

Form **990**

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

# 2022

Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the **2022** calendar year, or tax year beginning **JUL 1, 2022** and ending **JUN 30, 2023**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization COLLEGE OF ST. SCHOLASTICA, INC.		<b>D</b> Employer identification number 41-0698301
	Doing business as		<b>E</b> Telephone number (800) 447-5444
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	1200 KENWOOD AVENUE		<b>G</b> Gross receipts \$ 141,324,408.
	City or town, state or province, country, and ZIP or foreign postal code DULUTH, MN 55811-4199		
<b>F</b> Name and address of principal officer: BARBARA MCDONALD SAME AS C ABOVE		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number	

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J** Website: WWW.CSS.EDU

**K** Form of organization:  Corporation  Trust  Association  Other **L** Year of formation: 1962 **M** State of legal domicile: MN

## Part I Summary

Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities: PROVIDE INTELLECTUAL AND MORAL PREPARATION FOR RESPONSIBLE LIVING AND MEANINGFUL WORK.		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	27
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	26
	<b>5</b> Total number of individuals employed in calendar year 2022 (Part V, line 2a)	<b>5</b>	1310
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	200
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	60,482.
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	0.	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	19,374,579.	9,340,134.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	96,664,080.	92,294,102.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,335,811.	7,725,001.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	60,129.	126,711.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	120,434,599.	109,485,948.
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	37,355,351.	38,310,290.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	47,524,563.	47,266,917.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	167,139.	81,761.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	1,802,098.	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	32,378,928.	27,680,715.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	117,425,981.	113,339,683.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	3,008,618.	-3,853,735.	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	208,318,369.	209,187,872.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	68,616,110.	68,554,593.
		139,702,259.	140,633,279.

## Part II Signature Block

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

<b>Sign Here</b>	Preparer's signature <i>Jill Larson</i>	Date 5/10/2024			
	Signature of officer JILL LARSON, CHIEF FINANCIAL OFFICER Type or print name and title	Date			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name SARAH HINTZ	Preparer's signature SARAH HINTZ	Date 05/01/24	Check if self-employed <input type="checkbox"/>	PTIN P00492291
	Firm's name CLIFTONLARSONALLEN LLP	Firm's EIN 41-0746749	Phone no. (303) 779-5710		
Firm's address 8390 EAST CRESCENT PARKWAY, SUITE 300 GREENWOOD VILLAGE, CO 80111					

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: SHAPED BY THE CATHOLIC BENEDICTINE HERITAGE, THE COLLEGE OF ST. SCHOLASTICA PROVIDES INTELLECTUAL AND MORAL PREPARATION FOR RESPONSIBLE LIVING AND MEANINGFUL WORK. IN CONJUNCTION WITH THIS MISSION STATEMENT, THE COLLEGE'S VISION STATEMENT IS AS FOLLOWS: THE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No If "Yes," describe these changes on Schedule O.

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

4a (Code: ) (Expenses \$ 70,264,001. including grants of \$ 38,215,641. ) (Revenue \$ 82,835,229. ) INSTRUCTION: CSS PREPARES ITS STUDENTS FOR A LIFE OF PURPOSE BY EMPHASIZING CORE VALUES OF THE CATHOLIC BENEDICTINE TRADITION, INCLUDING HOSPITALITY, THE LOVE OF LEARNING, RESPECT, COMMUNITY AND STEWARDSHIP. LEARNING HERE ENTAILS A COMMITMENT TO MEETING RIGOROUS ACADEMIC STANDARDS, BROADENING THE SCOPE OF ONE'S VISION AND BECOMING ACCOUNTABLE TO BOTH SELF AND SOCIETY. CSS OFFERS 46 MAJORS AND MANY UNIQUE MINORS. THE COLLEGE ALSO OFFERS ADVANCED DEGREES, CERTIFICATES AND LICENSURES IN 34 DIFFERENT AREAS. THE MAIN CAMPUS IS IN DULUTH, MN, WITH ADDITIONAL IN-STATE CAMPUSES IN AUSTIN, BRAINERD, CLOQUET, INVER GROVE HEIGHTS AND ST. CLOUD. IN ADDITION TO GRADUATE AND EXTENDED SITES THE COLLEGE OFFERS ONLINE PROGRAMS.

4b (Code: ) (Expenses \$ 22,531,093. including grants of \$ 48,250. ) (Revenue \$ 352,975. ) STUDENT & ADMINISTRATIVE SERVICES: THE STUDENT EXPERIENCE IS CRITICAL TO THE CSS MISSION. THE COLLEGE PROVIDES LIBRARY SERVICES, COMPUTER LABS, ACADEMIC AND PERSONAL ADVISEMENT AND COUNSELING, TUTORING AND GRADUATE SCHOOL PREPARATION TO ENHANCE ITS EDUCATIONAL PROGRAMS. SUPPORT IS OFFERED FOR ADMISSIONS, REGISTRATION, FINANCIAL AID AND SPECIALIZED SERVICES TO ENRICH DIVERSITY WITHIN THE COLLEGE. STUDENT ACTIVITIES ARE A WAY FOR STUDENTS TO CONNECT WITH OTHER STUDENTS WITH SIMILAR VIEWS, ASPIRATIONS AND CONCERNS, AND THEN PROVIDE A FRAMEWORK FOR THOSE STUDENTS TO WORK TOGETHER FOR A COMMON GOAL. A VARIETY OF CAMPUS ORGANIZATIONS, CLUBS AND LEADERSHIP OPPORTUNITIES PROVIDE STUDENTS WITH MANY AVENUES FOR PERSONAL, VOCATIONAL AND SOCIAL GROWTH. THE ATHLETICS DEPARTEMENT OFFERS 22 MEN'S AND WOMEN'S PROGRAMS

4c (Code: ) (Expenses \$ 7,515,509. including grants of \$ 0. ) (Revenue \$ 7,883,098. ) AUXILIARY SERVICES: CSS OFFERS ITS STUDENTS HOUSING, FOOD AND HEALTH SERVICES. HOUSING CONSISTS OF A RESIDENCE HALL AND SUITES AND SEVEN APARTMENT COMPLEXES WITH A CAPACITY OF 856 BEDS. OVER HALF OF THE COLLEGE'S FULL-TIME UNDERGRADUATE TRADITIONAL AGED STUDENTS RESIDE ON CAMPUS. FOR, 2022-23, OCCUPANCY WAS 702 AND 670 STUDENTS FOR FALL AND SPRING SEMESTERS, RESPECTIVELY. ST. SCHOLASTICA UTILIZES ARAMARK CAMPUS DINING TO PROVIDE QUALITY NUTRITIOUS FOODS AT MULTIPLE CAMPUS LOCATIONS. TOGETHER WE ARE COMMITTED TO SUSTAINABLE PRACTICES AND SUPPORTING STUDENT'S HEALTH WELLBEING. ALL STUDENT RESIDING IN THE RESIDENCE HALL ARE REQUIRED TO PURCHASE A MEAL PLAN. OVER 40% OF TRADITIONAL AGRED STUDENTS RESIDE ON

4d Other program services (Describe on Schedule O.) (Expenses \$ 2,562,758. including grants of \$ 46,399. ) (Revenue \$ 1,289,029. )

4e Total program service expenses 102,873,361.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions .....	X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		X
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....	X	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....		X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....		X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....	X	
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....	X	
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....		X
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	X	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	X	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....		X
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....		X
<b>d</b> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....		X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	X	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....		X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....	X	
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....	X	
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....	X	
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....		X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....	X	
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions .....	X	
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....		X
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38 covering various organizational requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a-1c regarding Form 1096 and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 27; 1b Enter the number of voting members included on line 1a... 26; 2 Did any officer, director, trustee, or key employee have a family relationship...; 3 Did the organization delegate control over management duties...; 4 Did the organization make any significant changes to its governing documents...; 5 Did the organization become aware during the year of a significant diversion of the organization's assets...; 6 Did the organization have members or stockholders...; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body...; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body...; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 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? a The organization's CEO, Executive Director, or top management official; b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed MN, CA
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[X] Own website [ ] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
JILL LARSON - (218) 723-6009
1200 KENWOOD AVE, DULUTH, MN 55811-4199

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BARBARA MCDONALD PRESIDENT	40.00	X		X			364,998.	0.	36,175.	
(2) CHRIS MUELLER VP OF COLLEGE ADVANCEMENT	40.00				X		154,384.	0.	72,113.	
(3) RYAN SANDEFER VP OF ACADEMIC AFFAIRS	40.00			X			158,720.	0.	43,849.	
(4) DIANE VERTIN CHIEF OPERATING OFFICER	40.00				X		167,751.	0.	20,072.	
(5) STEVE LYONS VP OF STUDENT AFFAIRS	40.00				X		147,101.	0.	34,488.	
(6) SHERYL SANDAHL DEAN OF NURSING	40.00				X		154,282.	0.	23,066.	
(7) RICK REVOIR DEAN OF STRATEGIC DEVELOPMENT	40.00				X		141,549.	0.	7,147.	
(8) JILL LARSON CHIEF FINANCIAL OFFICER	40.00			X			129,896.	0.	6,507.	
(9) DEBORAH A. AMBERG TRUSTEE, CHAIR	1.00	X		X			0.	0.	0.	
(10) SISTER DANILE LYNCH TRUSTEE, TREASURER	1.00	X		X			0.	0.	0.	
(11) JENNIFER ALASPA TRUSTEE	1.00	X					0.	0.	0.	
(12) MARIANNE MESICH ALLEN TRUSTEE	1.00	X					0.	0.	0.	
(13) LARRY ANDERSON TRUSTEE	1.00	X					0.	0.	0.	
(14) STEVE BURGESS TRUSTEE	1.00	X					0.	0.	0.	
(15) GABRIELLA CALDECOTT TRUSTEE	1.00	X					0.	0.	0.	
(16) ED CRAWFORD TRUSTEE	1.00	X					0.	0.	0.	
(17) CRAIG FELLMAN TRUSTEE	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DAVID HERMAN TRUSTEE	1.00	X						0.	0.	0.
(19) SISTER GRETCHEN JOHNSTON TRUSTEE	1.00	X						0.	0.	0.
(20) HEIDI JOHNSON TRUSTEE	1.00	X						0.	0.	0.
(21) STEPHEN KENT TRUSTEE	1.00	X						0.	0.	0.
(22) MARK LAMBERT TRUSTEE	1.00	X						0.	0.	0.
(23) FRED LEWIS TRUSTEE	1.00	X						0.	0.	0.
(24) SISTER PAULINE MICKE TRUSTEE	1.00	X						0.	0.	0.
(25) EMMA MISCHKE TRUSTEE	1.00	X						0.	0.	0.
(26) SISTER BEVERLY RAWAY TRUSTEE	1.00	X						0.	0.	0.
<b>1b Subtotal</b>								1,418,681.	0.	243,417.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								1,418,681.	0.	243,417.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 39

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
ARAMARK EDUCATIONAL SERVICES, LLC, BANK OF AMERICA ARAMARK HIGHER EDUCATION, LOCKBOX, CDW GOVERNMENT INC, 75 REMITTANCE DR STE 1515, CHICAGO, IL 60675-1515	FOOD SERVICE	2,295,800.
U S DEPT OF EDUCATION, NATIONAL PAYMENT CENTER PO BOX 4142, GREENVILLE, TX ELLUCIAN COMPANY L.P.	TECHNOLOGY SOLUTIONS BUSINESS	1,082,253.
14083 COLLECTIONS CTR DR, CHICAGO, IL 60693	FINANCIAL SERVICES	427,191.
PREMIER COMPANIES, INC., 1120 GARFIELD AVE PO BOX 161662, DULUTH, MN 55816	TECHNICAL SUPPORT	415,107.
	SNOW REMOVAL SERVICES	333,000.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 9

SEE PART VII, SECTION A CONTINUATION SHEETS





**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	5,808,192.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	3,531,942.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 475,044.				
	<b>h Total.</b> Add lines 1a-1f		9,340,134.				
Program Service Revenue	<b>2 a</b> TUITION/FEES	Business Code 611310	82,835,028.	82,835,028.			
	<b>b</b> AUXILIARY ENTERPRISES	611310	7,883,098.	7,883,098.			
	<b>c</b> OTHER PROGRAM SERVICE	611310	820,351.	820,351.			
	<b>d</b> SALES/EDU ACTIVITIES -	541900	410,343.	410,343.			
	<b>e</b> PARKING	812930	257,979.	257,979.			
	<b>f</b> All other program service revenue	611310	87,303.	53,097.	34,206.		
	<b>g Total.</b> Add lines 2a-2f		92,294,102.				
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		2,802,197.			2,802,197.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss)						
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	35,431,617.	1,329,647.		
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>	30,447,121.	1,391,339.			
<b>c</b> Gain or (loss)	<b>7c</b>	4,984,496.	-61,692.				
<b>d</b> Net gain or (loss)		4,922,804.			4,922,804.		
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>						
<b>b</b> Less: direct expenses	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
<b>b</b> Less: direct expenses	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>						
<b>b</b> Less: cost of goods sold	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory							
Miscellaneous Revenue	<b>11 a</b> ALL OTHER REVENUE	Business Code 900099	100,435.	100,435.			
	<b>b</b> BURNS WELLNESS CENTER	713940	26,276.		26,276.		
	<b>c</b> _____						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d		126,711.				
<b>12 Total revenue.</b> See instructions		109,485,948.	92,360,331.	60,482.	7,725,001.		

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	518,871.	518,871.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	36,489,332.	36,489,332.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	1,302,087.	1,302,087.		
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	752,859.	353,187.	299,193.	100,479.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	37,666,836.	32,609,237.	4,142,914.	914,685.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,445,780.	1,251,652.	159,019.	35,109.
<b>9</b> Other employee benefits	4,506,783.	3,901,648.	495,694.	109,441.
<b>10</b> Payroll taxes	2,894,659.	2,505,987.	318,379.	70,293.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management	580,367.		580,367.	
<b>b</b> Legal	56,142.		56,142.	
<b>c</b> Accounting	101,589.		101,589.	
<b>d</b> Lobbying	120,906.		120,906.	
<b>e</b> Professional fundraising services. See Part IV, line 17	81,761.			81,761.
<b>f</b> Investment management fees	169,152.		169,152.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	4,531,071.	3,922,675.	498,365.	110,031.
<b>12</b> Advertising and promotion	1,193,218.	1,033,002.	131,240.	28,976.
<b>13</b> Office expenses	1,209,821.	1,047,376.	133,066.	29,379.
<b>14</b> Information technology	1,570,671.	1,359,773.	172,756.	38,142.
<b>15</b> Royalties	22,667.	19,624.	2,493.	550.
<b>16</b> Occupancy	2,329,358.	2,016,591.	256,202.	56,565.
<b>17</b> Travel	1,984,019.	1,717,621.	218,219.	48,179.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	190,221.	164,680.	20,922.	4,619.
<b>20</b> Interest	1,862,149.	1,862,149.		
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	4,680,310.	4,680,310.		
<b>23</b> Insurance	514,587.	445,492.	56,599.	12,496.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> OTHER SUPPLIES	3,412,439.	2,954,244.	375,329.	82,866.
<b>b</b> ATHLETICS/EC ACTIVITIES	1,013,869.	877,735.	111,514.	24,620.
<b>c</b> MEMBERSHIP DUES	372,832.	322,771.	41,007.	9,054.
<b>d</b> RECRUITMENT EXPENSES	114,223.	98,886.	12,563.	2,774.
<b>e</b> All other expenses	1,651,104.	1,418,431.	190,594.	42,079.
<b>25</b> Total functional expenses. Add lines 1 through 24e	113,339,683.	102,873,361.	8,664,224.	1,802,098.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	4,574,979.	<b>1</b>	1,615,487.
	<b>2</b> Savings and temporary cash investments .....	11,401,955.	<b>2</b>	21,756,294.
	<b>3</b> Pledges and grants receivable, net .....	3,695,863.	<b>3</b>	3,024,724.
	<b>4</b> Accounts receivable, net .....	2,965,823.	<b>4</b>	2,815,686.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....	26,744.	<b>5</b>	17,549.
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	66,272.	<b>8</b>	81,633.
	<b>9</b> Prepaid expenses and deferred charges .....	1,585,433.	<b>9</b>	1,105,086.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 157,086,588.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 69,532,828.	85,059,033.	<b>10c</b> 87,553,760.
	<b>11</b> Investments - publicly traded securities .....	95,955,123.	<b>11</b>	88,437,972.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	208,901.	<b>12</b>	63,951.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	2,056,634.	<b>13</b>	1,718,904.
	<b>14</b> Intangible assets .....	34,687.	<b>14</b>	304,425.
	<b>15</b> Other assets. See Part IV, line 11 .....	686,922.	<b>15</b>	692,401.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	208,318,369.	<b>16</b>	209,187,872.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	7,291,054.	<b>17</b>	9,522,498.
	<b>18</b> Grants payable .....	2,665,685.	<b>18</b>	2,242,675.
	<b>19</b> Deferred revenue .....	6,646,601.	<b>19</b>	5,984,738.
	<b>20</b> Tax-exempt bond liabilities .....	47,320,047.	<b>20</b>	45,614,698.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....	3,228,939.	<b>24</b>	3,822,220.
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	1,463,784.	<b>25</b>	1,367,764.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	68,616,110.	<b>26</b>	68,554,593.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	99,556,890.	<b>27</b>	95,978,783.
	<b>28</b> Net assets with donor restrictions .....	40,145,369.	<b>28</b>	44,654,496.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	139,702,259.	<b>32</b>	140,633,279.
<b>33</b> Total liabilities and net assets/fund balances .....	208,318,369.	<b>33</b>	209,187,872.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	109,485,948.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	113,339,683.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-3,853,735.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	139,702,259.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	4,742,858.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	41,897.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	140,633,279.

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? \_\_\_\_\_  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? \_\_\_\_\_  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? \_\_\_\_\_  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? \_\_\_\_\_
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits \_\_\_\_\_

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>	X	
<b>3b</b>	X	

Form 990 (2022)

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Table with 2 columns: Name of the organization (COLLEGE OF ST. SCHOLASTICA, INC.) and Employer identification number (41-0698301)

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 [ ] A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 [X] A school described in section 170(b)(1)(A)(ii).
3 [ ] A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 [ ] A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).
5 [ ] An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv).
6 [ ] A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 [ ] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi).
8 [ ] A community trust described in section 170(b)(1)(A)(vi).
9 [ ] An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture.
10 [ ] An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions...
11 [ ] An organization organized and operated exclusively to test for public safety.
12 [ ] 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).
a [ ] Type I. A supporting organization operated, supervised, or controlled by its supported organization(s)...
b [ ] Type II. A supporting organization supervised or controlled in connection with its supported organization(s)...
c [ ] Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s)...
d [ ] Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated...
e [ ] Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations [ ]
g Provide the following information about the supported organization(s).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	8,096,607.	12,477,269.	15,794,616.	19,374,579.	9,340,135.	65,083,206.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	8,096,607.	12,477,269.	15,794,616.	19,374,579.	9,340,135.	65,083,206.
<b>5</b> 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) .....						435,959.
<b>6 Public support.</b> Subtract line 5 from line 4.						64,647,247.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>7</b> Amounts from line 4 .....	8,096,607.	12,477,269.	15,794,616.	19,374,579.	9,340,135.	65,083,206.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	2,445,843.	2,719,570.	1,845,775.	2,174,677.	2,802,197.	11,988,062.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	1,075,771.	1,389,434.	509,182.			2,974,387.
<b>11 Total support.</b> Add lines 7 through 10						80,045,655.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	498,836,159.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	80.76	%
<b>15</b> Public support percentage from 2021 Schedule A, Part II, line 14 .....	<b>15</b>	80.59	%
<b>16a 33 1/3% support test - 2022.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2021.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2022.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....			<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2021 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2021 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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



**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described on line 11a above?		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017		
b	From 2018		
c	From 2019		
d	From 2020		
e	From 2021		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018		
b	Excess from 2019		
c	Excess from 2020		
d	Excess from 2021		
e	Excess from 2022		

Schedule A (Form 990) 2022

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

OTHER REVENUE

2018 AMOUNT: \$ 1,075,771.

2019 AMOUNT: \$ 1,389,434.

2020 AMOUNT: \$ 509,182.

**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990 or Form 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Name of the organization

COLLEGE OF ST. SCHOLASTICA, INC.

Employer identification number

41-0698301

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

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 a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MINNESOTA DEPARTMENT OF HEALTH  P.O. BOX 64975  ST. PAUL, MN 55164	\$ 518,136.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	MINNESOTA OFFICE OF HIGHER EDUCATION  1450 ENERGY PARK DRIVE, SUITE 350  ST. PAUL, MN 55108	\$ 398,607.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	NATIONAL SCIENCE FOUNDATION  4201 WILLSON BLVD  ARLINGTON, VA 22230	\$ 821,076.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	US DEPARTMENT OF EDUCATION  400 MARYLAND AVE, SW  WASHINGTON, DC 20202	\$ 2,284,514.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	US HEALTH RESOURCES AND SERVICES ADM  PO BOX 6021  ROCKVILLE, MD 20852	\$ 1,607,820.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	CHARLES AND ELLORA ALLISS EDUCATIONAL FOUNDATION  800 NICOLLET MALL  MINNEAPOLIS, MN 55402	\$ 194,728.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	HELENE FULD HEALTH TRUST  452 FIFTH AVENUE  NEW YORK, NY 10018	\$ 300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	MARY FRANCES IVES  31055 SUNNY BEACH ROAD  GRAND RAPIDS, MN 55744	\$ 210,350.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	MANITOU FUND  4801 HIGHWAY 61 NORTH  WHITE BEAR LAKE, MN 55110	\$ 970,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	MARILYN SARAH SMEDMAN  ST. SCHOLASTICA MONASTERY  DULUTH, MN 55811	\$ 227,467.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	TOM HEDGES  3135 WINFIELD PLACE  LOMPOC, CA 93436	\$ 250,480.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



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

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
11	2544 SHARES OF VTSAX _____ _____ _____	\$ 250,480.	04/25/23
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

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

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

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

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

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

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

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

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

Table with 2 columns: Name of organization (COLLEGE OF ST. SCHOLASTICA, INC.) and Employer identification number (41-0698301)

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

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

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

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

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

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

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.

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

Schedule C (Form 990) 2022

LHA

232041 11-08-22

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

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

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

Yes  No

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990) 2022

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers? .....	X		
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..	X		
<b>c</b> Media advertisements? .....		X	
<b>d</b> Mailings to members, legislators, or the public? .....	X		
<b>e</b> Publications, or published or broadcast statements? .....	X		
<b>f</b> Grants to other organizations for lobbying purposes? .....		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....	X		2,863.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....	X		
<b>i</b> Other activities? .....	X		120,906.
<b>j</b> Total. Add lines 1c through 1i .....			123,769.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

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

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

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

**Part IV Supplemental Information**

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

PART II-B, LINE 1, LOBBYING ACTIVITIES:

LOBBYING ACTIVITIES PERFORMED BY THE COLLEGE PRESIDENT, DEAN OF THE

SCHOOL OF NURSING AND COLLEGE ADVANCEMENT ARE LIMITED TO PROCURING

FUNDING RELATING TO OUR STUDENT FINANCIAL AID AND SUPPORT FOR FEDERAL

AND STATE GRANTS AND INITIATIVES RELATING TO OUR ACADEMIC PURPOSE AND

MISSION. LOBBYING ACTIVITIES INCLUDE WRITING LETTERS TO AND HOLDING

**Part IV** Supplemental Information (continued)

MEETINGS WITH GOVERNMENT OFFICIALS.

THE COLLEGE OF ST. SCHOLASTICA, INC. IS A MEMBER OF THE MINNESOTA PRIVATE COLLEGE COUNCIL (MPCC), A 501(C)4 ORGANIZATION. MPCC PROVIDES NONPARTISAN AND NON-ELECTORAL ADVOCACY FOR PUBLIC POLICY THAT MEETS STUDENTS' NEEDS AND ADVANCES THE INTERESTS OF PRIVATE HIGHER EDUCATION. MPCC DIVIDED ITS EXPENSES, 81.77% MAY HAVE RELATED TO LOBBYING ACTIVITIES IN 2023. DUES PAID BY THE COLLEGE TO MPCC WERE ALLOCATED USING THEIR ALLOCATION. SIMILARLY 7% OF NATIONAL ASSOCIATION OF INDEPENDENT COLLEGES AND UNIVERSITIES (NAICU) DUES WERE ALLOCATED TO LOBBYING.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

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

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, table for lines 2a-2d, number of modified easements, states where located, monitoring policy, staff hours, expenses, and requirements for section 170(h)(4)(B)(i).

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures, and a table for revenue and assets included.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	94,079,260.	113,467,414.	88,402,487.	90,027,758.	87,653,324.
b Contributions	1,148,001.	448,090.	1,387,466.	375,964.	397,889.
c Net investment earnings, gains, and losses	12,233,743.	-15,602,432.	27,481,727.	1,107,973.	4,938,191.
d Grants or scholarships	815,400.	725,800.		613,200.	563,320.
e Other expenditures for facilities and programs	4,269,813.	3,337,659.	3,804,266.	2,387,365.	2,316,130.
f Administrative expenses	169,152.	170,353.		108,643.	82,196.
g End of year balance	102,206,639.	94,079,260.	113,467,414.	88,402,487.	90,027,758.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 61.0000 %
  - b Permanent endowment 22.0000 %
  - c Term endowment 17.0000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes | No |
|---|-----|----|
| (i) Unrelated organizations   |     | X  |
| (ii) Related organizations  |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b  |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		5,330,921.		5,330,921.
b Buildings		127,422,086.	54,182,614.	73,239,472.
c Leasehold improvements		562,481.	195,133.	367,348.
d Equipment		19,472,065.	14,923,054.	4,549,011.
e Other		4,299,035.	232,027.	4,067,008.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				87,553,760.



**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ASSET RETIREMENT OBLIGATION	951,012.
(3) DEPOSIT ACCOUNTS	339,140.
(4) ANNUITIES PAYABLE	77,612.
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	76,780,321.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	4,742,858.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	41,897.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	4,784,755.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	71,995,566.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	169,152.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	37,321,230.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	37,490,382.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	109,485,948.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	75,849,301.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	61,492.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	61,492.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	75,787,809.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	169,152.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	37,382,722.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	37,551,874.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	113,339,683.

**Part XIII Supplemental Information.**

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

PART II, LINE 9:

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

PART III, LINE 4:

THE COLLEGE'S COLLECTION (ART) CONSISTS PRIMARILY OF PICTURES AND STATUES REFLECTING OUR BENEDICTINE HERITAGE; ARTWORK CONTRIBUTES TO THIS HERITAGE VIA PUBLIC DISPLAY IN CAMPUS BUILDINGS.

**Part XIII** Supplemental Information (continued)

PART V, LINE 4:

INCOME FROM ENDOWMENT FUNDS ARE USED (PER THE COLLEGE'S SPENDING POLICY AS DETERMINED BY THE COLLEGE'S INVESTMENT COMMITTEE) FOR STUDENT SCHOLARSHIPS AND DEPARTMENTAL EXPENDITURES.

PART X, LINE 2:

THE INTERNAL REVENUE SERVICE HAS DETERMINED THAT THE COLLEGE IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. IT IS ALSO EXEMPT FROM STATE INCOME TAX. HOWEVER, ANY UNRELATED BUSINESS INCOME MAY BE SUBJECT TO TAXATION.

THE COLLEGE FOLLOWS ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. THIS STANDARD CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS AND PRESCRIBES A RECOGNITION THRESHOLD FOR THE FINANCIAL STATEMENT RECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN ON A TAX RETURN THAT ARE NOT CERTAIN TO BE REALIZED. THE IMPLEMENTATION OF THIS STANDARD HAD NO IMPACT ON THE COLLEGE'S FINANCIAL STATEMENTS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

ADJUSTMENT IN ACTUARIAL LIABILITY FOR ANNUITIES PAYABLE 41,897.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

GAIN/LOSS ON DISPOSAL OF FIXED ASSETS -61,492.

TUITION DISCOUNTS 37,382,722.

TOTAL TO SCHEDULE D, PART XI, LINE 4B 37,321,230.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

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

GAIN/LOSS ON DISPOSAL OF FIXED ASSETS 61,492.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

TUITION DISCOUNTS 37,382,722.

**SCHEDULE E**  
**(Form 990)**

**Schools**

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

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

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization

COLLEGE OF ST. SCHOLASTICA, INC.

Employer identification number

41-0698301

**Part I**

	YES	NO
<b>1</b> Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? .....	X	
<b>2</b> Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	X	
<b>3</b> Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet homepage at all times during its tax year in a manner reasonably expected to be noticed by visitors to the homepage, or through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II .....		X
<i>SEE PART II</i>		
<b>4</b> Does the organization maintain the following?		
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff? .....	X	
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? ..	X	
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....	X	
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions? .....	X	
If you answered "No" to any of the above, please explain. If you need more space, use Part II.		
<b>5</b> Does the organization discriminate by race in any way with respect to:		
<b>a</b> Students' rights or privileges? .....		X
<b>b</b> Admissions policies? .....		X
<b>c</b> Employment of faculty or administrative staff? .....		X
<b>d</b> Scholarships or other financial assistance? .....		X
<b>e</b> Educational policies? .....		X
<b>f</b> Use of facilities? .....		X
<b>g</b> Athletic programs? .....		X
<b>h</b> Other extracurricular activities? .....		X
If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.		
<b>6a</b> Does the organization receive any financial aid or assistance from a governmental agency? .....	X	
<b>b</b> Has the organization's right to such aid ever been revoked or suspended? .....		X
If you answered "Yes" on either line 6a or line 6b, explain on Part II.		
<b>7</b> 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, as modified by Rev. Proc. 2019-22, 2019-22 I.R.B. 1260, covering racial nondiscrimination? If "No," explain on Part II .....	X	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule E (Form 990) 2022

**Part II** **Supplemental Information.** Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information. See instructions.

LINE 3 - EXPLANATION OF NONDISCRIMINATION POLICY:

THE COLLEGE FOLLOWS A NONDISCRIMINATION POLICY REGARDING ALL PROGRAMS. ENROLLMENT OF STUDENTS IS WITHOUT DISCRIMINATION AS TO RACE, COLOR, GENDER, NATIONAL ORIGIN, AND SEXUAL ORIENTATION AND IS PUBLISHED IN THE COLLEGE'S CATALOG, WEBSITE HOMEPAGE, AND RECRUITING INFORMATION. RECRUITMENT PROCEDURES ARE DESIGNED AND CARRIED OUT TO REACH ALL RACIAL SEGMENTS IN THE GEOGRAPHICAL AREA SERVED (PRIMARYLY UPPER U.S. MIDWEST).

LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:

THE COLLEGE RECEIVES FINANCIAL ASSISTANCE FROM THE U.S. GOVERNMENT IN CONNECTION WITH VARIOUS PROGRAMS SUCH AS THE FEDERAL NURSING LOAN PROGRAM, FEDERAL COLLEGE WORK-STUDY PROGRAM, AND SUPPLEMENTAL EDUCATIONAL OPPORTUNITY GRANT PROGRAM. STUDENTS ATTENDING THE COLLEGE ALSO RECEIVE FINANCIAL ASSISTANCE FROM THE STATE OF MINNESOTA. THE COLLEGE ALSO RECEIVES FEDERAL AND STATE ASSISTANCE FOR GRANT RELATED PROGRAMS.

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public Inspection

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

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

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  **Yes**  **No**

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
NORTH AMERICA	0	5	PROGRAM SERVICES	INTERNATIONAL STUDENT RECRUITMENT, STUDY ABROAD	43,551.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	4	PROGRAM SERVICES	INTERNATIONAL STUDENT RECRUITMENT, STUDY ABROAD	158,492.
EAST ASIA AND THE PACIFIC	0	3	PROGRAM SERVICES	INTERNATIONAL STUDENT RECRUITMENT, STUDY ABROAD	116,682.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	SCHOLARSHIPS	N/A	143,541.
EAST ASIA AND THE PACIFIC	0	0	SCHOLARSHIPS	N/A	52,126.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	SCHOLARSHIPS	N/A	298,627.
MIDDLE EAST AND NORTH AFRICA	0	0	SCHOLARSHIPS	N/A	69,752.
NORTH AMERICA	0	0	SCHOLARSHIPS	N/A	152,449.
<b>3 a Subtotal</b> .....	0	12			1,035,220.
<b>b Total from continuation sheets to Part I</b> .....	0	0			588,571.
<b>c Totals</b> (add lines 3a and 3b) .....	0	12			1,623,791.

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

Schedule F (Form 990) 2022

**Part I** Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
RUSSIA AND NEIGHBORING STATES	0	0	SCHOLARSHIPS	N/A	54,686.
SOUTH AMERICA	0	0	SCHOLARSHIPS	N/A	128,569.
SUB-SAHARAN AFRICA	0	0	SCHOLARSHIPS	N/A	402,337.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS	N/A	2,979.
<b>Totals</b> .....					588,571.





**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
SCHOLARSHIPS	CENTRAL AMERICA AND THE CARIBBEAN	6	143,541.	APPLIED TO STUDENT ACCOUNT	0.	N/A	N/A
SCHOLARSHIPS	EAST ASIA AND THE PACIFIC	2	52,126.	APPLIED TO STUDENT ACCOUNT	0.	N/A	N/A
SCHOLARSHIPS	EUROPE (INCLUDING ICELAND & GREENLAND)	10	298,627.	APPLIED TO STUDENT ACCOUNT	0.	N/A	N/A
SCHOLARSHIPS	MIDDLE EAST AND NORTH AFRICA	2	69,752.	APPLIED TO STUDENT ACCOUNT	0.	N/A	N/A
SCHOLARSHIPS	NORTH AMERICA	6	152,449.	APPLIED TO STUDENT ACCOUNT	0.	N/A	N/A
SCHOLARSHIPS	RUSSIA AND NEIGHBORING STATES	2	54,686.	APPLIED TO STUDENT ACCOUNT	0.	N/A	N/A
SCHOLARSHIPS	SOUTH AMERICA	4	128,569.	APPLIED TO STUDENT ACCOUNT	0.	N/A	N/A
SCHOLARSHIPS	SUB-SAHARAN AFRICA	14	402,337.	APPLIED TO STUDENT ACCOUNT	0.	N/A	N/A

**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* .....  Yes  No
  
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* .....  Yes  No
  
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* .....  Yes  No
  
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* .....  Yes  No
  
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* .....  Yes  No
  
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* .....  Yes  No

**Part V Supplemental Information**

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

PART I, LINE 3:

ACCRUAL

Multiple horizontal lines for data entry.

**SCHEDULE G  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

**Attach to Form 990 or Form 990-EZ.**  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

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

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a  Mail solicitations
  - b  Internet and email solicitations
  - c  Phone solicitations
  - d  In-person solicitations
  - e  Solicitation of non-government grants
  - f  Solicitation of government grants
  - g  Special fundraising events
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
GONSER GERBER LLP - 1776 LEGACY CIRCULE, SUITE 100,	CONSULTING-MARKET STUDY		X	59,583.	59,583.	0.
RUFFALO NOEL LEVITZ - 1025 KIRKWOOD PKWY, SW, CEDAR	DISTRIBUTION OF EMAILS AND MAIL		X	22,178.	22,178.	0.
<b>Total</b>				81,761.	81,761.	

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

AL, AK, AZ, AR, CA, CO, CT, DC, DE, FL, GA, HI, ID, IL, IN, IA, KS, LA, ME, MA, MI, MN, MS, MO  
MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, RI, SC, SD, TN, TX, UT, VT, WA, WI, WY

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

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

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

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

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name \_\_\_\_\_

Address \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

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

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

Name \_\_\_\_\_

Address \_\_\_\_\_

- 16 Gaming manager information:

Name \_\_\_\_\_

Gaming manager compensation \$ \_\_\_\_\_

Description of services provided \_\_\_\_\_

- Director/officer       Employee       Independent contractor

- 17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

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

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

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: GONSER GERBER LLP

(I) ADDRESS OF FUNDRAISER:

1776 LEGACY CIRCULE, SUITE 100, NAPERVILLE, IL 60563

(I) NAME OF FUNDRAISER: RUFFALO NOEL LEVITZ

(I) ADDRESS OF FUNDRAISER: 1025 KIRKWOOD PKWY, SW, CEDAR RAPIDS, IL 52404

**Part IV** Supplemental Information *(continued)*

Multiple horizontal lines for supplemental information.



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
**Attach to Form 990.**  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

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

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ALLINA HEALTH P.O. BOX 1583 MINNEAPOLIS, MN 55540	36-3261413	501(C)(3)	21,406.	0.	N/A	N/A	SEE PART IV
AMP GROUP, LLC 324 WEST SUPERIOR STREET, STE 620 DULUTH, MN 55803	81-4721289	501(C)(3)	5,286.	0.	N/A	N/A	SEE PART IV
CENTRACARE CLINIC 1200 SIXTH AVE N ST CLOUD, MN 56303	41-1806657	501(C)(3)	62,865.	0.	N/A	N/A	SEE PART IV
DEER RIVER HEALTHCARE CENTER 115 10TH AVE NE DEER RIVER, MN 56636	41-0844574	501(C)(3)	11,091.	0.	N/A	N/A	SEE PART IV
ESSENTIA HEALTH 502 EAST 2ND STREET DULUTH, MN 55805	41-0883623	501(C)(3)	136,125.	0.	N/A	N/A	SEE PART IV
FAIRVIEW UNIVERSITY MEDICAL CENTER 400 STINSON BOULEVARD NE MINNEAPOLIS, MN 55413	41-0991680	501(C)(3)	54,685.	0.	N/A	N/A	SEE PART IV

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 16.
- 3 Enter total number of other organizations listed in the line 1 table 0.

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

Schedule I (Form 990) 2022

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GRAND RAPIDS MEDICAL ASSOCS PA 355 RIVER RD GRAND RAPIDS, MN 55744	41-1865874	501(C)(3)	12,516.	0.	N/A	N/A	SEE PART IV
HUMAN DEVELOPMENT CENTER 1401 EAST 1ST STREET DULUTH, MN 55805	41-0777937	501(C)(3)	48,798.	0.	N/A	N/A	SEE PART IV
LAKWOOD HEALTH SYSTEM 49725 CTY 83 STAPLES, MN 56479	41-1842965	501(C)(3)	11,042.	0.	N/A	N/A	SEE PART IV
MERCY HOSPITAL 2925 CHICAGO AVENUE, MR 10835 MINNEAPOLIS, MN 55407	36-3261413	501(C)(3)	6,220.	0.	N/A	N/A	SEE PART IV
NORTHFIELD HOSPITAL 2000 NORTH AVENUE NORTHFIELD, MN 55057	41-6007241	501(C)(3)	5,872.	0.	N/A	N/A	SEE PART IV
NYSTROM & ASSOCIATES LTD 1900 SILVER LAKE RD NEW BRIGHTON, MN 55112	41-1700376	501(C)(3)	13,393.	0.	N/A	N/A	SEE PART IV
OLIVIA HOSPITAL & CLINIC 100 HEALTHY WAY OLIVIA, MN 56277	84-4261122	501(C)(3)	7,199.	0.	N/A	N/A	SEE PART IV
PARK NICOLLET CLINIC 5050 EXCELSIOR BLVD ST LOUIS PARK, MN 55416	41-0834920	501(C)(3)	13,409.	0.	N/A	N/A	SEE PART IV
RANGE REGIONAL HEALTH SERVICES 1700 UNIVERSITY AVENUE WEST ST PAUL, MN 55104	41-1293970	501(C)(3)	51,558.	0.	N/A	N/A	SEE PART IV

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST CLOUD HOSPITAL 1406 SIXTH AVE N ST CLOUD, MN 56303	41-0695596	501(C)(3)	21,133.	0.	N/A	N/A	SEE PART IV

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
COLLEGE FUNDED INSTITUTIONAL AID TO STUDENTS	1632	33,557,173.	0.	N/A	N/A
ENDOWED SCHOLARSHIPS TO STUDENTS	265	815,400.	0.	N/A	N/A
FEDERAL GRANTS & SCHOLARSHIPS	264	960,610.	0.	N/A	N/A
STATE GRANTS & SCHOLARSHIPS	28	152,292.	0.	N/A	N/A
PRIVATE SCHOLARSHIPS	355	595,160.	0.	N/A	N/A

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

PART I, LINE 2:

ALL GRANT ACTIVITY IS REQUIRED TO MEET THE SPECIFIC STANDARDS AND  
 STIPULATIONS OF THE GRANTOR AND OPERATE WITHIN THE ORGANIZATION'S POLICIES  
 AND PROCEDURES. GRANT REVENUE AND EXPENDITURES ARE MONITORED AND FUNDS ARE  
 DRAWN DOWN ON A MONTHLY BASIS. INTERNAL REPORTS AND AWARE LEVELS ARE  
 REVIEWED PRIOR TO EACH DRAW TO DETERMINE IF CASH SHOULD BE DRAWN FOR  
 INDIVIDUAL GRANTS. FINALLY, THE COLLEGE UNDERGOES AN ANNUAL AUDIT OF ITS  
 FEDERAL AWARDS UNDER THE GUIDELINES OF THE UNIFORM GRANT GUIDANCE.

**Part III** Continuation of Grants and Other Assistance to Domestic Individuals (Schedule I (Form 990), 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 noncash assistance
FEDERAL SCHOLARSHIP ALLOWANCE PROGRAMS	257.	408,697.	0.	N/A	N/A

**Part IV Supplemental Information**

SCHEDULE I, PART II, COLUMN (H):

FUNDS RECEIVED FROM THE MINNESOTA DEPARTMENT OF HEALTH FROM LEGISLATION

THAT CREATED THE MERC TRUST FUND (PMAP/PGAMC DISTRIBUTION) THAT

PROVIDES REMUNERATION FOR THOSE FACILITIES THAT SERVE AS CLINICAL

TRAINING SITES FOR THE COLLEGE'S NURSE PRACTITIONER AND CLINICAL NURSE

SPECIALIST STUDENTS DURING THE 2022-2023 ACADEMIC YEAR. THE AMOUNTS

PAID FROM THE FUNDS RECEIVED FROM THE MERC LEGISLATION TO EACH

ORGANIZATION LISTED IN PART II IS BASED ROUGHLY ON THE NUMBER OF

STUDENTS THEY HAD AND THE LENGTH OF TIME THEY SPENT AT EACH RESPECTIVE

FACILITY. TRAINING SITES MUST ALSO HAVE A CURRENT ACTIVE MEDICAL

ASSISTANCE ENROLLMENT STATUS IN MINNESOTA.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2022**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization  
**COLLEGE OF ST. SCHOLASTICA, INC.**

Employer identification number  
**41-0698301**

**Part I Questions Regarding Compensation**

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

	Yes	No
<b>1b</b>	X	
<b>2</b>	X	
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2022

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) BARBARA MCDONALD PRESIDENT	(i)	345,596.	0.	19,402.	27,077.	9,098.	401,173.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) CHRIS MUELLER VP OF COLLEGE ADVANCEMENT	(i)	141,987.	0.	12,397.	19,206.	52,907.	226,497.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) RYAN SANDEFER VP OF ACADEMIC AFFAIRS	(i)	146,246.	0.	12,474.	19,292.	24,557.	202,569.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) DIANE VERTIN CHIEF OPERATING OFFICER	(i)	150,823.	0.	16,928.	19,246.	826.	187,823.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) STEVE LYONS VP OF STUDENT AFFAIRS	(i)	134,616.	0.	12,485.	18,426.	16,062.	181,589.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) SHERYL SANDAHL DEAN OF NURSING	(i)	142,095.	0.	12,187.	6,409.	16,657.	177,348.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**Part III Supplemental Information**

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

PART I, LINE 1A:

IN 2023, PRESIDENT BARBARA MCDONALD RECEIVED THE FOLLOWING BENEFITS WHICH WERE INCLUDED IN HER TAXABLE COMPENSATION:

- HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE - \$8,040

- HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES - \$3,660

PART I, LINE 1B:

THE COLLEGE ESTABLISHED A WRITTEN POLICY REGARDING PAYMENT AND REIMBURSEMENT OF EXPENSES IN 2019. THERE IS A GENERAL UNDERSTANDING THAT FIRST-CLASS TRAVEL AND TRAVEL FOR COMPANIONS (NOT BONA FIDE BUSINESS PURPOSE) ARE NOT ALLOWED BY THE COLLEGE. ALL EMPLOYEES MUST SUBMIT TRAVEL/REIMBURSEMENT REPORTS WHEN TRAVELING FOR THE COLLEGE - THESE ARE REVIEWED BY APPROPRIATE SCHOOL OFFICIALS FOR ACCURACY AND APPROPRIATE CHARGES. IN THE INSTANCES THE COLLEGE CHECKED ABOVE ON LINE 1A, SUCH ITEMS ARE "EXCEPTIONS" GRANTED AS PROVIDED IN THE INDIVIDUAL EMPLOYEE CONTRACTS. ALL OTHER EMPLOYEES WITHOUT THESE GRANTED PROVISIONS AS SPECIFIED IN A CONTRACT ARE SUBJECT TO THE WRITTEN POLICY ESTABLISHED BY THE COLLEGE IN 2019.

**SCHEDULE K**  
**(Form 990)**  
Department of the Treasury  
Internal Revenue Service

**Supplemental Information on Tax-Exempt Bonds**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions,  
explanations, and any additional information in Part VI.  
Attach to Form 990. Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2022**  
**Open to Public Inspection**

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

<b>Part I Bond Issues</b>											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
<b>A</b> MN HIGHER EDUCATION FACILITIES AUTHORITY	41-0988525	60416HYU2	10/17/12	9,644,673.	REFUNDING SERIES 5R		X		X		X
<b>B</b> MN HIGHER EDUCATION FACILIITES AUTHORITY	41-0988525	60416JCX6	09/05/19	32,463,903.	REFUNDING SERIES 6S, 7H & 7J		X		X		X
<b>C</b> DULUTH ECONOMIC DEVELOPMENT AUTHORITY	41-6005105	NONE	08/17/15	10,000,000.	HEALTH SCIENCES BUILDING (BLUESTONE)		X		X		X
<b>D</b> DULUTH ECONOMIC DEVELOPMENT AUTHORITY	41-6005105	NONE	05/05/16	6,600,000.	HEALTH SCIENCES BUILDING (BLUESTONE)		X		X		X

<b>Part II Proceeds</b>										
	A		B		C		D			
<b>1</b> Amount of bonds retired	4,000,000.		2,865,000.		2,366,516.			1,663,234.		
<b>2</b> Amount of bonds legally defeased										
<b>3</b> Total proceeds of issue	9,644,673.		32,463,903.		10,000,000.			6,600,000.		
<b>4</b> Gross proceeds in reserve funds	849,504.									
<b>5</b> Capitalized interest from proceeds					582,098.			384,185.		
<b>6</b> Proceeds in refunding escrows										
<b>7</b> Issuance costs from proceeds	138,068.		300,661.		200,000.			132,000.		
<b>8</b> Credit enhancement from proceeds										
<b>9</b> Working capital expenditures from proceeds										
<b>10</b> Capital expenditures from proceeds					8,522,342.			5,624,746.		
<b>11</b> Other spent proceeds	8,657,101.		32,163,242.		695,560.			459,069.		
<b>12</b> Other unspent proceeds										
<b>13</b> Year of substantial completion	2012		2019		2017		2017			
	Yes	No	Yes	No	Yes	No	Yes	No		
<b>14</b> Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X		X			X			X	
<b>15</b> Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X		X		X			X	
<b>16</b> Has the final allocation of proceeds been made?	X		X		X			X		
<b>17</b> Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X			X		

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

Schedule K (Form 990) 2022

**Part III Private Business Use**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? .....		X		X		X		X
<b>2</b> Are there any lease arrangements that may result in private business use of bond-financed property? .....		X		X		X		X
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? .....		X		X		X		X
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? .....		X		X		X		X
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? ...								
<b>4</b> 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 .....	.00 %		.00 %		.00 %		.00 %	
<b>5</b> 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 .....	.00 %		.00 %		.00 %		.00 %	
<b>6</b> Total of lines 4 and 5 .....	.00 %		.00 %		.00 %		.00 %	
<b>7</b> Does the bond issue meet the private security or payment test? .....		X		X		X		X
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of .....	%		%		%		%	
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? .....								
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? .....		X		X		X		X

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? .....		X		X		X		X
<b>2</b> If "No" to line 1, did the following apply?								
<b>a</b> Rebate not due yet? .....	X		X			X		X
<b>b</b> Exception to rebate? .....		X		X	X		X	
<b>c</b> No rebate due? .....		X		X		X		X
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed .....								
<b>3</b> Is the bond issue a variable rate issue? .....		X		X		X		X

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? .....		X		X		X		X
<b>b</b> Name of provider .....								
<b>c</b> Term of hedge .....								
<b>d</b> Was the hedge superintegrated? .....								
<b>e</b> Was the hedge terminated? .....								
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)? .....		X		X		X		X
<b>b</b> Name of provider .....								
<b>c</b> Term of GIC .....								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? .....								
<b>6</b> Were any gross proceeds invested beyond an available temporary period? .....		X		X		X		X
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? .....	X		X		X		X	

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

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K. See instructions.

SCH K, PART I

DURING FISCAL 2019-20, THE COLLEGE ASSUMED THE ASSETS AND LIABILITIES OF THE HEALTH SCIENCES EDUCATION FACILITY CORPORATION FROM WHICH IT HAD BEEN LEASING A BUILDING FOR ITS HEALTH SCIENCES PROGRAMS. THE ASSUMPTION OF THE LIABILITIES INCLUDED THE TWO DULUTH ECONOMIC DEVELOPMENT AUTHORITY BOND ISSUES THAT ARE INCLUDED IN SCHEDULE K, WITH THEIR ORIGINAL ISSUE DATES OF 8/17/15 AND 5/5/16, RESPECTIVELY.

**SCHEDULE L**  
**(Form 990)**

**Transactions With Interested Persons**

OMB No. 1545-0047

**2022**

Department of the Treasury  
Internal Revenue Service

Complete if the organization 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.

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**Open To Public Inspection**

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

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
			Yes	No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 \$ \_\_\_\_\_

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
DR. BARBARA MCD	OFFICER-	HOUSE LO		X	50,000.	17,549.		X	X		X	
<b>Total</b>						\$ 17,549.						

**Part III Grants or Assistance Benefiting Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

SEE PART V FOR CONTINUATIONS

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

**Part V Supplemental Information.**

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

SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:

(A) NAME OF PERSON: DR. BARBARA MCDONALD

(B) RELATIONSHIP WITH ORGANIZATION: OFFICER-PRESIDENT

(C) PURPOSE OF LOAN: HOUSE LOAN-DOWNPAYMENT

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2022**

Open to Public Inspection

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

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

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art	X	54	39,300.	APPRAISAL
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	4,729	435,744.	STOCK MARKET QUOTES
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( )				
26 Other ( )				
27 Other ( )				
28 Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** 0

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

SCHEDULE M, PART I, COLUMN (B):

THE NUMBER IN COLUMN (B) REPRESENTS THE NUMBER OF CONTRIBUTIONS.

Multiple horizontal lines for data entry.



**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

COLLEGE OF ST. SCHOLASTICA, INC.

Employer identification number

41-0698301

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

COLLEGE OF ST. SCHOLASTICA ASPIRES TO BE A DIVERSE AND INCLUSIVE

ACADEMIC COMMUNITY OF EXCELLENCE, GROUNDED IN THE RICH CATHOLIC

BENEDICTINE HERITAGE, SENDING FORTH THOUGHTFUL LEADERS SHARPENED AND

SENSITIZED BY THE LIBERAL ARTS, WHO ARE PREPARED AND COMMITTED TO SERVE

AND TRANSFORM THE WORLD.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

CONSISTENT WITH THE MISSION STATEMENT OF THE COLLEGE AND THE NCAA

DIVISION III PHILOSOPHY. THERE WERE 400 UNDUPLICATED STUDENT

PARTICIPANTS IN THESE PROGRAMS. ALL STUDENTS MAY PARTICIPATE IN A WIDE

VARIETY OF INTRAMURAL ACTIVITIES AS WELL AS GENERAL USE OF THE

COLLEGE'S RECREATIONAL FACILITY, THE BURNS COMMONS WELLNESS CENTER.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

CAMPUS. OPTIONAL MEAL PLANS ARE AVAILABLE FOR OTHER RESIDENTIAL

COMMUTER STUDENTS. FOR 2022-23, 418 AND 388 STUDENTS OBTAINED MEAL

PLANS FOR FALL AND SPRING SEMESTERS, RESPECTIVELY. THE PHYSICAL AND

EMOTIONAL WELL-BEING OF ALL STUDENTS IS ESSENTIAL FOR ACADEMIC SUCCESS.

STUDENT HEALTH SERVICES PROVIDES ONSITE ACCESS TO MEDICAL

PROFESSIONALS. OUR PROFESSIONAL STAFF OFFERS STUDENT CONFIDENTIAL

SERVICES IN TREATING PHYSICAL AND MENTAL HEALTH CONCERNS THAT COMMONLY

OCCUR WITHIN THE COLLEGE POPULATION.

A CAMPUS CONVENIENCE STORE SERVES STUDENTS, FACULTY, STAFF, ALUMNI AND

MEMBERS OF THE SURROUNDING COMMUNITY WITH A SELECTION OF COLLEGIATE

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2022

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

CLOTHING, GIFTS AND GENERAL MERCHANDISE.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OTHER PROGRAM SERVICES INCLUDE ACTIVITIES FROM PERFORMING ARTS,  
MISCELLANEOUS EDUCATION-RELATED FEES, AND OTHER EDUCATIONAL SERVICES.

EXPENSES \$ 2,562,758. INCLUDING GRANTS OF \$ 46,399. REVENUE \$ 1,289,029.

FORM 990, PART VI, SECTION A, LINE 1A:

THE EXECUTIVE COMMITTEE HAS A TWOFOLD PURPOSE: 1) IT SERVES AT THE PLEASURE OF THE BOARD AS ITS AGENT IN HELPING THE PRESIDENT TO ADDRESS BUSINESS MATTERS BETWEEN REGULAR BOARD MEETINGS; AND 2) IT ASSISTS THE CHAIRPERSON AND THE PRESIDENT IN THEIR JOINT RESPONSIBILITY TO HELP THE BOARD TO FUNCTION EFFECTIVELY AND EFFICIENTLY BY SUGGESTING BOARD MEETING AGENDA ITEMS AND PERIODICALLY ASSESSING THE QUALITY OF COMMITTEE WORK. THE COMMITTEE HAS AUTHORITY TO ACT FOR THE BOARD OF TRUSTEES ON ALL MATTERS EXCEPT THE FOLLOWING, WHICH SHALL BE RESERVED FOR THE BOARD: PRESIDENTIAL SELECTION AND TERMINATION; TRUSTEE AND BOARD OFFICER SELECTION; CHANGES IN INSTITUTIONAL MISSION AND PURPOSES; CHANGES TO THE BYLAWS, CHARTER, OR ARTICLES OF INCORPORATION; INCURRING OF CORPORATE INDEBTEDNESS IN EXCESS OF \$100,000; SALE OF COLLEGE ASSETS OR TANGIBLE PROPERTY VALUED GREATER THAN \$250,000; ADOPTION OF THE ANNUAL BUDGET; AND CONFERRAL OF DEGREES.

IN ADDITION TO ITS AUTHORITY TO TAKE ACTION ON BUSINESS MATTERS WHICH CANNOT BE DEFERRED UNTIL THE BOARD'S NEXT SCHEDULED MEETING, THE EXECUTIVE COMMITTEE OVERSEES THE WORK OF BOARD COMMITTEES, THE COLLEGE'S PLANNING PROCESS OR PROGRESS ON PLANNING GOALS, THE BOARD'S RESPONSIBILITY TO SUPPORT THE PRESIDENT AND ASSESS HIS OR HER PERFORMANCE, AND REVIEW ANNUALLY THE PRESIDENT'S COMPENSATION AND CONDITIONS OF EMPLOYMENT.

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

FORM 990, PART VI, SECTION A, LINE 7A:

THE PRESIDENCY OF THE BENEDICTINE SISTERS BENEVOLENT ASSOCIATION AND THE PRESIDENT OF THE COLLEGE'S ALUMNI ASSOCIATION ARE VOTING MEMBERS OF THE BOARD OF TRUSTEES AND ARE ELECTED THROUGH THEIR RESPECTIVE ASSOCIATIONS.

FORM 990, PART VI, SECTION A, LINE 7B:

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

FORM 990, PART VI, SECTION B, LINE 11B:

THE 2022 FORM 990 WAS PREPARED BY THE COLLEGE'S FINANCE DEPARTMENT STAFF WITH THE COLLEGE'S INDEPENDENT AUDIT FIRM COMPLETING THE RETURN IN ITS PROPER FORMAT. THE FORM 990 WAS THEN REVIEWED FOR ACCURACY AND COMPLIANCE WITH TAX LAW AND FORM INSTRUCTIONS. SUBSEQUENT REVIEW BY THE ASSISTANT DIRECTOR OF FINANCE AND THE LEAD FINANCIAL ANALYST IS CONDUCTED PRIOR TO A DRAFT BEING PROVIDED TO THE COLLEGE'S BOARD OF TRUSTEES AS WELL AS THE

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

COLLEGE'S AUDIT & FINANCE COMMITTEE PRIOR TO FILING WITH THE IRS. THE BOARD OF TRUSTEES, AS A WHOLE, DOES A FINAL APPROVAL FOLLOWING THE ACTIONS OF THE AUDIT & FINANCE COMMITTEE AT THE NEXT SCHEDULED MEETING.

FORM 990, PART VI, SECTION B, LINE 12C:

ALL TRUSTEES ARE REQUIRED TO DISCLOSE TO THE BOARD ANY POSSIBLE CONFLICT OF INTEREST AT THE EARLIEST PRACTICAL TIME. TRUSTEES MAY NOT VOTE ON ANY MATTER UNDER CONSIDERATION AT A BOARD OR COMMITTEE MEETING, IN WHICH HE OR SHE HAS A CONFLICT OF INTEREST. THE MINUTES OF EACH MEETING REFLECT THAT A DISCLOSURE WAS MADE AND THE TRUSTEE HAVING A CONFLICT OF INTEREST ABSTAINED FROM VOTING. ANY TRUSTEE WHO IS UNCERTAIN WHETHER A CONFLICT OF INTEREST MAY EXIST IN ANY MATTER MAY REQUEST THE BOARD OR COMMITTEE TO RESOLVE THE QUESTION BY MAJORITY VOTE.

EMPLOYEES SHOULD AVOID ANY SITUATION WHICH COULD BE CONSTRUED AS A CONFLICT OF INTEREST. VIOLATIONS ARE REPORTED TO THE EMPLOYEE'S SUPERVISOR, DEPARTMENT VICE PRESIDENT OR DIRECTOR OF HUMAN RESOURCES. ALLEGATIONS ARE INVESTIGATED FAIRLY AND THOROUGHLY. IF CONFIRMED BY EMPLOYEE OR INVESTIGATION DISCIPLINARY ACTIONS MAY RESULT.

FORM 990, PART VI, SECTION B, LINE 15:

RECRUITMENT AND RETENTION OF A WELL-QUALIFIED INDIVIDUAL INTO THE LEADERSHIP ROLE OF PRESIDENT IS VITAL TO THE SUCCESS AND GROWTH OF THE COLLEGE. TO SUPPORT THESE EFFORTS, THE COLLEGE HAS CREATED A METHODOLOGY TO DETERMINE A COMPETITIVE WAGE STRUCTURE FOR THIS POSITION. THE PRIMARY SOURCE FOR SALARY DATA ARE OUTSIDE SURVEYS USED FOR BENCHMARKING. DATA IS COLLECTED ON A VARIETY OF FACTORS THAT ENABLE THE COLLEGE TO CREATE A COMPARATIVE GROUP OF COLLEGES THAT MOST RESEMBLE ST. SCHOLASTICA.

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

SPECIFIC WAGE DATA IS PRESENTED TO THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES BY THE VICE PRESIDENT FOR HUMAN RESOURCES IN THE FALL OF EACH YEAR. THIS COMMITTEE REVIEWS THE PRESIDENT'S PERFORMANCE OVER THE PREVIOUS FISCAL YEAR AND PREPARES A SALARY RECOMMENDATION FOR FULL BOARD APPROVAL AT ITS ANNUAL OCTOBER MEETING. THE PRESIDENT'S NEW WAGE GOES INTO EFFECT THE FOLLOWING JANUARY 1.

THE PROCESS DESCRIBED HERE WAS LAST COMPLETED IN 2023.

RECRUITMENT AND RETENTION OF WELL QUALIFIED INDIVIDUALS INTO THE LEADERSHIP ROLES OF VICE PRESIDENT/OTHER KEY EMPLOYEES ARE VITAL TO THE SUCCESS AND GROWTH OF THE COLLEGE. TO SUPPORT THESE EFFORTS, THE COLLEGE HAS CREATED A METHODOLOGY TO DETERMINE COMPETITIVE WAGE STRUCTURES FOR THESE POSITIONS. THE PRIMARY SOURCE FOR SALARY DATA ARE EXTERNAL SURVEYS SUCH AS THE ANNUAL CUPA ADMINISTRATION COMPENSATION SALARY SURVEY. DATA IS COLLECTED ON A VARIETY OF FACTORS THAT ENABLE THE COLLEGE TO CREATE A COMPARATOR GROUP OF COLLEGES THAT MOST RESEMBLE ST. SCHOLASTICA. EACH VICE PRESIDENT TITLE IS EVALUATED SEPARATELY AND THE MEDIAN OF THE RESULTING RANGE BECOMES THE MIDPOINT OR TARGET WAGE FOR THAT JOB. IN ORDER TO MAINTAIN INTERNAL EQUITY, THIS SAME COMPARATOR GROUP IS USED TO CREATE SALARY RANGES FOR ALL VICE PRESIDENT POSITIONS. ALTHOUGH CUPA IS THE PRIMARY SOURCE FOR SALARY DATA, THE COLLEGE ALSO CHECKS THE CPI AND OTHER WAGE RELATED DATA ON AN ANNUAL BASIS TO ENSURE WAGE STRUCTURES ARE BUILT ON SOUND ECONOMIC PRINCIPLES AND REFLECT CURRENT COMPENSATION TRENDS.

THIS PROCESS WAS LAST COMPLETED IN 2023.

FORM 990, PART VI, SECTION C, LINE 19:

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

THE COLLEGE'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST. ADDITIONALLY, THE COLLEGE'S CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE ON THE COLLEGE'S WEBSITE.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:  
ADJUSTMENT IN ACTUARIAL LIABILITY FOR ANNUITIES PAYABLE 41,897.

FORM 990, PART XII, LINE 2C:  
THE PROCESS FOR OVERSIGHT AND SELECTION OF AN INDEPENDENT ACCOUNTANT HAS NOT CHANGED FROM THE PRIOR YEAR.