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<p>Form 990</p> <p></p> <p>Department of the Treasury</p> <p>Internal Revenue Service</p>	<p>Return of Organization Exempt From Income Tax</p> <p>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)</p> <p>▶ Do not enter social security numbers on this form as it may be made public</p> <p>▶ Information about Form 990 and its instructions is at www.irs.gov/form990</p>	<p>OMB No 1545-0047</p> <p>2015</p> <p>Open to Public Inspection</p>
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A For the 2015 calendar year, or tax year beginning 07-01-2015 , and ending 06-30-2016			
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization COLLEGE OF ST SCHOLASTICA INC		D Employer identification number 41-0698301
	Doing business as		E Telephone number (800) 447-5444
	Number and street (or P O box if mail is not delivered to street address) 1200 KENWOOD AVENUE	Room/suite	
	City or town, state or province, country, and ZIP or foreign postal code DULUTH, MN 558114199		
	F Name and address of principal officer COLETTE MCCARRIK GEARY 1200 KENWOOD AVENUE DULUTH, MN 558114199		G Gross receipts \$ 120,860,349
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
J Website: ► WWW.CSS.EDU		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)	
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►		H(c) Group exemption number ►	
		L Year of formation 1962	M State of legal domicile MN

Part I	Summary
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Activities & Governance	1 Briefly describe the organization's mission or most significant activities PROVIDE INTELLECTUAL AND MORAL PREPARATION FOR RESPONSIBLE LIVING AND MEANINGFUL WORK _____ _____ _____		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	26
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	25
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	2,021
	6 Total number of volunteers (estimate if necessary)	6	200
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	60,737	
b Net unrelated business taxable income from Form 990-T, line 34	7b	-35,710	
Revenue		Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h)	10,049,243	10,912,889
	9 Program service revenue (Part VIII, line 2g)	100,804,841	101,363,104
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	11,762,106	1,764,773
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,003,162	974,498
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	123,619,352	115,015,264
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	35,702,500	40,550,272
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	46,946,758	45,986,414
	16a Professional fundraising fees (Part IX, column (A), line 11e)	117,377	75,412
	b Total fundraising expenses (Part IX, column (D), line 25) <u>1,595,000</u>		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	25,419,434	24,568,708
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	108,186,069	111,180,806
	19 Revenue less expenses Subtract line 18 from line 12	15,433,283	3,834,458
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	168,795,309	169,667,460
	21 Total liabilities (Part X, line 26)	70,414,427	69,901,932
	22 Net assets or fund balances Subtract line 21 from line 20	98,380,882	99,765,528

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

Sign Here	*****			2017-01-09	
	Signature of officer			Date	
	SUSAN KERRY VP FOR FINANCE Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name DEIRDRE HODGSON		Preparer's signature DEIRDRE HODGSON		Date
					Check <input type="checkbox"/> if self-employed
					PTIN P01484710
	Firm's name ▶ CLIFTONLARSONALLEN LLP				Firm's EIN ▶ 41-0746749
	Firm's address ▶ 220 SOUTH SIXTH STREET SUITE 300 MINNEAPOLIS, MN 55402				Phone no (612) 376-4500

Part III

Statement of Program Service Accomplishments

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

☐

1

Briefly describe the organization’s mission

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

2

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

☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

3

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

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4

Describe the 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, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ 69,732,048 including grants of \$ 39,048,675) (Revenue \$ 92,581,336)

INSTRUCTION THE COLLEGE OF ST SCHOLASTICA PREPARES ITS STUDENTS FOR A LIFE OF PURPOSE BY EMPHASIZING CORE VALUES OF THE CATHOLIC BENEDICTINE TRADITION, INCLUDING HOSPITALITY, THE LOVE OF LEARNING, RESPECT, COMMUNITY AND STEWARDSHIP LEARNING HERE ENTAILS A COMMITMENT TO MEETING RIGOROUS ACADEMIC STANDARDS, BROADENING THE SCOPE OF ONE'S VISION AND BECOMING ACCOUNTABLE TO BOTH SELF AND SOCIETY ST SCHOLASTICA OFFERS 35 MAJORS AND 10 UNIQUE MINORS THE COLLEGE ALSO OFFERS ADVANCED DEGREES, CERTIFICATES AND LICENSURES IN 34 DIFFERENT AREAS THE MAIN CAMPUS IS IN DULUTH, MINNESOTA, WITH ADDITIONAL IN-STATE CAMPUSES IN ST PAUL, ST CLOUD, BRAINERD, HIBBING, ROCHESTER, INVER GROVE HEIGHTS, GRAND RAPIDS, CLOQUET AND A CAMPUS IN SURPRISE, AZ IN ADDITION TO GRADUATE AND EXTENDED SITES THE COLLEGE OFFERS ONLINE PROGRAMS THE COLLEGE'S ENROLLMENT FOR FALL 2015-16 WAS 4,360 THE COLLEGE GRADUATED 1,416 STUDENTS DURING THE 2015-16 ACADEMIC YEAR

4b

(Code) (Expenses \$ 21,178,719 including grants of \$ 1,467,606) (Revenue \$ 318,960)

STUDENT & ADMINISTRATIVE SERVICES THE STUDENT EXPERIENCE IS CRITICAL TO THE COLLEGE OF ST SCHOLASTICA'S MISSION THE COLLEGE PROVIDES LIBRARY SERVICES, COMPUTER LABS, ACADEMIC AND PERSONAL ADVISEMENT AND COUNSELING, TUTORING AND GRADUATE SCHOOL PREPARATION TO ENHANCE ITS EDUCATIONAL PROGRAMS SUPPORT IS OFFERED FOR ADMISSIONS, REGISTRATION, FINANCIAL AID AND SPECIALIZED SERVICES TO ENRICH DIVERSITY WITHIN THE COLLEGE STUDENT ACTIVITIES ARE A WAY FOR STUDENTS TO CONNECT WITH OTHER STUDENTS WITH SIMILAR VIEWS, ASPIRATIONS AND CONCERNS, AND THEN PROVIDE A FRAMEWORK FOR THOSE STUDENTS TO WORK TOGETHER FOR A COMMON GOAL A VARIETY OF CAMPUS ORGANIZATIONS, CLUBS, AND LEADERSHIP OPPORTUNITIES PROVIDE STUDENTS WITH MANY AVENUES FOR PERSONAL, VOCATIONAL AND SOCIAL GROWTH THE ATHLETICS DEPARTMENT OFFERS 22 MEN'S AND WOMEN'S PROGRAMS CONSISTENT WITH THE MISSION STATEMENT OF THE COLLEGE AND THE NCAA DIVISION III PHILOSOPHY THERE WERE 474 UNDUPLICATED STUDENT PARTICIPANTS IN THESE PROGRAMS ALL STUDENTS MAY PARTICIPATE IN A WIDE VARIETY OF INTRAMURAL ACTIVITIES AS WELL AS GENERAL USE OF THE COLLEGE'S RECREATIONAL FACILITY, THE BURNS COMMONS WELLNESS CENTER

4c

(Code) (Expenses \$ 7,006,252 including grants of \$ 0) (Revenue \$ 8,296,910)

AUXILIARY SERVICES ST SCHOLASTICA OFFERS ITS STUDENTS HOUSING, FOOD AND HEALTH SERVICES HOUSING CONSISTS OF A RESIDENCE HALL AND SUITES AND EIGHT APARTMENT COMPLEXES WITH A CAPACITY OF 961 BEDS OVER HALF OF THE COLLEGE'S FULL-TIME UNDERGRADUATE TRADITIONAL AGED STUDENTS RESIDE ON CAMPUS FOR, 2015-16, OCCUPANCY WAS 918 AND 839 STUDENTS FOR FALL AND SPRING SEMESTERS, RESPECTIVELY ST SCHOLASTICA UTILIZES ARAMARK CAMPUS DINING TO PROVIDE QUALITY NUTRITIOUS FOODS AT MULTIPLE CAMPUS LOCATIONS TOGETHER WE ARE COMMITTED TO SUSTAINABLE PRACTICES AND SUPPORTING STUDENT'S HEALTH AND WELLBEING ALL STUDENTS RESIDING IN THE RESIDENCE HALL ARE REQUIRED PURCHASE A MEAL PLAN OPTIONAL MEAL PLANS ARE AVAILABLE FOR OTHER RESIDENTIAL AND COMMUTER STUDENTS FOR 2015-16, 937 STUDENTS OBTAINED MEAL PLANS THE PHYSICAL AND EMOTIONAL WELL-BEING OF ALL STUDENTS IS ESSENTIAL FOR ACADEMIC SUCCESS STUDENT HEALTH SERVICES PROVIDES ONSITE ACCESS TO MEDICAL PROFESSIONALS OUR PROFESSIONAL STAFF OFFERS STUDENTS CONFIDENTIAL SERVICES IN TREATING PHYSICAL AND MENTAL HEALTH CONCERNS THAT COMMONLY OCCUR WITHIN THE COLLEGE POPULATION A CAMPUS CONVENIENCE STORE SERVES STUDENTS, FACULTY, STAFF, ALUMNI AND MEMBERS OF THE SURROUNDING COMMUNITY WITH A SELECTION OF COLLEGIATE CLOTHING, GIFTS AND GENERAL MERCHANDISE

See Additional Data

4d

Other program services (Describe in Schedule O)

(Expenses \$ 261,974 including grants of \$ 33,991) (Revenue \$ 648,595)

4e

Total program service expenses ▶ 98,178,993

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see 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 Yes	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8 Yes	
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	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		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a 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 Yes	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, 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	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part 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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
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? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	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? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	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? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	235	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a	2,021	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes	
b	If "Yes," enter the name of the foreign country: CJ, SZ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b		
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders.	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b		
c	Enter the amount of reserves on hand.	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		

Part VI Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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	26	
1b	Enter the number of voting members included in line 1a, above, who are independent	25	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	Yes	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		No
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
11b	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	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization	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 taxable entity during the year?		No
16b	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?		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed **MN , CA**

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☒ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records
SUSAN KERRY 1200 KENWOOD AVENUE DULUTH, MN 55814199 (218) 723-6000

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

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

[illegible]

Part VII

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	1,631,090	0	282,852

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 20

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A)	(B)	(C)
Name and business address	Description of services	Compensation
ARAMARK CORPORATION PO BOX 840706 DALLAS, TX 752840706	FOOD SERVICE	1,641,702
COLLEGIS LLC 1415 W 22ND STREET SUITE 400 OAK BROOK, IL 60523	MARKETING	391,028
MCGOUGH CONSTRUCTION CO PO BOX 1450 MINNEAPOLIS, MN 55485	CONSTRUCTION	355,556
ROYALL & COMPANY 1920 EAST PARHAM ROAD RICHMOND, VA 23228	MARKETING	263,488
ULLAND BROS INC PO BOX 340 CLOQUET, MN 55720	CONSTRUCTION	241,873

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 20

Part VIII

Statement of Revenue

Check if Schedule O contains a response or note to any line 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	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	6,175,683				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	4,737,206				
	g	Noncash contributions included in lines 1a-1f \$		169,523				
	h	Total. Add lines 1a-1f			10,912,889			
Program Service Revenue	2a	TUITION/FEES	Business Code 900099	92,581,336	92,581,336			
	b	AUXILIARY ENTERPRISES	900099	8,296,910	8,296,910			
	c	OTHER PROGRAM SERVICE REVENUE	900099	420,506	420,506			
	d	CONFERENCES/SPEC EVENTS	900099	42,756	2,221	40,535		
	e	SALES/SVCS EDUC ACT	541900	21,596	21,596			
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			101,363,104			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			1,728,518		
4		Income from investment of tax-exempt bond proceeds . . .						
5		Royalties						
6a		Gross rents	(i) Real (ii) Personal					
b		Less rental expenses						
c		Rental income or (loss)						
d		Net rental income or (loss)						
7a		Gross amount from sales of assets other than inventory	(i) Securities (ii) Other	5,316,124 565,216				
b		Less cost or other basis and sales expenses		5,218,468 626,617				
c		Gain or (loss)		97,656 -61,401				
d		Net gain or (loss)			36,255			36,255
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a					
b		Less direct expenses	b					
c		Net income or (loss) from fundraising events . . .						
9a		Gross income from gaming activities See Part IV, line 19	a					
b		Less direct expenses	b					
c		Net income or (loss) from gaming activities						
10a		Gross sales of inventory, less returns and allowances	a					
b		Less cost of goods sold	b					
c		Net income or (loss) from sales of inventory . . .						
Miscellaneous Revenue			Business Code					
11a		OTHER REVENUE	900099	397,811	377,609	20,202		
b	PARKING	812930	302,418				302,418	
c	INDIRECT COST RECOVERY	561000	145,623	145,623				
d	All other revenue		128,646				128,646	
e	Total. Add lines 11a-11d			974,498				
12	Total revenue. See Instructions			115,015,264	101,845,801	60,737	2,195,837	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	5,839,023	5,839,023		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	34,711,249	34,711,249		
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	1,001,669	514,418	379,356	107,895
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	34,930,512	28,806,013	5,323,545	800,954
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,127,509	1,754,484	324,241	48,784
9	Other employee benefits	5,210,817	4,297,184	794,149	119,484
10	Payroll taxes	2,715,907	2,239,716	413,915	62,276
11	Fees for services (non-employees)				
a	Management	1,246,790		1,246,790	
b	Legal	144,512		144,512	
c	Accounting	91,306		91,306	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17	75,412			75,412
f	Investment management fees	162,021		162,021	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,165,886	1,786,133	330,089	49,664
12	Advertising and promotion	1,738,130	1,433,377	264,898	39,855
13	Office expenses	916,648	755,928	139,701	21,019
14	Information technology	1,525,445	1,257,983	232,484	34,978
15	Royalties	38,688	31,905	5,896	887
16	Occupancy	2,204,521	1,817,994	335,978	50,549
17	Travel	2,268,414	1,870,684	345,715	52,015
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	162,466	133,981	24,760	3,725
20	Interest	2,349,684	2,349,684		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,814,788	3,814,788		
23	Insurance	273,319	225,397	41,655	6,267
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	OTHER SUPPLIES	2,906,516	2,396,906	442,964	66,646
b	ATHLETICS/EC ACTIVITIES	861,760	710,664	131,336	19,760
c	INSTITUTIONAL SUPPORT	633,603	522,511	96,564	14,528
d	BAD DEBT EXPENSE	254,211	254,211		
e	All other expenses	810,000	654,760	134,938	20,302
25	Total functional expenses. Add lines 1 through 24e	111,180,806	98,178,993	11,406,813	1,595,000
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X

Balance Sheet

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

				(A)		(B)	
				Beginning of year		End of year	
Assets	1	Cash—non-interest-bearing		301,392	1	2,288,320	
	2	Savings and temporary cash investments		7,200,197	2	8,106,598	
	3	Pledges and grants receivable, net		2,043,593	3	3,106,262	
	4	Accounts receivable, net		2,946,224	4	2,840,627	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L			6		
	7	Notes and loans receivable, net		3,626,421	7	3,483,491	
	8	Inventories for sale or use		116,763	8	92,927	
	9	Prepaid expenses and deferred charges		1,448,212	9	1,500,936	
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a	123,840,119			
	b	Less: accumulated depreciation	10b	49,171,546	76,800,964	10c	74,668,573
	11	Investments—publicly traded securities		64,723,923	11	64,508,052	
	12	Investments—other securities. See Part IV, line 11		5,099,131	12	4,637,938	
	13	Investments—program-related. See Part IV, line 11			13		
	14	Intangible assets		51,160	14	34,120	
	15	Other assets. See Part IV, line 11		4,437,329	15	4,399,616	
16	Total assets. Add lines 1 through 15 (must equal line 34)		168,795,309	16	169,667,460		
Liabilities	17	Accounts payable and accrued expenses		7,477,542	17	8,144,989	
	18	Grants payable		3,551,640	18	3,579,151	
	19	Deferred revenue		7,378,845	19	9,892,441	
	20	Tax-exempt bond liabilities		46,514,644	20	45,563,457	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		176,838	21	90,135	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22		
	23	Secured mortgages and notes payable to unrelated third parties		2,600,000	23	0	
	24	Unsecured notes and loans payable to unrelated third parties		619,258	24	580,848	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D		2,095,660	25	2,050,911	
	26	Total liabilities. Add lines 17 through 25		70,414,427	26	69,901,932	
	Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
27		Unrestricted net assets		68,590,469	27	68,908,633	
28		Temporarily restricted net assets		12,033,896	28	12,526,652	
29		Permanently restricted net assets		17,756,517	29	18,330,243	
Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.							
30		Capital stock or trust principal, or current funds			30		
31		Paid-in or capital surplus, or land, building or equipment fund			31		
32		Retained earnings, endowment, accumulated income, or other funds			32		
33		Total net assets or fund balances		98,380,882	33	99,765,528	
34		Total liabilities and net assets/fund balances		168,795,309	34	169,667,460	

Part XI **Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	115,015,264
2	Total expenses (must equal Part IX, column (A), line 25)	2	111,180,806
3	Revenue less expenses Subtract line 2 from line 1	3	3,834,458
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	98,380,882
5	Net unrealized gains (losses) on investments	5	-2,426,624
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-23,188
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	99,765,528

Part XII **Financial Statements and Reporting**

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

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

Additional Data

Software ID:

Software Version:

EIN: 41-0698301

Name: COLLEGE OF ST SCHOLASTICA INC

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

(Code) (Expenses \$	261,974	including grants of \$	33,991) (Revenue \$	648,595)
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OTHER PROGRAM SERVICES INCLUDE CENTER FOR HEALTH CARE & INNOVATION, PERFORMING ARTS, AND COMMUNITY EDUCATIONAL SERVICES

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
GEORGE GOODWIN PRESIDENT	40 00	X		X				384,812	0	53,571
MARY IVES TRUSTEE, CHAIR	1 00	X		X				0	0	0
CHRISTOPHER DOLAN TRUSTEE, VICE CHAIR	1 00	X		X				0	0	0
ABBOTT APTER TRUSTEE	1 00	X						0	0	0
PATRICIA BOWER-JERNIGAN TRUSTEE	1 00	X						0	0	0
DANIEL CLAY TRUSTEE	1 00	X						0	0	0
ED CRAWFORD TRUSTEE	1 00	X						0	0	0
MARY SUSAN DEWITT OSB TRUSTEE	1 00	X						0	0	0
JESSICA DURBIN TRUSTEE	1 00	X						0	0	0
LOIS ECKES OSB TRUSTEE	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DAVID HERMAN TRUSTEE	1 00	X						0	0	0
EMILY JANSEN TRUSTEE	1 00	X						0	0	0
GRETCHEN JOHNSTON OSB TRUSTEE	1 00	X						0	0	0
MATHEW JOHNSON TRUSTEE	1 00	X						0	0	0
TRICIA JOHNSON TRUSTEE	1 00	X						0	0	0
BETH HAENKE JUST TRUSTEE	1 00	X						0	0	0
NICOLE MILLER TRUSTEE	1 00	X						0	0	0
MELANIE MOGG TRUSTEE	1 00	X						0	0	0
VINCENT OHAJU TRUSTEE	1 00	X						0	0	0
MICHAEL O'KEEFE TRUSTEE	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SARAH O'MALLEY OSB TRUSTEE	1 00	X						0	0	0
KELLY PALMER TRUSTEE	1 00	X						0	0	0
PAUL PUERZER TRUSTEE	1 00	X						0	0	0
BEVERLY RAWAY PRIORESS OSB TRUSTEE	1 00	X						0	0	0
PHILIP ROLLE TRUSTEE	1 00	X						0	0	0
SUE ROSS TRUSTEE	1 00	X						0	0	0
ROBERT SCHROEDER TRUSTEE	1 00	X						0	0	0
DOUG SCHUR TRUSTEE	1 00	X						0	0	0
JACQULIN SEBASTIAN TRUSTEE	1 00	X						0	0	0
MARY CATHERINE SHAMBOUR OSB TRUSTEE	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
M SARAH SMEDMAN OSB TRUSTEE	1 00	X						0	0	
DAVID SPARBY TRUSTEE	1 00	X						0	0	
DENISE STARKEY TRUSTEE	1 00	X						0	0	
MARCY STEINKE TRUSTEE	1 00	X						0	0	
LOUISE TOWN MD TRUSTEE	1 00	X						0	0	
ELIZABETH DOMHOLDT VICE-PRESIDENT FOR ACADEMIC AFFAIRS, SECRETARY	40 00			X				195,119	0	11,168
SUSAN KERRY VICE-PRESIDENT FOR FINANCE, TREASURER	40 00			X				118,962	0	17,461
DON WORTHAM VICE-PRESIDENT FOR STRATEGIC INITIATIVES	40 00				X			165,561	0	29,837
JOHN LABOSKY VICE PRESIDENT FOR COLLEGE ADVANCEMENT	40 00					X		169,152	0	41,090
GERALD CIZADLO PROFESSOR, BIOLOGY	40 00					X		164,178	0	18,770

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PATRICIA PRATT-COOK VICE-PRESIDENT FOR HUMAN RESOURCES	40 00					X		158,430	0	30,592
ERIC BERG VICE-PRESEDENT FOR ENROLLMENT MANAGEMENT	40 00					X		137,535	0	40,185
STEVE LYONS VICE-PRESIDENT FOR STUDENT AFFAIRS	40 00					X		137,341	0	40,178

SCHEDULE A
(Form 990 or 990EZ)

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 www.irs.gov/form990.

OMB No 1545-0047
2015
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

1

☐

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

2

☒

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

3

☐

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

4

☐

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

5

☐

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

6

☐

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

7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8

☐

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

9

☐

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

10

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

11

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

a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b

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Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c

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Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d

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Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e

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Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f

Enter the number of supported organizations

g

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)	8,618,182	7,317,390	7,967,810	10,048,243	10,912,889	44,864,514
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	8,618,182	7,317,390	7,967,810	10,048,243	10,912,889	44,864,514
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						44,864,514

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
7 Amounts from line 4	8,618,182	7,317,390	7,967,810	10,048,243	10,912,889	44,864,514
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,167,194	1,389,408	1,428,338	1,877,571	1,728,518	7,591,029
9 Net income from unrelated business activities, whether or not the business is regularly carried on	27,059	19,400				46,459
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	693,384	885,352	661,018	971,445	954,296	4,165,495
11 Total support. Add lines 7 through 10						56,667,497

12 Gross receipts from related activities, etc (see instructions)

12

491,921,616

13 First five years.If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

►

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	79.170 %
15 Public support percentage for 2014 Schedule A, Part II, line 14	15	

16a 33 1/3% support test—2015.If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

►

☒

b 33 1/3% support test—2014.If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

►

☐

17a 10%-facts-and-circumstances test—2015.If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

►

☐

b 10%-facts-and-circumstances test—2014.If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

►

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18 Private foundation.If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

►

☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

b 33 1/3% support tests—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

Part IV 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 and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? 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? 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.	4b	
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 organization was used exclusively for section 170(c)(2)(B) purposes.	4c	
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 the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a	
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b	
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c	
10a 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.)	10b	
11 Has the organization accepted a gift or contribution from any of the following persons?		
a 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?	11a	
b 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.	11c	

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

	Yes	No
<div>1</div> <div>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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i></div>		
<div>2</div> <div>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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i></div>		

Section C. Type II Supporting Organizations

	Yes	No
<div>1</div> <div>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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i></div>		

Section D. All Type III Supporting Organizations

	Yes	No
<div>1</div> <div>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?</div>		
<div>2</div> <div>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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i></div>		
<div>3</div> <div>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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i></div>		

Section E. Type III Functionally-Integrated Supporting Organizations

<div>1</div> <div>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)</div> <div><div>a</div><div><input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.</div><div><div>b</div><div><input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.</div><div><div>c</div><div><input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).</div></div></div></div>		
<div>2</div> <div>Activities Test. Answer (a) and (b) below.</div>		
<div>a</div> <div>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? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i></div>		
<div>b</div> <div>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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i></div>		
<div>3</div> <div>Parent of Supported Organizations. Answer (a) and (b) below.</div>		
<div>a</div> <div>Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i></div>		
<div>b</div> <div>Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i></div>		

Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970: **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E. ☐

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	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	
7	Other expenses (see instructions)	7	
8	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)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI) _____		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		Current Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions): <input type="checkbox"/>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
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 required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013.			
e From 2014.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013.			
d From 2014.			
e From 2015.			

Part VI Supplemental Information.

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME	PARKING FEES INDIRECT COST RECOVERY STUDENT LATE FEE PAYMENTS OTHER REVENUE

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015
Open to Public Inspection

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

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

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

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

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

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

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

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

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

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2				
3				
4				
5				
6				

Part II-A

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

A

Check

☐

if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B

Check

☐

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount Enter the amount from the following table in both columns														
<table><tr><th>If the amount on line 1e, column (a) or (b) is:</th><th>The lobbying nontaxable amount is:</th></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a If zero or less, enter -0-														
i	Subtract line 1f from line 1c If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?														

☐ Yes

☐ No

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a)2012	(b)2013	(c)2014	(d)2015	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

	(a)	(b)
	Yes	No Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of		
a Volunteers?	Yes	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes	
c Media advertisements?		No
d Mailings to members, legislators, or the public?	Yes	1,258
e Publications, or published or broadcast statements?	Yes	50
f Grants to other organizations for lobbying purposes?		No
g Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes	4,241
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes	602
i Other activities?	Yes	117,572
j Total Add lines 1c through 1i		123,723
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No
b If "Yes," enter the amount of any tax incurred under section 4912		
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912		
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		

Part III-A

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

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

Part III-B

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

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

Part IV

Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
PART II-B, LINE 1	LOBBYING ACTIVITIES PERFORMED BY THE COLLEGE PRESIDENT, DEAN OF THE SCHOOL OF NURSING AND COLLEGE ADVANCEMENT ARE LIMITED TO PROCURING FUNDING RELATING TO OUR STUDENT FINANCIAL AID AND SUPPORT FOR FEDERAL AND STATE GRANTS AND INITIATIVES RELATING TO OUR ACADEMIC PURPOSE AND MISSION LOBBYING ACTIVITIES INCLUDE WRITING LETTERS TO AND HOLDING MEETINGS WITH GOVERNMENT OFFICIALS THE COLLEGE OF ST SCHOLASTICA, INC IS A MEMBER OF THE MINNESOTA PRIVATE COLLEGE COUNCIL (MPCC), A 501(C)4 ORGANIZATION MPCC PROVIDES NONPARTISAN AND NON-ELECTORAL ADVOCACY FOR PUBLIC POLICY THAT MEETS STUDENTS' NEEDS AND ADVANCES THE INTERESTS OF PRIVATE HIGHER EDUCATION MPCC DIVIDED ITS EXPENSES, 72 9% MAY HAVE RELATED TO LOBBYING ACTIVITIES DUES PAID BY THE COLLEGE TO MPCC WERE ALLOCATED USING THEIR ALLOCATION SIMILARLY 7% OF NATIONAL ASSOCIATION OF INDEPENDENT COLLEGES AND UNIVERSITIES (NAICU) DUES WERE ALLOCATED TO LOBBYING

SCHEDULE D

(Form 990)

Department of the Treasury
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 www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization COLLEGE OF ST SCHOLASTICA INC	Employer identification number 41-0698301
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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
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>	
6	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? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>	

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1	Purpose(s) of conservation easements held by the organization (check all that apply) <div><input type="checkbox"/> Preservation of land for public use (e g , recreation or education)<div><input checked="" type="checkbox"/> Protection of natural habitat<input type="checkbox"/> Preservation of open space</div><input type="checkbox"/> Preservation of an historically important land area<input type="checkbox"/> Preservation of a certified historic structure</div>
2	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
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► 0
4	Number of states where property subject to conservation easement is located ► 1
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? <div><input type="checkbox"/> Yes<input checked="" type="checkbox"/> No</div>
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► 0 00
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$ 0
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>
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

Part III 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 service, provide the following amounts relating to these items
(i)	Revenue included on Form 990, Part VIII, line 1 ► \$ 0
(ii)	Assets included in Form 990, Part X ► \$ 79,210
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items
a	Revenue included on Form 990, Part VIII, line 1 ► \$
b	Assets included in Form 990, Part X ► \$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

(continued)

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

a☒ Public exhibition

d☐ Loan or exchange programs

b☐ Scholarly research

e☐ Other

c☐ Preservation for future generations

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

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

☐ Yes

☒ No

Part IV Escrow and Custodial Arrangements.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☒ No

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☒ Yes

☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

☒

Part V Endowment Funds.

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	67,914,090	65,929,156	53,339,888	47,873,743	42,243,873
b Contributions	2,031,786	1,673,942	4,043,844	3,063,340	3,051,108
c Net investment earnings, gains, and losses	-676,758	2,448,493	10,491,910	4,162,601	-1,263,635
d Grants or scholarships	455,500	428,700	384,200	323,400	332,650
e Other expenditures for facilities and programs	1,761,950	1,525,225	1,396,150	1,259,350	696,350
f Administrative expenses	162,021	183,576	166,136	177,046	128,603
g End of year balance	66,889,647	67,914,090	65,929,156	53,339,888	47,873,743

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment 61 080 %

b Permanent endowment 27 000 %

c Temporarily restricted endowment 11 920 %

The percentages on lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

(ii) related organizations

3a(i)

3a(ii)

3b

Yes

No

No

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a)Cost or other basis (investment)	(b)Cost or other basis (other)	Accumulated (c)depreciation	(d)Book value
1a Land		4,428,599		4,428,599
b Buildings		99,574,813	33,825,792	65,749,021
c Leasehold improvements		328,232	219,724	108,508
d Equipment		18,752,437	15,019,031	3,733,406
e Other		756,038	106,999	649,039
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				74,668,573

Schedule D (Form 990) 2015

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

1	Total revenue, gains, and other support per audited financial statements	1	77,988,144
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	-2,426,624
b	Donated services and use of facilities	2b	47,402
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	-98,600
e	Add lines 2a through 2d	2e	-2,477,822
3	Subtract line 2e from line 1	3	80,465,966
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	162,021
b	Other (Describe in Part XIII)	4b	34,387,277
c	Add lines 4a and 4b	4c	34,549,298
5	Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12)	5	115,015,264

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

1	Total expenses and losses per audited financial statements	1	73,608,029
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	47,402
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	-14,011
e	Add lines 2a through 2d	2e	33,391
3	Subtract line 2e from line 1	3	73,574,638
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	162,021
b	Other (Describe in Part XIII)	4b	37,444,147
c	Add lines 4a and 4b	4c	37,606,168
5	Total expenses Add lines 3 and 4c.(This must equal Form 990, Part I, line 18)	5	111,180,806

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, 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
PART II, LINE 9	THERE ARE NO REVENUES ASSOCIATED WITH THIS EASEMENT. EXPENSES FOR MONITORING FLOW THROUGH THE COLLEGE'S OPERATION & MAINTENANCE ACCOUNT LAND FALLING UNDER THE EASEMENT IS INCLUDED UNDER "LAND" IN THE COLLEGE'S BALANCE SHEET. THERE IS NO FOOTNOTE RELATING TO THE EASEMENT IN THE COLLEGE'S FINANCIAL STATEMENTS.

Part XIII **Supplemental Information** *(continued)*

Return Reference	Explanation
PART IV, LINE 2B	THE ESCROW AMOUNT REPRESENTS FUNDS HELD BY THE COLLEGE FOR STUDENT CLUBS AND ORGANIZATIONS (I E , COLLEGE STUDENT NEWSPAPER, STUDENT SENATE, ETC) REPRESENTATIVES OF THESE STUDENT ORGANIZATIONS ARE ABLE TO MAKE WITHDRAWALS FROM THESE FUNDS AFTER PROVIDING SUPPORTING DOCUMENTATION FOR WITHDRAWALS
PART V, LINE 4	INCOME FROM ENDOWMENT FUNDS ARE USED (PER THE COLLEGE'S SPENDING POLICY AS DETERMINED BY THE COLLEGE'S INVESTMENT COMMITTEE) FOR STUDENT SCHOLARSHIPS AND DEPARTMENTAL EXPENDITURES
PART X, LINE 2	THE INTERNAL REVENUE SERVICE HAS DETERMINED THAT THE COLLEGE IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE IT IS ALSO EXEMPT FROM STATE INCOME TAX HOWEVER, ANY UNRELATED BUSINESS INCOME MAY BE SUBJECT TO TAXATION THE COLLEGE FOLLOWS ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES THIS STANDARD CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS AND PRESCRIBES A RECOGNITION THRESHOLD FOR THE FINANCIAL STATEMENT RECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN ON A TAX RETURN THAT ARE NOT CERTAIN TO BE REALIZED THE IMPLEMENTATION OF THIS STANDARD HAD NO IMPACT ON THE COLLEGE'S FINANCIAL STATEMENTS
PART XI, LINE 2D - OTHER ADJUSTMENTS	ACTUARIAL ADJUSTMENT -23,188 FUNDRAISING EXPENSES NETTED AGAINST FUNDRAISING INCOME -75,412
PART XI, LINE 4B - OTHER ADJUSTMENTS	TUITION DISCOUNTS 34,448,678 LOSS ON DISPOSAL OF FIXED ASSETS -61,401
PART XII, LINE 2D - OTHER ADJUSTMENTS	FUNDRAISING EXPENSES NETTED AGAINST FUNDRAISING INCOME -75,412 LOSS ON DISPOSAL OF FIXED ASSETS 61,401
PART XII, LINE 4B - OTHER ADJUSTMENTS	TUITION DISCOUNTS 34,448,678 GRANTS TO ORGANIZATIONS 2,995,469

SCHEDULE E
(Form 990 or
990-EZ)

Department of the
Treasury
Internal Revenue
Service

Schools

▶Complete if the organization answered "Yes" on Form 990,
Part IV, line 13, or Form 990-EZ, Part VI, line 48.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public
Inspection

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

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

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

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
COLLEGE OF ST SCHOLASTICA INC

Employer identification number

41-0698301

Part I

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

- 1

For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees’ eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☐ Yes
 ☐ No
- 2

For grantmakers. Describe in Part V the organization’s procedures for monitoring the use of its grants and other assistance outside the United States
- 3

Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total	0	25			3,788,693
b Total from continuation sheets to Part I	0	0			747,110
c Totals (add lines 3a and 3b)	0	25			4,535,803

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									

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

3 Enter total number of other organizations or entities ▶ _____

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*

☐

Yes

☒

No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)*

☐

Yes

☒

No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)*

☐

Yes

☒

No
- 4

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

☐

Yes

☒

No
- 5

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

☐

Yes

☒

No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)*

☐

Yes

☒

No

Part V **Supplemental Information**

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

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART I, LINE 3	ACCRUAL

Additional Data

Software ID:

Software Version:

EIN: 41-0698301

Name: COLLEGE OF ST SCHOLASTICA INC

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
CENTRAL AMERICA AND THE CARIBBEAN	0	5	PROGRAM SERVICES	INTERNATIONAL STUDENT RECRUITMENT, STUDY ABROAD	110,744
EUROPE (INCLUDING ICELAND & GREENLAND)	0	8	PROGRAM SERVICES	INTERNATIONAL STUDENT RECRUITMENT, STUDY ABROAD	264,431
NORTH AMERICA	0	4	PROGRAM SERVICES	INTERNATIONAL STUDENT RECRUITMENT, STUDY ABROAD	15,349

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EAST ASIA AND THE PACIFIC	0	5	PROGRAM SERVICES	INTERNATIONAL STUDENT RECRUITMENT, STUDY ABROAD	168,225
SOUTH AMERICA	0	1	PROGRAM SERVICES	INTERNATIONAL STUDENT RECRUITMENT, STUDY ABROAD	5,588
SUB-SAHARAN AFRICA	0	1	PROGRAM SERVICES	INTERNATIONAL STUDENT RECRUITMENT, STUDY ABROAD	95,852

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
RUSSIA & NEIGHBORING STATES	0	1	PROGRAM SERVICES	INTERNATIONAL STUDENT RECRUITMENT, STUDY ABROAD	18,701
EUROPE	0	0	INVESTMENTS	N/A	3,109,803
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS	N/A	747,110

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

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
COLLEGE OF ST SCHOLASTICA INC

Employer identification number
41-0698301

Part I Fundraising Activities.

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

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

a ☒ Mail solicitations

e ☒ Solicitation of non-government grants

b ☒ Internet and email solicitations

f ☒ Solicitation of government grants

c ☒ Phone solicitations

g ☒ Special fundraising events

d ☒ In-person solicitations

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☒ Yes ☐ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 DATA STRATEGY CORPORATION 1907 EAST WAYZATA BLVD 170 WAYZATA, MN 55391	ANNUAL FUND COMMUNICATION		No	67,300	41,625	25,675
2 DONALD A CAMPBELL & COMPANY ONE EAST WACKER DRIVE CHICAGO, IL 60601	PHILANTHROPIC MARKET STUDY - CONSULTING		No	0	33,787	-33,787
3						
4						
5						
6						
7						
8						
9						
10						
Total				67,300	75,412	-8,112

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

MN

Part II Fundraising Events.

Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a)Event #1	(b)Event #2	(c)Other events	(d) Total events (add col (a) through col (c))
		(event type)	(event type)	(total number)	
Revenue	1	Gross receipts			
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)			
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses			
	10	Direct expense summary: Add lines 4 through 9 in column (d) ▶			
	11	Net income summary: Subtract line 10 from line 3, column (d) ▶			

Part III Gaming.

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

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

9 Enter the state(s) in which the organization conducts gaming activities _____

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

b If "No," explain _____

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

b If "Yes," explain _____

11

Does the organization conduct gaming activities with nonmembers?

☐ **Yes** ☐ **No**

12

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

☐ **Yes** ☐ **No**

13

Indicate the percentage of gaming activity conducted in

a

The organization's facility

b

An outside facility

13a

%

13b

%

14

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

11

Does the organization conduct gaming activities with nonmembers?

☐ **Yes** ☐ **No**

12

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

☐ **Yes** ☐ **No**

13

Indicate the percentage of gaming activity conducted in

a

The organization's facility

b

An outside facility

13a

%

13b

%

14

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

Name ▶

Address ▶

15a

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

☐ **Yes** ☐ **No**

b

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

c

If "Yes," enter name and address of the third party

Name ▶

Address ▶

16

Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

☐ **Director/officer**

☐ **Employee**

☐ **Independent contractor**

17

Mandatory distributions

a

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

☐ **Yes** ☐ **No**

b

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

Part IV

Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation
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Schedule G (Form 990 or 990-EZ) 2015

2015

41-0698301

Schedule I (Form 990) 2015

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) COLLEGE FUNDED INSTITUTIONAL AID TO STUDENTS	2612	32,947,504	0	N/A	N/A
ENDOWED SCHOLARSHIPS TO (2) STUDENTS	209	455,500	0	N/A	N/A
(3) FEDERAL GRANTS & SCHOLARSHIPS	367	508,164	0	N/A	N/A
(4) STATE GRANTS & SCHOLARSHIPS	4	18,467	0	N/A	N/A
(5) PRIVATE SCHOLARSHIPS	166	519,043	0	N/A	N/A
(6) FEDERAL SCHOLARSHIP ALLOWANCE PROGRAMS	342	262,571	0	N/A	N/A

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
PART I, LINE 2	ALL GRANT ACTIVITY IS REQUIRED TO MEET THE SPECIFIC STANDARDS AND STIPULATIONS OF THE GRANTOR AND OPERATE WITHIN THE ORGANIZATION'S POLICIES AND PROCEDURES GRANT REVENUE AND EXPENDITURES ARE MONITORED AND FUNDS ARE DRAWN DOWN ON A MONTHLY BASIS INTERNAL REPORTS AND AWARD LEVELS ARE REVIEWED PRIOR TO EACH DRAW TO DETERMINE IF CASH SHOULD BE DRAWN FOR INDIVIDUAL GRANTS FINALLY, THE COLLEGE UNDERGOES AN ANNUAL AUDIT OF ITS FEDERAL AWARDS UNDER THE GUIDELINES OF OMB CIRCULAR A-133
SCHEDULE I, PART II, COLUMN (H)	FUNDS RECEIVED FROM THE MINNESOTA DEPARTMENT OF HEALTH FROM LEGISLATION THAT CREATED THE MERC TRUST FUND (PMAP/PGAMC DISTRIBUTION) THAT PROVIDES REMUNERATION FOR THOSE FACILITIES THAT SERVED AS CLINICAL TRAINING SITES FOR THE COLLEGE'S NURSE PRACTITIONER AND CLINICAL NURSE SPECIALIST STUDENTS DURING THE 2013-2014 ACADEMIC YEAR THE AMOUNTS PAID FROM THE FUNDS RECEIVED FROM THE MERC LEGISLATION TO EACH ORGANIZATION LISTED IN PART II IS BASED ON THE NUMBER OF STUDENTS THEY HAD AND THE LENGTH OF TIME THEY SPENT AT EACH RESPECTIVE FACILITY TRAINING SITES MUST ALSO HAVE A CURRENT ACTIVE MEDICAL ASSISTANCE ENROLLMENT STATUS IN MINNESOTA

Additional Data

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

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AFFILIATED COMMUNITY MEDICAL CENTER 101 WILLMAR AVE SW WILLMAR,MN 58201	41-0850702	501(C)(3)	124,422		N/A	N/A	SEE PART IV
ALLINA HEALTH SYSTEM PO BOX 1583 MINNEAPOLIS,MN 55440	36-3261413	501(C)(3)	168,146		N/A	N/A	SEE PART IV
AXIS MEDICAL CENTER 1801 NICOLLET AVE S MINNEAPOLIS,MN 55403	26-1084365	501(C)(3)	13,007		N/A	N/A	SEE PART IV

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BUFFALO CLINIC PA 1700 HIGHWAY 25 N BUFFALO, MN 55313	41-1227920	501(C)(3)	37,411		N/A	N/A	SEE PART IV
CENTRACARE CLINIC 1200 SIXTH AVE N ST CLOUD, MN 56303	41-1806657	501(C)(3)	140,756		N/A	N/A	SEE PART IV
CENTRACARE HEALTH - PAYNESVILLE LL 200 W FIRST ST PAYNESVILLE, MN 56362	46-3298651	501(C)(3)	34,966		N/A	N/A	SEE PART IV

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHIPPEWA COUNTY MONTEVIDEO HOSPITAL 824 N 11TH ST MONTEVIDEO, MN 56265	41-6008775	501(C)(3)	18,438		N/A	N/A	SEE PART IV
CUYUNA REGIONAL MEDICAL CENTER 320 E MAIN ST CROSBY, MN 56441	41-0879376	501(C)(3)	74,340		N/A	N/A	SEE PART IV
DEER RIVER HEALTHCARE CENTER 1002 COMSTOCK DR DEER RIVER, MN 56636	41-0844574	501(C)(3)	67,249		N/A	N/A	SEE PART IV

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DOUGLAS COUNTY HOSPITAL 111 17TH AVE E ALEXANDRIA, MN 56308	41-1410148	501(C)(3)	20,028		N/A	N/A	SEE PART IV
ESSENTIA HEALTH PO BOX 64618 ST PAUL, MN 55164	41-1878730	501(C)(3)	425,364		N/A	N/A	SEE PART IV
ESSENTIA HEALTH DULUTH CLINIC 502 E 2ND ST DULUTH, MN 55805	41-0883623	501(C)(3)	425,365		N/A	N/A	SEE PART IV

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ESSENTIA HEALTH ST JOSEPH'S BRAINERD CLINIC 2024 S 6TH ST BRAINERD, MN 56401	41-0695602	501(C)(3)	8,217		N/A	N/A	SEE PART IV
FAIRVIEW HEALTH SERVICES PO BOX 147 MINNEAPOLIS, MN 55413	41-0693880	501(C)(3)	257,697		N/A	N/A	SEE PART IV
FIRSTLIGHT HEALTH SYSTEM 301 S HWY 65 MORA, MN 55051	41-6005815	501(C)(3)	12,017		N/A	N/A	SEE PART IV

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GATEWAY FAMILY HEALTH CLINIC LTD 4570 COUNTY HWY 61 MOOSE LAKE, MN 55767	41-1000577	501(C)(3)	18,640		N/A	N/A	SEE PART IV
GREATER MINNESOTA FAMILY SERVICES 2320 E HIGHWAY 12 STE 2 WILLMAR, MN 56201	41-1851475	501(C)(3)	53,985		N/A	N/A	SEE PART IV
HEALTH SCIENCES EDUCATION FACILITY CORPORATION 50 S SIXTH ST MINNEAPOLIS, MN 55402	47-4744755	501(C)(3)	2,995,469		N/A	N/A	EQUITY CONTRIBUTION TO HEALTH SCIENCES EDUCATION FACILITY CORPORATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEALTHPARTNERS GROUP PO BOX 1309 MINNEAPOLIS, MN 55440	41-0797853	501(C)(3)	51,109		N/A	N/A	SEE PART IV
HENNEPIN COUNTY MEDICAL CENTER 701 PARK AVE S MINNEAPOLIS, MN 55415	41-6005801	501(C)(3)	26,434		N/A	N/A	SEE PART IV
HUMAN DEVELOPMENT CENTER 1025 LONDOND RD STE 1 DULUTH, MN 55802	41-0777937	501(C)(3)	78,265		N/A	N/A	SEE PART IV

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LAKE SUPERIOR COMMUNITY HEALTH CENTER 2 E 5TH ST DULUTH, MN 55805	23-7167576	501(C)(3)	20,686		N/A	N/A	SEE PART IV
LAKESWOOD HEALTH SYSTEM 401 PRAIRIE AVE NE STAPLES, MN 56479	41-1842965	501(C)(3)	21,317		N/A	N/A	SEE PART IV
NYSTROM & ASSOCIATES LTD 1900 SILVER LAKE RD NEW BRIGHTON, MN 55112	41-1700376	501(C)(3)	23,923		N/A	N/A	SEE PART IV

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OLMSTED MEDICAL CENTER 1650 4TH ST SE ROCHESTER, MN 55904	41-0855367	501(C)(3)	18,962		N/A	N/A	SEE PART IV
PARK NICOLLET CLINIC 5050 EXCELSIOR BLVD ST LOUIS PARK, MN 55416	41-0834920	501(C)(3)	96,071		N/A	N/A	SEE PART IV
RANGE MENTAL HEALTH CENTER INC PO BOX 1188 VIRGINIA, MN 55792	41-0849301	501(C)(3)	27,586		N/A	N/A	SEE PART IV

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REGIONS HOSPITAL 640 JACKSON ST ST PAUL, MN 55101	41-0956618	501(C)(3)	16,519		N/A	N/A	SEE PART IV
RIVERWOOD HEALTHCARE CTR 200 BUNKER HILL DR AITKIN, MN 56431	41-0745522	501(C)(3)	67,506		N/A	N/A	SEE PART IV
SANFORD HEALTH OF NORTHERN MINNESOTA 1300 ANNE ST NW BEMIDJI, MN 55601	41-1266009	501(C)(3)	97,494		N/A	N/A	SEE PART IV

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTH LAKE PEDIATRICS 17005 HUTCHINS DR STE 250 MINNETONKA, MN 55345	41-1240834	501(C)(3)	19,378		N/A	N/A	SEE PART IV
ST CLOUD HOSPITAL 1406 6TH AVE N ST CLOUD, MN 56303	41-0695596	501(C)(3)	238,326		N/A	N/A	SEE PART IV
ST CLOUD MEDICAL GROUP 251 COUNTY RD 120 ST CLOUD, MN 56303	41-0986131	501(C)(3)	44,350		N/A	N/A	SEE PART IV

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST LUKES HOSPITAL ASSOCIATION OF DULUTH 915 E 1ST ST DULUTH, MN 55805	41-0729979	501(C)(3)	23,976		N/A	N/A	SEE PART IV
WILDER CHILDREN AND FAMILY SERVICES 451 LEXINGTON PKWY N ST PAUL, MN 55104	41-0693889	501(C)(3)	53,916		N/A	N/A	SEE PART IV

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

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

2015

Open to Public Inspection

Name of the organization
COLLEGE OF ST SCHOLASTICA INC

Employer identification number
41-0698301

Part I Questions Regarding Compensation

	Yes	No
<div>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</div> <div><div><input type="checkbox"/> First-class or charter travel</div><div><input checked="" type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Tax indemnification and gross-up payments</div><div><input checked="" type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input checked="" type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
<div>b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.</div>	1b Yes	
<div>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</div>	2 Yes	
<div>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</div> <div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
<div>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:</div> <div>a Receive a severance payment or change-of-control payment?</div>	4a	No
<div>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div>	4b	No
<div>c Participate in, or receive payment from, an equity-based compensation arrangement?</div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</div>	4c	No
<div>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</div>		
<div>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</div> <div>a The organization?</div>	5a	No
<div>b Any related organization?</div> <div>If "Yes," on line 5a or 5b, describe in Part III.</div>	5b	No
<div>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</div> <div>a The organization?</div>	6a	No
<div>b Any related organization?</div> <div>If "Yes," on line 6a or 6b, describe in Part III.</div>	6b	No
<div>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</div>	7	No
<div>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</div>	8	No
<div>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</div>	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 instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 GEORGE GOODWIN PRESIDENT	(i)	337,320 ----- 0	0 ----- 0	47,492 ----- 0	36,651 ----- 0	20,855 ----- 0	442,318 ----- 0	0 ----- 0
	(ii)							
2 ELIZABETH DOMHOLDT VICE-PRESIDENT FOR ACADEMIC AFFAIRS,	(i)	181,253 ----- 0	0 ----- 0	13,866 ----- 0	27,371 ----- 0	7,335 ----- 0	229,825 ----- 0	0 ----- 0
	(ii)							
3 DON WORTHAM VICE-PRESIDENT FOR STRATEGIC INITIAT	(i)	153,462 ----- 0	0 ----- 0	12,099 ----- 0	24,197 ----- 0	6,735 ----- 0	196,493 ----- 0	0 ----- 0
	(ii)							
4 JOHN LABOSKY VICE PRESIDENT FOR COLLEGE ADVANCEME	(i)	157,229 ----- 0	0 ----- 0	11,923 ----- 0	23,846 ----- 0	18,302 ----- 0	211,300 ----- 0	0 ----- 0
	(ii)							
5 GERALD CIZADLO PROFESSOR, BIOLOGY	(i)	156,371 ----- 0	0 ----- 0	7,807 ----- 0	7,514 ----- 0	11,951 ----- 0	183,643 ----- 0	0 ----- 0
	(ii)							
6 PATRICIA PRATT-COOK VICE-PRESIDENT FOR HUMAN RESOURCES	(i)	127,950 ----- 0	0 ----- 0	30,480 ----- 0	24,160 ----- 0	7,539 ----- 0	190,129 ----- 0	0 ----- 0
	(ii)							
7 ERIC BERG VICE-PRESEDENT FOR ENROLLMENT MANAGE	(i)	124,371 ----- 0	0 ----- 0	13,164 ----- 0	23,265 ----- 0	17,872 ----- 0	178,672 ----- 0	0 ----- 0
	(ii)							
8 STEVE LYONS VICE-PRESIDENT FOR STUDENT AFFAIRS	(i)	124,902 ----- 0	0 ----- 0	12,439 ----- 0	23,258 ----- 0	17,947 ----- 0	178,546 ----- 0	0 ----- 0
	(ii)							

Part III **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
PART I, LINE 1A	HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE - JOHN LABOSKY - TAXABLE COMPENSATION HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES - DR. GEORGE GOODWIN - TAXABLE COMPENSATION PERSONAL SERVICES - DR. GEORGE GOODWIN - TAXABLE COMPENSATION HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES - JOHN LABOSKY - TAXABLE COMPENSATION
PART I, LINE 1B	THE COLLEGE HAS ESTABLISHED A WRITTEN POLICY REGARDING PAYMENT AND REIMBURSEMENT OF EXPENSES IN 2009. THERE IS A GENERAL UNDERSTANDING THAT FIRST-CLASS TRAVEL AND TRAVEL FOR COMPANIONS (NOT BONA FIDE BUSINESS PURPOSE) ARE NOT ALLOWED BY THE COLLEGE. ALL EMPLOYEES MUST SUBMIT TRAVEL/REIMBURSEMENT REPORTS FOR THEIR TRAVELING FOR THE COLLEGE - THESE ARE REVIEWED BY APPROPRIATE SCHOOL OFFICIALS FOR ACCURACY AND APPROPRIATE CHARGES. IN THE INSTANCES THE COLLEGE CHECKED ABOVE ON LINE 1A, SUCH ITEMS ARE "EXCEPTIONS" GRANTED AS PROVIDED IN THE INDIVIDUAL EMPLOYEE CONTRACTS. ALL OTHER EMPLOYEES WITHOUT THESE GRANTED PROVISIONS AS SPECIFIED IN A CONTRACT ARE SUBJECT TO THE WRITTEN POLICY ESTABLISHED BY THE COLLEGE IN 2009.

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Schedule K
(Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

COLLEGE OF ST SCHOLASTICA INC

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.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Employer identification number

41-0698301

Part I

Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A MN HIGHER EDUCATION FACILITIES AUTHORITY	41-0988525	60416HLR3	11-21-2007	8,105,168	EXPANSION OF FIELDHOUSE FACILITY		X		X		X
B MN HIGHER EDUCATION FACILITIES AUTHORITY	41-0988525	60416HVG6	10-26-2010	22,129,697	REFUNDING SERIES 6A & 5J/SCIENCE CENTER EXPANSION		X		X		X
C MN HIGHER EDUCATION FACILITIES AUTHORITY	41-0988525	60416HWE0	02-17-2011	10,171,848	SCIENCE CENTER EXPANSION		X		X		X
D MN HIGHER EDUCATION FACILITIES AUTHORITY	41-0988525	60416HYU2	10-17-2012	9,644,673	REFUNDING SERIES 5R		X		X		X

Part II

Proceeds

	A		B		C		D	
1 Amount of bonds retired	2,405,000		520,000				1,450,000	
2 Amount of bonds legally defeased								
3 Total proceeds of issue	8,105,168		22,129,697		10,171,848		9,644,673	
4 Gross proceeds in reserve funds	656,250		1,917,416		1,017,000		849,504	
5 Capitalized interest from proceeds			659,536		180,866			
6 Proceeds in refunding escrows							8,657,101	
7 Issuance costs from proceeds	119,980		127,647		59,495		138,068	
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds	7,328,938		6,496,766		8,914,487			
11 Other spent proceeds			12,928,332					
12 Other unspent proceeds								
13 Year of substantial completion	2008		2012		2012		2012	
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?	X		X		X		X	
15 Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16 Has the final allocation of proceeds been made?	X		X		X		X	
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III

Private Business Use

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

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		X		X
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0 %		0 %					
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	0 %		0 %		2 000 %			
6 Total of lines 4 and 5	0 %		0 %		2 000 %			
7 Does the bond issue meet the private security or payment test?		X		X		X		X
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
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?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

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 Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X	X		X		X	
b Exception to rebate?		X		X		X		X
c No rebate due?	X			X		X		X
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?		X		X		X		X
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part IV

Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?	X			X		X		X
b	Name of provider	CALYON							
c	Term of GIC	100 00000000000 %							
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	X							
6	Were any gross proceeds invested beyond an available temporary period?				X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148? . . .	X		X		X		X	

Part V

Procedures To Undertake Corrective Action

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?		X		X		X		X	

Part VI

Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
DATE REBATE COMPUTATION PERFORMED	ISSUER NAME MN HIGHER EDUCATION FACILITIES AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED 11/01/2012

SCHEDULE M
(Form 990)

Noncash Contributions

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

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

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	6	169,523	STOCK MARKET QUOTES
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ()				
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29	0
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30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		No
b If "Yes," describe the arrangement in Part II			
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		No
b If "Yes," describe in Part II			
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II

Supplemental Information.

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

Return Reference	Explanation
PART I, COLUMN (B)	THE COLLEGE REPORTS THE NUMBER OF CONTRIBUTORS ON PART 1, COLUMN B

**SCHEDULE O
(Form 990 or
990-EZ)**Department of the
Treasury
Internal Revenue
Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.**2015****Open to Public
Inspection**Name of the organization
COLLEGE OF ST SCHOLASTICA INC**Employer identification number**

41-0698301

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

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE PRESIDENT OF THE BENEDICTINE SISTERS BENEVOLENT ASSOCIATION AND THE PRESIDENT OF THE COLLEGES ALUMNI ASSOCIATION ARE VOTING MEMBERS OF THE BOARD OF TRUSTEES AND ARE ELECTED THROUGH THEIR RESPECTIVE ASSOCIATIONS

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

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	THE 2015 FORM 990 WAS PREPARED BY THE TAX COMPLIANCE COORDINATOR WITH SUBSEQUENT REVIEW BY THE INTERIM CONTROLLER, THE CONTROLLER, AND THE VICE PRESIDENT FOR FINANCE. THE COLLEGE'S INDEPENDENT AUDIT FIRM THEN REVIEWED THE FORM 990 DATA FOR ACCURACY AND COMPLIANCE WITH TAX LAW AND FORM INSTRUCTIONS. A DRAFT WAS PROVIDED TO THE COLLEGE'S BOARD OF TRUSTEES FOR REVIEW AND APPROVAL.

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	ALL TRUSTEES ARE REQUIRED TO DISCLOSE TO THE BOARD ANY POSSIBLE CONFLICT OF INTEREST AT THE EARLIEST PRACTICAL TIME. TRUSTEES MAY NOT VOTE ON ANY MATTER UNDER CONSIDERATION AT A BOARD OR COMMITTEE MEETING, IN WHICH HE OR SHE HAS A CONFLICT OF INTEREST. THE MINUTES OF EACH MEETING REFLECT THAT A DISCLOSURE WAS MADE AND THE TRUSTEE HAVING A CONFLICT OF INTEREST ABSTAINED FROM VOTING. ANY TRUSTEE WHO IS UNCERTAIN WHETHER A CONFLICT OF INTEREST MAY EXIST IN ANY MATTER MAY REQUEST THE BOARD OR COMMITTEE TO RESOLVE THE QUESTION BY MAJORITY VOTE. EMPLOYEES SHOULD AVOID ANY SITUATION WHICH COULD BE CONSTRUED AS A CONFLICT OF INTEREST. VIOLATIONS ARE REPORTED TO THE EMPLOYEE'S SUPERVISOR, DEPARTMENT VICE PRESIDENT, OR VICE PRESIDENT OF HUMAN RESOURCES. ALLEGATIONS ARE INVESTIGATED FAIRLY AND THOROUGHLY. IF CONFIRMED BY EMPLOYEE OR INVESTIGATION DISCIPLINARY ACTIONS MAY RESULT.

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	<p>RECRUITMENT AND RETENTION OF A WELL-QUALIFIED INDIVIDUAL INTO THE LEADERSHIP ROLE OF PRESIDENT IS VITAL TO THE SUCCESS AND GROWTH OF THE COLLEGE. TO SUPPORT THESE EFFORTS, THE COLLEGE HAS CREATED A METHODOLOGY TO DETERMINE A COMPETITIVE WAGE STRUCTURE FOR THIS POSITION. THE PRIMARY SOURCE FOR SALARY DATA IS THE ANNUAL COLLEGE AND UNIVERSITY PROFESSIONAL ASSOCIATION (CUPA) ADMINISTRATIVE COMPENSATION SALARY SURVEY. CUPA SURVEYS PROVIDE MORE COMPREHENSIVE INFORMATION ON HIGHER EDUCATION SALARY DATA THAN OTHER NATIONAL SURVEYS. DATA IS COLLECTED ON A VARIETY OF FACTORS THAT ENABLE THE COLLEGE TO CREATE A COMPARATOR GROUP OF COLLEGES THAT MOST RESEMBLE ST. SCHOLASTICA. SPECIFIC WAGE DATA IS PRESENTED TO THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES BY THE VICE PRESIDENT FOR HUMAN RESOURCES IN THE FALL OF EACH YEAR. THIS COMMITTEE REVIEWS THE PRESIDENT'S PERFORMANCE OVER THE PREVIOUS FISCAL YEAR AND PREPARES A SALARY RECOMMENDATION FOR FULL BOARD APPROVAL AT ITS ANNUAL OCTOBER MEETING. THE PRESIDENT'S NEW WAGE GOES INTO EFFECT THE FOLLOWING JANUARY 1. THIS PROCESS WAS LAST CONDUCTED IN 2014 FOR THE PRESIDENT, DR. GEORGE GOODWIN.</p> <p>RECRUITMENT AND RETENTION OF WELL-QUALIFIED INDIVIDUALS INTO THE LEADERSHIP ROLES OF VICE PRESIDENT IS VITAL TO THE SUCCESS AND GROWTH OF THE COLLEGE. TO SUPPORT THESE EFFORTS, THE COLLEGE HAS CREATED A METHODOLOGY TO DETERMINE COMPETITIVE WAGE STRUCTURES FOR THESE POSITIONS. THE PRIMARY SOURCE FOR SALARY DATA IS THE ANNUAL CUPA ADMINISTRATIVE COMPENSATION SALARY SURVEY. DATA IS COLLECTED ON A VARIETY OF FACTORS THAT ENABLE THE COLLEGE TO CREATE A COMPARATOR GROUP OF COLLEGES THAT MOST RESEMBLE ST. SCHOLASTICA. EACH VICE PRESIDENT TITLE IS EVALUATED SEPARATELY, AND THE MEDIAN OF THE RESULTING RANGE BECOMES THE MIDPOINT OR TARGET WAGE FOR THAT JOB. IN ORDER TO MAINTAIN INTERNAL EQUITY, THIS SAME COMPARATOR GROUP IS USED TO CREATE SALARY RANGES FOR ALL VICE PRESIDENT POSITIONS. ALTHOUGH CUPA IS THE PRIMARY SOURCE FOR SALARY DATA, THE COLLEGE ALSO CHECKS THE CPI AND OTHER WAGE-RELATED DATA ON AN ANNUAL BASIS TO ENSURE WAGE STRUCTURES ARE BUILT ON SOUND ECONOMIC PRINCIPLES AND REFLECT CURRENT COMPENSATION TRENDS. THIS PROCESS WAS LAST CONDUCTED IN 2014 FOR THE VICE PRESIDENTS ELIZABETH DOMHOLDT, STEVE LYONS, DON WORTHAM, JOHN LABOSKY, AND PAT PRATT-COOK.</p>

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

Return Reference	Explanation
FORM 990, PART XI, LINE 9	ACTUARIAL ADJUSTMENT -23,188