Form **990**

Return of Organization Exempt From Income Tax

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

2008

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Α	For t	the 2008 c	alendar year, or tax year beginning 06/01, 2008, and ending		05/	31,20 09
В		if applicable:	Please C Name of organization GUSTAVUS ADOLPHUS COLLEGE	,		oyer identification number
		ss change	use IRS label or Doing Business As		41	35/34
П	Namo	change	print or Number and street (or P.O. box if mail is not delivered to street address) Room(suit			: 0695524 hone number
ī	Initial r	change	type. See 800 West College Avenue	е		
	Termin		Specific Instruc-		(507	933-8000
		ded return	tions. Saint Peter, MN 56082		N2. 72.7	
H	Amend	tion pending	F Name and address of principal officer: Kenneth C Westphal		G Gross	receipts \$ 154,142,482
_	Applicat	lion penaing	800 West College Avenue, Saint Peter, MN 56082			rn for affiliates? Yes Vo
1	Tax-e	xempt status				included? Yes No
J			s:	- If "I	No," attach	a list. (see instructions)
K	Type o	of organization			exemption n	
_	art I			1: 1862	M State	of legal domicile: MN
	1					
	1	Briefly de	escribe the organization's mission or most significant activities: See St	atement 1		
ce						
Activities & Governance						
Ver		0				
ဗိ	2	Check this	box ▶ ☐ if the organization discontinued its operations or disposed of more than a	25% of its a	ssets.	
త	3	Number	of voting members of the governing body (Part VI, line 1a)		. 3	37
itie	4	Number (of independent voting members of the governing body (Part VI, line 1b)		. 4	35
Şi	5	Total nun	nber of employees (Part V, line 2a)		. 5	3,167
Ă	10000	Total nun	mber of volunteers (estimate if necessary)		. 6	728
	7a	Total gros	ss unrelated business revenue from Part VIII, line 12, column (C).		. 7a	1,881,858
_	D	Net unrel	ated business taxable income from Form 990-T, line 34		. 7b	-298,731
			6	Prior Y	ear	Current Year
re	8	Contribut	tions and grants (Part VIII, line 1h)	13,	098,408	7,200,526
Revenue	9	Program	service revenue (Part VIII, line 2g)	91,	853,997	96,043,480
Re	10	Investmen	nt income (Part VIII, column (A), lines 3, 4, and 7d)	10,	749,284	181,081
	11	Other rev	renue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0	-10,907
_			nue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)	115,	701,689	103,414,180
	13	Grants an	nd similar amounts paid (Part IX, column (A), lines 1-3)	28,	091,268	30,721,422
S	14	Benefits p	paid to or for members (Part IX, column (A), line 4)		0	0
Expenses	15	Salaries, o	other compensation, employee benefits (Part IX, column (A), lines 5-10)	42,	661,796	45,384,204
bei	16a	Profession	nal fundraising fees (Part IX, column (A), line 11e)		0	0
ũ	b	Total fund	fraising expenses (Part IX, column (D), line 25) ▶ 2,655,250	3		
1	17	Other exp	penses (Part IX, column (A), lines 11a-11d, 11f-24f)	29,	413,103	29,889,615
l l	18	Total expe	enses. Add lines 13–17 (must equal Part IX, column (A), line 25)	100,	166,167	105,995,241
	19	Revenue le	ess expenses. Subtract line 18 from line 12	23,000,000	535,522	-2,581,061
s or	1			Beginning of		End of Year
sset 3ala	20	Total asse	ets (Part X, line 16)		927,860	234,205,601
Net Assets Fund Balanc	21	Total liabi	lities (Part X, line 26)	56,	528,416	54,792,530
ŽZ	22		s or fund balances. Subtract line 21 from line 20.		399,444	179,413,071
Pa	rt II		ature Block			
		Under pen and belief	nalties of perjury, I declare that I have examined this return, including accompanying schedule	s and statem	ents, and to	the best of my knowledge
		,	it is true, correct, and complete. Declaration of preparer (other than officer) is based on all	information	of which pre	eparer has any knowledge.
Sig						
Her	e	M	ture of officer	Date	9	
			neth Westphal, VP for Finance and Treasurer			
_		Type o	or print name and title			
		Preparer's		c if		dentifying number
Paid		signature		yed ▶ 🔲	(see instruct	ions)
rep	arer's	Fine-1-		70.50		
	Only	if self-empl	ne (or yours loved),	EIN	>	
	V.2855	address, ar	nd ZIP + 4	Phone no	. > ()
Иау	the I	RS discus	ss this return with the preparer shown above? (see instructions)			Yes No
	n					

D	Chatagoria (D. Chatagoria)	Page 2
	Statement of Program Service Accomplishments (see instructions)	
1	Briefly describe the organization's mission: See Statement 2	
2	Did the organization undertake any significant program services during the year which were not listed on	
	the prior Form 990 or 990-EZ?	✓ No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	☑ No
4	If "Yes," describe these changes on Schedule O. Describe the exempt purpose achievements for each of the organization's three largest program services by expension 501(a)(3) and 501(a)(4) program services by expensions 501(a)(4) and 501(a)(4) program services by expensions 501(a)(4) and 501(a)(4) program services by expensions 501(a)(b) and 501(a)(b) are services by expensions 501(a)(b)(a)(a)(b)(a)(a)(a)(b)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)	ses.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of gran allocations to others, the total expenses, and revenue, if any, for each program service reported.	ts and
4a	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$	77
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
		-/
	Other program services. (Describe in Schedule O.) (Expenses \$ 3,535,057 including grants of \$ 0) (Revenue \$ 0)	
4e	Total program service expenses ▶ \$ 99,019,870 (Must equal Part IX, Line 25, column (B).)	

Checklist	of	Required	Schedules
	Checklist	Checklist of	Checklist of Required

			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	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	1	
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		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		1
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III.	5		
6	Did the organization maintain any donor advised funds or any accounts where 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		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8	1	
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	√	
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D. Part V	10	1	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	1	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	1	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	1	
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		1
b	business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		✓
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II.	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		✓_
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		1
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	✓	
19 20	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		√
21	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		<u> </u>
22	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	_	✓_
23	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	V	
	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	1	
248	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions	.		
b	24b–24d and complete Schedule K. If "No," go to question 25.	24a	٧	
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds?	24b		<u>√</u>
d	to defease any tax-exempt bonds?	24c	-	<u></u>
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		<u>√</u>
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified	25b		<u>√</u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II			/
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	26	,	<u>v</u>
	- 100, Complete Conedule E, Fart III	~	A	

Part IV	Ohneldist	- 4	D		(continued)
A SECTION AND A VAND	CORREST	OIL	Redillied	Schodulloc	(continuod)
	OHIOUMISE	0	i icuuii cu	oulieudies	(COMMINICIPED)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L.			
	Part IV	28a	✓	
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV.	28b	1	
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c	1	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	1	
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	1	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		✓
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	1	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		✓
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2.	36		/
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		√

Form **990** (2008)

Pa	art V Statements Regarding Other IRS Filings and Tax Compliance		-	3-
	5 distribution of the same same same same same same same sam		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of		100	
	U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	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		2	
h	Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	1	Part I
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see	20	V	NEVE
	instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
	this return?	За	1	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	1	
	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			
h	account)?	4a		/
b	If "Yes," enter the name of the foreign country: ►			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		illa.	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b		5b		1
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T. Disclosure by Tax-Exempt Entity			
	Regarding Prohibited Tax Shelter Transaction?	5с		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	.		
7	gifts were not tax deductible?	6b		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than			
	\$75?	7a	1	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	1	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		1
	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	-		,
f	benefit contract?	7e 7f	-	1
g g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		Α
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	.5		
	required?	7h		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section			
	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring	0.5		
_	organization, have excess business holdings at any time during the year?	8		
9 a	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.	0-		
b	Did the organization make any taxable distributions under section 4966?	9a 9b	\dashv	
10	Section 501(c)(7) organizations. Enter:	an a	500	
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		2.5	
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
122	amounts due or received from them.)		23	
b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12a	el el el el	- 02

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sec	ction A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the			
	circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body		15	
b	Enter the number of voting members that are independent		10	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			3.5
	any other officer, director, trustee, or key employee?	2		1
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		1
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		1
6	Does the organization have members or stockholders?	6		1
7a				
	of the governing body?	7a	1	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	-	1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during		17.4	74.10
	the year by the following:	9/12		
а	The governing body?	8a	1	
b	Each committee with authority to act on behalf of the governing body?	8b	1	
9a		9a	•	1
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	Ju		
	affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations		,	
44	must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	✓	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
Sec	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O tion B. Policies	11		✓_
000	don B. Folicies			
100	David the second of the second	10000	Yes	No
12d	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	✓	
D	Are officers, directors or trustees, and key employees required to disclose annually interests that could give		,	
	rise to conflicts?	12b	√	
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		,	
12	describe in Schedule O how this is done	12c	4	
13	Does the organization have a written whistleblower policy?	13	4	
14	Does the organization have a written document retention and destruction policy?	14	V	
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:			
	The organization's CEO, Executive Director, or top management official?	15a	√	
D	Other officers or key employees of the organization?	15b	V	
40-	Describe the process in Schedule O. (see instructions)			
ioa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			,
64		16a		
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
Sec	the organization's exempt status with respect to such arrangements?	16b		_
			12000000	
	List the states with which a copy of this Form 990 is required to be filed ►MN			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)	(3)s o	nly)	
	available for public inspection. Indicate how you make these available. Check all that apply.			
40	Own website Another's website Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of	f inte	rest	
	policy, and financial statements available to the public.			
20	#####################################			
	State the name, physical address, and telephone number of the person who possesses the books and recororganization: ▶ See Statement 4	ds of	the	

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- 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, and 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.

Unleck this box in the organization did not co		any o	OITIC	er,	dire	ector,	trus	stee, or key en	nployee.	
(A)	(B)		(C)					(D)	(E)	(F)
Name and Title	Average hours per		_		_	that ap		Reportable compensation	Reportable compensation	Estimated amount of
	week	divid	stitu	Officer	ey e	ngighe	Former	from the	from related organizations	other compensation
		Individual trustee or director	ition	1	Key employee	st c	9	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the
		T tr	al tr		oye	- Om		(W-2/1099-MISC)		organization and related
		tee	Institutional trustee		"	ens				organizations
			ď			Highest compensated employee				
See Statement 5										
1400					- 198					
			35							
		S								
							\dashv			
		-		-	-		-			
							1			
			\dashv				-			

	222									
			_							

Pa	Section A. Officers, Directors, Tru	ıstees, Key	/ Emp	loy	ees	, an	d Hig	hes	t Compensate	d Employees (continued)	
	(A)	(B)			(4	C)	-0.57-		(D)	(E)	(F)	
	Name and title	Average hours per week	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC	Estimate amount other compensation from the organization and relation organization and relation organization organization organization organization and relation organization	of tion e ion ed
				2010								
				3)))								
_1b	Total					_	. 1	>	1,610,621		324,	931
2 — 3	Total number of individuals (including those organization ► 13			10				_	41-12		Yes	
1000	Did the organization list any former officer employee on line 1a? If "Yes," complete Sc	hedule J fo	or suc	ch ii	ndiv	idua	al.				3	✓
4	For any individual listed on line 1a, is the su the organization and related organizations g individual.	im of repo reater thar	rtable 1 \$150	0,00	mpe 00?	ensa If "Y	ation /es,"	and com	other comper aplete Schedul	e J for such	4 1	
5	Did any person listed on line 1a receive of services rendered to the organization? If "Yes	or accrue o	compo	ens: che	atio	n fr e J	om a for su	ny i	unrelated orga	nization for	5	1
Se	ction B. Independent Contractors											
1	Complete this table for your five highest concompensation from the organization.	mpensated	l inde	pen	den	t co	ontrac	ctors	that received	more than \$1	00,000 of	
	(A) Name and business addre	ess							(B) Description of se	rvices	(C) Compensation	
See	Statement 6			1135								_
							1					
2	Total number of independent contractors (in	acludina th	oss !	0.4			nosi:	مط	nava the dear	2 000 1		
2000	compensation from the organization ▶ 6		iose I	1 1)	wn	io re	eceive	eu n	nore than \$100	J,UUU IN		

art	VII	I Statement of Re	evenue					Page
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from ta under sections 512, 513, or 514
and other similar amounts	1a	Federated campaigns	1a	0			34.34	
, 2	b	Membership dues	1b	0		es etion		
r ar		Fundraising events .	1c	58,848				
iii.		Related organizations		0	_ M ==			
Sin	e	Government grants (cont.		1,072,579				
ther	T	All other contributions, gifts,	grants,	6,069,099				
P	а	and similar amounts not include Noncash contributions include		431,097		The state of		
a		Total. Add lines 1a-1f		•	7,200,526			
e				Business Code		· CERTIFIE		
Program Service Revenue	2a	Tuition and Fees		611310	74,631,033	74,631,033	0	
Se l	b			721000	9,930,409	9,652,226	278,183	
VICE	С	Dining Service		722210	6,994,700	5,878,976	1,115,724	
Se	d	Book Mark		451211	2,497,758	2,497,758	0	\ \tag{\tag{\tag{\tag{\tag{\tag{\tag{
E	e	Athletic Facilities		713940	612,273	513,747	98,526	
00 P	1	All other program servi			1,377,307	987,882	389,425	
-	g	Total. Add lines 2a-2f			96,043,480		Major P	LE SOME
	3	Investment income (income		4322	1,942,829			4 0 40 004
	4	other similar amounts) Income from investment of	f toy overnat have		1,942,029	0	0	1,942,829
	5	Royalties	tax-exempt bor	nd proceeds	0	0	0	
			(i) Real	(ii) Personal	The second second		TET LANGUAGE (CENTRAL)	
	6a	Gross Rents						
		Less: rental expenses						
		Rental income or (loss)	0	0			2.25	
	d	Net rental income or (lo	oss)	>				
- 1	7a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	48,925,266	0				
	b	Less: cost or other basis				529		
		and sales expenses .	50,687,014		residente		14 H 7 18 2	
		Gain or (loss)	-1,761,748	0	4 704 740			
				· · · · •	-1,761,748	0	0	-1,761,748
	8a	Gross income from events (not including \$	fundraising 58,848					
		of contributions reported				94656	+012	
		See Part IV, line 18		30,381		3350	Dead State	
	b	Less: direct expenses					ibits at 1	
5	С	Net income or (loss) fro	om fundraising e	events >	-10,907	-10,907	0	(
-1	9a	Gross income from gam	ing activities			WELL TO		
		See Part IV, line 19	а			一声表		
	b	Less: direct expenses.	b					
		Net income or (loss) fro		vities ▶				
1	0a	Gross sales of inve	entory, less					
		returns and allowances						
	C	Less: cost of goods sol Net income or (loss) from	IO D	ory				
		Miscellaneous Reve		Business Code				
1	1a							
1	b							
	c							
		All other revenue			0	0	0	0
		Total. Add lines 11a-11			0			
1:	2	Total Revenue. Add lin	es 1h, 2a, 3, 4,	5, 6d, 7d, 8c.				
		9c, 10c, and 11e			103,414,180	94,150,715	1,881,858	181,081

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete colu	ımn (A) but are not	t required to comp	lete columns (B), (C	C), and (D).
	o not include amounts reported on lines 6b, b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	30,721,422	30,721,422		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members			· · · · · · · · · · · · · · · · · · ·	
5	Compensation of current officers, directors, trustees, and key employees	1,354,231	622,018	563,054	169,159
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	32,291,938	29,910,011	1,077,890	1,304,037
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,963,220	1,810,787	65,701	86,732
9	Other employee benefits	7,455,724	6,731,034	377,201	347,489
10	Payroll taxes	2,319,091	2,123,674	90,929	104,488
11	Fees for services (non-employees):				
a	Management	63,162		62.460	
	Legal	62,856		63,162 62,856	
4	Accounting	02,030		02,030	
	Lobbying	0			
	Investment management fees	154,792		154,792	
a	Other	1,035,435	985,131	41,456	8,848
12	Advertising and promotion	250,822	250,822	41,400	0,040
13	Office expenses	1,163,532	750,728	230,569	182,235
14	Information technology	544,868	537,488	5,085	2,295
15	Royalties	0			
16	Occupancy	5,255,614	4,938,178	264,385	53,051
17	Travel	1,768,920	1,499,449	199,541	69,930
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings .	143,278	131,720	2,681	8,877
20	Interest	744,389	708,263	36,126	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization .	5,460,857	5,131,024	274,710	55,123
23	Insurance	606,666	570,023	30,519	6,124
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а	Dining Service Expenses	3,192,487	3,192,487	0	0
b	Study Abroad Expenses	2,126,673	2,126,673	0	0
C	Book Mark Expenses	1,740,973	1,740,973	0	0
d	Academic Expenses	1,098,233	1,098,233	0	0
е	Lease Expense	919,416	919,416	0	0
f	All other expenses	3,556,642	2,520,316	779,464	256,862
25_	Total functional expenses. Add lines 1 through 24f	105,995,241	99,019,870	4,320,121	2,655,250
26	Joint Costs. Check here ▶ ☑ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	0	0	0	0

P	art X	Balance Sheet					age i
			(A) Beginning of year		End	(B) of year	ar
	1	Cash—non-interest-bearing	104,070	1		7	75,70
	2	Savings and temporary cash investments	21,118,264	2		19,45	55,56
	3	Pledges and grants receivable, net	3		3,70	69,64	
	4	Accounts receivable, net	401,782	4		52	25,63
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L .	0	5			1
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete					
"		Part II of Schedule L	0	_			
Assets	7	Notes and loans receivable, net	5,000				5,000
\ss	8	Inventories for sale or use	461,203			51	10,982
_	9	Prepaid expenses and deferred charges	1,113,961	9		1,05	59,088
	10a	Land, buildings, and equipment: cost basis 10a 168,320,628					
	b	Less: accumulated depreciation. Complete Part VI of Schedule D	99,800,054	10c		97,07	2,153
	11	Investments—publicly traded securities	93,570,262	11		74,57	
	12	Investments—other securities. See Part IV, line 11	47,354,450	12		32,19	
	13	Investments—program-related. See Part IV, line 11	3,029,655	13		3,31	0,071
	14	Intangible assets	0	14			0
	15	Other assets. See Part IV, line 11	491,098	15		1,64	8,249
	16		270,927,860	16	2	34,20	5,601
	17	Accounts payable and accrued expenses	14,584,544	17		15,29	2,022
	18	Grants payable	0	18			0
	19	Deferred revenue	2,088,293	19			0,016
10	20	Tax-exempt bond liabilities	25,055,000			23,98	5,000
Liabilities	21	Escrow account liability. Complete Part IV of Schedule D	1,690,106	21		1,59	7,875
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22			
- 9	23	Secured mortgages and notes payable to unrelated third parties	0	23			0
Į.	24		0	24			0
	25	Other liabilities. Complete Part X of Schedule D	13,110,473		-	11,96	
	26	Total liabilities. Add lines 17 through 25	56,528,416			54,79	
ces		Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.				34,73	2,000
lan	27	Unrestricted net assets	73,548,324	27	4	41,75	3 080
Ba	28	Temporarily restricted net assets	62,243,448	28		61,64	
ը	29	Permanently restricted net assets	78,607,672	29		76,014	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.					
ts	30	Capital stock or trust principal, or current funds		30			
sse	31	Paid-in or capital surplus, or land, building, or equipment fund		31			92.7
Ä	32	Retained earnings, endowment, accumulated income, or other funds		32			
Se l	33	Total net assets or fund balances	214,399,444	33	17	79,413	3.071
200	34	Total liabilities and net assets/fund balances	270,927,860	34		34,205	
Pa	rt XI	Financial Statements and Reporting					
						Yes	No
1	Acco	punting method used to prepare the Form 990: Cash Accrual	☐ Other		93.0		100
2a	Were	e the organization's financial statements compiled or reviewed by an inde	pendent accountant	?	2a		1
b	Were	e the organization's financial statements audited by an independent accou	untant?	N 027 5026	2b	1	
С	If "Ye	es" to lines 2a or 2b, does the organization have a committee that assumes re	esponsibility for overs	ight of			
	the a	udit, review, or compilation of its financial statements and selection of an inde	ependent accountant?	?	2c	1	
3a	As a	result of a federal award, was the organization required to undergo an audingle Audit Act and OMB Circular A-133?	udit or audits as set	forth in	2-	,	
b		es," did the organization undergo the required audit or audits?			3a	1	

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number **GUSTAVUS ADOLPHUS COLLEGE** 41 0695524 Reason for Public Charity Status (All organizations must complete this part.) (see instructions) The organization is not a private foundation because it is: (Please check only one organization.) 1 \(\subseteq \) A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**. A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.) 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: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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.) ☐ An organization that normally receives: (1) more than 33⅓ % 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 33/3 % 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a 🗌 Type I b Type II c Type III-Functionally integrated d Type III-Other e

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the q following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (iii) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the organizations the organization supports. h (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of organization (described on lines 1-9 the organization in in col. (i) listed in your organization in col. support above or IRC section governing document? col. (i) of your (i) organized in the (see instructions)) support? Yes Yes Yes

Total

Pa	Support Schedule for Org	ganizations	Described in	Sections 17	0(b)(1)(A)(iv	and 170(b)(1)(A)(vi)
Sac	(Complete only if you chec ction A. Public Support	ked the box	on line 5, 7,	or 8 of Part I	-)		
	alendar year (or fiscal year beginning in)	(-) 0004	#1 000F	() 2000	(T	T
0.	mendar year (or riscar year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1-3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.			THE PARKET PER	SAB	Transfer of	
	tion B. Total Support						
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10 .				n Eachar	eniminte)	
12	Gross receipts from related activities, etc.	(see instruction	ons)			12	
13	First five years. If the Form 990 is for to organization, check this box and stop her	the organization	on's first, secon	d, third, fourth	, or fifth tax y	ear as a section	n 501(c)(3)
Sec	tion C. Computation of Public Sup	port Perce	ntage				
14	Public support percentage for 2008 (line 6	6, column (f) di	vided by line 11	, column (f))		14	%
15	Public support percentage from 2007 Sch	edule A, Part	IV-A, line 26f			15	%
16a	$33\frac{1}{3}$ % support test-2008. If the organizand stop here. The organization qualifies	ation did not o	check the box of	n line 13, and I	ine 14 is 331/3 9	% or more, che	ck this box
b	b 331/3 % support test—2007. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization						
17a	a 10%-facts-and-circumstances test—2008. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.						
b 18	10%-facts-and-circumstances test—2007. more, and if the organization meets the "facts-and-circumstance organization meets the "facts-and-circumstance organization did".	If the organizations and circumnates and circu	tion did not chec stances" test, c organization qua	k a box on line heck this box a lifies as a public	13, 16a, 16b, or nd stop here . ly supported org	17a, and line 18 Explain in Part ganization	5 is 10% or IV how the
	2000 II 000000						AND THE PROPERTY OF THE PARTY O

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.)

Se	ction A. Public Support							
	calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(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 1-5							
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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000							
C	Add lines 7a and 7b							
8	Public support (Subtract line 7c from line 6.)							
	tion B. Total Support							
C	alendar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2	2008	(f) Total
9	Amounts from line 6							200
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
с 1	Add lines 10a and 10b							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)							
3	Total support. (Add lines 9, 10c, 11, and 12.)							
4	First five years. If the Form 990 is for the organization, check this box and stop h	iere		d, third, fourth	, or fifth tax y	ear as a	section	1 501(c)(3) ▶ □
Sec	tion C. Computation of Public Sup							
5 6	Public support percentage for 2008 (line Public support percentage from 2007 Second Sec	chedule A. Pa	rt IV-A. line 27	e 13, column (1	n)	15 16		% %
Sec	tion D. Computation of Investment	t Income Pe	ercentage					70
7	Investment income percentage for 2008	(line 10c, coli	umn (f) divided	by line 13, co	lumn (f)) .	17		%
8 9a	Investment income percentage from 200 33% % support tests—2008. If the organ	nization did no	ot check the bo	x on line 14. ar	 nd line 15 is n	18 nore tha	n 33½ %	% and line
	17 is not more than 33\% %, check this bo 33\% % support tests—2007. If the organize	ox and stop he zation did not d	re. The organiz	ation qualifies	as a publicly s	Supporte	ed organ	nization ► □
0	line 18 is not more than 33½%, check this Private foundation. If the organization d	lid not check a	a box on line 14	ization qualifies 1, 19a, or 19b,	as a publicly check this bo	supporte ox and s	ee instru	ızatıon ▶ ∐ uctions ▶ ☐

Schedule A (Form 990 or 990-EZ) 2008						
Part IV	Supplemental Information. Complete this part to provide the explanation required by Part II, line Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)	10.				
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#### SCHEDULE D (Form 990)

### **Supplemental Financial Statements**

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Employer identification number **GUSTAVUS ADOLPHUS COLLEGE** 41 0695524 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year . . . . Aggregate contributions to (during year) Aggregate grants from (during year) . 3 Aggregate value at end of year . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . Yes No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other Yes Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Part II Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) ☐ Preservation of an historically important land area ☐ Protection of natural habitat ☐ Preservation of certified historic structure Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Year 2b c Number of conservation easements on a certified historic structure included in (a) . . . 2c d Number of conservation easements included in (c) acquired after 8/17/06 . . . . . . . 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____ Number of states where property subject to conservation easement is located ▶ _____ Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶..... Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$_____ Does each conservation easement reported on line 2(d) above satisfy the requirements of section In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

Schedule	D	(Form	9901	2008

Pa	rt III Organizations Maintain	ing Collections of Art, F	listoric	al Treasure	es, or C	Other Similar	Assets (continued)
3	Using the organization's accession items (check all that apply):						
а	✓ Public exhibition	d	$\checkmark$	oan or excl	hange r	rograms	
b	Scholarly research	e		Other	i.a.igo p	. og. a. no	
C	Preservation for future general	tions	0. 1 <del>1</del> 6 - 8			***************************************	
4	Provide a description of the organize Part XIV.		plain ho	w they furth	er the o	rganization's	exempt purpose in
5	During the year, did the organization assets to be sold to raise funds rathe	r than to be maintained as p	oart of th	e organization	on's coll	ection?	
	Trust, Escrow and Cust Part IV, line 9, or reported	d an amount on Form 990	0, Part	X, line 21.			
	Is the organization an agent, trusted included on Form 990, Part X?				tions or	other assets	not . ☐ Yes ☑ No
D	If "Yes," explain the arrangement in	Part XIV and complete the	e follow	ng table:			
	_						Amount
C	Beginning balance				. 1c		
d	Additions during the year				. 1d		
е	Distributions during the year				. 1e		
f	Ending balance				. 1f		
b	Did the organization include an amount if "Yes," explain the arrangement in	Part XIV.					. Ves No
Pai	t V Endowment Funds. Co		nswered	d "Yes" to	Form 9	990, Part IV,	line 10.
		(a) Current year (b) Price	or year	(c) Two year	s back	(d) Three years ba	ck (e) Four years back
1a	Beginning of year balance	114,196,048					
b	Contributions	2,140,920					Line State Co.
C	Investment earnings or losses .	-28,238,573					
d	Grants or scholarships	1,776,971		2141-01			
	Other expenditures for facilities and programs	2,545,322					
f	Administrative expenses	154,792			9-9-1	1000000	
g	End of year balance	83,621,310		E000		30,540	A 996 A AND
2	Provide the estimated percentage of	the year end balance held	d as:				
а	Board designated or quasi-endowment		a ao.				
b	Permanent endowment ▶ 90						
	Term endowment ▶ 0 %						
	Are there endowment funds not in the		ation the	t are held a	ad adm:	alakawad faw kla	21
	organization by:	possession of the organiza	ation the	it are rielu ar	na aami	nistered for the	Yes No
	(i) unrelated organizations						3a(i) √
	(ii) related organizations						3a(ii) ✓
b	If "Yes" to 3a(ii), are the related orga	inizations listed as required	d on Scl	nedule R2			3b
4	Describe in Part XIV the intended us	es of the organization's en	downe	nt funds.		2 5 5 5 5	Su
Par					art X. li	ne 10	
	Description of investment	(a) Cost or other basis (investment)	(b) Cos	st or other s (other)	3445	epreciation	(d) Book value
1a	Land	1,428,500		955,993	get File of		2,384,493
	Buildings	1,774,210	12	7,478,736		48,565,038	80,687,908
	Leasehold improvements	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		0		0	00,007,508
	Equipment	. 0	2	0,791,168		13,521,180	7,269,988
	Other	. 0		5,892,021		9,162,257	
	. Add lines 1a-1e. (Column (d) should ed		n (B) lin	e 10(c)			6,729,764
	1,3,3,3,4,7,5,1,0,1,0		( <i>D)</i> , mi	c /0(0).) .		▶	97,072,153

Part VII Investments—Other Securities	See Form 990, Part X	, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of Cost or end-of-yea	
Financial derivatives and other financial products			
Closely-held equity interests			
Other Commodity Funds	\$2,433,107	F	
Fund of Funds	\$19,351,635	F	
Funds Held by Others	\$3,820,646		
Real Estate	\$6,562,323		
Other	\$26,398	F	
Total (Column (b) should agual Form 000, Dart V and (D) (in 10)			
Total. (Column (b) should equal Form 990, Part X, col. (B) line 12.)	32,194,109		
Part VIII Investments—Program Related	d. See Form 990, Part X	, line 13.	
(a) Description of investment type	(b) Book value	(c) Method of Cost or end-of-year	
Student Notes Receivable	\$3,310,071	С	
			4
		2000 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
Total (Column A) at 11 15 200 C at 1 500 C			
Total. (Column (b) should equal Form 990, Part X, col. (B) line 13.)	3,310,071		
Part IX Other Assets. See Form 990, Par		***	
	(a) Description		(b) Book value
Construction in Progress Other Receivables			\$1,300,546
			\$263,664
Accrued Interest Receivable			\$84,039
		758	
		(A)	
Total. (Column (b) should equal Form 990, Part X, col.	(D) line 15 \		
Part X Other Liabilities. See Form 990, F	Part Y line 25	· · · · · · · · · · · · · · · · · · ·	1,648,249
(a) Description of liability	(b) Amount		
Federal income taxes			
See Statement 7	0		
	71		
Total. (Column (b) should equal Form 990, Part X, col. (B) line 25.) ▶	11,967,617		
	, ,		

Pa	Reconciliation of Change in Net Assets from Form 990 to Financial Statement	S	, ago
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	103,414,180
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	105,995,241
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-2,581,061
4	Net unrealized gains (losses) on investments	4	-28,228,564
5	Donated services and use of facilities	5	-20,220,304
6	Investment expenses	6	0
7	Investment expenses	7	0
8	Other (Describe in Part XIV)	8	-4,176,748
9	Total adjustments (net). Add lines 4–8	9	-32,405,312
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-34,986,373
Pa	Reconciliation of Revenue per Audited Financial Statements With Revenue		r Return
1	Total revenue, gains, and other support per audited financial statements	1	40,502,723
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		,
а			
b			
С		- 1	
d			
е		2e	-62,911,457
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	BIN A FEE	100,414,100
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 0		
b		1966	
C	Add lines 4a and 4b	4c	0
_5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	103,414,180
Pa	rt XIII Reconciliation of Expenses per Audited Financial Statements With Expense	es p	er Return
1	Total expenses and losses per audited financial statements	1	75,489,096
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	375	
b	Prior year adjustments		
С	Losses reported on Form 990, Part IX, line 25		
d			
е	Add lines 2a through 2d	2e	215,277
3	Subtract line 2e from line 1	3	75,273,819
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 0		
b	Other (Describe in Part XIV)		
C	Add lines 4a and 4b	4c	30,721,422
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	105,995,241
10.	t XIV Supplemental Information		
Com and	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.	4; 1	Part IV, lines 1b
See	Statement 8		

Schedule D (Forr	990) 2008	Page 5
Part XIV	Supplemental Information (continued)	

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

#### Schools

► To be completed by organizations that answer "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

2008

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

▶ Attach to Form 990 or Form 990-EZ.

Employer identification number **GUSTAVUS ADOLPHUS COLLEGE** 41 0695524 YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, 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, 1 programs, and scholarships? 2 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 1 3 See Statement 9 Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? . . . 1 4a b Records documenting that scholarships and other financial assistance are awarded on a racially 4b c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing 4c d Copies of all material used by the organization or on its behalf to solicit contributions? . . . . . 1 4d If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) Does the organization discriminate by race in any way with respect to: Students' rights or privileges? 5a b Admissions policies? 5b Employment of faculty or administrative staff? . 5c d Scholarships or other financial assistance? . 5d Educational policies? 5e Use of facilities? . 5f g Athletic programs? . . . . 5g h Other extracurricular activities? . . . 5h If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) 6a Does the organization receive any financial aid or assistance from a governmental agency? . . . . 1 6a Has the organization's right to such aid ever been revoked or suspended? . . . . . . . . . . . . . . 6b If you answered "Yes" to either line 6a or line 6b, please explain using an attached statement. Stmt 10 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," attach an explanation.

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

**Supplemental Information Regarding Fundraising or Gaming Activities** 

► Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization Employer identification number **GUSTAVUS ADOLPHUS COLLEGE** 41 : 0695524 Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations e Solicitation of non-government grants Email solicitations f Solicitation of government grants Phone solicitations Special fundraising events In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table. (i) Name of individual (ii) Activity (iii) Did fundraiser have (iv) Gross receipts (v) Amount paid to (vi) Amount paid to custody or control of contributions? or entity (fundraiser) (or retained by) fundraiser listed in (or retained by) organization from activity col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

P	art	Fundraising Events. Co more than \$15,000 on F	omplete if the organiza	tion answered "Yes" t	to Form 990, Part IV, li	ine 18, or reported
			(a) Event #1  Football Golf (event type)	(b) Event #2 Tennis Gala (event type)	(c) Other Events  (total number)	(d) Total Events (Add col. (a) through col. (c))
Revenue	1 2	Gross receipts	29,689 16,545	17,230	42,310	
	3	contributions	13,144	16,930	25,373 16,937	58,848 30,381
	4	Cash prizes	0	0	0	0
enses	5	Non-cash prizes	8,364	0	2,252	10,616
Direct Expenses	6	Rent/facility costs	8,750	0	13,074	21,824
Direc	7	Other direct expenses	1,993	277	6,578	8,848
	8	Direct expense summary. Add	ne lines 3 and 8 in colu	mn (d)		( 41,288) -10,907
Pa	rt I	Gaming. Complete if than \$15,000 on Form	he organization answ 990-EZ, line 6a.	ered "Yes" to Form	990, Part IV, line 19,	or reported more
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
- Re	1	Gross revenue				
Direct Expenses	2	Cash prizes				
t Expe	3	Non-cash prizes				
Direc	4	Rent/facility costs				
	5	Other direct expenses .				
	6	Volunteer labor	☐ Yes% ☐ No	☐ Yes% ☐ No	☐ Yes% ☐ No	
	7	Direct expense summary. Add	d lines 2 through 5 in co	lumn (d)		( )
	8	Net gaming income summary.	. Combine lines 1 and 7	in column (d)		
9 a b	ls If	nter the state(s) in which the or the organization licensed to op "No," Explain:	ganization operates gar perate gaming activities	ning activities:in each of these states	s?	. 9a
10a b	We		aming licenses revoked	, suspended or termina	ated during the tax yea	r? 10a
11 12	Is	pes the organization operate gathe organization a grantor, ber	neficiary or trustee of a	nmembers?	a partnership or other	
	ior	med to administer charitable g	aming?	## 1940 020 1620 020 020 020 020 A		12

Schedule	G	(Form	990	or	990-EZ)	2008

	~
Page	- 1

			Yes	No
13	Indicate the percentage of gaming activity operated in:		2.0	
а	The organization's facility			
	An outside facility	128		-
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name ▶			
	Address ▶		11112	73
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$			
С	If "Yes," enter name and address:	<b>10</b>		
	Name ▶			
	Address ▶			
16	Gaming manager information:			
	Name ▶			
	Gaming manager compensation ▶ \$			
	Description of services provided ▶			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions:	10.0	Target !	
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	17a		
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 ▶ \$	-2		

# SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.

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

OMB No. 1545-0047 2008

Open to Public Inspection

Name of the organization	<u> </u>					Employer ident	Employer identification number
Port Conoral Information	On Canada and	Accietance				41 0695524	524
Lead deneral information on Grants and Assistance	on Grants and	Assistance					
S S SI	in records to subs award the grants o zation's procedure	stantiate the amou or assistance? ss for monitoring t	int of the grants or as	sistance, the grantee in the United States.	the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and nice?	ants or assistance, and	ld ☑ Yes ☐ No
Part III Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	sistance to Gover 21, for any rec I-1 (Form 990) if	vernments and ipient that received additional space	Organizations in the ded more than \$5,00 e is needed	ne United States. C	Complete if the orgaif no one recipient r	inization answered eceived more than	"Yes" on \$5,000. Use
(a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	100	(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
	ļ						
			2				
<ul> <li>Enter total number of section 501(c)(3) and government organizations</li> <li>Enter total number of other organizations</li> </ul>	501(c)(3) and gove ganizations	rnment organizati	suo				

Schedule I (Form 990) 2008

Cat. No. 50055P

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

Schedule I (Form 990) 2008

Page 2 Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed. Part III

(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
Student Financial Assistance	2363	\$30,721,422	0\$		
- 1					
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	te this part to pro	ovide the informatio	n required in Part I	, line 2, and any other	additional information.
See Statement 11					
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
	2 2 3 3 4 5 5 6 6 6 7 7 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	1			
					Schedule I (Form 990) 2008

### SCHEDULE J (Form 990)

### **Compensation Information**

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

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

**GUSTAVUS ADOLPHUS COLLEGE** 

Employer identification number

41 0695524 Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.  First-class or charter travel  Travel for companions  Payments for business use of personal residence  Payments for business use of personal residence  Health or social club dues or initiation fees  Personal services (e.g., maid, chauffeur, chef)			
b	If line 1a is 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	1b	1	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? .	2	1	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.  Compensation committee  Independent compensation consultant  Form 990 of other organizations  Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a:			
а	Receive a severance payment or change of control payment?	4a		1
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	1	•
С	Participate in, or receive payment from, an equity-based compensation arrangement?.	4c		1
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3) and 501(c)(4) organizations must complete lines 5–8.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
а	The organization?	5a		✓
b	Any related organization?	5b		✓
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
	The organization?	6a		1
b	Any related organization?	6b		1
	If "Yes" to line 6a or 6b, describe in Part III.			
	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		1
	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		<b>√</b>

Page 2

Schedule J (Form 990) 2008

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed. Part II

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name See Statement 12 (ii)		(b) breakdown of W-2 and/or 1099-MISC compensation	oc compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(E) Componention
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(g)-(j)(g)	reported in prior Form 990 or Form 990-EZ
<u>(i)</u>							
	)						
9							
(ii)	(	1					
19)							
(ii)							
i)							
(ii)							
9							
(ii)							
13							
(ii)			1		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
9							
(ii)		1					
5							
(ii)							
(9)							
ii)							
(9)							
(i)							
0							
(6)							
(8)							
(ii)							
8			1				
(ii)							
8							

Schedule J (Form 990) 2008

Schedule J (Form 990) 2008	nation, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete thi	See Statement 13																			
----------------------------	-------------------------------------------------------------------------------------------------------------------------	------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

# SCHEDULE K (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization **GUSTAVUS ADOLPHUS COLLEGE** 

Supplemental Information on Tax-Exempt Bonds

Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information on Schedule O (Form 990).

OMB No. 1545-0047 2008

Open to Public Inspection

Employer identification number 41 0695524

Part   Rond Issuer (Dominal for 2008)							41	0695524	
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price		(f) Description of purpose	of purpose	(g) Defeased	(h) On behalf of issuer
A See Statement 14								Yes No	
В									
v									
D									
ш									
Part II Proceeds (Optional for 2008)									
i	A		В		O	٥		ш	
8 Year of substantial completion									
	Yes	No	Yes	Yes	No	Yes	No	Yes	No
Were the bonds issued as part of a current refunding issue?									
10 Were the bonds issued as part of an advance refunding issue?									
11 Has the final allocation of proceeds been made?									
12 Does the organization maintain adequate books and records to support the final allocation of proceeds?									
Part III Private Business Use (Optional for 2008)									
	A		В		O	٥		ш	
1 Was the organization a partner in a partnership, or a	Yes	No	Yes No	Yes	No	Yes	No	Yes	No
member of an LLC, which owned property financed by tax-exempt bonds?									
2 Are there any lease arrangements with respect to the financed property which may result in private business use?									

Schedule K (Form 990) 2008

Cat. No. 50193E

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

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	4		8	_	C		-	_	ш	
	Voc	ON O	No.							
Are there any management or service contracts with respect to the financed property which may result in private business use?	S	2	T GS	02	Yes	ON NO	Yes	ON.	Yes	S S
Are there any research agreements with respect to the financed property which may result in private business use?										
Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government.		%		%		%		%		%
Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government.		%		%		8		8		
Total of lines 4 and 5		%		%		2 %		2 %		8 %
proc										
Part IV Arbitrage (Optional for 2008)										
	A		8		O		٥		ш	
e, Yield Redu ate, been filec	Yes	o _N	Yes	o _N	Yes	o _N	Yes	o _N	Yes	8
Is the bond issue a variable rate issue?										
Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?										
Name of provider.										
Term of hedge										
Were gross proceeds invested in a GIC?										
Name of provider.										
Term of GIC										
Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
Were any gross proceeds invested beyond an available temporary period?										
Did the bond issue qualify for an exception to rehate?										

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

Department of the Treasury Internal Revenue Service

# Transactions With Interested Persons Attach to Form 990 or Form 990-EZ.

➤ Attach to Form 990 or Form 990-EZ.
 ➤ To be completed by organizations that answered
 "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ. Part V. line 38a or 40b.

OMB No. 1545-0047

2008

Open To Public

or Form 990-EZ, Part V, line 38a or 40b. Name of the organization Employer identification number **GUSTAVUS ADOLPHUS COLLEGE** 0695524 Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (c) Corrected? 1 (a) Name of disqualified person (b) Description of transaction Yes No 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . Loans to and/or From Interested Persons. To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a. (a) Name of interested person and purpose (b) Loan to or from (c) Original (d) Balance due (e) In default? (f) Approved (g) Written the organization? principal amount by board or agreement? committee? To From Yes No Yes Yes No Total Part III Grants or Assistance Benefitting Interested Persons. To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and the (c) Amount of grant or type of assistance organization Dependents Three Trustees \$29,250 Part IV Business Transactions Involving Interested Persons. To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (a) Name of interested person (b) Relationship between (c) Amount of (d) Description of transaction (e) Sharing of interested person and the transaction organization's organization revenues? Yes No See Statement 15

### SCHEDULE M (Form 990)

### **NonCash Contributions**

2008

Open To Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

Name of the organization

**GUSTAVUS ADOLPHUS COLLEGE** 

Employer identification number

41 0695524

		(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	Method	(d) of det evenue		ng
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 .	✓	31	431,097	Averag	e Hig	h/Lov	N
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						-1110-1-111	
18	Collectibles							200
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ▶ ()							
26	Other ▶ ()							
27 28	Other ► ()         Other ► ()		100					
29	Number of Forms 8283 received	by the ord	anization during the tax v	ear for contributions for				
	which the organization complete	d Form 828	3, Part IV, Donee Acknow	ledgement	29	0		
							Yes	No
30a	During the year, did the organiza	tion receive	by contribution any prope	erty reported in Part I lines	1-28 that			
	it must hold for at least three year	ars from the	date of the initial contribu	ition, and which is not rea	uired to be			
	used for exempt purposes for th	e entire hole	ding period?			30a		✓
b	If "Yes," describe the arrangeme							
31	Does the organization have a	gift accept	tance policy that require	s the review of any nor	n-standard	TE OUT		
	contributions?					31	✓	
32a	Does the organization hire or us		es or related organizations	s to solicit, process, or se	II noncash			
	contributions?					32a		<u>√</u>
	If "Yes," describe in Part II.					1927		
33	If the organization did not report r	evenues in o	column (c) for a type of prop	perty for which column (a) is	s checked,			

	Form 990) 2008 Page 2
Part II	<b>Supplemental Information.</b> Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

### SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

## Supplemental Information to Form 990

OMB No. 1545-0047

Employer identification number

Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Open to Pt Inspection

**GUSTAVUS ADOLPHUS COLLEGE** 0695524 See Statement 16

Schedule O (Form 990) 2008	Page 2
Name of the organization	Employer identification number
GUSTAVUS ADOLPHUS COLLEGE	41 0695524
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	echan sp., 755, 557, 557, 557, 557, 557, 557, 55

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Identification of Disregarded Entities

Part I

GUSTAVUS ADOLPHUS COLLEGE

Related Organizations and Unrelated Partnerships

Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. See separate instructions.

OMB No. 1545-0047

2008

Open to Public Inspection

Inspection
Employer identification number

41 : 0695524

Schedule R (Form 990) 2008 (F)
Direct controlling (F) Direct controlling Public charity status (if section 501(c)(3)) (E) End-of-year assets Œ (D) Exempt Code section (D) Total income Cat. No. 50135Y Legal domicile (state or foreign country) Legal domicile (state or foreign country) Primary activity Primary activity For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Identification of Related Tax-Exempt Organizations (A)Name, address, and EIN of related organization (A) Name, address, and EIN of disregarded entity See Statement 17 Part II

Schedule R (For	гт 990) 2008
Part III	Identification of Related Organizations Taxable as a Partnership

(J) General or managing partner?	Yes No				
(I) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)					
(H) Disproportionate allocations?	Yes No				
(G) Share of end-of-year assets					
(F) Share of total income					
(E) Predominant income (related, investment, unrelated)					
(D) Direct controlling entity					
(C) Legal domicile (state or foreign country)					
(B) Primary activity					
(A) Name, address, and EIN of related organization					

Identification of Related Organizations Taxable as a Corporation or Trust Part IV

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp., S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership

Schedule R (Form 990) 2008

Part V Transactions With Related Organizations

d Loens or loan guarantees to or for other organization(s) f Sale of assests to other organization(s) f Sale of assests to other organization(s) f Parkhase of assests to other organization(s) f Exchange of assests to other organization(s) f Exchange of assests to other organization(s) f Lease of facilities, equipment, or other assets to other organization(s) f Performance of services or membership or fundraising solicitations for other organization(s) f Performance of services or membership or fundraising solicitations for other organization(s) f Performance of services or membership or fundraising solicitations for other organization(s) f Performance of services or membership or fundraising solicitations for other organization for expenses of Reimbursement paid to other organization for expenses f One transfer of cash or property to other organization(s) f Other transfer of cash or property for other organization(s) f Other transfer of cash or property from other organization(s) f Other transfer of cash or property from other organization(s) f Other transfer of cash or property from other organization(s) f Other transfer of cash or property from other organization(s) f Other transfer of cash or property from other organization(s) f Other transfer of cash or property from other organization(s) f Other transfer of cash or property from other organization(s) f Other transfer of cash or property from other organization(s) f Other transfer of cash or property from other organization(s) f Other transfer of cash or property from other organization(s) f Other transfer of cash or property from other organization(s) f Other transfer of cash or property from other organization(s) f Other transfer of cash or property from other organization(s) f Other transfer of cash or property from other organization(s) f Other transfer of cash or property from other organization(s) f Other transfer of cash or property from other organization(s) f Other transfer of cash or property from other organization(s) f Other transfer of cash or	ationships and trans (B) Tansaction type (a-r)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(5)		
(9)	Schedul	Schedule R (Form 990) 2008

Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(A) Name, address, and EIN of entity	(B) Primary activity		(D) Are all pa	rtners	(E) Share of	(F) Disproportionate		(H) General	()
		(state or foreign country)	section 501(c)(3) organizations?	n (3) ions?		allocations	of Schedule K-1 (Form 1065)	managing partner?	iging ner?
			Yes No	No		Yes No	_	Yes	S
									ĺ
									I
								1	1

Schedule R (Form 990) 2008

Statement 1 : Activity Or Mission Description

Statement 2: Mission Description

Statement 3: Program Service Accomplishments

Statement 4 : The Books Are In Care Of Statement 5 : Form990 PartVII SectionA Statement 6 : Contractor Compensation

Statement 7: Other Liabilities

Statement 8 : Schedule D - Supplemental Information

Statement 9 : Racially Nondiscriminatory Media Policy Explanation

Statement 10 : Government Financial Aid Explanation

Statement 11: Description of Procedures for Monitoring the Use of Grant Funds in the United States

Statement 12 : Description of Individuals' Compensation

Statement 13: Explanation of Questions Regarding Compensation

Statement 14: Bond Issues

Statement 15: Description of Business Transactions Involving Interested Persons

Statement 16 : Additional Information for Responses to Specific Questions for The Form 990 or Others

Statement 17 : Description of Identification of Related Tax-Exempt Organizations

Form: 990 Page: 1

Line Number: Part I Line 1

GUSTAVUS ADOLPHUS COLLEGE 41-0695524

Activity Or Mission Description

Description

Gustavus Adolphus College prepares its students for fulfilling lives of leadership and service and is committed to the core values of excellence, community, justice, service, and faith. It is especially known for strong science, writing, music, athletics, and study abroad programs. The College hosts a chapter of Phi Beta Kappa and is internationally recognized for its annual Nobel Conference sanctioned by The Nobel Foundation in Stockholm, Sweden. The students, faculty, administration, staff and Board of Trustees believe in a strong, open community where all citizens play a vital role. Gustavus has consistently produced graduates who lead lives of uncommon purpose and passion, and demonstrate that they make their lives count.

Form: 990 Page: 2

Line Number: Part III Line 1

GUSTAVUS ADOLPHUS COLLEGE 41-0695524

Mission Description

Description

Gustavus Adolphus College is a church-related, residential liberal arts college firmly rooted in its Swedish and Lutheran heritage. The College offers students of high aspiration and promise a liberal arts education of recognized excellence provided by faculty who embody the highest standards of teaching and scholarship. . . . The College aspires to be a community of persons from diverse backgrounds who respect and affirm the dignity of all people. It is a community where a mature understanding to the Christian faith and lives of service are nurtured and students are encouraged to work toward a just and peaceful world. The purpose of a Gustavus education is to help students attain their full potential as persons, to develop in them a capacity and passion for lifelong learning, and to prepare them for fulfilling lives of leadership and service in society.

Form: 990 Page: 2

Line Number: Part III Line 4a

GUSTAVUS ADOLPHUS COLLEGE 41-0695524

Program Service Accomplishments

Activity Code	Description	Expense	Grants	Revenue
	4a: Instruction and Academic Support: Gustavus offers 71 majors in 24 academic departments and 3 interdisciplinary programs, with a student-faculty ratio of 11:1. Total FTE enrollment for academic year 2008-09 was 2,547, with 608 students graduating in May 2009.	\$65,456,647	\$30,721,422	\$96,073,861
	4b: Student Services: Gustavus sponsors 25 varsity athletics teams and more than 40 intramural club sports, along with more than 100 student organizations. Approximately 99% of students are involved in at least one extracurricular activity. Other student services include admission, career center, Center for Vocational Reflection, Office of the Chaplains, community service, diversity center, financial aid assistance, health services, registrar, student activities and residential life programs.	\$14,234,185	\$0	\$0
	4c: Auxiliary Services: As a residential college, Gustavus is committed to residence hall living as a vital complement to its academic program. Approximately 80% of students live in College-owned residences and eat in the College's Dining Service. During Fall 2008, 1,996 students lived in College-owned residences. The College bookstore provides textbooks and other educational supplies for students. Other items for sale include, clothing, books and miscellaneous novelty items.	\$15,793,981	\$0	\$0
	4d: Gustavus offers a number of activities that enhance the curricular program, including various public service events and miscellaneous services provided to students.	\$3,535,057	\$0	\$0
Total:		\$99,019,870	\$30,721,422	\$96,073,861

Form: 990 Page: 6

Line Number: Part VI Section C Line 20

GUSTAVUS ADOLPHUS COLLEGE 41-0695524

The Books Are In Care Of

Name and address:	Telephone Number	
Kenneth C Westphal	(507)933-7500	
800 West College Avenue	Vocana London control to the	
Saint Peter, MN 56082		

Form: 990 Page: 7

Line Number: Part VII Section A

Form990 PartVII SectionA

						Forn	n990	PartVII	SectionA		
Name	Title	Hours	C1	C2	C3	C4	C5	C6	Reportable Comp From Organization	Reportable Comp From RelatedOrgs	Other Compensation
Gary F Anderso	nTrustee	2	Yes			722			\$0	\$0	\$0
Rodney L Anderson	Trustee	2	Yes						\$0	\$0	\$0
Thomas M Annesley	Trustee	2	Yes						\$0	\$0	\$0
Albert T Annexstad	Trustee	2	Yes						\$0	\$0	\$0
Tracy L Bahl	Trustee	2	Yes						\$0	\$0	\$0
Warren L Beck	Trustee	2	Yes						\$0	\$0	\$0
Rebecca M Bergman	Trustee	2	Yes						\$0	\$0	\$0
Mark E Bernhardson	Trustee/Vice Chair	2	Yes		Yes				\$0	\$0	\$0
Stephen P Blenkush	Trustee	2	Yes						\$0	\$0	\$0
Ake Bonnier	Trustee	2	Yes						\$0	\$0	\$0
Gordon A Braatz	z Trustee	2	Yes						\$0	\$0	\$0
David J Carlson	Trustee	2	Yes						\$0	\$0	\$0
John E Chadwick	Trustee	2	Yes	875					\$0	\$0	\$0
Kelly H Chatmar	Trustee	2	Yes						\$0	\$0	\$0
Jerome King Dei Pino	Trustee	2	Yes						\$0	\$0	\$0
Ardena L Flippin	Trustee	2	Yes						\$0	\$0	\$0
James H Gale	Trustee/Chair	8	Yes		Yes				\$0	\$0	\$0
Tania K Haber	Trustee	2	Yes						\$0	\$0	\$0
Paul L Harrington	Trustee	2	Yes						\$0	\$0	\$0
Patty K Haugen	Trustee	2	Yes						\$0	\$0	\$0
Alfred A Henderson	Trustee	2	Yes						\$0	\$0	\$0
George G Hicks	Trustee	2	Yes						\$0	\$0	\$0
Thomas J Hirsch	Trustee	2	Yes						\$0	\$0	\$0
Thomas W Hodnefield	Audit Committee Member	2	Yes						\$0	\$0	\$0
Ronald A Jones	Trustee	2	Yes						\$0	\$0	\$0
Linda B Keefe	Trustee	2	Yes		1200				\$0	\$0	\$0
Paul R Koch	Trustee	2	Yes						\$0	\$0	\$0
Daniel A Kolander	Trustee	2	Yes						\$0	\$0	\$0
Barbara M Krig	Trustee	2	Yes						\$0	\$0	\$0
Jan M Michaletz	Trustee	2	Yes						\$0	\$0	\$0
								100-1			+0

Statement 5						GUSTAVUS AD	OLPHUS COLLEGE
Christine M Morse	Investment Committee Member	2	Yes		\$0	\$0	\$0
Martha I Penkhus	Trustee/Secreta y	ar 2	Yes	Yes	\$0	\$0	\$0
Wayne B Peterson	Trustee	2	Yes		\$0	\$0	\$0
James R Roberts	Investment Committee Member	2	Yes		\$0	\$0	\$0
Jason T Sawyer	Trustee	2	Yes		\$0	\$0	\$0
Beth S Schnell	Trustee	2	Yes		\$0	\$0	\$0
Karin L Stone	Trustee	2	Yes		\$0	\$0	\$0
Russell W Swansen	Investment Committee Member	2	Yes		\$0	\$0	\$0
Sally C Turrittin	Trustee	2	Yes		\$0	\$0	\$0
Chia Y Vang	Trustee	2	Yes		\$0	\$0	\$0
Susan J Wilcox	Trustee	2	Yes		\$0	\$0	\$0
Daniel K Zismer	Trustee	2	Yes		\$0	\$0	\$0
Mark H Anderson	Vice President for Enrollment Management	50		Yes	\$101,187	\$0	\$22,991
Gwendolyn H Freed	Vice President for Marketing and Communication	50		Yes	\$105,354	\$0	\$7,256
	President-July 1, 2008 to May 31, 2009	50		Yes	\$124,893	\$0	\$69,216
	President-June 2008	50		Yes	\$169,650	\$0	\$27,566
	Provost and Vice President for Academic Affairs			Yes	\$177,818	\$0	\$25,776
	Vice President for Student Affairs and Dean of Students	50		Yes	\$124,327	\$0	\$22,935
Westphal	Vice President for Finance and Treasurer	50		Yes	\$157,374	\$0	\$17,814
oung/	Vice President for Institutional Advancement	50		Yes	\$130,571	\$0	\$28,409
Aarsvold	Director of Gustavus Technology Services	50		Y	\$103,117	\$0	\$47,186
Eric J Eliason	Academic Dean	50		Ye	\$101,072	\$0	\$13,751
arrell H Jodock I	Faculty	50		Ye		\$0	\$13,792

Statement 5				GUSTAVUS ADOLP	HUS COLLEGE
Mariangela Maguire	Academic Dean 50	Yes	\$101,449	\$0	\$13,894
Alan I Molde	Athletic Director 50	Yes	\$102,563	\$0	\$14,345
Total:			\$1,610,621	\$0	\$324,931

C1 = Individual Trustee Or Director

C2 = Institutional Trustee

C3 = Officer

C4 = Key Employee

C5 = Highest Compensated Employee

C6 = Former

Form: 990 Page: 8

Line Number: Part VII Section B

GUSTAVUS ADOLPHUS COLLEGE 41-0695524

Contractor Compensation

Name and address:	Description Of Services	Compensation
BWBR Architects Lawson Commons Saint Paul, MN 55102	Architectural Services	\$881,763
Commercial Refrigeration Systems PO Box 1066 Virginia, MN 55792	General Contractor	\$504,743
Gosewisch Construction Inc 901 Summit Avenue Mankato, MN 56001	General Contractor	\$312,179
Primarius Limited Promotion 141 South 7th Street Minneapolis, MN 55402	Marketing and Promotion	\$162,724
Simpson Scarborough LLC 2122 P Street NW Washington, DC 20037	Higher Education Market Research Consulting	\$153,565
Total:		\$2,014,974

Form: Schedule D

Page: 3

Line Number: Part X

GUSTAVUS ADOLPHUS COLLEGE

41-0695524

Other Liabilities

Description	Amount
Future Interest Discount on Pooled Life Income Funds	\$1,075,193
Annuities Payable	\$7,940,120
U.S. Government Grants Refundable	\$2,952,304
Total:	\$11,967,617

GUSTAVUS ADOLPHUS COLLEGE 41-0695524

Statement 8

Form: Schedule D

Page: 4

Line Number: Part XIV

Schedule D - Supplemental Information

Reference	Explanation The Hillstrom Museum of Art exists as an integral part of the education of Gustavus Adolphus College students. As an important educational and cultural component of the College, the Museum supplements the education of students through its exhibitions and programs, encourages the interdisciplinary study of the arts, and provides a context for understanding the arts in a liberal arts program.		
Schedule D, Part III, Line 4			
Schedule D, Part IV, Line 2b	This includes the actuarial liability of deferred gift funds held for third parties and funds held for various student organizations.		
Schedule D, Part V, Line 4	Endowment funds are used for designated and undesignated scholarships, endowed chairs, library acquisitions, faculty development, student research, Nobel Conference and other endowed programs.		
Schedule D, Part X	Substantially all of Gustavus' activites serve to fulfill the College's exempt purpose. To the extent that some of these activities may be considered unrelated business income, these items would be immaterial and there would be sufficient expenses to offset any income. Accordingly, no tax liability is recorded at May 31, 2009.		
Schedule D, Part XI, Line 8	Adjustment of Actuarial Liability		
Schedule D, Part XII, Line 2d	Adjustment of Actuarial Liability, Scholarships and Grants to Students and Miscellaneous Interdepartmental Adjustments		
Schedule D, Part XIII, Line 2d	Miscellaneous Interdepartmental Adjustments		
Schedule D, Part XIII, Line 4b	Scholarships and Grants to Students		

Form: Schedule E

Page: 1

Line Number: Line 3

GUSTAVUS ADOLPHUS COLLEGE 41-0695524

Racially Nondiscriminatory Media Policy Explanation

Explanation

The following nondiscrimination policy appears in the all-college policy manual: Within the limits of its facilities, the College shall be open to all applicants who are qualified according to its admission requirements. The College shall make clear to all applicants the characteristics and expectations of students that it considers relevant to its program. Under no circumstances may an applicant be denied admission or financial aid because of race, color, creed, religion, age, sex, sexual orientation, national origin, marital status, disability, veteran status, status with regard to public assistance or other categories protected by federal, state or local anti-discrimination laws. Financial aid administered by the College shall be disbursed on the basis of financial need and academic promise and/or academic ability.

Form: Schedule E

Page: 1

Line Number: Line 6

GUSTAVUS ADOLPHUS COLLEGE 41-0695524

Government Financial Aid Explanation

Explanation

Gustavus received student financial aid assistance from the State of Minnesota and U.S. Department of Education. The College also received other grants from the U.S. Government through programs from Environmental Protection Agency, National Science Foundation, U.S. Department of Agriculture and U.S. Department of Education.

Form: Schedule I

Page: 2

Line Number: Part IV

GUSTAVUS ADOLPHUS COLLEGE 41-0695524

Description of Procedures for Monitoring the Use of Grant Funds in the United States

Reference	Explanation		
Schedule I, Part I, Line 2	Gustavus offers both merit-based and need-based scholarship assistance. Merit-based scholarships do not require a student to demonstrate financial eligibility and must be awarded during the Admission process. They also may be awarded as part of a need-based financial aid package. To be renewed the student needs to maintain the established minimum standards. Need-based scholarships are offered to students who demonstrate financial eligibility by filing the FAFSA and Gustavus Financial Aid Application. The offered amounts will vary from year to year and are determined based on the family's Estimated Family Contribution (EFC) as determined by FAFSA and availability of funds.		

Statement 12 Form: Schedule J Page: 2

Line Number: Part II

Description of Individuals' Compensation

Securitari of marriadas compensation							
	Base compensation (\$)	incentive	Other compensation (\$)	Deferred compensation (\$)	Nontaxable benefits (\$)	Total Co	prior 990
Bruce N Aarsvold							
From org.	\$102,809	\$0	\$308	\$0	\$47,186	\$150,303	\$0
From related orgs	\$0	\$0	\$0	\$0	\$0	\$0	\$0
John R Ohle							
From org.	\$119,030	\$0	\$5,863	\$24,375	\$44,841	\$194,109	\$0
From related orgs	\$0	\$0	\$0	\$0	\$0	\$0	\$0
James L Peterson							
From org.	\$141,749	\$0	\$27,901	\$0	\$27,566	\$197,216	\$0
From related orgs	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Mary E Strey							
From org.	\$177,412	\$0	\$406	\$0	\$25,776	\$203,594	\$0
From related orgs	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Kenneth C Westphal							
From org.	\$156,430	\$0	\$944	\$0	\$17,814	\$175,188	\$0
From related orgs	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Thomas W Young							
From org.	\$128,726	\$0	\$1,845	\$0	\$28,409	\$158,980	\$0
From related orgs	\$0	\$0	\$0	\$0	\$0	\$0	\$0

Form: Schedule J

Page: 3

Line Number: Part III

GUSTAVUS ADOLPHUS COLLEGE 41-0695524

Explanation of Questions Regarding Compensation

Reference	Explanation			
Schedule J, Part I, Line 1a	The President's wife accompanies him on College related business as part of her employment contract with the College. As part of the President's contract, he is required to reside in the College-owned residence at the College's expense. The College shall pay for all maintenance and operating expenses of the house, including, but not limited to, housekeeping, grounds keeping, general maintenance and all utilities. The President's residence shall be available for College-related business and entertainment on a regular and continuing basis. The President's contract also provides him a club membership to be used exclusively for College business.			
Schedule J, Part I, Line 3	The College worked with an independent consultant in connection with the hiring of President John R. Ohle. Prior to the time that the President's written contract was finalized and before his salary was established, the Personnel Committee of the Board of Trustees looked at data from the consultant, form 990 of other comparable colleges and universities, compensation surveys of college and university presidents, and data from the independent consultant.			
Schedule J, Part I, Line 4	The President has a supplemental nonqualified retirement plan that has been approved by the Personnel Committee of the Board of Trustees. The terms of this plan are set forth in the written contract of the President that has been signed by the Chair of the Board of Trustees.			

Form: Schedule K

Page: 1

Line Number: Part I Column (a)

GUSTAVUS ADOLPHUS COLLEGE 41-0695524

Bond Issues

		Issue Price
Issuer Name	Minnesota Higher Education Facilities Authority	\$16,550,000
Issuer EIN	41-0988525	
CUSIP#	60416HDT8	
Date Issued	10/07/2004	
Description Of Purpose	Construct new apartment complex, install fire sprinkler	
	systems and renovate Old Main	
Defeased	No	
On Behalf Of Issuer	No	

GUSTAVUS ADOLPHUS COLLEGE 41-0695524

Form: Schedule L Page: 1

Line Number: Part IV

Description of Business Transactions Involving Interested Persons

	And company without the same and company of the same a	Amount of transaction
Name	Joyce A Aarsvold	\$58,882
Relationship with organization	Wife of Bruce N Aarsvold	,
Description of transaction	Compensation includes benefits of \$11,173 for employment as	
	Instructional Technology Support. Joyce A Aarsvold reports to the	
	Academic Dean.	
Sharing Of Revenues	No	
Name	Kirsten R Ohle	\$16,500
Relationship with organization	Wife of John R Ohle	\$15,555
Description of transaction	Compensation for employment as Ambassador. Employment	
	began on July 1, 2008. Kirsten R Ohle reports to the Chair of the	
	Board of Trustees.	
Sharing Of Revenues	No	
Name	JackieLynn N Peterson	\$10,273
Relationship with organization	Wife of Wayne B Peterson	\$10,270
Description of transaction	Compensation includes benefits of \$664 for employment as	
	Director, Gift Planning. Employment began on April 15, 2009.	
Sharing Of Revenues	No No	
Name	Charles E Strey	\$75,357
Relationship with organization	Husband of Mary M Strey	\$10,007
Description of transaction	Compensation includes benefits of \$13,251 for employment as	
	Director of Residential Life/Assistant Dean of Students.	
Sharing Of Revenues	No	
Name	Kristianne R Westphal	\$74.658
Relationship with organization	Wife of Kenneth C Westphal	Ψ, 4,000
Description of transaction	Compensation includes benefits of \$12,558 for employment as	
	Registrar.	
Sharing Of Revenues	No	

GUSTAVUS ADOLPHUS COLLEGE 41-0695524

Form: Schedule O

Page: 1

Line Number: ScheduleO

Additional Information for Responses to Specific Questions for The Form 990 or Others

Reference	Explanation			
Form 990, Part III, Line 4a	All grants and program revenue have been included on 4a since an allocation by program service achievement area is not practical. See Statement 3. The Articles of Incorporation and Bylaws of the College provide that the elective members of the Board of Trustees of the College shall be elected by the Gustavus Adolphus College Association of Congregations (Association) of the Evangelical Lutheran Church in America (ELCA). The College's elected Board of Trustees must be constituted as follows: Eighteen elected directors shall be elected as representatives of the Association. These individuals at the time of election must be members of a member congregation of the Association. At least five sitting directors elected under these provisions must have been rostered clergy of the ELCA at the time of election to their current terms. A director elected under these provisions may complete his or her current term even if he or she ceases to be a member of a member congregation of the Association. However, such a director is not eligible for election to a new term. Fifteen to eighteen elected directors, the exact number to be determined by the Board, shall be at large directors, nominated by the Board and elected by the Association without contest.			
Form 990, Part VI, Section A, Line 7a				
Form 990, Part VI, Section A, Line 10	Federal Form 990 (the 990) was prepared by the Controller and reviewed by the Vice President for Finance and Treasurer. Independent tax counsel reviewed the 990 on March 17, 2010. On April 1, 2010, the Audit Committee of the Board of Trustees reviewed and accepted the 990 for filing with the IRS. The 990 was provided to all members of the Board of Trustees on April 5, 2010.			
Form 990, Part VI, Section B, Line 12c	The College's conflict of interest policy was provided to all employees and the Board of Trustees. A questionnaire was prepared by legal counsel and sent to all individuals included in Part VII, Section A. This will be done on an annual basis. One of the purposes of this questionnaire is to have the individuals described above document any interest that could give rise to conflicts. The questionnaire is reviewed by the President and the Vice President for Finance and Treasurer. In addition, a summary report of interests that could give rise to conflicts is reviewed by the Audit Committee prior to filing of Federal Form 990. If a conflict is identified, the interested party recuses themselves from voting on that matter. The minutes of the meeting shall indicate that the Trustee made disclosure of any actual or potential conflict and that the Trustee abstained from voting.			
Form 990, Part VI, Section B, Line 15	The President's compensation is annually reviewed by the Executive Committee of the Board of Trustees. It was last reviewed in May 2009. The Executive Committee reviews compensation survey information of other college and university presidents. This review process is documented in their minutes. The President reviews compensation surveys and the compensation of all vice presidents and other administrative employees on an annual basis. The compensation of all interested persons on Schedule L, Part IV is reviewed by independent persons. The President approves and signs all vice president and administrative contracts. Members of the Board of Trustees do not receive compensation.			
Form 990, Part VI, Section C, Line 19	The audited financial statements of the College for the year ended May 31, 2009 are found on the College's website in the Finance Office section. The following documents are available for public inspection in the President's Office, located in the Carlson Administration Building on the campus in St. Peter, MN: Articles of Incorporation, Bylaws and Conflict of Interest Policy.			
Form 990, Part VII, Section A, Line 1a	All compensation reported in Part VII and Schedule J is based on 2008 W-2 forms. Gustavus pays its salaried employees on the first day of the month following the month the service was performed. In general, benefits may include medical insurance, retirement, dental insurance, disability insurance, dependent care, medical reimbursement and tuition benefit plan.			

Form: Schedule R

Page: 1

Line Number: Part II

GUSTAVUS ADOLPHUS COLLEGE 41-0695524

Description of Identification of Related Tax-Exempt Organizations

Name, address and EIN Greater Gustavus Fund

800 West College Avenue

St Peter, MN 56082

416038632

Primary activities

Fundraising

N/A

State or foreign country

MN

Exempt code section

501(c)(3) III-FI

Public charity status Direct controlling entity

Schedule B

Schedule of Contributors

41-0695524

GUSTAVUS ADOLPHUS COLLEGE

Organization Type:

Filers of:

Form 990 or 990-EZ

- X 501(c)(3) Organization
- _ 4947(a)(1) nonexempt charitable trust not treated as a private foundation
- _ 527 Political Organization

Form 990PF

- _ 501(c)(3) exempt private foundation
- _ 4947(a)(1) nonexempt charitable trust treated as a private foundation
- _ 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule. Note: only section 501(c)(7), (8), (10) organizations can check boxes for both the General Rule and a Special Rule — see instructions.

General Rule-

 For organizations filing Form 990, 990-EZ or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor (Complete Parts I and II.)

Special Rules--

- X For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)
- For section 501(c)(7), (8), or (10) organizations filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)
- For a section 501(c)(7), (8), or (10) organizations filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, Charitable, etc., purpose. Do not complete any of the Parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.)

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PDF), but they must check the box in the heading of their Form 990, Form 990-EZ, or on line 1 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ or 990-PF).

Schedule B - Part I

Contributors

	OLPHUS COLLEGE	VI		41-069552
Reference	Name and Address	Contribution	Type	
1		\$204,400	Individual	Yes
			Payroll	No
			Noncash	No
2		\$370,010	Individual	Yes
		Control of the control of	Payroll	No
			Noncash	No
3		\$156,358	Individual	Yes
			Payroll	No
			Noncash	No
4		\$534,706	Individual	Yes
		\$554,700	Payroll	No
			Noncash	Yes
				100
5		\$418,321	Individual	Yes
			Payroll	No
			Noncash	No
5		\$310,300	Individual	Yes
			Payroll	No
			Noncash	No
		\$806,507	Individual	Yes
			Payroll	No
			Noncash	No

Schedule B - Part II

Noncash Property

GUSTAVUS ADOLPHUS COLLEGE			41-0695524
Reference	Description	FMV	Date Received
4	4 stocks	\$21,755	01/22/2009
4	21 mutual funds	\$480,930	01/22/2009