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## DLN: 93493093009757

## OMB No 1545-0047

Department of the

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 qov/foim990</u>

**Return of Organization Exempt From Income Tax** 

			endar year, or tax year beginning 06-01-2015 , and ending 05-31-201  C Name of organization	6	D Empl	over i	dentification number
_		pplicable change	GUSTAVUS ADOLPHUS COLLEGE			-	
	ame cha	_			41-0	6955	524
_	ıtıal reti		Doing business as				
Fir	nal 'termina	ated	Number and street (or P O box if mail is not delivered to street address) Room/sui	te	E Telepi	hone n	umber
_ `	ended		800 West College Avenue		(507	) 933	-8000
   Apr	olication	n pending	City or town, state or province, country, and ZIP or foreign postal code				
			Saint Peter, MN 56082		<b>G</b> Gross	receip	ts \$ 213,330,993
			F Name and address of principal officer	H(a)	Is this a grou	p retu	ırn for
			Thomas J Rooney 800 West College Avenue		subordinates No	7	⊤ Yes <b>√</b>
			Saint Peter, MN 56082	H(b)	Are all subord	dınate	Yes No
[ Tax	x-exem	npt status	▼ 501(c)(3)		included?	مادة	st (see instructions)
J W	ebsite	e:► www	gustavus edu	H(c)	•		,
<b>€</b> Forn	n of ord	ganization	✓ Corporation Trust Association Other ►		ar of formation 1		M State of legal domicile
		gamzation	TA Composition   Material Resolution   Called V				MN
Pa	rt I	Sumi	•				
		•	cribe the organization's mission or most significant activities Adolphus College prepares its students for fulfilling lives of leadership	and ser	vice and is co	mmitt	ed to the core values of
			e, community, justice, service, and faith. It is especially known for stror				
		•	grams The College hosts a chapter of Phi Beta Kappa and is internation		_		
aų.			I by The Nobel Foundation in Stockholm, Sweden The students, faculty a strong, open community where all citizens play a vital role Gustavus				
<u>~</u>			common purpose and passion, and demonstrate that they make their liv		, ,		
Ě	_						
* 0	_						
5	2 (	Check thi	s box ▶ ┌─ if the organization discontinued its operations or disposed o	of more	than 25% of it	ts net	assets
ý.	- 🤘	encek an	5 Box 7   Title digatileation discontinued its operations of disposed t	or more	CHAII 23 70 01 II	.5 1100	433003
E E	3 N	Number o	f voting members of the governing body (Part VI, line 1a)			3	28
Activities & Governance	<b>4</b> N	Number o	findependent voting members of the governing body (Part VI, line 1b)			4	24
⋖	<b>5</b> T	Fotal num	nber of individuals employed in calendar year 2015 (Part V, line 2a) .			5	3,176
	<b>6</b> ⊺	Total num	nber of volunteers (estimate if necessary)			6	937
	<b>7</b> a ⊺	Total unre	elated business revenue from Part VIII, column (C), line 12			7a	1,134,112
	b Ne	et unrela	ted business taxable income from Form 990-T, line 34			7b	(
					Prior Year		Current Year
ō.	_	8 Contributions and grants (Part VIII, line 1h)		-			
	8	Contril	outions and grants (Part VIII, line 1h)		11,825		34,642,429
ēnue	9	Progra	m service revenue (Part VIII, line 2g)		123,650	,164	122,655,653
- enu <del>o</del> ne	9 10	Progra Invest	m service revenue (Part VIII, line 2g)		123,650 5,189	,164 ,967	122,655,653 -188,124
Ravenue	9 10 11	Progra Invest Other	m service revenue (Part VIII, line 2g)		123,650 5,189	,164	122,655,653
Ravenue	9 10	Progra Invest Other	m service revenue (Part VIII, line 2g)		123,650 5,189	,164 ,967 ,675	122,655,653 -188,124
Ravenue	9 10 11	Progra Invest Other Total r 12)	m service revenue (Part VIII, line 2g)		123,650 5,189 17	,164 ,967 ,675 ,585	122,655,653 -188,124 14,647
Ravenue	9 10 11 12	Progra Invest Other Total r 12) Grants	m service revenue (Part VIII, line 2g)		123,650 5,189 17 140,683	,164 ,967 ,675 ,585	122,655,653 -188,124 14,647 157,124,605
	9 10 11 12	Progra Invest Other Total r 12) Grants Benefit	m service revenue (Part VIII, line 2g)		123,650 5,189 17 140,683	,164 ,967 ,675 ,585 ,598	122,655,653 -188,124 14,647 157,124,605
	9 10 11 12 13 14 15	Progra Invest Other Total r 12) Grants Benefit Salarie 5-10)	m service revenue (Part VIII, line 2g)		123,650 5,189 17 140,683 51,838	,164 ,967 ,675 ,585 ,598 0 ,133	122,655,653 -188,124 14,647 157,124,605 52,673,088 0 48,890,453
	9 10 11 12 13 14 15	Progra Invest Other Total r 12) Grants Benefit Salarie 5-10) Profes	m service revenue (Part VIII, line 2g)		123,650 5,189 17 140,683 51,838	,164 ,967 ,675 ,585 ,598	122,655,653 -188,124 14,647 157,124,605 52,673,088
Exp enses Rayenua	9 10 11 12 13 14 15 16a b	Progra Invest Other Total r 12) Grants Benefit Salarie 5-10) Profes	m service revenue (Part VIII, line 2g)		123,650 5,189 17 140,683 51,838 51,304	,164 ,967 ,675 ,585 ,598 0 ,133 ,594	122,655,653 -188,124 14,647 157,124,605 52,673,088 0 48,890,453 83,825
	9 10 11 12 13 14 15	Progra Invest Other Total r 12) Grants Benefit Salarie 5-10) Profes Total fun Other	m service revenue (Part VIII, line 2g)		123,650 5,189 17 140,683 51,838	,164 ,967 ,675 ,585 ,598 0 ,133 ,594	122,655,653 -188,124 14,647 157,124,605 52,673,088 0 48,890,453
	9 10 11 12 13 14 15 16a b	Progra Invest Other Total r 12) Grants Benefit Salarie 5-10) Profes Total fut Other	m service revenue (Part VIII, line 2g)		123,650 5,189 17 140,683 51,838 51,304 58	,164 ,967 ,585 ,598 0 ,133 ,594 ,244 ,569	122,655,653 -188,124 14,647 157,124,605 52,673,088 0 48,890,453 83,825
Expenses	9 10 11 12 13 14 15 16a b	Progra Invest Other Total r 12) Grants Benefit Salarie 5-10) Profes Total fut Other	m service revenue (Part VIII, line 2g)		123,650 5,189 17 140,683 51,838 51,304 58 33,474 136,675	,164 ,967 ,675 ,585 ,598 0 ,133 ,594 ,244 ,569 ,016	122,655,653 -188,124 14,647 157,124,605 52,673,088 (0 48,890,453 83,825 33,924,174 135,571,540
Expenses	9 10 11 12 13 14 15 16a b 17 18	Progra Invest Other Total r 12) Grants Benefit Salarie 5-10) Profes Total fur Other Total e	m service revenue (Part VIII, line 2g)		123,650 5,189 17 140,683 51,838 51,304 58 33,474 136,675 4,008	,164 ,967 ,675 ,585 ,598 0 ,133 ,594 ,244 ,569 ,016	122,655,653 -188,124 14,647 157,124,605 52,673,088 48,890,453 83,825 33,924,174 135,571,540 21,553,065
Expenses	9 10 11 12 13 14 15 16a b 17 18 19	Progra Invest Other Total r 12) Grants Benefit Salarie 5-10) Profes Total fun Other Total e Reveni	mservice revenue (Part VIII, line 2g)		123,650 5,189 17 140,683 51,838 51,304 58 33,474 136,675 4,008 ning of Current	,164 ,967 ,675 ,585 ,598 0 ,133 ,594 ,244 ,569 ,016 <b>Year</b>	122,655,653 -188,124 14,647 157,124,605 52,673,088 0 48,890,453 83,825 33,924,174 135,571,540 21,553,065 End of Year 361,531,392
Expenses	9 10 11 12 13 14 15 16a b 17 18 19	Progra Invest Other Total r 12) Grants Benefit Salarie 5-10) Profes Total fun Other Total e Reveni	m service revenue (Part VIII, line 2g)		123,650 5,189 17 140,683 51,838 51,304 58 33,474 136,675 4,008 Ining of Current 347,933 92,453	,164 ,967 ,675 ,585 ,598 0 ,133 ,594 ,244 ,569 ,016 <b>Year</b> ,628 ,061	122,655,653 -188,124 14,647 157,124,605 52,673,088 0 48,890,453 83,825 33,924,174 135,571,540 21,553,065 End of Year 361,531,392 92,066,050
Net Assets of Expenses Fund Balances	9 10 11 12 13 14 15 16a b 17 18 19	Progra Invest Other Total r 12) Grants Benefit Salarie 5-10) Profes Total fut Other Total e Revenu	mservice revenue (Part VIII, line 2g)		123,650 5,189 17 140,683 51,838 51,304 58 33,474 136,675 4,008 ning of Current	,164 ,967 ,675 ,585 ,598 0 ,133 ,594 ,244 ,569 ,016 <b>Year</b> ,628 ,061	122,655,653 -188,124 14,647 157,124,605 52,673,088 0 48,890,453 83,825 33,924,174 135,571,540 21,553,065 End of Year 361,531,392
The References Expenses	9 10 11 12 13 14 15 16a b 17 18 19	Progra Invest Other Total r 12) Grants Benefit Salarie 5-10) Profes Total fut Other Total e Revenu  Total a Total I Net as Signa	ment income (Part VIII, line 2g)	Begin	123,650 5,189 17 140,683 51,838 51,304 58 33,474 136,675 4,008 ning of Current 347,933 92,453 255,480 hedules and st	,164 ,967 ,675 ,585 ,598 0 ,133 ,594 ,244 ,569 ,016 <b>: Year</b> ,628 ,061 ,567	122,655,653 -188,124 14,647 157,124,605 52,673,088 0 48,890,453 83,825 33,924,174 135,571,540 21,553,065 End of Year 361,531,392 92,066,050 269,465,342 ents, and to the best of
And Balances Expenses	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 t III	Progra Invest Other Total r 12) Grants Benefit Salarie 5-10) Profes Total fun Other Total e Revenu  Total a Total I Net as Signalities of p	mservice revenue (Part VIII, line 2g)	Begin	123,650 5,189 17 140,683 51,838 51,304 58 33,474 136,675 4,008 ning of Current 347,933 92,453 255,480 hedules and st	,164 ,967 ,675 ,585 ,598 0 ,133 ,594 ,244 ,569 ,016 <b>: Year</b> ,628 ,061 ,567	122,655,653 -188,124 14,647 157,124,605 52,673,088 0 48,890,453 83,825 33,924,174 135,571,540 21,553,065 End of Year 361,531,392 92,066,050 269,465,342 ents, and to the best of
And Balances Expenses	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 t III	Progra Invest Other Total r 12) Grants Benefit Salarie 5-10) Profes Total fut Other Total e Revenu  Total a Total I Net as Signa	mservice revenue (Part VIII, line 2g)	Begin	123,650 5,189 17 140,683 51,838 51,304 58 33,474 136,675 4,008 ning of Current 347,933 92,453 255,480 hedules and st	,164 ,967 ,675 ,585 ,598 0 ,133 ,594 ,244 ,569 ,016 <b>: Year</b> ,628 ,061 ,567	122,655,653 -188,124 14,647 157,124,605 52,673,088 0 48,890,453 83,825 33,924,174 135,571,540 21,553,065 End of Year 361,531,392 92,066,050 269,465,342 ents, and to the best of
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And Balances Expenses	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 11 r penanowled rer ha	Progra Invest Other Total r 12) Grants Benefit Salarie 5-10) Profes Total fut Other Total e Revenu  Total I Net as Signa alties of p dge and b as any kn	m service revenue (Part VIII, line 2g)	Begin	123,650 5,189 17 140,683 51,838 51,304 58 33,474 136,675 4,008 ning of Current 347,933 92,453 255,480 hedules and ster) is based or	,164 ,967 ,675 ,585 ,598 0 ,133 ,594 ,244 ,569 ,016 <b>: Year</b> ,628 ,061 ,567	122,655,653 -188,124 14,647 157,124,605 52,673,088 0 48,890,453 83,825 33,924,174 135,571,540 21,553,065 End of Year 361,531,392 92,066,050 269,465,342 ents, and to the best of
Met Assets or Expenses us fund Balances	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 11 r penanowled rer ha	Progra Invest Other Total r 12) Grants Benefit Salarie 5-10) Profes Total fur Other Total e Revenue  Total I Net as Signa alties of p dge and b as any kn Thom Type	m service revenue (Part VIII, line 2g)	Begin	123,650 5,189 17 140,683 51,838 51,304 58 33,474 136,675 4,008 ning of Current 347,933 92,453 255,480 hedules and ster) is based or	,164 ,967 ,675 ,585 ,598 0 ,133 ,594 ,244 ,569 ,016 <b>: Year</b> ,628 ,061 ,567	122,655,653 -188,124 14,647 157,124,605 52,673,088 48,890,453 83,825 33,924,174 135,571,540 21,553,065 End of Year 361,531,392 92,066,050 269,465,342 ents, and to the best of information of which
Met Assets or Expenses us fund Balances	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 11 rpenanowled rer ha	Progra Invest Other Total r 12) Grants Benefit Salarie 5-10) Profes Total fun Other Total e Reveni  Total a Total I Net as Signa alties of p dge and b as any kn Thom Type	m service revenue (Part VIII, line 2g)	Begin	123,650 5,189 17 140,683 51,838 51,304 58 33,474 136,675 4,008 Ining of Current 347,933 92,453 255,480 hedules and ster) is based on Date  Check if self-employed	,164 ,967 ,675 ,585 ,598 0 ,133 ,594 ,244 ,569 ,016 <b>E Year</b> ,628 ,061 ,567	122,655,653 -188,124 14,647 157,124,605 52,673,088 48,890,453 83,825 33,924,174 135,571,540 21,553,065 End of Year 361,531,392 92,066,050 269,465,342 ents, and to the best of information of which
And Balances  Expenses  Inde Balances  Inde Balances	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 11 rpenanowled rer ha	Progra Invest Other Total r 12) Grants Benefit Salarie 5-10) Profes Total fun Other Total e Reveni  Total a Total I Net as Signa alties of p dge and b as any kn Thom Type	m service revenue (Part VIII, line 2g)	Begin	123,650 5,189 17 140,683 51,838 51,304 58 33,474 136,675 4,008 Ining of Current 347,933 92,453 255,480 hedules and ster) is based on Date  Check for	,164 ,967 ,675 ,585 ,598 0 ,133 ,594 ,244 ,569 ,016 <b>E Year</b> ,628 ,061 ,567	122,655,653 -188,124 14,647 157,124,605 52,673,088 48,890,453 83,825 33,924,174 135,571,540 21,553,065 End of Year 361,531,392 92,066,050 269,465,342 ents, and to the best of information of which

**Use Only** 

. Yes No

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,

Page 2

(Code ) (Expenses \$ 93,800,957 including grants of \$ 52,673,088 ) (Revenue \$ 100,514,711) 4a Instruction and Academic Support Gustavus offers 73 majors in 21 academic departments and 3 interdisciplinary programs, with a student-faculty ratio of 11 1

Total FTE enrollment for academic year 2015-2016 was 2,357, with 587 students graduating in May 2016 (Code ) (Expenses \$ 14.274.107 including grants of \$ 0) (Revenue \$ 0) 4b Student Services Gustavus sponsors 23 varsity athletics teams and more than 39 intramural activities and club sports, along with more than 120 student

organizations Approximately 99% of students are involved in at least one extracurricular activity. Other student services include admission, community-based service learning, career development, peer mentoring, Office of the Chaplains, diversity center, financial assistance, health services, registrar, campus activities and residential life programs ) (Expenses \$ 15,052,967 including grants of \$ 0) (Revenue \$ 22.140.942) (Code

Auxiliary Services As a residential college, Gustavus is committed to residence hall living as a vital complement to its academic program. Approximately 86% of students live in College-owned residences and eat in the College's Dining Service, During Fall 2015, 2058 students lived in College-owned residences. The College bookstore provides textbooks and other educational supplies for students. Other items for sale include clothing embossed with the College's insignia, books and miscellaneous novelty items

See Additional Data

Other program services (Describe in Schedule O) 4d 4,534,172 including grants of \$ 0)(Revenue \$ 0) (Expenses \$

Total program service expenses ▶ 127.662.203 Form 990 (2015)

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)? 🥞	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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets?  If "Yes," complete Schedule D, Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	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	<b>11</b> b	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	<b>11</b> c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	<b>11</b> d		Νo
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	<b>11</b> f	Yes	
	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI 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		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	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		

Form	990 (2015)			Page <b>4</b>
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
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	<b>24</b> 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, 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 erganization a party to a business transaction with one of the following parties (see Schedule I. Part IV			I

instructions for applicable filing thresholds, conditions, and exceptions)

29

30

31

37

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

**b** A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Pait II, III, or IV,

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

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

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

28a

28b

28c

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35a

35b

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38

Yes

Yes

Yes

Yes

Yes

Yes

Form 990 (2015)

Nο

Νo

Νo

Νo

Νo

Νo

Νo

Pai	t V	Statements Regarding Other IRS Filings and Tax Compliance Check of Schedule O contains a response or note to any line in this		<b>N</b> /			_
		Check if Schedule O contains a response or note to any line in this	Part	<u>v</u>		Yes	No
1a	Enter	the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	3,594			
b	Enter	the number of Forms W-2G included in line 1a Enter -0 - if not applicable	1b	0			
c		ne organization comply with backup withholding rules for reportable payments to ng (gambling) winnings to prize winners?	vend	dors and reportable	1c	Yes	
2a	_	the number of employees reported on Form W-3, Transmittal of Wage and	·				
	Tax S	tatements, filed for the calendar year ending with or within the year covered s return	2a	3,176			
b		east one is reported on line 2a, did the organization file all required federal emp If the sum of lines 1a and 2a is greater than 250, you may be required to e-file			2b	Yes	
3a	Did th	e organization have unrelated business gross income of \$1,000 or more during	the y	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 explanati</i> c	on in S	Schedule O	3b	Yes	
4a	over,	y time during the calendar year, did the organization have an interest in, or a si a financial account in a foreign country (such as a bank account, securities acc int)?			4a		No
b	If "Ye: See in (FBAR	s," enter the name of the foreign country	and	Financial 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	Dıd ar	ny taxable party notify the organization that it was or is a party to a prohibited t	ax sh	elter transaction?	5b		Νo
c	If"Ye	s," to line 5a or 5b, did the organization file Form 8886-T?					
6a		the organization have annual gross receipts that are normally greater than \$10			5c 6a		No
b	If"Ye	ization solicit any contributions that were not tax deductible as charitable cont s," did the organization include with every solicitation an express statement th not tax deductible?			6b		
7		nizations that may receive deductible contributions under section 170(c).	•				
а		ne organization receive a payment in excess of \$75 made partly as a contribution provided to the payor?		d partly for goods and	7a	Yes	
b	If"Ye	s," did the organization notify the donor of the value of the goods or services p	rovide	ed?	7b	Yes	
С		ne organization sell, exchange, or otherwise dispose of tangible personal proper orm 8282?	•	which it was required to	<b>7</b> c		No
d	If"Ye	s," indicate the number of Forms 8282 filed during the year $\dots$ .	7d				
е	Did th	ne organization receive any funds, directly or indirectly, to pay premiums on a p	erson	al benefit contract?	7e		No
f	Did th	ne organization, during the year, pay premiums, directly or indirectly, on a perso	nal b	enefit contract?	<b>7</b> f		Νo
g	If the require	organization received a contribution of qualified intellectual property, did the o	rganız • •	ation file Form 8899 as	<b>7</b> g		
h		organization received a contribution of cars, boats, airplanes, or other vehicles 1098-C?	, dıd	the organization file a	7h		
8	Did a	oring organizations maintaining donor advised funds. donor advised fund maintained by the sponsoring organization have excess bug g the year?	sines:	s holdings at any time	8		
9a	Did th	ne sponsoring organization make any taxable distributions under section 4966			9a		
b	Did th	ne sponsoring organization make a distribution to a donor, donor advisor, or rela	ited p	erson?	9b		
10	Section	on 501(c)(7) organizations. Enter					
а	Initiat	tion fees and capital contributions included on Part VIII, line 12	10a				
b	Gross facılıtı	receipts, included on Form 990, Part VIII, line 12, for public use of club les	10b				
11		on 501(c)(12) organizations. Enter					
		income from members or shareholders	11a				
b		s income from other sources (Do not net amounts due or paid to other sources st amounts due or received from them )	11b				
		on <b>4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 I	ın lıe	u of Form 1041?	12a		
b	If "Ye: year	s," enter the amount of tax-exempt interest received or accrued during the	12b				
13	Section	on 501(c)(29) qualified nonprofit health insurance issuers.					
а		e organization licensed to issue qualified health plans in more than one state? <b>N</b> onal information the organization must report on Schedule O	ote. S	ee the instructions for	<b>13</b> a		
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				
c	Enter	the amount of reserves on hand	<b>13</b> c				
14a	Did th	e organization receive any payments for indoor tanning services during the tax	year	?	14a		Νo
b	If"Ye	s," has it filed a Form 720 to report these payments? <i>If "No," provide an explana</i>	tion ir	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. S.			or 10	Ob belo	w,
	Check if Schedule O contains a response or note to any line in this Part VI					[
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	28			
	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	<b>1</b> b	24			
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?	iness •	relationship with any	2	Yes	
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management co	,		3		No
4	Did the organization make any significant changes to its governing documents since filed?	the p	orior Form 990 was	4		No
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		No
7a	Did the organization have members, stockholders, or other persons who had the pow more members of the governing body?		elect or appoint one or	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approva or persons other than the governing body?	lby)	members, stockholders,	7b		No
8	$\mbox{\rm Did}$ the organization contemporaneously document the meetings held or written active 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?			8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule</i>			9		No
Se	ction B. Policies (This Section B requests information about policies not	requ	red by the Internal R	even	ue Cod	e.)
					Yes	No

**10a** Did the organization have local chapters, branches, or affiliates? . . . . . . . . . . . . . . 10a Νo **b** 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 11a Nο **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 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 13 13 Yes 14 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

## Section C. Disclosure

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

KY, MA, MD, MI, MN, NH, SC, WA

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

O State the name, address, and telephone number of the person who possesses the organization's books and records
►Thomas J Rooney 800 West College Avenue Saint Peter, MN 56082 (507) 933-8000

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 更合 dotted line) Trustee See Additional Data Table

<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours	verage ours per eek (list ny hours  Position (do not check more than one box, unless person is both an officer and a director/trustee)					5	(D) Reportable compensation from the organization (W-	<b>(E)</b> 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	2/1099-MISC)	2/1099-MISC)	organization and related organizations
See Additional Data Table										
			_							
1b Sub-Total	heets to Part VII, S	ection A				. •	<u> </u>	1,623,174	0	506,459
d Total (add lines 1b and 1d	:)		•	•	•			1,623,174	0	500,459

3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	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 I 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 compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
Royall and Company	Direct Marketing	346,637
1920 East Parham Road Richmond, VA 23228		
Nielsen Blacktopping Inc	Road Contractor	257,822
305 East Industrial Road Kasota, MN 56050		
Barton Denmarsh Esteban Inc	Marketing Consultant	255,224
681 Andersen Drive Pittsburgh, PA 15220		
Heroic Productions	Conference Services	224,706
801 West 106th Street Minneapolis, MN 55420		
LKPB Engineers Inc	Engineering Services	208,046
1935 West County Road B2 Ste 300 Saint Paul, MN 55113		

Total number of independent contractors (including but not limited to those listed above) who received more than 100,000 of compensation from the organization 13

Yes

No

orm 99	0 (20	15)						Page <b>9</b>
Part V	1441	Statement o						_
		Check If Sched	ule O contains a respon	se or note to any lii	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
s s	1a	Federated cam	paigns 1a	0				
Grants mounts	ь	Membership du	ues <b>1b</b>	0				
بة الله	с	Fundraising ev	ents <b>1c</b>	173,328				
ifts. ar ⊿	d	Related organiz	zations 1d	0				
 ⊒	e	Government grant	rs (contributions) <b>1e</b>	1,344,737				
ions r Si	f		ons, gifts, grants, and <b>1f</b>	33,124,364				
ribut Othe	g		ions included in lines	15,700,359				
Contributions, Giffs, Grants and Other Similar Amounts	h	1a-1f \$ <b>Total.</b> Add line:	s 1a-1f		34,642,429			
				Business Code				
and i	2a	Tuition and Fees		611310	97,296,768	97,296,768	0	C
₹ .×	ь	Residence Halls	_	721000	12,546,424	12,396,721	149,703	0
3	С	Dining Service		722210	7,552,457	6,653,915	898,542	O
ξ	d	Book Mark		451211	2,042,061	2,042,061	0	C
Ē	е	Athletic Facilities		713940	442,830	404,772	38,058	O
Program Service Revenue	f	All other progra	am service revenue		2,775,113	2,582,786	192,327	C
<u>\$</u>	g	Total. Add line:	s 2a-2f		122,655,653			
	3		come (including dividence ar amounts)		1,304,214	О	-144,518	1,448,732
	4		stment of tax-exempt bond p	-	58,450	0	0	58,450
	5	Royalties .	<u> </u>	🔸	7,040	0	0	7,040
	6a	Gross rents	(ı) Real	(II) Personal 0				
			0	0				
	b	Less rental expenses		0				
	C	Rental income or (loss)	0					
	d	Net rental inco	(i) Securities	(II) O ther	0	0	0	0
	7a	Gross amount from sales of assets other than inventory	54,477,013	0				
	ь	Less cost or other basis and sales expenses	52,101,055	3,926,746				
	С	Gain or (loss)	2,375,958	-3,926,746				
	d		ss)	· · · · <b>&gt;</b>	-1,550,788	0	0	-1,550,788
Other Revenue	od	Ψ	luding 3,328 s reported on line 1c) ne 18					
the the	ь	Less directles	a penses b	186,194 178,587				
Ö	С		(loss) from fundraising e	· · · · · ·	7,607		0	7,607
	9a		from gaming activities ne 19					
	ь	less directex	penses b					
	С		(loss) from gaming activ	rities				
	10a	Gross sales of	Inventory less	<u> </u>				
	100	returns and allo						
	ь	Less cost of g	oods sold b					
	С		(loss) from sales of inve					
	11-	Miscellaneou	s Revenue	Business Code				
	11a b							
	C							
	d	All other reven	ue					
	e	Total. Add lines	L	•				
	12	Total revenue.	See Instructions		0			
	l			-1	157,124,605	121,377,023	1,134,112	-28,959

### 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 it schedule o contains a response of note to any fine in				
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> 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	52,673,088	52,673,088		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,180,071	395,995	784,076	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	193,260	93,934		99,326
7	Other salaries and wages	35,543,000	33,140,081	902,359	1,500,560
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	2,216,090	1,994,807	112,154	109,129
9	Other employee benefits	7,330,848	6,632,542	337,044	361,262
10	Payroll taxes				_
		2,427,184	2,212,780	94,410	119,994
11	Fees for services (non-employees)				
a	Management	0			
Ь	Legal	266,938		254,761	12,177
С	Accounting	64,808		64,808	
d	Lobbying	106,850		106,850	
e	Professional fundraising services See Part IV, line 17	83,825			83,825
f	Investment management fees	172,084		172,084	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,423,285	1,306,904	81,090	35,291
12	Advertising and promotion	487,104	487,104		
13	Office expenses	879,691	303,244	356,490	219,957
14	Information technology	837,605	807,709	15,875	14,021
15	Royalties				
16	Occupancy	5,218,515	4,975,059	202,759	40,697
17	Travel	1,343,664	1,152,505	53,482	137,677
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	159,380	150,017	2,896	6,467
20	Interest	2,244,405	2,223,142	21,263	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	6,674,881	6,363,482	259,344	52,055
23	Insurance	654,983	624,426	25,449	5,108
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	Dining Service Expenses	3,076,051	3,076,051	0	0
b	Study Away Expenses	2,889,609	2,889,609	0	0
c	Book Mark Expenses	1,525,827	1,525,827	0	0
d	Academic Expenses	1,462,480	1,457,164	5,316	0
e	All other expenses	4,436,014	3,176,733	940,523	318,758
25	<b>Total functional expenses.</b> Add lines 1 through 24e	135,571,540	127,662,203	4,793,033	3,116,304
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

46,266

43,716,602

18,880,444

644,690

29.892

407,322

1,204,694

111,123,088

112,592,312

66,789,852

2,807,934

3 288 296

361,531,392

18,307,429

6,221,477

51,492,119

2,881,080

13,163,945

92,066,050

60,354,753

102,069,490

107,041,099

269,465,342

361,531,392 Form 990 (2015)

Part X	Balance Sh
	Check if Sche

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Balances

Fund

Ö

Assets

Net

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

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

10a

10b

221 285 915

110,162,827

(A)

Beginning of year

91,217

42,265,667

12,304,187

636,078

31,281

403,027

1,240,781

116.036.745

103,044,381

63,628,343

2,870,294

5,381,627

347,933,628

17,695,051

6,389,797

52,441,326

2,981,146

12,945,741

92,453,061

65,150,424

86,159,434

104,170,709

255.480.567

347,933,628

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Form 990 (.	2015)	Pag
Part X	Balance Sheet	

) 066 11110 1	(2013)	Pagi
Part X	Balance Sheet	

Cash-non-interest-bearing . . . . .

Savings and temporary cash investments

Notes and loans receivable, net . . .

Prepaid expenses and deferred charges

Investments—publicly traded securities .

Other assets See Part IV, line 11 . .

Accounts payable and accrued expenses

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

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.

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

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

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

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

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

Retained earnings, endowment, accumulated income, or other funds

Inventories for sale or use .

Complete Part VI of Schedule D

Less accumulated depreciation .

Intangible assets . . . . .

Pledges and grants receivable, net .

Accounts receivable, net . .

Schedule L . . .

II of Schedule L

Grants payable

Deferred revenue .

Tax-exempt bond liabilities

Complete Part X of Schedule D

Unrestricted net assets .

complete lines 30 through 34.

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Net unrealized gains (losses) on investments . . .

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

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 .

Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . .

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

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 . . . . . . . .

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on

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?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

**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

If the organization changed either its oversight process or selection process during the tax year, explain in

Cash ✓ Accrual COther

Both consolidated and separate basis

Both consolidated and separate basis

Page 12

157,124,605

135,571,540

21,553,065

255,480,567

-6,168,720

-1,399,570

269,465,342

No

Νo

Yes

Yes

Yes

Yes

Yes Form 990 (2015)

2a

2b

2c

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3b

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### **Additional Data**

**Software ID:** 15000352

Software Version: v1.00

**EIN:** 41-0695524

Name: GUSTAVUS ADOLPHUS COLLEGE

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

(Code ) (Expenses \$ 4,534,172 including grants of \$ 0 ) (Revenue \$
Gustavus offers a number of activities that enhance the curricular program, including various public service events and miscellaneous services provided to students

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

Compensated Employees, and Inde	pendent Co	ntrac	.tor	5				ì	i	į.
(A) Name and Title	(B) A verage hours per week (list any hours for related	unles	nore t ess pe	than erso icer tor/t	not one on is and trust	tee)	an	(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
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	·		and related organizations
Jon V Anderson	2	[				'		[ ·	<u> </u>	[
Director	0	X						0	0	0
Scott P Anderson Director	2 0	х						0	0	0
Tracy L Bahl Director/Vice Chair	2	x						0	0	С
Warren L Beck Director	2	×						0	0	C
Grayce Belvedere-Young  Director	2	×						0	0	C
Ake Bonnier Director	2	x						0	0	C
Daniel G Currell Director/Vice Chair	2	х						0	0	(
			_	+-	+	_	$\leftarrow$			

2

2

0

Bruce A Edwards

Brian D Fragodt Director

James H Gale Director

Director

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

162

Compensated Employees, and Inde	pendent Co	ntrac	tor	S					1	
(A) Name and Title	(B) A verage hours per week (list any hours for related	unles	ore t ss pe	than erso icer	not one on is and		.	(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
Marcus M Gustafson Director	2 0	x						0	0	0
John O Hallberg Director	2  0	x						0	0	0
Jeffrey D Heggedahl Director	2	×						0	0	0
Susanne B Heim Director	2	×						0	0	0
George G Hicks Director/Chair	2 0	x						0	0	C
John D Hogenson Director	2 0	x						0	0	C
Linda G Huett Director	2 0	x						0	0	c
Linda B Keefe	2						П			

2

0

Director

Director

Paul R Koch Director

Talmadge E King Jr

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

Compensated Employees, and Inde					ıru	stee	S, F	key Employe	es, nignest	
(A) Name and Title	(B) A verage hours per week (list any hours for related	m unle:	ore t ss pe	han erso cer	not one n is and			(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(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
Janice M Michaletz	2									
Director	0	X						0	0	0
Thomas J Mielke	2							_		
Director	0	X						0	0	U
Marcia L Page	2									
Director	_	X						0	0	0
	0 2				_					
Craig A Pederson	۷	×						,	0	0
Director	0	^						0	U	0
Wayne B Peterson	2									
wayne breteison		X						О	0	o
Director	0									
Dan S Poffenberger	2									
Disastan/Maa Chair		X						0	0	0
Director/Vice Chair	0									
Christopher J Rasmussen	2	.,						_		

0 2

2

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Х

Χ

Director

Director

Director

Director

Beth S Schnell

Ronald C White

Heather T Wigdahl

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 organizations below dotted line)	m unle:	ore t ss pe	han erso cer	not one n is and trust	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
		trustee '	al Trustee		)ee	Highest compensated employee			
Rebecca M Bergman President	50	×		×			344,998	0	89,986
Mark J Braun Provost and Dean of the College	50			×			192,226	0	55,463
Kenneth C Westphal  Vice President for Finance and Treasurer	50			×			177,140	0	200,772
Marcia J Bunge Faculty	50					х	121,582	0	20,333
Thomas M Crady Vice President for Enrollment Management	50					х	158,157	0	35,132
Diane K Lund Dean Faculty	50					х	120,767	0	34,401
JoNes R VanHecke Vice President for Student Life & Dean of Students	50					х	142,481	0	19,748
Thomas W Young	50					х	163,571	0	38,983

0

11,641

202,090

Vice President for Institutional Advancement

Past President

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE A

hospital's name, city, and state

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

described in section 170(b)(1)(A)(vi). (Complete Part II)

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

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 community trust described in section 170(b)(1)(A)(vi) (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.

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

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

An organization that normally receives a substantial part of its support from a governmental unit or from the general public

An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross

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

OMB No 1545-0047 Open to Public Inspection

DLN: 93493093009757

**Employer identification number** 

41-0695524

Treasury Internal Revenue Service Name of the organization

**GUSTAVUS ADOLPHUS COLLEGE** 

Department of the

(Form 990 or

990EZ)

Part I

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3

www.irs.gov/form990.

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

	edule A (Form 990 of 990-EZ) 2013						Page Z
Pā	Support Schedule fo						
	(Complete only if you of Part III. If the organization						
S	ection A. Public Support	acion falls to qu	iamy under the	tests listed bei	ow, piedse con	ipiete Fait III.	)
	Calendar year						1
(or	fiscal year beginning in)	(a)2011	<b>(b)</b> 2012	(c)2013	( <b>d)</b> 2014	<b>(e)</b> 2015	<b>(f)</b> Total
•	Gifts, grants, contributions, and						
	membership fees received (Do						
	not include any unusual grants )						
2	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities						
•	furnished by a governmental unit						
	to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the						
	amount shown on line 11, column						
	(f)						
6	Public support. Subtract line 5						
	from line 4						
5	ection B. Total Support		Τ	Т	ı	T	
/or	Calendar year fiscal year beginning in) ▶	(a)2011	<b>(b)</b> 2012	(c)2013	(d)2014	<b>(e)</b> 2015	<b>(f)</b> ⊤otal
7	Amounts from line 4						
8	Gross income from interest,						
•	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated						
	business activities, whether or						
	not the business is regularly carried on						
10	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	VI)						
L1	<b>Total support.</b> Add lines 7						
12	through 10 [ Gross receipts from related activiti	es etc (see inst	ructions)			12	
13	First five years.If the Form 990 is		•	thurd fourth or t	fifth tay year ac a		3) organization
	check this box and <b>stop here</b>	3	•		•	``	5) organización,
S	ection C. Computation of Pul	olic Support F	Percentage				
14	Public support percentage for 2015			11, column (f))		14	
15	Public support percentage for 2014	1 Schedule A , Pa	rt II, line 14			15	
L6a	<b>33 1/3% support test—2015.</b> If the	organization did	not check the box	on line 13, and l	line 14 is 33 1/3%		this box
	and <b>stop here.</b> The organization qua	-		•	•	•	▶□
b	<b>33 1/3% support test—2014.</b> If the				, and line 15 is 3	3 1/3% or more, o	heck this
	box and <b>stop here.</b> The organizatio						▶┌
L7a	10%-facts-and-circumstances test	_				•	
	is 10% or more, and if the organiza						
	in Part VI how the organization mee	eis the "facts-an	u-circumstances	test The organi	ızatıon qualifies a	s a publicly supp	- <del>-</del>
<b>L</b>	organization  10%-facts-and-circumstances test		anization did nat	shock a how on lin	0 12 16 3 16 4	or 17a and line	▶
U	15 is 10% or more, and if the organ						
	Explain in Part VI how the organiza				,	•	clv
	supported organization						▶ [
18	<b>Private foundation.</b> If the organizat	ion did not check	a box on line 13	, 16a, 16b, 17a, c	or 17b, check thi	s box and see	
	instructions				•		▶┌
							'

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>(b)</b> 2012	(c)2013	(d)2014	(e)2015	<b>(f)</b> ⊤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	<b>Public support.</b> (Subtract line 7c						
	from line 6 )						
Se	ction B. Total Support				1		I
	Calendar year			1	I	I	
(or f	iscal year beginning in)	<b>(a)</b> 2011	<b>(b)</b> 2012	(c)2013	( <b>d)</b> 2014	<b>(e)</b> 2015	<b>(f)</b> 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 <b>2014</b> Schedule	A, Part III, line	1 /		18	
19a	<b>33 1/3% support tests—2015.</b> 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 <b>stop here.</b> T	he organization q	ualıfıes as a publ	icly supported or	ganızatıon	▶┌
b	<b>33 1/3% support tests—2014.</b> 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 <b>st</b>	<b>op here.</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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?	<b>3</b> c		
4a	If "Yes," explain in <b>Part VI</b> 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? <b>Substitutions only.</b> 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 <b>Part VI</b> .	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 <b>Part VI</b> .	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 <b>Part VI</b> .	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 <b>Part VI</b> .	<b>9</b> 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)	<b>10</b> 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?	<b>11</b> 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	<b>11</b> c		

Part IV	Supporting	Organizations	(continued

I GIC IV		аррог	9	Oi guilleu	LIOIIS	(continue	ч,
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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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	

a 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 <b>Part VI identify those supported organizations and explain</b> 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			
	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 <b>Part VI</b> 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)	<b>—</b>		
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		
	<b>Distributable Amount.</b> 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			
<b>8</b> 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			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> 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>b</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)			
<b>7 Excess distributions carryover to 2016.</b> Add lines 31 and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013			
d From 2014			
<b>e</b> From 2015			
		Schodulo A	/Form 990 or 990-F7) /2015

#### DLN: 93493093009757

Employer identification number

41-0695524

### SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue

Name of the organization

GUSTAVUS ADOLPHUS COLLEGE

Political expenditures
Volunteer hours

1

2

## **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

Service

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 50 1(c)(3) organizations Complete raits FA and B Do not complete rait FO

• 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

Part I-A 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 s	section 501(c	)(3).	
1	Enter	r the amount of any excise	e tax incurred by the organization und	ler section 4955	<b>&gt;</b>	\$
2	Enter	r the amount of any excise	e tax incurred by organization manage	ers under section	4955	\$
3	Ifthe	e organization incurred a s	ection 4955 tax, did it file Form 472	0 for this year?		☐ Yes ☐ No
<b>4</b> a	Was	a correction made?				⊤Yes
b	If"Ye	es," describe in Part IV				
Par	t I-C	Complete if the or	ganization is exempt under s	section 501(c	), except section 50	1(c)(3).
1	Enter	the amount directly expe	ended by the filing organization for sec	ction 527 exempt	function activities 🕨	\$
2		r the amount of the filing o opt function activities	rganızatıon's funds contributed to otl	ner organizations	for section 527 ▶	\$
3	Total	exempt function expendit	tures Add lines 1 and 2 Enter here a	and on Form 1120	POL, line 17b ►	\$
4	Dıd t	he filing organization file <b>F</b> e	orm 1120-POL for this year?			Yes No
5	orgar amou	nization made payments F int of political contribution	nd employer identification number (EI For each organization listed, enter the ns received that were promptly and di political action committee (PAC) If a	e amount paid fror rectly delivered t	n the filing organization's f o a separate political orga	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	aperwo	ork Reduction Act Notice, se	e the instructions for Form 990 or 990	- <b>EZ.</b> Ca	at No 50084S Schedule C (I	Form 990 or 990-EZ) 2015

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

g

ch	nedule C	(Fo	rm 990 or 990-E2) 2015			Page <b>2</b>
P	art II-/	4	Complete if the organization is exempt under section 501(c)(3) and	file	ed Form 5768	(election
			under section 501(h)).			
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)	gro	up member's nam	e, address, EIN
3	Check	$\blacktriangleright$	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 lo	obb	ring expenditures to influence public opinion (grass roots			
La	lobbyır	ıg)				
	Total lo	obb	ying expenditures to influence a legislative body (direct lobbying)			

Total lobbying expenditures (add lines 1a and 1b) Other exempt purpose expenditures Total exempt purpose expenditures (add lines 1c and 1d) Lobbying nontaxable amount Enter the amount from the following table in both columns The lobbying nontaxable amount is: If the amount on line 1e, column (a) or (b) is: Not over \$500,000 20% of the amount on line 1e Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000

Subtract line 1g from line 1a If zero or less, enter -0-Subtract line 1f from line 1c If zero or less, enter -0-If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

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** Calendar year (or fiscal year (a)2012 **(b)**2013 (c)2014 (d)2015 (e) Total beginning in) 2a Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 2d, column (e)) Grassroots lobbying expenditures

	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)).	ЮТ			<u> </u>	ige <b>3</b>
	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(	a)		(b)	
activ			No	A	mount	t
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?		No			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No			
C	Media advertisements?		No			
d	Mailings to members, legislators, or the public?		No			
e	Publications, or published or broadcast statements?		No			
f	Grants to other organizations for lobbying purposes?	Yes	<b>-</b>		1	.06,85
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No			
i	Other activities?		No			
j	Total Add lines 1c through 1i		١		1	.06,85
2a L	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  If "Yes," enter the amount of any tax incurred under section 4912		No	-		
b	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
C C	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
	rt III-A Complete if the organization is exempt under section 501(c)(4), section 5	01/6	\ \\(E\	05.50	ction	
Œ	501(c)(6).	OI(C	.)(5),	01 36	CLIOI	•
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		ſ	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		Ī	2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?		Ī	3		
Pai	rt III-B Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "I line 3, is answered "Yes."					
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
а	Current year	2a				
b	Carryover from last year	2b				
c	Total	2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4				
5	Taxable amount of lobbying and political expenditures (see instructions)	5				
	art IV Supplemental Information		ı			
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 grou (see instructions), and Part II-B, line 1 Also, complete this part for any additional information	p list)	, Part I	I-A, lıı	nes 1	and
,	Return Reference Explanation					
Sch	edule C, Part II-B, Line 1 Gustavus Adolphus College (the College) is a member of Minnesota Priv an organization described in section 501(c)(4) of the Internal Revenue C of private nonprofit institutions of higher education that serves a variety needs, including, but not only, nonpartisan and non-electoral advocacy for students' needs and advances the interests of private higher education	ode of its or pub	MPCC i membe lic poli	is an a: irs' sha cy that	ssocia ared meet	ation :s

SCHEDULE D G

(Form 990)

Treasury

Department of the

Internal Revenue Service

## **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  $\underline{www.irs.gov/form990}$ .

OMB No 1545-0047

DLN: 93493093009757

Open to Public Inspection

**Employer identification number** Name of the organization GUSTAVUS ADOLPHUS COLLEGE 41-0695524 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶\_ Number of states where property subject to conservation easement is located ▶\_ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of

9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements
Par	Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 8.
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet

works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)

Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the

A mount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

- (ii) Assets included in Form 990, Part X

  If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the
- following amounts required to be reported under SFAS 116 (ASC 958) relating to these items
- b Assets included in Form 990, Part X

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

service, provide the following amounts relating to these items

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

Revenue included on Form 990, Part VIII, line 1

violations, and enforcement of the conservation easements it holds?

(B)(I) and section  $170(h)(4)(B)(II)^{?}$ 

Par	t III	Organizations Maintaining (continued)	Collections of A	Art, His	torio	al Tre	easures, or	Othe	r Similar	Asse	ets	
3		g the organization's acquisition, acception items (check all that apply)	ession, and other red	cords, ch	neck a	n <b>y</b> of th	e following tha	t are a	significant	use of	ıts	
а	<b>✓</b>	Public exhibition		d	<b>~</b>	Loan d	r exchange pr	ogram	s			
b	Г	Scholarly research		е		Other						
c	Г	Preservation for future generations										
4		ide a description of the organization	's collections and ex	plaın hov	w they	further	the organizati	on's ex	kempt purpo	se in		
5		ng the year, did the organization sol ets to be sold to raise funds rather tl								res -	✓ No	
Pai	rt IV	Escrow and Custodial Arra Complete if the organization Part X, line 21.		n Form	990,	Part IV	, line 9, or r	eport	ed an amo	unt o		
1a		ne organization an agent, trustee, cu ided on Form 990, Part X?	stodian or other inter	rmediary	for co	ntributi	ons or other a	ssets	not	<b>r</b> es	√ No	
b	Ιf	"Yes," explain the arrangement in F	art XIII and complet	te the fol	lowing	table :			Δ.	moun	t	
c	Ве	eginning balance			_		<u>_</u> :	1c				
d	А				Ld							
е	Di	stributions during the year					_ :	Le				
f		nding balance						lf				
<b>2</b> a	Did	the organization include an amount o	on Form 990, Part X,	line 21,	for es	crow or	custodial acc	ount li	ability? 🔽	⁄es	☐ No	
h												<b>✓</b>
b	If"Y rt V	es," explain the arrangement in Par <b>Endowment Funds.</b> Comple									• •	
Pa	I L V	Endowment Funds. Comple	(a)Current year	( <b>b)</b> Pno			Two years back:		rree years bac		Four ve	ars back
1a	Begi	nning of year balance	146,169,621		8,475,9	_	125,373,292	+	109,604,04	+		9,649,425
b	C on	tributions	4,057,162		3,575,4	174	3,582,564		4,138,65	i2	2	1,413,945
c	Net Ioss	investment earnings, gains, and es	-2,029,561		9,677,5	571	14,594,320	)	16,464,39	94		469,833
d		nts or scholarships	2,374,338		2,195,8	383	1,947,069	)	1,910,36	66	1	1,914,714
e		er expenditures for facilities programs	3,524,523		3,190,5	515	3,003,600	)	2,819,51	.4	2	2,913,910
f	A dm	ninistrative expenses	172,084		173,0	003	123,530	,	103,91	.7		100,536
g		of year balance	142,126,277	14	6,169,6	521	138,475,977	,	125,373,29	92	109	9,604,043
2	Prov	ide the estimated percentage of the	current year end bal	ance (lın	ie 1g,	column	(a)) held as					
а	Boar	d designated or quasi-endowment 🕨	15 %									
b	Pern	nanent endowment ► 85 %										
c		porarily restricted endowment ► percentages on lines 2a, 2b, and 2c	0 % should equal 100%									
<b>3</b> a		there endowment funds not in the po	ssession of the orgai	nization	that a	re held a	and administe	red for	the			
	-	nization by nrelated organizations							Г	3a(i)	Yes Yes	No
		related organizations							-	3a(ii)	165	No
b		es" on 3a(II), are the related organi				ule R?				3b		
4		cribe in Part XIII the intended uses		endowm	ent fu	nds						
Pai	rt VI	Land, Buildings, and Equip Complete if the organization		Form 9	90 D	art IV	line 11a Sec	e Forn	n 990 Dari	FY lir	10 10	
		Description of property	answered les to	Cos	(a)	) ner basis	(b) Cost or other b		Accumulate (c)depreciatio	·d	( <b>d</b> )Book	
<b>1</b> a	Land					,336,340	<u> </u>	,993		$\dashv$		2,292,333
	Buildi		·			,	1	-		$\top$		,
						549,398	169,350		76,547,		93	3,352,045
		chold improvements		•		0		0		0		0
		ment		•		0	28,667	,129	20,422,	148		3,244,981
е	Other					0	20,426	,884	13,193,	155	7	7,233,729
Tota	I. A dd	lines 1a through 1e (Column (d) mu	st equal Form 990. Pai	rt X. colui	mn (B)	). line 10						1.123.088

	mplete if the orga		
See Form 990, Part X, line 12.  (a) Description of security or category (including name of security)		(b)Book value	(c)Method of valuation Cost or end-of-year market value
(1)Financial derivatives (2)Closely-held equity interests			,
(3)Other (A) Commodity Funds		496,079	F
(B) Fund of Funds		60,638,500	F
(C) Funds Held by Others		5,529,869	
(D) Real Estate		56,039	F
(E) Other		69,365	F
<u>, , , , , , , , , , , , , , , , , , , </u>		·	
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)  Part VIII Investments—Program Related.	•	66,789,852	
Complete if the organization answered	d 'Yes' on Form 99		
(a) Description of investment		(b) Book value	<b>(c)</b> Method of valuation Cost or end-of-year market value
	•		
Part IX Other Assets. Complete if the organization	on answered 'Yes' on	Form 990, Part IV, line 1:	
	on answered 'Yes' on	Form 990, Part IV, line 1:	Ld See Form 990, Part X, line 15  (b) Book value
Part IX Other Assets. Complete if the organization	on answered 'Yes' on	Form 990, Part IV, line 1:	
Part IX Other Assets. Complete if the organization	on answered 'Yes' on	Form 990, Part IV, line 1:	
Part IX Other Assets. Complete if the organization	on answered 'Yes' on	Form 990, Part IV, line 1:	
Part IX Other Assets. Complete if the organization	on answered 'Yes' on	Form 990, Part IV, line 1:	
Part IX Other Assets. Complete if the organization	on answered 'Yes' on	Form 990, Part IV, line 1:	
Part IX Other Assets. Complete if the organization	on answered 'Yes' on	Form 990, Part IV, line 1:	
Part IX Other Assets. Complete if the organization	on answered 'Yes' on	Form 990, Part IV, line 1:	
Part IX Other Assets. Complete if the organization (a) Description (a) Description (b) Description (a) Description (b) Description (b) Description (c) Descrip	on answered 'Yes' on ription		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 1  Part X Other Liabilities. Complete if the organization (a) Description (b) Complete if the organization (b) Description (c)	on answered 'Yes' on ription		(b) Book value
Part IX Other Assets. Complete if the organization (a) Description (a) Description (a) Description (a) Description (b) Description (b) Description (b) Description (b) Description (c) Descrip	on answered 'Yes' on ription	d 'Yes' on Form 990, Pa	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line in Part X  Other Liabilities. Complete if the organization (a) Description (b) must equal Form 990, Part X, col (B) line in Part X  See Form 990, Part X, line 25.	on answered 'Yes' on ription  15)  anization answere	d 'Yes' on Form 990, Pa	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 2  Part X Other Liabilities. Complete if the organization See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes	on answered 'Yes' on ription  15)  anization answere		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 2  Part X Other Liabilities. Complete if the organization See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes	on answered 'Yes' on ription  15 ) anization answere  (b) Book value		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line is  Part X Other Liabilities. Complete if the organization See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes  Annuities Payable  U S Government Grants Refundable	anization answere  (b) Book value		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line is  Part X Other Liabilities. Complete if the organization See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes  Annuities Payable  U S Government Grants Refundable	anization answere  (b) Book value  10,056,		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 2  Part X Other Liabilities. Complete if the organization of liability  1. (a) Description of liability  Federal income taxes  Annuities Payable	anization answere  (b) Book value  10,056,		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 2  Part X Other Liabilities. Complete if the organise Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes  Annuities Payable  U S Government Grants Refundable	anization answere  (b) Book value  10,056,		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line is  Part X Other Liabilities. Complete if the organization See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes  Annuities Payable  U S Government Grants Refundable	anization answere  (b) Book value  10,056,		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line is  Part X Other Liabilities. Complete if the organization See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes  Annuities Payable  U S Government Grants Refundable	anization answere  (b) Book value  10,056,		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line is  Part X Other Liabilities. Complete if the organization See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes  Annuities Payable  U S Government Grants Refundable	anization answere  (b) Book value  10,056,		(b) Book value

Schedule D (Form 990) 2015

1

2

а b

d

е

е 3

> а b

3

101,517,133

-55,607,472

157.124.605

4,633,906

82,898,452

52,673,088

135,571,540

1

2e

3

2e

3

4c

n

52,673,088

-6,168,720

-49.438.752

4	A mounts included on Form 990, Part VIII, line 12, but not on line 1					
а	Investment expenses not included on Form 990, Part VIII, line 7b .	4a		0		
b	Other (Describe in Part XIII )	4b		0		
c	Add lines <b>4a</b> and <b>4b</b>				4c	0
5	Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 1	12)	 	. [	5	157,124,605
Part	Reconciliation of Expenses per Audited Financial State Complete if the organization answered 'Yes' on Form 990, Page 1990, Page 1990			nse	s per	Return.
1	Total expenses and losses per audited financial statements		 		1	87,532,358
2	A mounts included on line 1 but not on Form 990, Part IX, line 25					
а	Donated services and use of facilities	2a		0		
b	Prior year adjustments	2b		0		
c	Other losses	<b>2</b> c		0		
d	Other (Describe in Part XIII )	2d	4,633	,906		

2a

2b

2c

2d

4b

The Hillstrom Museum of Art exists as an integral part of the education of Gustavus Adolphus College

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

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

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Net unrealized gains (losses) on investments . .

Recoveries of prior year grants . . . . .

Donated services and use of facilities .

Other (Describe in Part XIII)

Subtract line 2e from line 1 .

Add lines 2a through 2d . . .

#### Add lines 4a and 4b . c 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) .

Subtract line **2e** from line **1** . . . .

Other (Describe in Part XIII ) . . . . . .

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b.

Add lines 2a through 2d .

Part XIII **Supplemental Information** 

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b,

Schedule D, Part III, Line 4

Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Return Reference Explanation

students As an important educational and cultural component of the College, the Museum supplements the education of students through its exhibitions and programs, encourages the interdisciplinary study of the arts, and provides a context for understanding the arts in a liberal arts program

	recognized by the College for uncertain tax positions as of May 31, 2016 of 2015. The College's tax returns are subject to review and examination by federal and state authorities. The tax returns for the current year as well as fiscal years 2013 through 2015 are open to examination by federal and state authorities. The most significant areas that potentially subject the College to unrelated business income tax include conferences and events, athletic space and various services provided by the dining service, post office and central duplicating services to the public. At May 31, 2016 and 2015, the College has no current obligation for unrelated business income tax.
Schedule D, Part XI, Line 2d	Adjustment of Actuarial Liability, Scholarships and Grants to Students, Miscellaneous Interdepartmental Adjustments and Fundraising Reclassifications
Schedule D, Part XII, Line 2d	Miscellaneous Interdepartmental Adjustments, Fundraising Reclassifications and Asset Impairment Write Off
Schedule D, Part XII, Line 4b	Scholarships and Grants to Students

OMB No 1545-0047

Open to Public Inspection

#### **SCHEDULE E Schools** (Form 990 or

▶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

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** GUSTAVUS ADOLPHUS COLLEGE 41-0695524 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? Yes 4d 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)

Return Reference	Explanation
Schedule E, Part I, Line 3	The following nondiscrimination policy appears in the all-college policy manual Within the limits of its facilities, the College shall be open to all applicants who are qualified according to its admission requirements. The College shall make clear to all applicants the characteristics and expectations of students that it considers relevant to its program. Under no circumstances may an applicant be denied admission or financial aid because of race, color, creed, religion, age, sex, sexual orientation, national origin, marital status, disability, veteran status, status with regard to public assistance or other categories protected by federal, state or local anti-discrimination laws. Financial aid administered by the College shall be disbursed on the basis of financial need and academic promise and/or academic ability.
Schedule E, Part I, Line 6	Gustavus received student financial aid assistance from the State of Minnesota and U.S. Department of Education. The College also received other grants from the U.S. Government through programs from the U.S. Department of Agriculture, National Science Foundation, National Endow ment for the Humanities, U.S. Department of Education and Department of Defense

efile GRAPHIC print - DO NOT PROCESS		As Filed Da	ta -		DLN: 93493093009757		
SCHEDULE F (Form 990) Statement of			Activities Outside the United States				OMB No 1545-0047
Department of the Treasury Internal Revenue Service	▶ Informatio		Part IV, line: ► Attach t	n answered "Yes" to Form 14b, 15, or 16. o Form 990. ind its instructions is at w	/form990.	2015 Open to Public Inspection	
Name of the organizatio GUSTAVUS ADOLPHU						Employer ident 41-0695524	ification number
				<b>he United States.</b> orm 990, Part IV, line	14b.		
and other assist used to award th	ance, the graine grants or a	ntees' eligibil ssistance?	ity for the grai	s to substantiate the nts or assistance, and rocedures for monitor	the selec	tion criteria	<b>√ Yes  No</b> Sand other
assistance outsi			3 table can be d	uplicated if additional sp	ace is need	ded)	
<b>(a)</b> Region		<b>(b)</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)	program s	ry listed in (d) is a service, describe ific type of i(s) in region	(f) Total expenditures for and investments in region
See Add'l Data				125(41)			
3a Sub-total b Total from continu	lation sheets						
to Part I c Totals (add lines 3 For Paperwork Reduction		0 he Instructions		1	No 50082	2W Schedu	5,897,319 ale F (Form 990) 2015

Schedule F (Form 990) 2015

_					
			•		

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 . . . . .

Part III can be of Type of grant or	(b) Region	(c) Number of	(d) A mount of	(e) Manner of cash	(f) A mount of	(g) Description	(h) Method of
assistance	( <b>b)</b> Region	recipients	cash grant	disbursement	non-cash assistance	of non-cash assistance	valuation (book, FMV, appraisal, other

Yes 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 ▽ (see Instructions for Form 8865) Yes

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

Nο

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						
Schedule F, Part I, Line 1	Part I, Line 1 has been checked "yes" and a narrative for Part I, Line 2 provided (below) even though Core Form Part IV, Line 16 is checked "no". Those disclosures reflect that the College's students who study outside of the U.S. continue to receive financial aid that they are eligible for were they on-campus students. When a student takes a J-Term or one or more semesters abroad, financial aid funds are typically disbursed when the student is still in the U.S. and thus such funds technically are not the subject of Part I, Lines 1 and 2 (and, accordingly, are not reportable on Schedule F, Part III). The disclosures at Lines 1 and 2 are made in favor of transparency and reflect that the College employs a different monitoring mechanism in such instances than that reported on Schedule I.						

990 Schedule F, Supplemental Information

aw ay program

Return Reference

Schedule F, Part I, Line 2

or the study away program, the Center for International and Cultural Education maintains c

ontact with the host institution to monitor the student's attendance and notifies the Fina ncial Assistance office and Student Accounts office if a student withdraw's from the study

ursed, the Center for International and Cultural Education must approve any program that a student is participating in Once the grant has been disbursed to the student's account f

are studying outside of the United States Before the grant or award is available and disb

The College offers grants in the form of need or merit based scholarships to students who

Explanation

### **Additional Data**

Caribbean

East Asia and the Pacific

**Software ID:** 15000352

Software Version: v1.00

**EIN:** 41-0695524

Name: GUSTAVUS ADOLPHUS COLLEGE

Students

Students

January Term-45

267,207

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

0

0

(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
North America (including Canada and Mexico, but not the United States)	0	0	Program Services	Community Service-13 Students	21,221
Central America and the	0	0	Program Services	January Term-15	66,541

Program Services

Form 990 Schedule F Part I - Activities Outside The United States (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) Europe (including Iceland Program Services January Term-96 450,497 and Greenland) Students South America Program Services January Term-26 129.067 Students

January Term-12

Students

47,717

Sub-Saharan 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) Europe (including Iceland Program Services Student Teaching-7 16,866 and Greenland) Students Central America and the Program Services Study Abroad-2 29.950 Caribbean Students

Study Abroad-13

Students

172,435

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

East Asia and the Pacific

(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) Europe (including Iceland Program Services Study Abroad-66 1,156,563 and Greenland) Students Middle East and North Africal Program Services Study Abroad-1 Student 21.610

Study Abroad-1 Student

17,250

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

Russia and the newly

independent States

(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 Study Abroad-7 116,405 Students South Asia IProgram Services Study Abroad-13 190,829

Students

Students

Study Abroad-4

59,635

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

Sub-Saharan Africa

(b) Number of (c) Number of (d) Activities (e) If activity listed in (f) Total expenditures (a) Region offices in the employees or conducted in region (by (d) is a program for region type) (i e , fundraising, agents in service, describe region specific type of service region program services. grants to recipients (s) in region located in the region)

Investments

3,133,526

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

Central America and the

Carıbbean

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

## 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

OMB No 1545-0047

Open to Public

Inspection

Name of the organization GUSTAVUS ADOLPHUS COLLEGE

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

Employer identification number

41-0695524

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

- 1 Indicate whether the organization raised funds through any of the following activities Check all that apply
- - igrtiangledown Phone solicitations igrtiangledown Special fundraising events
- d 

  ✓ In-person solicitations
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?
- **b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of ındıvıdual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization	
		Yes	No				
Bentz Whaley Flessner and Associates Inc 7251 Ohms Lane	A dvancement Consultant		No	0	23,556	-23,556	
Minneapolis, MN 55439							
Saint Paul Area Synod ELCA 105 University Avenue West	Lutheran Planned Giving Partnership Fee		No	0	5,269	-5,269	
Saint Paul, MN 55103							
Reeher LLC VB Box 159 PO Box 9202 Minneapolis, MN 554809202	A dvancement Consultant		No	0	55,000	-55,000	
Total			<b>•</b>	0	83,825	-83,825	

<sup>3</sup> 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

AK AL AR AZ CA CO CT DC FL HI IL KY LA MA MD ME MI MN MO MS NC NH NY OH OK OR SC SD LIT VA WA WV

Part II	Fundraising	Events
raitti	i ullulaisilly	FAGIIC3

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 receipts greater than \$5,000

	receipts greater than \$5,000.	(a)Event #1	<b>(b)</b> Event #2	(c)Other events	(d)			
		Royal Affair (event type)	Football Golf (event type)	5 (total number)	Total events (add col <b>(a)</b> through col <b>(c)</b> )			
Reversie	1 Gross receipts	259,815 105,341	36,865 21,220	62,842 46,767	359,522 173,328			
	3 Gross income (line 1 minus line 2)	154,474	15,645	16,075	186,194			
	4 Cash prizes	47,902	6,185	0 4,823	0			
	6 Rent/facility costs	17,322	5,984	10,937	58,910 34,243			
Ses	<b>7</b> Food and beverages	36,683	3,996	4,015	44,694			
xper	8 Entertainment	3,500	0	0	3,500			
Direct Expenses	9 Other direct expenses	33,419	1,240	2,581	37,240			
ă	10 Direct expense summary Add lines 4	through 9 in column (d	)		178,587			
	11 Net income summary Subtract line 10	) from line 3, column (d	)		7,607			
Pai	rt III Gaming. Complete if the organization Form 990-EZ, line 6a.	answered "Yes" on F	Form 990, Part IV, line	19, or reported mor	e than \$15,000 on			
Revenue		(a)Bıngo	(b)Pull tabs/Instant bingo/progressive bingo	(c)Other gaming	(d) Total gaming (add col (a) through col (c))			
<u>~</u>	1 Gross revenue							
Expenses	2 Cash prizes							
_	3 Noncash prizes							
Direct	4 Rent/facility costs							
	5 Other direct expenses							
	<b>6</b> Volunteer labor	│ Yes <u>%</u> │ No	├ Yes <u> </u>	☐ Yes%				
	7 Direct expense summary Add lines 2	through 5 in column (d	)					
	8 Net gaming income summary Subtrac	t line 7 from line 1, col	umn (d)					
9 a	Enter the state(s) in which the organizat				⊤Yes  No			
b	<b>b</b> If "No," explain							
L0a	Were any of the organization's gaming lic	censes revoked, suspe	nded or terminated during	the tax year?	⊤Yes			
b	If "Yes," explain							

Treasury

Internal Revenue Service

Name of the organization

**GUSTAVUS ADOLPHUS COLLEGE** 

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

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

▶ Information about Schedule I (Form 990) and its instructions is at <a href="www.irs.gov/form990">www.irs.gov/form990</a>.

2015

DLN: 93493093009757

Open to Public

	Inspection
Employer id	lentification number

41-0695524

1 Does the organization maintain	records to substan	tiate the amount of the	grants or assistance,	the grantees' eligibility f	or the grants or assi	stance, and	
the selection criteria used to as Describe in Part IV the organiz	ward the grants or a	ssistance?					✓ Yes No
Part II Grants and Other Assist that received more than				plete if the organization	answered "Yes" on F	orm 990, Part IV, line 21	, for any recipient
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance

Schedule I (Form 990) 2015

Schedule I (Form 990) 2015

Part III can be duplicated if additional space is needed

monitoring of students taking J-Term or semester studies outside of the United States

(a)Type of grant or assistance	(b)Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) Merit-Based Student Financial Assistance	804	13,887,533			
(2) Need-Based Student Financial Assistance	1442	35,684,298			
(3) International Student Financial Assistance	102	3,101,257			
Tuition Benefit Student Financial (4) Assistance	73	2,823,059			
• • • • • • • • • • • • • • • • • • • •		mation required in Pa	art I, line 2, Part III,	column (b), and any other	additional information.

### Return Reference Explanation Schedule I, Part I, Line 2 Gustavus offers both merit-based and need-based scholarship assistance Merit-based scholarships do not require a student to demonstrate financial eligibility and must be awarded during the Admission process. They also may be awarded as part of a need-based financial aid package. To be renewed, the student needs to maintain the established minimum standards. Need-based scholarships are offered to students who demonstrate financial

# eligibility by filing the FAFSA. The offered amounts can vary from year to year as determined by the family's Estimated Family Contribution (EFC) on the FAFSA and availability of funds. The Registrar's office monitors any changes to a student's enrollment status. Any changes are communicated to the

Student Accounts office and the Financial Assistance office to ensure funds are being properly disbursed. Also see Schedule F, Part V with respect to

**Compensation Information** 

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.

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

OMB No 1545-0047

DLN: 93493093009757

2015

Open to Public

Department of the

Schedule J (Form 990)

reas	ury nal Revenue Service				Insp	ectio	n
	me of the organization			Employer identification	on nur	mber	
GU!	STAVUS ADOLPHUS COLLEGE			44 0605534			
Dε	rt I Questions Regarding Compensation			41-0695524			
1 6	Questions Regulating Compensation					Yes	No
1a	Check the appropriate box(es) if the organization provides 990, Part VII, Section A, line 1a Complete Part III to					res	NO
	First-class or charter travel	<b>√</b>	Housing allowance or residence fo				
	Travel for companions	Ë	Payments for business use of pers	·	İ	j j	
	Tax idemnification and gross-up payments	Ė	Health or social club dues or initia		ĺ	j j	
	Discretionary spending account		Personal services (e g , maid, cha	uffeur, chef)			
b	If any of the boxes in line 1a are checked, did the orga reimbursement or provision of all of the expenses desc				1b	Yes	
2	Did the organization require substantiation prior to rein directors, trustees, officers, including the CEO/Execut			•	2	Yes	
3	Indicate which, if any, of the following the filing organiz organization's CEO/Executive Director Check all that used by a related organization to establish compensat	apply	Do not check any boxes for metho	ods			
	✓ Compensation committee	<b>✓</b>	Written employment contract			ļļ	!
	Independent compensation consultant	<b>✓</b>	Compensation survey or study			ļļ	ļ
	▼ Form 990 of other organizations	<b>✓</b>	Approval by the board or compens	ation committee			
4	During the year, did any person listed on Form 990, Pa or a related organization	art VII	I, Section A, line 1a with respect to	the filing organization			
а	Receive a severance payment or change-of-control pa	ymen	t?		4a		No
b	Participate in, or receive payment from, a supplementa	al none	qualified retirement plan?		4b	Yes	
c	Participate in, or receive payment from, an equity-base	ed cor	mpensation arrangement?		4c		No
	If "Yes" to any of lines 4a-c, list the persons and prov	ıde th	e applicable amounts for each item	ın Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizatio	ns mu	ıst complete lines 5-9.				
5	For persons listed on Form 990, Part VII, Section A, licompensation contingent on the revenues of		•	any			
а	The organization?				5a	<u> </u>	Νo
b	Any related organization?				5b		Νo
	If "Yes," on line 5a or 5b, describe in Part III						
6	For persons listed on Form 990, Part VII, Section A, licompensation contingent on the net earnings of	ıne 1a	n, did the organization pay or accrue	any			
а	The organization?				<b>6</b> a		No
b	Any related organization?				6b		Νo
	If "Yes," on line 6a or 6b, describe in Part III						
7	For persons listed on Form 990, Part VII, Section A, I payments not described in lines 5 and 67 If "Yes," des			on-fixed	7		No
В	Were any amounts reported on Form 990, Part VII, pa subject to the initial contract exception described in R in Part III				8		No
9	If "Yes" on line 8, did the organization also follow the r section 53 4958-6(c)?	ebutt	able presumption procedure describ	ed in Regulations	9		

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

For 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

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MIS	C compensation	(C) Retirement and		(E) Total of columns	(F) Compensation in
		Base (1) compensation	(iı) Bonus & incentive compensation	(III) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990
1 Rebecca M Bergman President	(i)	330,000	0	14,998	65,038	24,948	434,984	0
	(ii)	0	0	0	0	0	0	0
2 Mark J Braun Provost and Dean of the	(i)	190,967	0	1,259	13,754	41,709	247,689	0
College	(ii)	0	0	0	0	0	0	0
3 Thomas M Crady Vice President for Enrollment	(i)	157,115	0	1,042	11,562	23,570	193,289	0
Management	(ii)	0	0	0	0	0	0	0
4 Diane K Lund DeanFaculty	(i)	120,504	0	263	9,125	25,276	155,168	0
	(ii)	0	0	0	0	0	0	0
5 John R OhlePast President	(i)	0	0	202,090	0	11,641	213,731	199,494
	(ii)	0	0	0	0	0	0	0
<b>6</b> JoNes R VanHecke Vice President for Student Life	(i)	142,182	0	299	10,137	9,611	162,229	0
& Dean of Students	(ii)	0	0	0	0	0	0	0
7 Kenneth C Westphal Vice President for Finance	(i)	175,414	0	1,726	190,391	10,381	377,912	0
and Treasurer	(ii)	0	0	0	0	0	0	0
8 Thomas W Young Vice President for Institutional	(i)	161,060	0	2,511	12,070	26,913	202,554	0
Advancement	(ii)	0	0	0	0	0	0	0

Schedule J (Form 990) 2015 Page 3 **Supplemental Information** 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** As part of the President's contract, she is required to reside in the College-owned residence at the College's expense. The College pays for all Schedule J. Part I. Line 1a maintenance and operating expenses of the house, including, but not limited to, housekeeping, grounds keeping, general maintenance and all utilities. The President's residence is available for College-related business and entertainment on a regular and continuing basis. This benefit is excluded from taxable Income pursuant to IRC Section 119(a) The President has a supplemental nonqualified retirement plan that has been approved by the Board of Directors. The terms of this plan is set forth in the

Schedule J. Part I. Line 4 written contract of the President that has been signed by the Chair of the Board of Directors Past President John R. Ohle received deferred compensation

lof \$199,494 during the fiscal year ended May 31, 2016 which was accrued and reported as compensation in prior years Forms 990

Schedule J (Form 990) 2015

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

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990. ▶Information about Schedule K (Form 990) and its instructions is at www.irs.qov/form990. 2015

DLN: 93493093009757 OMB No 1545-0047

Open to Public

Employer identification number

Internal Revenue Service

Department of the Treasury

(Form 990)

Name of the organization **GUSTAVUS ADOLPHUS COLLEGE** 

41-0695524 **Bond Issues** Part I (a) Issuer name (b) Issuer EIN (c) CUSIP # (d) Date issued (e) Issue price (f) Description of purpose (g) Defeased (h) On (i) Pool behalf of financing ıssuer Yes No Yes No Yes No Minnesota Higher Education 41-0988525 60416HST2 08-05-2010 43,943,698 See Part VI Χ Х Facilities Authority Minnesota Higher Education 07-30-2013 11,610,060 See Part VI Х Х Х 41-0988525 60416HD27 Facilities Authority Proceeds Part II С 7,402,925 2 Total proceeds of issue 3 43,943,698 11,610,060 3,397,289 5 758,979 6 7 384,505 160,060 8 9 10 32,000,000 0 11 12 13 2011 Yes No Yes No Yes Yes No No

## allocation of proceeds?

14

15

16

17

Pai	Private Business Use								
			A		В	·	С	ļ ļ	D
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		×		Х				
2	Are there any lease arrangements that may result in private business use of bond-financed property?		Х		Х				
F	Parameter Parketin Art Nation and the Tost westing for Form 000		nt No E010	2.5	•		Cala	adula V /Far	000\ 201E

Х

Х

Χ

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

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

Has the final allocation of proceeds been made? . . . . . . . . . . .

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

Χ

Х

Χ

Χ

Х

Are there any management or service contracts that may result in private business use of bond-financed property?	No Yes	No
of bond-financed property?		
counsel to review any management or service contracts relating to the financed  property?  c Are there any research agreements that may result in private business use of bond- financed property?		
Are there any research agreements that may result in private business use of bond- financed property?		
financed property?		
counsel to review any research agreements relating to the financed property?  4 Enter the percentage of financed property used in a private business use by entities		
other than a section 501(c)(3) organization or a state or local government		
Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		
6 Total of lines 4 and 5		
7 Does the bond issue meet the private security or payment test? $\chi$		
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 X X X issued?		
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?		
Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under X X X Regulations sections 1 141-12 and 1 145-2?		
Part IV Arbitrage		
A B C	D	
Yes No Yes No Yes No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield X Reduction and Penalty in Lieu of Arbitrage Rebate? X		
2 If "No" to line 1, did the following apply?		
a Rebate not due yet?		
b Exception to rebate?		
c No rebate due?		
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? χ		
Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		
b Name of provider		
c Term of hedge		
d Was the hedge superintegrated?		
e Was the hedge terminated?		

			A		В		С		D	
			Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds inv contract (GIC)?	rested in a guaranteed investment		х		х				
b	Name of provider									
С	Term of GIC									· ·
d	Was the regulatory safe value of the GIC satisfie	harbor for establishing the fair market								
6	Were any gross proceed period?	s invested beyond an available temporary		x		Х				
7	Has the organization est the requirements of sect	ablished written procedures to monitor	X		Х					
Pa	rt V Procedures To	Undertake Corrective Action								
			Α		В		С		D	
			Yes	No	Yes	No	Yes	No	Yes	No
		ablished written procedures to ensure tax requirements are timely identified								
		ne voluntary closing agreement program if vailable under applicable regulations?	X		X					
P	self-remediation is not a	ne voluntary closing agreement program if		onses to qu		chedule K (s	ee instructior	ns).		
P	self-remediation is not a	ne voluntary closing agreement program if vailable under applicable regulations?		onses to qui		chedule K (s	ee instruction	ns).		

Return Reference	Explanation
Schedule K, Part I, Column e- 07/30/2013 11,610,060 Minnesota Higher Education Facilities Authority	Finance refunding of 5- X bonds issued October 7, 2004 for apartment complex, sprinkler systems and renovate Old Main

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### - ASTREADATA

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. out Schedule L (Form 990 or 990-EZ) and its instruct 2015
Open to Public

**DLN: 93493093009757**OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Schedule L (Form 990 or 990-EZ)

▶Information about Schedule L (Form 990 or 990-EZ) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

nternal Revenue Sei	vice																					
Name of the org								En	ıploye	r identi	fication	numbei	•									
GUSTAVUS ADOLPH	IUS COLLEGE								0601	E E D 4												
Part I Exce	ss Ranafi	t Tr:	ansaction	C (coction	501/6//2) 60	ection 501(c)(	4) and 501/		-069!		only)											
						Part IV , line 2						40h										
	e of disquali					ween disqualif				cription		(d) Corr	ected?									
1 (4)	e or aroquari	.са р	0.00.	(2) ((3)	•	ganızatıon	ica parson an	۱ ``	•	action	"	Yes	No									
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								+														
2 Enter the a	mount of tax	ıncu	rred by orga	nization ma	nagers or dis	qualified perso	ons during the	veari	ınder s	section												
										<b>▶</b> \$												
<b>3</b> Enter the a										<b>s</b>												
2 2	oune or ear	,	.,,	, aboro,					-	. 4												
Part II Lo	ans to and	l/or	From In	terested	Persons.																	
						)-EZ, Part V, I	line 38a, or Fo	orm 99	0, Par	t IV , lın	e 26, c	rıfthe										
org	anızatıon rep	ortec	d an amount	on Form 99	0, Part X, line	e 5, 6, or 22																
				l		T						1										
(a) Name of	'		(d) Loan t			<b>(f)</b> Balance	(g)		(h		(i)Wri											
ınterested						with																
		on l	•	I		principal	due	defa	ult?	Appro		agreen	nent?									
nterested person	organizati	on	loan	organizatio		amount	due	defa	ult?	by boa	rd or	agreen	nent?									
		on	•	organizatio	n?		due			by boa	rd or ttee?											
		on	•	I			due	defa Yes	ult?	by boa	rd or	Yes	No									
		on	•	organizatio	n?		due			by boa	rd or ttee?											
		on	•	organizatio	n?		due			by boa	rd or ttee?											
		on	•	organizatio	n?		due			by boa	rd or ttee?											
		on	•	organizatio	n?		due			by boa	rd or ttee?											
		on	•	organizatio	n?		due			by boa	rd or ttee?											
		on	•	organizatio	n?		due			by boa	rd or ttee?											
		on	•	organizatio	n?		due			by boa	rd or ttee?											
		on	•	organizatio	n?		due			by boa	rd or ttee?											
		on	•	organizatio	n?		due			by boa	rd or ttee?											
		on	•	organizatio	n?		due			by boa	rd or ttee?											
person		on	•	organizatio	n?		due			by boa	rd or ttee?											
person Fotal	organizati		loan	To	From	amount	due			by boa	rd or ttee?											
person  Fotal  Part III Gra	organizati	sista	loan  loan  ▶ \$  ance Bene	To To  Fiting In	From  terested P	amount		Yes		by boa	rd or ttee?											
person  Fotal  Part III Gra	organizati	sista e org (b)	► \$ ance Beneganization Relationshi	To  Fiting In answered p between	From  From  terested P  "Yes" on Fo	amount ersons.	t IV, line 27	Yes	No	by boa commi Yes	rd or ttee?		No									
person  Fotal  Part III Gra  Cor	organizati	sista e org (b)	▶ \$ ance Bene ganization Relationshi rested person	To  To  efiting In answered p between on and the	From  From  terested P  "Yes" on Fo	ersons.	t IV, line 27	Yes	No	by boa commi Yes	rd or ttee?	Yes	No									
person  Fotal  Part III Gra  Cor  (a) Name of III  perso	organizati	sista e orc (b)	▶ \$ ance Beneganization Relationshirested persorganization	To  To  efiting In answered p between on and the	From  From  terested P  "Yes" on Fo	ersons. rm 990, Par of assistance	t IV, line 27 ( <b>d)</b> ⊤ype	Yes	No	by boa committees Yes (e)	rd or ttee? No	Yes Yes	No									
person  Fotal  Part III Gra  Cor  (a) Name of II	organizati	sista e orc (b)	▶ \$ ance Bene ganization Relationshi rested person	To  To  efiting In answered p between on and the	From  From  terested P  "Yes" on Fo	ersons. rm 990, Par of assistance	t IV, line 27	Yes	No	yes  (e)	rd or ttee?  No  Purpos	Yes e of ass	No									
person  Fotal  Part III Gra  Cor  (a) Name of III  perso  (1) 1 Dependent	organizati	sista e orc (b)	sance Beneganization Relationshirested persorganization	To  To  efiting In answered p between on and the	From  From  terested P  "Yes" on Fo	ersons. rm 990, Par of assistance	t IV, line 27 (d) Type	Yes of assis	No	yes  (e)  Stuc	rd or ttee?  No  Purpos  dent Finistance	Yes e of ass	No									
person  Fotal  Part III Gra  Cor  (a) Name of III  perso  1) 1 Dependent	organizati	sista e orc (b)	sance Beneganization Relationshirested persorganization	To  To  efiting In answered p between on and the	From  From  terested P  "Yes" on Fo	ersons. rm 990, Par of assistance	t IV, line 27 ( <b>d)</b> ⊤ype	Yes of assis	No	yes  (e)  Stuc	rd or ttee?  No  Purpos	Yes e of ass	No									
person  Fotal  Part III Gra  Cor  (a) Name of III  perso  1) 1 Dependent	organizati	sista e orc (b)	sance Beneganization Relationshirested persorganization	To  To  efiting In answered p between on and the	From  From  terested P  "Yes" on Fo	ersons. rm 990, Par of assistance	t IV, line 27 (d) Type	Yes of assis	No	yes  (e)  Stuc	rd or ttee?  No  Purpos  dent Finistance	Yes e of ass	No									
person  Fotal  Part III Gra  Cor  (a) Name of III  perso  1) 1 Dependent	organizati	sista e orc (b)	sance Beneganization Relationshirested persorganization	To  To  efiting In answered p between on and the	From  From  terested P  "Yes" on Fo	ersons. rm 990, Par of assistance	t IV, line 27 (d) Type	Yes of assis	No	yes  (e)  Stuc	rd or ttee?  No  Purpos  dent Finistance	Yes e of ass	No									
person  Fotal  Part III Gra  Cor  (a) Name of III  perso	organizati	sista e orc (b)	sance Beneganization Relationshirested persorganization	To  To  efiting In answered p between on and the	From  From  terested P  "Yes" on Fo	ersons. rm 990, Par of assistance	t IV, line 27 (d) Type	Yes of assis	No	yes  (e)  Stuc	rd or ttee?  No  Purpos  dent Finistance	Yes e of ass	No									
person  Fotal  Part III Gra  Cor  (a) Name of III  perso  (1) 1 Dependent	organizati	sista e orc (b)	sance Beneganization Relationshirested persorganization	To  To  efiting In answered p between on and the	From  From  terested P  "Yes" on Fo	ersons. rm 990, Par of assistance	t IV, line 27 (d) Type	Yes of assis	No	yes  (e)  Stuc	rd or ttee?  No  Purpos  dent Finistance	Yes e of ass	No									
person  Fotal  Part III Gra  Cor  (a) Name of III  perso  1) 1 Dependent	organizati	sista e orc (b)	sance Beneganization Relationshirested persorganization	To  To  efiting In answered p between on and the	From  From  terested P  "Yes" on Fo	ersons. rm 990, Par of assistance	t IV, line 27 (d) Type	Yes of assis	No	yes  (e)  Stuc	rd or ttee?  No  Purpos  dent Finistance	Yes e of ass	No									

	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	01	zatıon's
				Yes	No
1) JackieLynn N Peterson	Peterson Spouse	99,326	Salary and Benefits		Νo
2) Kristianne R Westphal	Westphal Spouse	78,954	Salary and Benefits		Νo
3) Russell V Michaletz	Michaletz Spouse	14,980	Salary and Benefits		No

**Supplemental Information** 

Part V

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

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**Noncash Contributions** 

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

► Attach to Form 990.

(Form 990)

Department of the

▶Information about Schedule M (Form 990) and its instructions is at <a href="www.irs.gov/form990">www.irs.gov/form990</a>

DLN: 93493093009757 OMB No 1545-0047

2015

Open to Public

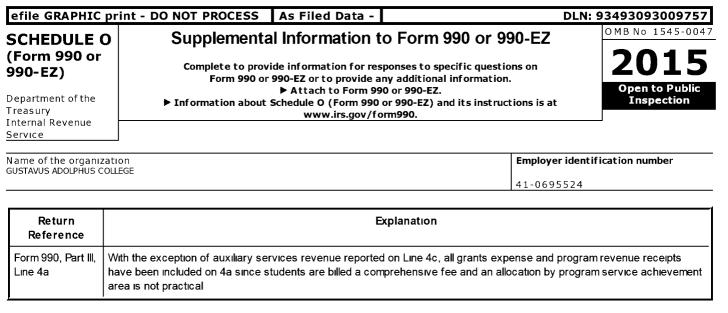
	sury mal Revenue Service					Inspe	ctio	n
	ne of the organization				Employer identificat	tion nu	mber	
ับร	TAVUS ADOLPHUS COLLEGE							
Ð	art I Types of Property				41-0695524			
	, y pos o opo.c.y	(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(c Method of d noncash contrib	determi	_	ts
1	Art—Works of art							
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .	Х	34	15,507,863	A verage High/Low			
10	Securities—Closely held stock .							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .	Х	1	144,594	Qualified Independ	ent App	oraisa	l
16	Real estate—Commercial							
17	Real estate—O ther							
	Collectibles							
	Food inventory							
	Drugs and medical supplies .							
	Taxidermy							
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts				<u> </u>			
	Other▶( ction Items)	X	412	47,902	Donated Value			
	Other ► ( )							
	Other ( )							
	Other ► ( )							
	Number of Forms 8283 received for which the organization comple				29			1
	J ,		,	J			Yes	No
30	a During the year, did the organiza	ation receiv	e by contribution any prope	rty reported in Part I, lines	1 through 28, that			
	it must hold for at least three ye	ars from th	e date of the initial contribu	ition, and which is not requ	ired to be used			
	for exempt purposes for the enti	re holding p	period?			30a		No
ı	<b>b</b> If "Yes," describe the arrangeme					Joa		110
31	Does the organization have a gif	t acceptano	ce policy that requires the r	review of any non-standard	contributions?	31	Yes	
32	Does the organization hire or us contributions?	•	les or related organizations	· •	noncash	32a	Yes	<u> </u>
	b If "Yes," describe in Part II If the organization did not report describe in Part II	an amount	: in column (c) for a type of	property for which column	(a) is checked,			

Page 2

Also complete this part for any additional information. Return Reference Explanation

Schedule M, Part I, Line 1 It is the College's policy to aggregate multiple gifts occurring on the same day as one contribution

Schedule M. Part I. Line 32b The College uses several brokers to sell publically traded securities that are gifted to the College Schedule M (Form 990) (2015)



Reference	
Form 990, Part VI, Section A, Line 1a	The executive committee shall consist of the Chair, each Vice Chair, the President, the Secretary, if the Secretary is a director, the immediate past Chair for one year after leaving office, if the immediate past Chair continues to be a director, the President of the Gustavus Adolphus College Association of Congregations, and up to four and not few er than two additional directors elected at the annual meeting for one-year terms. The Secretary, even if not a member, shall attend executive committee meetings in order to take the minutes, unless the committee determines that the matters under consideration would render such attendance inappropriate. The executive committee shall undertake any duties assigned to it by the Board, assist the Chair and the President with their shared responsibility for effective Board operations by, among other things, participating in the preparation of Board-meeting agendas, and take any action for the Board that the executive committee determines must be taken before the Board meets again, endeavoring always to preserve for the Board the fullest possible flexibility for addressing the matter at its next meeting. The committee shall have the authority to act for the Board on all matters except for the following, which shall be reserved for the Board, presidential selection and termination, director and Board officer elections, changes in institutional mission and purpose, and changes to the Articles of Incorporation or the Bylaws. The executive committee shall provide to all directors prior to each Board meeting minutes of all executive committee meetings that have taken place since the previous Board meeting, and such minutes shall disclose all action as taken by the executive committee.

Cyplanation

Return Reference	Explanation
' '	One director has a dependent at the College who receives financial aid and two directors have a spouse who is employed by the College See Schedule L for disclosures. Also, one director is employed by the College Therefore,
	they are not considered independent voting members

Return Reference	Explanation
Form 990, Part VI, Section A, Line 2	Directors George Hicks and Marcia Page - Business Relationship

Return Reference	Explanation
Form 990, Part VI, Section A, Line 7a	The Board of Directors membership is established as follows. Board Composition - The Board of Directors shall consist of no few er than tw enty-eight and no more than thirty-four directors. All directors shall have equal voting rights. Ex. Officio Directors - So long as they hold office, the President of the College, the Bishop of the Southwestern Minnesota Synod of the ELCA, and the President of the Gustavus Adolphus College Association of Congregations (the "Association") shall be directors. Alumni Association Directors - The Board of Directors of the Gustavus Adolphus College Alumni Association, acting in consultation with the Board, shall be entitled to appoint two Alumni Association directors, each of whom may serve as an Alumni Association director for up to four consecutive years. ELCA Director - The ELCA may designate as a director a member of the churchwide staff with responsibility for higher education. Elected Directors - Elected directors of the Board shall be elected by the Association at its annual meeting. The Board shall serve as the nominating committee to the Association for the selection of candidates to serve as elected directors of the Board. The composition of the elected directors of the Board shall be no few er than twenty-four (24) and no more than twenty-eight (28) directors. At least twelve (12) elected directors, the exact number to be determined by the Board, shall be at-large directors nominated by the Board and elected by the Association without contest. At least twelve (12) but no few er than half of the elected directors must be members of congregations that are members of the Association, and at least four of these must be rostered ELCA clergy. Term - Elected directors shall serve three-year terms, beginning with the call to order of the Board's annual meeting three years later. To the extent possible, the Board should stagger elections so that the terms of approximately one-third of elected directors expire each year. Nomination - Before the Association's annual meeting each y

Return Reference	Explanation
Form 990, Part VI, Section B, Line 11b	Federal Form 990 (the 990) was prepared by the Assistant Controller and reviewed by the Controller and CFO, Vice President for Finance and Treasurer. On February 9, 2017, a draft of the 990 was distributed to the Board of Directors Inquiries from the Directors were communicated to the Controller and discussed at the Audit Committee meeting. In addition, a summary of all disclosures from the annual representation letters (Directors) and the questionnaires (Directors, officers and highly compensated employees) was presented to the Audit Committee for their review. On February 23, 2017, the Audit Committee of the Board of Directors reviewed and accepted the draft 990 for filing with the IRS.

Return Reference	Explanation
Part VI, Section B, Line 12c the 31 Tro co int ha im for of re cir Dir an Dir Ch	The College has a written conflict of interest policy that pertains to its employees. This policy is one of several "All College bolicies" that are published on the College's wiebsite. The conflict of interest policy is designed to help officers and employees of the College identify situations that present potential conflicts of interest, along with following written procedures in the event that there is a conflict of interest. The policy is intended to comply with the procedure prescribed in Minnesota Statutes, Section 17A 255, and governing conflicts of interest to nonprofit corporations. The President and the Vice President for Finance and freasurer monitor and enforce the College's conflict of interest policy relating to its employees. In addition, a questionnaire is ompleted by all officers and key employees on an annual basis that documents any activity that could give rise to conflicts of interest. These questionnaires are reviewed by the President and the Vice President for Finance and Treasurer. The College has a separate written conflict of interest policy that pertains to all members of the Board of Directors. The policy discloses the importance of exercising integrity and objectivity in making decisions. It further provides disclosure requirements and procedures for abstaining and documentation of meeting minutes when there is a conflict of interest. At the beginning of May 2015, the Chair of the Board of Directors requested that the President's Office distribute this policy to all Directors, along with an annual expresentation letter, indicating that the director has read, understands and discloses whether or not there are any irrcumstances leading to a conflict of interest. At the June 26, 2015 Board of Directors meeting, the Chair of the Board of Directors requested that all Directors read the conflict of interest policy, determine if they had any questions, and complete the innual representation letter on a timely basis. From a governance perspective, the Directorship Committee of the Board of D

Return Reference	Explanation	
Form 990, Part VI, Section B, Line 15	The President's compensation is annually reviewed by the executive committee of the Board of Directors. It was last reviewed April 2015. The executive committee reviews compensation survey information of other college and university presidents. This review process is documented in their minutes. The President reviews compensation surveys and the compensation of all vice presidents and other administrative employees on an annual basis. The compensation of all interested persons on Schedule L, Part IV is reviewed by independent persons. The President approved and signed all new or changed vice president and administrative contracts during fiscal year ended May 31, 2016.	

Return Reference	Explanation
Form 990, Part VI,	The audited financial statements of the College for the year ended May 31, 2016 are found on the College's website. The
Section C, Line 19	following documents are available for public inspection in the President's Office, located in the Carlson Administration
	Building on the campus in St. Peter, MN. Articles of Incorporation, Bylaw's and Conflict of Interest Policy

Return Reference	Explanation
VIII, Line 7b	During the year ended May 31, 2016, management, in consultation with the Board of Directors, decided to pursue an alternative plan for the Nobel Hall project resulting in a write off of \$3,926,746 of initial architect fees related to the project that had been incurred in prior years

Return Reference	Explanation					
Form 990, Part XI, Line 9	Adjustment of Actuarial Liability					

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

DLN: 93493093009757

### **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

Schedule R (Form 990) 2015

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.qov/form990.

Cat No 50135Y

**Employer identification number** Name of the organization **GUSTAVUS ADOLPHUS COLLEGE** 41-0695524 Identification of Disregarded Entities Complete of the organization answered "Yes" on Form 990, Part IV, line 33. Part I (d) (f) Name, address, and EIN (if applicable) of disregarded entity Direct controlling Primary activity Legal domicile (state Total income End-of-year assets or foreign country) entity (1) Tennis and Life Camps LLC Summer Camp MN 923,781 709,471 N/A 800 West College Avenue Saint Peter, MN 56082 Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. (g) Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling Section 512(b) or foreign country) (if section 501(c)(3)) entity (13) controlled entity? Yes No (1) Greater Gustavus Fund Fundraising MN 501(c)(3) 11, I 800 West College Avenue N/A Saint Peter, MN 56082 41-6038632

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)	<b>(f)</b> Share of total income	(g) Share of end-of-year assets	alloca	rtionate itions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana parti	iging ner?	<b>(k)</b> Percentage ownership
				]			Yes	No	]	Yes	No	
Dart IV Identification of Bolated Organizations Taxable a	c a Carnar	ation.	au Tuust C			+		W-01		00 [	) o == 1	77 Juno

**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)	(f) Share of total Income	(g) Share of end-of- year assets	(h) Percentage ownership	Section (b)( contro enti	n 512 13) olled ty?
(1) Beneficial Interest in Funds Held in Trust (23)	Investment	MN	N/A	T	186,533	3,944,343	100 %	Yes	No No
Names and EINs Withheld Saint Peter, MN 56082									
(2) Chantable Remainder Annuity Trust (1)	Investment	MN	N/A	Т	0	0			No
Name and EIN Withheld Saint Peter, MN 56082									
Charitable Remainder (3)Unitrusts (32)	Investment	MN	N/A	Т	0	0			No
Names and EINs Withheld Saint Peter, MN 56082									
(4)Pooled Life Income Fund	Investment	MN	N/A	Т	0	0			No
800 West College Avenue Saint Peter, MN 56082									

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

Yes

Part V	Transactions With Related Or	ganizations Complete if t	he organization answered "`	Yes" on Form 990,	, Part IV, line 34,	35b, or 36.

1 During the tax year, did the organization 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	Gift, grant, or capital contribution to related organization(s)				<b>1</b> b		No
с	Gift, grant, or capital contribution from related organization(s)				<b>1</b> c		No
d	Loans or loan guarantees to or for related organization(s)				1d		No
	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)				<b>1</b> 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)				<b>1</b> j	Yes	
k	Lease of facilities, equipment, or other assets from related organization(s)				1k	Yes	
١.	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 s	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		No
0	Sharing of paid employees with related organization(s)				10		No
р	Reimbursement paid to related organization(s) for expenses				<b>1</b> p		No
q	Reimbursement paid by related organization(s) for expenses				<b>1</b> q		No
	Other transfer of cash or property to related organization(s)				<b>1</b> r		No
s	Other transfer of cash or property from related organization(s)				<b>1</b> s		No
2	If the answer to any of the above is "Yes," see the instructions for information on who must comple	ete this line, including co	vered relationships	and transaction threshold	ds		
	(a) Name of related organization	( <b>b)</b> Transaction type (a-s)	(c) Amount involved	(d) Method of determining	amount ır	nvolve	d
<b>1)</b> Poo	ed Life Income Fund	k	312,017	Cash Paid			
				1			

### 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 regarding exclusion for certain investment partnerships													
<b>(a)</b> Name, address, and EIN of entity	( <b>b)</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?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No	
												1 I	
													<u> </u>

