶ 1,974	1,313	
2. Liability	for uncertain tax positions In Part XIII, prov	<u> </u>	otnote to the organization'	s financial statements that reports the

Reporting of conservation easements

Schedule D (Form 990) 2015

1

111,263,046

2	A mounts included on line 1 but	not on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses) o	n investments	2a	-20,856,792		
b	Donated services and use of fa	cilities	2b			
c	Recoveries of prior year grants		2 c			
d	Other (Describe in Part XIII)					
			2d	-68,268,200		
е	Add lines 2a through 2d				2e	-89,124,992
3	Subtract line 2e from line 1 .				3	200,388,038
4	A mounts included on Form 990), Part VIII, line 12, but not on line 1				
а	Investment expenses not inclu	ided on Form 990, Part VIII, line 7b .	4a			
b	Other (Describe in Part XIII)		4b	-1,857,796		
c	Add lines 4a and 4b				4c	-1,857,796
5	Total revenue Add lines 3 and	4c. (This must equal Form 990, Part I, lin	e 12)		5	198,530,242
Part	Reconciliation of Ex	rpenses per Audited Financial S Ization answered 'Yes' on Form 990,	tatem Part	nents With Expense IV. line 12a.	s per	Return.
1		audited financial statements			1	122,700,293
2	A mounts included on line 1 but	not on Form 990, Part IX, line 25				
а	Donated services and use of fa	cilities	2a			
ь	Prior year adjustments		2b			
c	Otherlosses		2c		1	
d	Other (Describe in Part XIII)		. 2d	1,857,796	1	
e	,				2e	1,857,796
3	Subtract line 2e from line 1 .				3	120,842,497
4	Amounts included on Form 990), Part IX, line 25, but not on line 1:				
а	Investment expenses not inclu	ided on Form 990, Part VIII, line 7b	. 4a			
ь	•		. 4b	65,776,039	1	
с	· ·				4c	65,776,039
5		d 4c. (This must equal Form 990, Part I,			5	186,618,536
				,		
Part	XIII Supplemental Info	ormation				
Part		Part II, lines 3, 5, and 9, Part III, lines 1 lines 2d and 4b, and Part XII, lines 2d ar				de any additional
	Return Reference	Explanation				_
Part II, Line 9 Organization Money received initially was recorded as unrestricted revenue and place				ed into	a board designated	

quasi-endowment Expenses 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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total revenue, gains, and other support per audited financial statements . . .

College's balance sheet

the trustee 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 Held in Trust for

endowment fund

included in F/S

Schedule D (Form 990) 2015

Part V, Line 4 Intended uses of the

Part XII, Line 2d Other expenses and losses per audited F/S Part XII, Line 4b Other revenue amounts included on 990 but not

Part X FIN48 Footnote

other organizations at the termination of the Trust The intended uses of the Endowment Fund include scholarships, endowed faculty chairs, and general support to subsidize various operations

Others" [\$1,752,628] that primarily result from trusts under control of the College that will benefit

The College follows the accounting standards for contingencies in evaluating uncertain tax positions

This guidance prescribes recognition threshold principles for the financial statement recognition of

tax positions taken or expected to be taken on a tax return that are not certain to be realized No

liability has been recognized by the College for uncertain tax positions as of May 31, 2016

Page 5

Loss from Fundraising Events \$102933 Cost of Goods Sold on Inventory \$1754863 Endowment Fund Investment Mngt Fees \$367399 Scholarships and Grants \$65408640

Schedule D (Form 990) 2015

As Filed Data -

DLN: 93493087009207

OMB No 1545-0047

2015

Open to Public Inspection

Schools

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

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

▶ Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization **Employer identification number** St Olaf College 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? Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II 3 Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? Yes 4a b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? Yes 4c \mathbf{d} Copies of all material used by the organization or on its behalf to solicit contributions? 4d Yes If you answered "No" to any of the above, please explain If you need more space, use Part II Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Νo b Admissions policies? 5b Νo c Employment of faculty or administrative staff? **5**c Νo d Scholarships or other financial assistance? 54 Νo e Educational policies? Νo 5e f Use of facilities? Νo g Athletic programs? 5g Νo h Other extracurricular activities? 5h Νo If you answered "Yes" to any of the above, please explain If you need more space, use Part II 6a Does the organization receive any financial aid or assistance from a governmental agency? Yes 6a h Has the organization's right to such aid ever been revoked or suspended? 6b Νo If you answered "Yes" to either line 6a or line 6b, explain on Part II 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05

of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II

Part II Supplemental Information.

Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable Also provide any other additional information (see instructions)

any other additional information (see instructions)					
Return Reference	Explanation				
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 Minneosta 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, 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 4 - Explanation of Records and					

Materials Not Maintained

Schedule E. Line 5 -Explanation of Organization Discrimination by Race

Schedule E (Form 990 or 990-EZ) (2015)

3 and

efile GRAPHIC print - DO NOT PROCESS			As Filed Da	ta -	DLN	DLN: 93493087009207		
SCHEDULE (Form 990)	-· Sia		if the organizatio	Outside the Unit n answered "Yes" to Form 14b, 15, or 16.		OMB No 1545-0047		
Department of t	: I ▶ Intormat	non about Schedu	► Attach t	o Form 990. nd its instructions is at <i>w</i>	ww.irs.gov/form990.	Open to Public Inspection		
Name of the o	-				Employer ide 41-069397	entification number		
	General Informatio Complete If the orgar					-		
and ot	antmakers. Does the ther assistance, the gr to award the grants or	antees' eligibi						
assista	antmakers. Describe ance outside the Unite	d States				ants and other		
3 Activit	es per Region (The follo	wing Part I, line	3 table can be di	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) i program service, describi specific type of service(s) in region			
See A	dd'l Data		region	region,				
to Part	rom continuation sheets					89,699,000		
	k Reduction Act Notice, se	instructions	i for Form 990.	Cat	No 50082W Sch	edule F (Form 990) 2015		

Schedule F (Form 990) 2015

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			•		

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

(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	C America & Carrib	34	67,000	Credit on Acct			
Merit-Based Aid	East Asia & the Pacific	39	177,000	Credit on Acct			
Merit-Based Aid	Europe	55	385,000	Credit on Acct			
Merit-Based Aid	Russia & New States	4	19,000	Credit on Acct			
Merit-Based Aid	South America	4	19,000	Credit on Acct			
Merit-Based Aid	South Asia	8	64,000	Credit on Acct			
Merit-Based Aid	Sub-Saharan Africa	4	69,000	Credit on Acct			
Need-Based Aid	C America & Carrib	81	125,000	Credit on Acct			
Need-Based Aıd	East Asia & the Pacific	76	242,000	Credit on Acct			
Need-Based Aid	Europe	155	780,000	Credit on Acct			
Need-Based Aid	Russia & New States	5	11,000	Credit on Acct			
Need-Based Aid	South America	11	31,000	Credit on Acct			
Need-Based Aid	South Asia	39	142,000	Credit on Acct			
Need-Based Aid	Sub-Saharan Africa	25	166,000	Credit on Acct			
Tuition Waiver	East Asia and the Pa	2	18,000	Credit on accou			
Tuition Waiver	Russia & New States	1	17,000	Credit on accou			
Tuition Waviers	Europe	1	14,000	Credit on Acct			

8621)

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 Yes

Yes

Nο

▽ (see Instructions for Form 8865) 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, do not file with Form 990) Yes Νo

Part V Supplemental Information

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).

990 Schedule F, Supplemental Information

Return Reference	Explanation
Part I, Line 2 - Grantmakers Explanation For Monitoring Use of Funds Outside US	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.

Additional Data

Europe

Software ID: 15000324

Software Version: 2015v3.0

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
C America & Caribbean	0	0	Investments		73,582,000
East Asia & the Pacific	0	0	Program Service	Intl Studies	1,342,000

0 Program Service

Intl Studies

2,425,000

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities (e) If activity listed in (f) Total expenditures offices in the employees or conducted in region (by (d) is a program for region agents in type) (i.e., fundraising, service, describe region specific type of service region program services, grants to recipients (s) in region located in the region) Middle Fast & N. Africa Program Service Intl Studies 127,000 North America Program Service Intl Studies 75,000

Program Service

Intl Studies

94,000

Russia & New States

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities (e) If activity listed in (f) Total expenditures offices in the employees or conducted in region (by (d) is a program for region agents in type) (i.e., fundraising, service, describe region specific type of service region program services, grants to recipients (s) in region located in the region) South America Program Service Music Tours 81,000 South Asia Program Service Intl Studies 290,000

Program Service

Intl Studies

322,000

Sub-Saharan Africa

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities (e) If activity listed in (f) Total expenditures offices in the employees or conducted in region (by (d) is a program for region agents in type) (i.e., fundraising, service, describe region specific type of service region program services, grants to recipients (s) in region located in the region) Program Service Alumni Study Travel 338,000 Europe 10,000,000 Europe IInvestments

Program Service

Alumni Study Travel

64,000

Middle East & N. Africa

(a) Region (b) Number of (c) Number of (e) If activity listed in (f) Total expenditures (d) Activities offices in the employees or conducted in region (by (d) is a program for region type) (i.e., fundraising, service, describe agents in region specific type of service region program services, grants to recipients (s) in region located in the region) South America Program Services Alumni Study Travel 183,000 Central America and Program Services Intl Studies 530,000 Carribean

Program Services

Intl Studies

246,000

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

South America

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DLN: 93493087009207

Inspection

OMB No 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ ▶Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www irs gov/form990

Department of the Treasury Internal Revenue Service Name of the organization

St Olaf College

Employer identification number

41-0693979

Part I	Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.	
	Form 990-EZ filers are not required to complete this part.	

- Indicate whether the organization raised funds through any of the following activities. Check all that apply
- ✓ Mail solicitations
- **▼** Solicitation of non-government grants ∇ Solicitation of government grants

▼ Phone solicitations

▼ Internet and email solicitations

▼ Special fundraising events

- 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 ✓Yes No services?
- If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Langley Innovat	Consulting					
3719 Sprigg Street N			No		20,650	
Frederick, MD 21704						
			No			
			No			
Total					20,650	

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

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

Part II	Fundraising	Events

Fundraising Events.

Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross

	(a) Event #1	(b) Event #2	(c)Other events	(d) Total events
	Gala (event type)	St. Olaf Golf classic (event type)	(total number)	(add col (a) through col (c))
1 Gross receipts	222,504	5,225		227,729
2 Less Contributions	152,028	250		152,278
3 Gross income (line 1 minus line 2)	70,476			75,451
4 Cash prizes				
5 Noncash prizes				
ဖ 6 Rent/facility costs				
7 Food and beverages	59,633			59,633
S 8 Entertainment	56,008			56,008
♥ 9 Other direct expenses Interval of the properties of th	62,743			62,743
$\stackrel{\stackrel{\scriptstyle \bullet}{\bar{\Box}}}{\bar{\Box}}$ 10 Direct expense summary Add lines 4	through 9 ın column (c)		178,384
11 Net income summary Subtract line 1	0 from line 3, column (d	1)		-102,933
Part III Gaming. Complete if the organization Form 990-EZ, line 6a.	answered "Yes" on I	Form 990, Part IV, line	e 19, or reported mo	re than \$15,000 on
Reverties to the second of the	(a)Bıngo	(b)Pull tabs/Instant bingo/progressive bingo	(c)O ther gaming	(d) Total gaming (add col (a) through col (c))
1 Gross revenue				
တ္တီ 2 Cash prizes				
ຜູ້ 2 Cash prizes				
ប្តី 4 Rent/facility costs				
5 Other direct expenses		_		
6 Volunteer labor		├ Yes <u> %</u>	│ Yes	
7 Direct expense summary Add lines 2	2 through 5 in column (d	1)		
8 Net gaming income summary Subtra	ct line 7 from line 1, co	lumn (d)		
Enter the state(s) in which the organizalIs the organization licensed to conduct		<u>'</u>		Yes No
b If "No," explain				
Were any of the organization's gaming li		nded or terminated during	g the tax year?	Yes No
b If "Yes," explain				

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493087009207 OMB No 1545-0047 Schedule I Grants and Other Assistance to Organizations, (Form 990) 2015 Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization Employer identification number St Olaf College 41-0693979 **General Information on Grants and Assistance** Part I Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient Part II that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of (c) IRC section (d) A mount of cash (b) EIN (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization if applicable grant cash valuation non-cash assistance or assistance or government (book, FMV, assistance appraisal, other)

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

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

Cat No 50055P

Schedule I (Form 990) 2015

Schedule I (Form 990) 2015

	100.prones	oubli grant	non cabir abbibtance	1111, applaisal, seller,	
See Additional Data Table					
		1			

I								
Part IV Supplemental	Informatio	on. Provide the info	rmation required in Pa	art I, line 2, Part III,	column (b), and any other	additional information.		
Return Reference	Explanation	n						
Grantmaker's Description of How Grants are Used								

monitored by the respective departments responsible for the disbursement

Page **2**

Additional Data

HHMI Undergrad Science Education

Cargill Environmental Studies Grant

 Software ID:
 15000324

 Software Version:
 2015v3.0

EIN: 41-0693979

Name: St Olaf College

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.									
(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	71	1,764,347							
Merit Based Scholarships	1793	25,015,237							
Need Based Financial Aid	1787	35,868,628							
Cleven Scholarship	1	10,000							
Glesne Scholarship	6	13,750							
DOE-McNair	8	24,700							
Independent Educational Activity	53	92,388							
Center for Vocation & Career Assist	100	253,891							
CURI Assistance	10	10,200							

6,000

3,500

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Compensation Information

DLN: 93493087009207 OMB No 1545-0047

2015

Schedule J (Form 990)

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

Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

Treas	•	► Information about Schedule J (For	m 990)) and its instructions is at <u>www.irs.</u>			o Put ectio	
	nal Revenue Service me of the organi				Employer identification	on nui	nber	
	Olaf College							
Рa	rt I Questi	ions Regarding Compensation		I	41-0693979			
	Quest	ions regarding compensation					Yes	No
1 a		ropiate box(es) if the organization provi Section A, line 1a Complete Part III to						
	First-clas	s or charter travel	√	Housing allowance or residence for	personal use			
	▼ Travel for	companions	\vdash	Payments for business use of person	onal residence			
	Tax idemi	nıfıcatıon and gross-up payments	Γ	Health or social club dues or initial	tion fees			
	Discretio	nary spending account	Γ	Personal services (e g , maid, chau	ıffeur, chef)		 	
ь	reimbursement	oxes in line 1a are checked, did the orga t or provision of all of the expenses desc	ribed	above? If "No," complete Part III to	o explain	1 b	Yes	
2		zation require substantiation prior to relites, officers, including the CEO/Execu				2	Yes	
3	organization's	, if any, of the following the filing organiz CEO/Executive Director Check all that ed organization to establish compensat	apply	Do not check any boxes for method	ds			
	Compens	ation committee	✓	Written employment contract				
	Independ	ent compensation consultant	√	Compensation survey or study				
	Form 990	of other organizations	✓	Approval by the board or compensa	ation committee			
4	During the yea or a related org	r, did any person listed on Form 990, Pa ganization	art VII	I, Section A, line 1a with respect to t	the filing organization			
а	Receive a seve	erance payment or change-of-control pa	yment	t?		4a		Νo
b	Participate in,	or receive payment from, a supplementa	al nond	qualified retirement plan?		4b		Νo
c	Participate in,	or receive payment from, an equity-bas	ed con	npensation arrangement?		4c		Νo
	If "Yes" to any	of lines 4a-c, list the persons and prov	ide the	e applicable amounts for each item i	n Part III			
5	For persons lis), 501(c)(4), and 501(c)(29) organizatio ted on Form 990, Part VII, Section A, l contingent on the revenues of			any			
а	The organization	on?				5a		Νo
b	Any related org	ganızatıon? e 5a or 5b, describe in Part III				5b		No
6		ted on Form 990, Part VII, Section A, I contingent on the net earnings of	ıne 1a	, did the organization pay or accrue	any			
а	The organization	on?				6 a		No
b	Any related org					6b		No
		e 6a or 6b, describe in Part III						
7		ted on Form 990, Part VII, Section A, l described in lines 5 and 6? If "Yes," des			n-fixed	7		No
8		unts reported on Form 990, Part VII, pa Initial contract exception described in R						

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

ın Part III

section 53 4958-6(c)?

8

Νo

Νo

Selledales (Form 550) 2015					r age 🕳					
Part III Officers, Directors,	Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.									
or each individual whose compensation must be reported on 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 lote. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual										
(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in					

other deferred benefits (B)(ı)-(D) column(B) reported (ii) (iii) Base as deferred on prior Bonus & incentive Other reportable compensation (I) compensation compensation compensation Form 990

Schedule 1 (Form 990) 2015

See Additional Data Table

Page 2

Schedule 3 (1 01111 330) 2013	rage 3
Part III Supplemental Inform	nation
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
Return Reference	Explanation

Part I. Line 1a Relevant information Travel for companions - David Anderson - \$3,100Housing allowance/residence for personal use - David Anderson - \$18,000

in regards to selections on 1a

Schedule 1 (Form 990) 2015

Dage 3

Schedule J (Form 990) 2015

Software ID: 15000324 **Software Version:** 2015v3.0 **EIN:** 41-0693979

Name: St Olaf College

(A) Name and Title		(B) Breakdown o	f W-2 and/or 1099-MI:	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base Compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column (B) reported as deferred on prior Form 990
1Angie Mathews Former Controller	(1)	105,951		4,097	10,046	6,574	126,668	
	(11)					-		
1Christopher George	(1)	126,314		1,920	13,499	26,750	168,483	
Dean of Admission	(11)							
2David AndersonPresident	(1)	397,859		4,590	25,098	36,963	464,510	
	(11)				23,030			
3Enoch Blazis VP Advancement	(1)	188,517		1,704	18,588	15,277	224,086	
Vr Advancement	(11)							
4Gregory Kneser VP & Dean of St	(1)	148,992		240	15,018	11,597	175,847	
VE & Deall Of St	(11)							
5James MayFormer Provost	(1)	92,599		1,188	10,061	18,738	122,586	
	(11)					-		
6 Janet HansonVP and CFO	(1)	190,476		3,092	18,951	17,786	230,305	
	(11)							
7Lavem RippleyProfessor	(1)	131,361		2,126	13,415	10,284	157,186	
	(11)							
8Marcı Sorter Provost Dean Co	(1)	211,620		2,318	21,177	27,003	262,118	
	(11)					-		
9 Michael Goodson VP Human Resour	(1)	146,337		2,614	12,919	25,957	187,827	
V Haman Rossal	(11)					-		
10Michael Kyle VP of Admission	(1)	181,087		2,117	18,429	27,280	228,913	
VI of Admission	(11)							
11Peter Sandberg Asst VP Facilities	(1)	124,132		4,715	12,836	16,089	157,772	
. acc 11 I delined	(11)							
12Rebecca Otten Dir of Development	(1)	134,788		1,439	13,499	2,646	152,372	
S. S. Development	(11)							

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

DLN: 93493087009207 OMB No 1545-0047

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

2015

Open to Public

Department of the Treasury

(Form 990)

Internal Revenue Service

explanations, and any additional information in Part VI. ▶ Attach to Form 990.

▶Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

Functioner identification

	e of the organization									Em	ployer ic	lentifica	tion nui	nber	
St C) laf College									41	-06939	79			
P	art I Bond Issues														
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue	price	(f)) Description	of purpose	(g) De	feased	(h)			Pool
												beha ISS		fınaı	ncing
										Yes	No	Yes	No	Yes	No
A	MNHEFA - Series 6-0	41-0988525	60416HKK9	03-29-2007	46,20	7,404	Cons	Construction & Refunding		Х			Х		Х
В	MNHEFA - Series 7-F	41-0988525	60416HTL8	08-31-2010	34,04	5,664	Refi v	varıable rate	debt		Х		Х		Х
С	MNHEFA - Series 8-G	41-0988525	60416HL51	07-01-2015	61,10	7,599	financ	ce construct	ion and advan	Х			Х		Х
Pa	rt III Proceeds	•													
						A		E	3		С			D	
1	A mount of bonds retired					36,255	,000		5,860,000						
2	A mount of bonds legally defea	ased													
3	Total proceeds of issue					46,207	34,045,664		61,107,599						
4	Gross proceeds in reserve fur			989	89,291 2,446,575										
5		Capitalized interest from proceeds					5,562		2,110,373						
6	Proceeds in refunding escrows					2,230	7,302								
7	Issuance costs from proceed					310	982,		293,295		44	1,171			
8	Credit enhancement from pro					310	,,,,,,,		233,233			1,171			
9	Working capital expenditures														
10	Capital expenditures from pro					28,341	082				25.00	000			
11	Other spent proceeds					12,119				25,000,000 35,666,428					
12	Other unspent proceeds					12,113	,,, 50		31,330,000		33,00	70,120			
13	Year of substantial completio				20	008					2017				
	·				Yes	N ₀	0	Yes	No	Yes		No	Yes	<u> </u>	No
14	Were the bonds issued as par	rt of a current refund	ling issue?			X		X		X					
15	Were the bonds issued as par	rt of an advance refu	indina issue? . .		X				Х	X					
16	Has the final allocation of pro				X			X	^			X			
17				X			X		×						
<u>. </u>		<u> </u>													
Pa	rt IIII Private Business l	Use													
						A		E	3		Ç			D	
		,	, ,		Yes	No	D	Yes	No	Yes	<u> </u>	V o	Yes	<u> </u>	No
1	Was the organization a partne	er in a partnership, c	or a member of an Ll	LC, which owned	1	x			x			x l			

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

Χ

Х

D

			163	140	163	140	163	140	1 1 63	140
3a	Are there any management or service contracts that may result in private business of bond-financed property?	use 📗	Х			Х		×		
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other out	side								
	counsel to review any management or service contracts relating to the financed		X							
prope	·									
С	Are there any research agreements that may result in private business use of bond-financed property?			×		X		×		
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other out counsel to review any research agreements relating to the financed property?	side								
4	Enter the percentage of financed property used in a private business use by entities other than a section $501(c)(3)$ organization or a state or local government									
5	Enter the percentage of financed property used in a private business use as a result 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		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		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 nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?		Х		x		х			
Par	IV Arbitrage									
		Α			В		С		D	
	Yes		No	Yes	No	Y	es	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? X				×			х		
2	If "No" to line 1, did the following apply?	,			•				'	
а	Rebate not due yet?				Х		(
b	Exception to rebate?				X		(
С	No rebate due?			Х						
	If "Yes" to 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		X			Х		
b	Name of provider						1			
С	Term of hedge									
d	Was the hedge superintegrated?									
е	Was the hedge terminated?									
				1	I			I	I	

			Α		В		С		D	
			Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds contract (GIC)?	invested in a guaranteed investment	Х			X		Х		
b	Name of provider		See Part VI							
С	Term of GIC									
d		fe harbor for establishing the fair market fied?	Х							
6	Were any gross proce- period?	eds invested beyond an available temporary		х		X		х		
7	Has the organization of the requirements of se	established written procedures to monitor ection 148?	×		x		×			
Pa	rt V Procedures	To Undertake Corrective Action			•		•			
			А		В		С		D	
			Yes	No	Yes	No	Yes	No	Yes	No
	that violations of fede and corrected through	established written procedures to ensure ral tax requirements are timely identified the voluntary closing agreement program if t available under applicable regulations?	X		X		×			
P	art VI Suppleme	ntal Information. Provide additional infor	mation for resp	onses to qu	iestions on S	chedule K (s	ee instructio	ns).		
	Return Reference		Explanation							
Part	VI	Part 1 line C column f refund of prior issue bond qualified 501(c)3 bond issues Part IV Line 2c (by Faegre Baker & Daniels done on October 31 disclose for the Series 6-O bond issuance The of 6 yearsDEPFA Bank with an original GIC terr	Column B Arbitraç , 2014 Part IV L ınformation ıs as	ge was done b ine 5b & 5c -	y Springsted a There are two	nd a opinion gi GIC providers	to			

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

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

DLN: 93493087009207 OMB No 1545-0047

2015

epartment of the easury ternal Revenue Service	▶Information abo	out Schedule L (Form 990 or 990-EZ) and its instruct <u>www.irs.qov/form990</u> .	tions is at	Open to Public Inspection				
Name of the organiza St Olaf College	tion		Employer identifi 41-0693979	cation numbe	er			
		(section 501(c)(3), section 501(c)(4), and 501(c)(I "Yes" on Form 990, Part IV, line 25a or 25b, or Fo						
1 (a) Name of d	ısqualıfıed person	(b) Relationship between disqualified person and	(c) Description o	of (d) Cor	rected?			
		organization	transaction	Yes	No			
				1	1			

2	Enter the amount of tax incurred by organization managers or disqualified persons during the year under so	ection	
	4958	\$	
		•	
3	Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \ldots \ldots \ldots \ldots \ldots	> \$	

Loans to and/or From Interested Persons.

Complete if the organization 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

(a) Name of interested person	(b) Relationship with organization	Purpose of	(d) Loan t or from th organizatio	e	(e)O riginal principal amount	(f) Balance due	(g) defa		(h) A ppro by boar commit	ved rd or	(i)Writ agreem	
			То	From			Yes	No	Yes	No	Yes	No
Total	•	▶ \$		•	•			•	•	•	•	•
Dort Hill Gr	anto or Acciet	ance Bene	fiting In	torostod	Davaana							

Grants or Assistance Benefiting Interested Persons.

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

(a) Name of Interested person	interested person and the organization	(c) A mount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1) 7 Individuals	Relative	156,556	Discounted tuition	aide in education

No

Νo Νo Νo Νo Νo

(e) Sharing

of

revenues?

Schedule L (Form 990 or 990-EZ) 2015

lorganization's

(d) Description of transaction

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (a) Name of interested person (b) Relationship (c) A mount of

				Yes
(1) North Sky	See Part V	319,533	Asset Management Fees	
(2) Substantial Contributor	Regent	100,426	Gıft to College	
(3) Substantial Contributor	Key Employee	701,205	Gıft to College	
(4) Substantial Contributor	Former Regent	150,000	Gıft to College	
(5) Substantial Contributor	Former Regent	525,000	Gıft to College	

transaction

Explanation

between interested

person and the

organization

Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Schedule L, Part V Supplemental

Return Reference

Information

North Sky -- Former Regent Piper is Advisor

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DLN: 93493087009207

OMB No 1545-0047

2015

Open to Public

SCHEDULE M (Form 990)

Department of the

Treasury Internal Revenue Service

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

► Attach to Form 990.

▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

Noncash Contributions

Inspection

	e of the organization f College				Employer identifica	tion nu	mber	
ot Ola	College				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	Method of o		_	ts
1	Art—Works of art	Х	11		Replmnt cost			
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications	Х		747,558	Replmnt cost			
5	Clothing and household							
	goods							
	Cars and other vehicles							
	Boats and planes							
	Intellectual property							
	Securities—Publicly traded .	X	105	4,366,457	Ave Market Val			
	Securities—Closely held stock .							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .	Х	1	348,000	Appraisal			
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles	Х	1	4,035	Replmnt cost			
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
	Other►(nt Passes)	X	6	540	Replmnt cost			
26	Other►(X	7	17,846	Replmnt cost			
	pment)							
	Other▶(Certificat)	X	78	3,923	Replmnt cost			
	Other ► (
	Number of Forms 8283 received	by the orga	nization during the tay yea	r for contributions	1 1			
29	for which the organization comple				29		v	13:
302	During the year, did the organiza	ation receive	e by contribution any prope	arty reported in Part I lines	1 through 28 that		Yes	No
500	3 , .		, , , ,	, ,	3 .			l
	it must hold for at least three ye			ition, and which is not requ	irea to be usea			4
	for exempt purposes for the enti					30a		No
b	If "Yes," describe the arrangem	ent in Part I	I					l
31	Does the organization have a gif	ft acceptand	ce policy that requires the	review of any non-standard	contributions?	31	Yes	<u> </u>
32a	Does the organization hire or us contributions?	e third parti	es or related organizations	to solicit, process, or sell	noncash 	32a	Yes	
ь 33	If "Yes," describe in Part II If the organization did not report describe in Part II	t an amount	ın column (c) for a type of	property for which column ((a) ıs checked,			

Schedule M (Form 990) (2015)

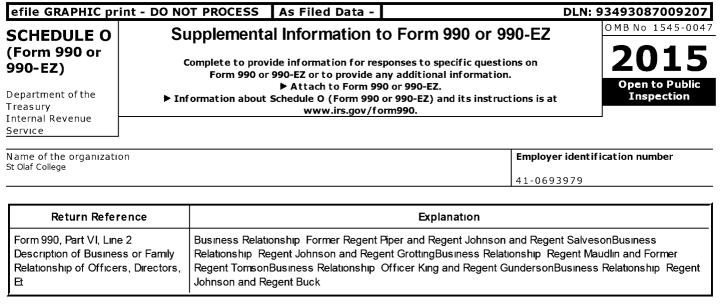
Page 2

Schedule M (Form 990) (2015)

Return Reference Explanation Part I, Line 32, Hire and Use of Third In tax year 2015, the College used several brokers to sell publicly traded securities that were

Itransferred to the College In addition, in several tax years, the College has used an auction house to Parties

Isell collectible items that were donated to the College several years ago



Return Reference	Explanation
Form 990, Part VI, Line 4 Description of Significant Changes to Organizational Documents	In May 2015, the St Olaf Board of Regents approved bylaw changes to 1) allow member participation in meetings by means of remote communication, 2) increase meeting quorum requirements to 20% from 10% of all members, including 50% of the voting members of the Board of Regents, 3) increase the percentage of membership required to call a special meeting of the Board to 10% from 2%, 4) maintain a board composition in which a majority of Regents are members of the Evangelical Lutheran Church in America (ELCA) or another denomination with which the ELCA or its successors has established full communion, 5) reduce the membership number of ELCA bishops from two to include membership of at least one bishop of the ELCA or a person who is widely recognized as a thought or practice leader in the ELCA, 6) eliminate the ability of a regent to give advance written consent or objection to a proposal to be acted upon at a meeting, and 7) change the term of the Board Chair to three years including a one-year additional term from a four year term in May 2015 the St Olaf Board of Regents also approved a revised mission statement reading St Olaf College challenges students to excel in the liberal arts, examine faith and values, and explore meaningful vocation in an inclusive, globally-engaged community nourished by Lutheran tradition

Return Reference	Explanation
Form 990, Part VI, Line 6 Explanation of Classes of Members or	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
Shareholder	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

Return Reference	Explanation
Form 990, Part VI, Line 7a How Members or Shareholders Elect Governing Body	The primary decision-making members of the Corporation are the Board of Regents How ever, 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

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

Return Reference	Explanation
Form 990, Part VI, Line 11b Form 990 Review	To review the 990, the Board of Regents delegated the detail review process to the Audit Committee On February 22, 2017 the Committee reviewed and approved the Form in its entirety. In addition, the form (not including
Process	Schedule B) was circulated to all members of the Board of Regents prior to the filing date

Return Reference	Explanation
Form 990, Part VI,	On an annual basis, a Conflict of Interest Questionnaire is circulated to the Board of Regents and Officers. The
Line 12c	Questionnaire requires the individual to disclose any relationships or transactions that would result or appear to result in
Explanation of a Conflict of Interest. The College collects and reviews the forms and discusses whether the appropriate	
Monitoring and	been taken in voting, discussions, and other meetings to properly recognize the conflict. Restrictions, such as being
Enforcement of	unable to participate in voting or discussions, may be imposed on any individual who has a conflict. These conflicts are
Conflicts	additionally review ed by the Conflict of Interest Committee, as well as the Board of Regents Audit Committee, on an
	annual basis in order to ensure the appropriate measures are being followied. In general, any identified conflict of interest
	is monitored by the Vice President and Chief Financial Officer(for financial statement reporting purposes) and the

President's Office (to ensure compliance, proper considerations are made at meetings)

Return Reference	Explanation
Form 990, Part VI, Line 15a Compensation Review & Approval Process - CEO, Top Management	Comparative data for the President and his direct reports, which includes all Vice Presidents, is gathered from CUPA survey data from the 26 members of the Associated Colleges of the Midw est (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 when the recommendations are approved, 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 of Human. Resources indicating the new salary for the President and documentation of the process followed to establish it. That letter is filed with Human Resources. The President reports the new salary for his direct reports, including all Vice. Presidents, to Human Resources.

Return Reference	Explanation	ı
Form 990, Part VI, Line 15b Compensation	Comparative data for all 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	
Review and Approval	Group" liberal arts colleges. The executive committee of the Board of Regents reviews this data and sets the salary	l
Process for Officers	for the President. The executive committee considers the recommendation the President makes regarding the other	l
and Key Employees	key officers and when the recommendations are approved, sets their salary. The Chair of the Board reviews the	l
	decision of the executive committee with the full Board of Regents during an executive session of the Board. The	l
	Chair of the Board sends a letter to the VP of Human Resources indicating the new salary for the President and	ı

the new salary for his direct reports, including all Vice Presidents, to Human Resources

Evalanation

documentation of the process followed to establish it. That letter is filed with Human Resources. The President reports

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

	Return Reference	Explanation	
Other Changes In Net Assets Or Fund Balances - Other Decreases		Adj to Actuarial Liab for Annuities payable = -\$1175761	

Return Reference	Explanation	
Other Changes In Net Assets Or Fund Balances - Other Increases	Adjustment to actuarial libility for annuities payable = \$87671	

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Decreases	Loss due to refinancing = -\$1404070

Return Reference	Explanation
Form 990 Part	The ByLaws, Article VII, section 7 04 states that "The Executive Committee of the Board of Regents shall be composed of
VI Line 7b-	those individuals designated by the Board of Regents from time to time. The Executive Committee shall act only during intervals
Governing	betw een meetings of the Board of Regents and shall at all times be subject to the control and direction of the Board of
Body	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 2015, the committee's members were Lawrence Stranghoener,

Kristine Johnson, Kevin Bethke, Philip Milne, Nancy Anderson, Glenn Taylor and David Anderson

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Return Reference Explanation					
Form 990, Part I, line 1 -	St Olaf College challenges students to excel in the liberal arts, examine faith and values, and explore				
Organization's Mission	meaningful vocation in an inclusive, globally engaged community nourished by Lutheran tradition				

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DLN: 93493087009207OMB No 1545-0047

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

SCHEDULE R

(Form 990)

► Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization St Olaf College		lentification n	umber					
Part I Identification of Disregarded Entities Complete	e if the organization	answered "Yes" or	n Form 990, Part	41-069393 IV, line 33.	79			
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) (c) Primary activity Legal domicile (state or foreign country)		(d)	(e) d-of-year assets	(f) Direct con entit	trolling		
Part II Identification of Related Tax-Exempt Organizations during the	ations Complete if the tax year.	ne organization an	swered "Yes" on	Form 990, Par	t IV, line 34	because it	had one	е
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity si (if section 501(c		(f) ect controlling entity	Section (13) co ent	g) n 512(b) ontrolled tity?
(1)Employer-Contribution VEBA Trust St Olaf 1520 St Olaf Avenue	Employee Benefit Plan	MN	501c9		N/A		Yes	No
Northfield, MN 55057 04-3838456					N/A			
(2)Employee-Contribution VEBA Trust St Olaf 1520 St Olaf Avenue Northfield, MN 55057	Employee Benefit Plan	MN	501c9		N/A			No
04-3838476 (3)MN Intercollegiate Nursing Consort 1520 St Olaf Avenue	Nursing Program Closed 12/31/15	MN	501(C)(3)	11 - Type 2	NA			No
Northfield, MN 55057 41-1717579								<u> </u>
								<u> </u>
								<u> </u>

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h Disprop alloca	rtionate	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana partr	iging	(k) Percentage ownership
				311,			Yes	No	1	Yes	No	
Part IV Identification of Related Organizations Taxable a	s a Corpor	ation	or Trust C	omplete if the	e organiza	ition ansv	vered	"Yes"	on Form 9	90 F	art 1	IV line

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(g) Share of end-of- year assets	(h) Percentage ownership	Section (b)(control entities	n 512 13) olled
(1)Chrtbl Rmndr Annuity 4	Investments	MN	N/A	Trust			100	No
1520 St Olaf Avenue Northfield, MN 55057								
(2)Chrtbl Rmndr Uni Trust 11	Investments	MN	N/A	Trust				No
1520 St Olaf Avenue Northfield, MN 55057								
(3)Pooled Income Fund 1	Investments	MN	N/A	Trust				No
1520 St Olaf Avenue Northfield, MN 55057								
(4) PRE-69 Life Income Trust 1	Investments	MN	N/A	Trust				No
1520 St Olaf Avenue Northfield, MN 55057								
(5)Makeup Income CRUT 2	Investments	MN	N/A	Trust				No
1520 St Olaf Avenue Northfield, MN 55057								

Part V	Transactions With Related Organization	s Complete if the organization answered	d "Yes" on Form 990, Part IV, line 34, 35b, or 36	5.

	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No						
1 D	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?									
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		No						
b	Gıft, grant, or capıtal contribution to related organization(s)	1 b		No						
c	Gift, grant, or capital contribution from related organization(s)	1 c		No						
d	Loans or loan guarantees to or for related organization(s)	1d		No						
е	Loans or loan guarantees by related organization(s)	1e		No						
f	Dividends from related organization(s)	1f		No						
g	Sale of assets to related organization(s)	1 g		No						
h	Purchase of assets from related organization(s)	1h		No						
i	Exchange of assets with related organization(s)	1i		No						
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		No						
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No						
- 1	Performance of services or membership or fundraising solicitations for related organization(s)	11		No						
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No						
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes							
o	Sharing of paid employees with related organization(s)	10	Yes							
р	Reimbursement paid to related organization(s) for expenses	1 p	Yes							
q	Reimbursement paid by related organization(s) for expenses	1 q		No						
r	Other transfer of cash or property to related organization(s)	1r	Yes							
s	Other transfer of cash or property from related organization(s)	1 s		No						
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds									
	(a) (b) (c) (d) Name of related organization Transaction Amount involved Method of determining amount inv									

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)Employer-Contribution VEBA Trust St Olaf	r	767,295	
(2)MN Intercollegiate Nursing Consort	n	30	
(3)MN Intercollegiate Nursing Consort	0	2,385	
(4)MN Intercollegiate Nursing Consort	р	4	

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on 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 regarding exclusion for certain investment partnerships

revenue) that was not a related organization. See instructions r				ment	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 sections 512- 514)	(e) Are all partners section 501(c)(3) organizations?		(e) Are all partners section 501(c)(3) organizations?										(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)			(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No											
												l I											
						_																	

