OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Α_	For th	e 2015 calendar year, or tax year beginning JUL 1, 2015 and e	ending J	JN 30, 2016		
В	Check i applicat	C Name of organization		D Employer iden	tification	number
	Addr chan	ge CARLETON COLLEGE				
L	Nam chan	ge Doing business as		41-0	694747	
	Initia retur	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone num	ber	
	Final retur	ONE NORTH COLLEGE STREET		(507) 222-4	1000
	termi ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$		220,517,789.
	Amer retur	NORTHFIELD, MN 55057		H(a) Is this a group	o return	
L	Appl Lion	F Name and address of principal officer: FREDERICK A. ROGERS		for subordina	tes?	Yes X No
	pend	SAME AS C ABOVE		H(b) Are all subordinate	es included?	Yes No
1	Tax-ex	rempt status: X 501(c)(3) 501(c) () ((insert no.) 4947(a)(1) o	or 527	If "No," attacl	n a list. (s	ee instructions)
		te: WWW.CARLETON.EDU		H(c) Group exemp	tion num	ber 🕨
K	Form c	forganization: X Corporation Trust Association Other	L Year	of formation: 1866	M State	of legal domicile: MN
P	art I	Summary				
ø	1	Briefly describe the organization's mission or most significant activities: TO PROV	IDE AN E	XCEPTIONAL		
Governance		UNDERGRADUATE LIBERAL ARTS EDUCATION.				
L.	2	Check this box if the organization discontinued its operations or dispos	ed of more	than 25% of its net	assets.	
ŏ	3	Number of voting members of the governing body (Part VI, line 1a)			3	31
প্ত ভ	4	Number of independent voting members of the governing body (Part VI, line 1b)		[4	30
es	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)			5	2916
ž	6	Total number of volunteers (estimate if necessary)			6	2934
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			7a	-313,681.
_	b	Net unrelated business taxable income from Form 990-T, line 34			7b	-503,293.
				Prior Year		Current Year
<u>o</u>	8	Contributions and grants (Part VIII, line 1h)		34,152,15	3.	40,592,157.
Revenue	9	Program service revenue (Part VIII, line 2g)		122,190,43	1.	124,741,488.
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		54,280,03	2.	48,757,226.
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-55,79	4.	-493,896.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		210,566,82	2.	213,596,975.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		35,456,64	7.	37,717,342.
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0.	0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		73,049,34	2.	79,058,041.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0.	0.
xbe	b	Total fundraising expenses (Part IX, column (D), line 25) 9,634,5			hai Mwaisay	
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		60,467,13	9.	60,497,481.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		168,973,12	8.	177,272,864.
	19	Revenue less expenses. Subtract line 18 from line 12		41,593,69	4.	36,324,111.
or			Be	ginning of Current Yea	ar	End of Year
sets	20	Total assets (Part X, line 16)		1,167,291,04	1.	1,142,319,776.
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)		135,223,71	9.	131,918,478.
		Net assets or fund balances. Subtract line 21 from line 20		1,032,067,32	2.	1,010,401,298.
P	art II	Signature Block				
	-	alties of perjury, I declare that I have examined this return, including accompanying schedules			my knowl	ledge and belief, it is
true	, corre	ct, and complete. Declaration of preparer fother than officer) is based on all information of whi	ich preparer	has any knowledge.		
		Truly 1103		3-5	-201	7
Sig	n	Signature of officer		Date		
Hei	e e	FREDERICK A. ROGERS, VP & TREASURER				
		Type or print name and title				
		Print/Type preparer's name Preparer's signature		Check		PTIN
Pai	d	KAREN GRIES OCUMO SI		1/26/2017 Spirem	_{ρloyed} ₽0	0078514
	parer	Firm's name CLIFTONLARSONALLEN LLP		Firm's EIN	▶ 41-0	0746749
Use	Only					
		MINNEAPOLIS, MN 55402		Phone no.6		
Ma	v the I	RS discuss this return with the preparer shown above? (see instructions)			2	Yes No

Forn	n 990 (2015) CARLETON COLLEGE	41-0694747	Page 2
	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		х
1	Briefly describe the organization's mission:		
	SEE SCHEDULE O.		
	Did the organization undertake any significant program services during the year which were not listed on		
2		Γ	Yes X No
	the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	L	163110
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Γ	Yes X No
Ü	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 other	-	•
	revenue, if any, for each program service reported.	,	, ,
4a	(Code:) (Expenses \$ 92,568,298. including grants of \$ 36,927,917.) (Reven	ue \$	98,440,111.)
	INSTRUCTION: CARLETON COLLEGE EXISTS TO PROVIDE A HIGH QUALITY LIBERAL		,
	ARTS EDUCATION FOR YOUNG WOMEN AND MEN, PREPARING THEM FOR LEADERSHIP		
	IN THEIR COMMUNITIES, COUNTRIES AND THE WORLD (1,967 STUDENTS). A		
	STUDENT-FACULTY RATIO OF 9:1 SUPPORTS THEM WITH CLASSROOM, LABORATORY,		
	OFF-CAMPUS STUDY AND RESEARCH OPPORTUNITIES. AVERAGE CLASS SIZE IS 18.		
	OVER 70% OF THE GRADUATING CLASS OF 2016 PARTICIPATED IN A STUDY ABROAD		
	PROGRAM DURING THEIR CARLETON EXPERIENCE. STUDENT FINANCIAL AID		
	PROGRAMS - CARLETON MEETS 100% OF THE FINANCIAL NEED OF ALL ADMITTED		
	STUDENTS TO ENSURE AFFORDABILITY AND ACCESSIBILITY; ACHIEVE CULTURAL,		
	RACIAL, ETHNIC AND SOCIOECONOMIC DIVERSITY; AND FUND THE COMMITMENT TO		
	GLOBALIZATION (1,770 STUDENTS).		
4b		ue \$	21,165,735.)
	AUXILIARY ENTERPRISES: CARLETON COLLEGE MAINTAINS A RURAL RESIDENTIAL		
	CAMPUS TO ENHANCE THE EDUCATIONAL EXPERIENCE OF THE STUDENT BODY WITH		
	ROOM AND BOARD PROGRAMS DESIGNED TO ENCOURAGE A SPIRIT OF COLLEGIALITY		
	AND CONVERSATION BEYOND THE CLASSROOM AND LABORATORY (1,774 STUDENTS).		
4-	(5) (6) (7) (6) (7)		0.)
4c	(Code:) (Expenses \$16,007,123. including grants of \$) (Revense STUDENT SERVICES: PROGRAMS DESIGNED TO SUPPORT THE CARLETON COLLEGE	ue \$)
	STUDENT LIFE EXPERIENCE INCLUDING CO-CURRICULAR AND RECREATIONAL		
	OPPORTUNITIES (1,967 STUDENTS).		
	(1,70) 22012(1)		
			-
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ 23,429,331. including grants of \$ 789,424.) (Revenue \$	5,135,642.)
4e	140,460,732		

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Form 990 (2015) CARLETON COLLEGE Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3_		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	х	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9	Х	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Х	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		х
		Earm	aan /	2015)

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Form 990 (2015) CARLETON COLLEGE Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a	х	
b		24b		х
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		х
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		х
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
_	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? /f "Yes,"			
	complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			ĺ
	of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30	х	ĺ
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
-	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			Γ
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	х	l
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
-	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			Γ
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	х	1
			700	(2015)

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Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response of note to any line in this part v					LX.
		1 .	I		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	522			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b		1		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eporta	ible gaming			
0-	(gambling) winnings to prize winners?	 I	I	1c	10000000	2000000
za	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	0-	2916			
L	filed for the calendar year ending with or within the year covered by this return	2a		2b	х	BA GAR
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions			20	1 22	1000
32	District the second of the sec	,		За	х	31399977
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	_		3b	Х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other			 		
	financial account in a foreign country (such as a bank account, securities account, or other financial		-	4a	х	
b	If "Yes," enter the name of the foreign country: ► SEE SCHEDULE 0		,.	2155	800.00	Gales :
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccour	nts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a	10 A A A A A A A A A A A A A A A A A A A	х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		Х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	any contributions that were not tax deductible as charitable contributions?			6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contribut					
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					3 4 4 4
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices p	provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as req	uired			
	to file Form 8282?			7c	Х	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	1			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontrac	xt?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		,	7g		_
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h	****	s before take
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by th	е			
_	sponsoring organization have excess business holdings at any time during the year?			8	SANGEST ST	Niches
9	Sponsoring organizations maintaining donor advised funds.				100000000000000000000000000000000000000	Nies.
a	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:			9b	read parties	a (a sa a sa a
10	Initiation fees and capital contributions included on Part VIII, line 12	100				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a 10b				
11	Section 501(c)(12) organizations. Enter:	100				
 а	Gross income from members or shareholders	11a				
	Gross income from other sources (Do not net amounts due or paid to other sources against					
_	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a	1,1,1,1,1,2,1,4,1,1	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				(45/51/31)
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
	Did the organization receive any payments for indoor tanning services during the tax year?			14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	∍O	***************************************	14b		
				Г	000	(0045)

CARLETON COLLEGE 41-0694747 Form 990 (2015) 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 in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Х Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X Х Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? X 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? 7a Х b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? x 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a b Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes Х 10a Did the organization have local chapters, branches, or affiliates? 10a b 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? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy? 13 Х 14 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a **b** Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed CA, MN, NH, WA, WI, NY, NJ, TN, MD, AZ Section 6104 requires an organization to make its Forms 1023 (or 1024 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 X Another's website X Upon request Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: FREDERICK A. ROGERS - 507-222-4000

Form **990** (2015)

ONE NORTH COLLEGE STREET, NORTHFIELD, MN 55057

Form 990 (2015) CARLETON COLLEGE 41-0694747 Page **7**

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 instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A)	(B)			((C)			(D)	(E)	(F)
Name and Title	Average	 		Pos	ition	1		Reportable	Reportable	Estimated
	hours per	box	not c	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week	offi	cer ar	d a d	lirecto	or/trus	stee)	from	from related	other
	(list any	ector		l				the	organizations	compensation
	hours for	rdire				ted		organization	(W-2/1099-MISC)	from the
	related	stee c	nstee			ensa		(W-2/1099-MISC)		organization
	organizations	al tru:	nal tr		loyee	g Somp				and related
	below	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) JACK W. EUGSTER	line) 8.00	Ĕ	Ë	5	- S	主も	운			
CHAIR	0.00	x		x				0.	0.	0.
(2) CATHY PAGLIA	8.00	-		F	<u> </u>	\vdash				
VICE CHAIR		х		х				0.	0.	0.
(3) WALLY WEITZ	8.00									
VICE CHAIR		х		х			l	0.	0.	0.
(4) STEVEN G. POSKANZER	60.00									
PRESIDENT		Х		х	ļ		L	440,255.	0.	123,885.
(5) MARK APPLEBAUM	5.00									
TRUSTEE		X			<u> </u>			0.	0.	0.
(6) CAROL BARNETT	5.00									
TRUSTEE		Х		<u> </u>	ļ			0.	0.	0.
(7) BILL CRAINE	5.00	1							_	
TRUSTEE		Х		<u> </u>	ļ	_	<u> </u>	0.	0.	0.
(8) MAUREEN G. GUPTA	5.00						l		_	_
TRUSTEE		Х		<u> </u>	ļ		<u> </u>	0.	0.	0.
(9) JOHN F. HARRIS	5.00							_	_	_
TRUSTEE		Х	_	<u> </u>		_		0.	0.	0.
(10) MICHAEL HASENSTAB	5.00								_	_
TRUSTEE		Х		L		<u> </u>		0.	0.	0.
(11) ELISE M. HOLSCHUH	5.00							_		_
TRUSTEE		Х		L.,				0.	0.	0.
(12) JAMES E. JOHNSON	5.00							_	_	_
TRUSTEE		Х		<u> </u>		_		0.	0.	0.
(13) MICHELE JOY	5.00					l		_	_	_
TRUSTEE		х		_		_		0.	0.	0.
(14) MARTHA H. KAEMMER	5.00									_
TRUSTEE		Х						0.	0.	0.
(15) LESLIE B. KAUTZ	5.00					l			_	_
TRUSTEE		х	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	0.	0.	0.
(16) ARTHUR D. KOWALOFF	5.00	l						_		_
TRUSTEE		Х		L.	 	_	<u> </u>	0.	0.	0.
(17) RICHARD R. KRACUM	5.00									_
TRUSTEE	<u> </u>	Х	<u> </u>		<u> </u>			0.	0.	0. Form 990 (2015)

532007 12-16-15

Part VII Section A. Officers, Directors, Trus	stees, Key Em	ploy	rees	, an	d Hi	ighe	st C	ompensated Employe	es (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average hours per week	box	not c , unle	ss pe	more rson	than is bot or/trus	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(18) BONNIE J. MELVILLE	5.00						ĺ			
TRUSTEE		Х						0.	0.	0.
(19) BRAD NORDHOLM TRUSTEE	5.00	x						0.	0.	0.
(20) GARY T. O'BRIEN	5,00	-			-		 			
TRUSTEE		х						0.	0.	0.
(21) STEVEN C. PARRISH	5.00									
TRUSTEE		х		•				0.	0.	0.
(22) PAMELA KIECKER ROYALL TRUSTEE	5.00	х						0.	0.	0.
(23) DAVID B. SMITH, JR. TRUSTEE	5.00	х						0.	0.	0.
(24) WILLIAM P. STERLING	5.00	,,,								
TRUSTEE	F 00	Х			<u> </u>			0.	0.	0.
(25) GARY L. SUNDEM TRUSTEE	5.00	х						0.	0.	0.
(26) ALISON VON KLEMPERER	5,00								-	
TRUSTEE	-	х						0.	0.	0.
1b Sub-total							—	440,255.	0.	123,885.
c Total from continuation sheets to Part V							▶	2,432,762.	0.	355,294.
d Total (add lines 1b and 1c)							•	2,873,017.	0.	479,179.
2 Total number of individuals (including but n							00 00	socied more than \$100	000 of roportoble	

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

116

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

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
BON APPETIT, 100 HAMILTON AVE, STE 400,		
PALO ALTO, CA 94301	FOOD SERVICE	8,712,493.
TERRA GENERAL CONTRACTORS, LLC		
21025 COMMERCE BLVD, ROGERS, MN 55374	GENERAL CONTRACTOR	5,080,274.
RIVER CITY BUILDERS		
98 MAIN ST, NERSTRAND, MN 55053	GENERAL CONTRACTOR	1,550,814.
MCGOUGH CONSTRUCTION CO.		
2737 FAIRVIEW AVE N, ST. PAUL, MN 55113	GENERAL CONTRACTOR	792,675.
EYP ARCHITECTURE & ENGINEERING P.C.		
257 FULLER RD, FIRST FL, ALBANY, NY 12203	GENERAL CONTRACTOR	729,929.
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	39	
GER DADE WITH GROWTON & COMMING STONY GUIDING		- 000

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2015)

Form 990 CARLETON COLLEGE 41-0694747

Form 990 CARLETON COLI									41-069474	7
Part VII Section A. Officers, Directors, Tru	ıstees, Key Eı	mpl	oyee	s, a	nd l	ligh	est	Compensated Employ	rees (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	Position		Reportable	Reportable	Estimated				
	hours	(c	heck	all t	that	hat apply) compensation from		compensation	compensation from related	amount of
	per							from		other
	week	_				oyee		the	organizations	compensation
	(list any	irecto				empl		organization	(W-2/1099-MISC)	from the
	hours for related	e or d	tee			sated		(W-2/1099-MISC)		organization and related
	organizations	ruste	l trus		ee/	mpen				organizations
	below	Individual trustee or director	Institutional trustee	<u>_</u>	Key employee	Highest compensated employee	 			organization o
	line)	Indivi	Instit	Officer	Key e	High	Former			
(27) JUSTIN B. WENDER	5.00									
TRUSTEE		х						0.	0.	0.
(28) BONNIE M. WHEATON	5.00									
TRUSTEE		х				l	ĺ	0.	0.	0.
(29) BYRON WHITE	5.00									
TRUSTEE		х						0.	0.	0.
(30) MICHAEL L. WIEBOLT	5.00	Γ								
TRUSTEE		х	l			l		0.	0.	0.
(31) MARK R. WILLIAMS	5.00									
TRUSTEE		х				İ		0.	0.	0.
(32) THOMAS BONNER	60.00									
SECRETARY		1		х		l		299,386.	0.	49,194.
(33) FREDERICK A. ROGERS	60.00									
TREASURER				х				313,605.	0.	42,194.
(34) BEVERLY NAGEL	60.00									
DEAN OF THE COLLEGE				х		İ	ĺ	267,968.	0.	34,471.
(35) M. H. WAGNER	40.00									
VP FOR STUDENT DEVELOPMENT AND DEAN					х			177,609.	0.	23,886.
(36) PAUL THIBOUTOT	40.00									
VP AND DEAN OF ADMISSIONS AND FINANC					х			192,352.	0.	34,205.
(37) JASON MATZ	40.00									
CHIEF INVESTMENT OFFICER						х		369,918.	0.	27,270.
(38) ANDREW CHRISTENSEN	40.00									
DIRECTOR OF PRIVATE MARKETS	-					х		232,751.	0.	46,084.
(39) LOUIS E. NEWMAN	40.00									
ASSOCIATE DEAN OF THE COLLEGE						х		189,329.	0.	34,131.
(40) SUSAN SINGER	40.00									
PROFESSOR OF NATURAL SCIENCES						х		194,560.	0.	26,679.
(41) JOEL WEISBERG	40.00									
PROFESSOR OF PHYSICS AND ASTRONOMY						X		195,284.	0.	37,180.
							<u> </u>			
]	
							L			
Total to Part VII, Section A, line 1c								2,432,762.		355,294.

41-0694747

			Check if Schedule O cont	ains a respons	e or note to anv lir	ne in this Part VIII			
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts nts	1	а	Federated campaigns	1a					
irar our	ł		Membership dues				a de la company	Gasten Salpa et sun.	
Contributions, Gifts, Grants and Other Similar Amounts			Fundraising events						
ar ar			Related organizations						
imi			Government grants (contribut		4,398,592.				
rior S		f	All other contributions, gifts, gran	ts, and			aller Comment of State of the		
출출			similar amounts not included above	ve 1f	36,193,565.				
do		g	Noncash contributions included in lines	1a-1f: \$	6,486,103.				
<u>ರೆ ೯</u>		h	Total. Add lines 1a-1f		>	40,592,157.			
					Business Code				
9	2	а	TUITION AND FEES		611710	98,440,111.	98,440,111.		
Program Service Revenue		b	ROOM AND BOARD		611710	21,165,735.	21,165,735.		
Scan		С	SUMMER ACADEMIC PROG		611310	1,694,765.	1,694,765.		
ran ev		d							
Б		е							
ā		f	All other program service reve	nue	900099	3,440,877.	3,440,877.		
		g	Total. Add lines 2a-2f			124,741,488.			STEELE STEELEN
	3		Investment income (including	dividends, inte	rest, and				
			other similar amounts)			8,001,641.		-460,711.	8,462,352.
	4		Income from investment of tax	x-exempt bond	proceeds >				
	5		Royalties		>	25,846.			25,846.
				(i) Real	(ii) Personal				
	6	а	Gross rents	335,019).				
		b	Less: rental expenses	1,000,037	7.				
		С	Rental income or (loss)	-665,018	3.				
		d	Net rental income or (loss)		>	-665,018.		1,754.	-666,772.
	7	а	Gross amount from sales of	(i) Securities	(ii) Other				
			assets other than inventory	46,661,427	14,935.				
		b	Less: cost or other basis						
			and sales expenses	5,589,737					
		С	Gain or (loss)	41,071,690	-316,105.				
			Net gain or (loss)			40,755,585.			40,755,585.
venue	8	а	Gross income from fundraising including \$	g events (not of					
			contributions reported on line						
Other Re					a				
the		b	Less: direct expenses		b				
0			Net income or (loss) from fund			en elle met en mentet men en en en men en	XXIII XXIII XXIII IXXIII XXIII		
			Gross income from gaming ac						
			Part IV, line 19		a				
		b	Less: direct expenses		ь				
			Net income or (loss) from gam			100000000000000000000000000000000000000	***************************************		C. X. 200 C. C. C. C. C. C. C. C. C. C. C. C. C.
	10	а	Gross sales of inventory, less	returns					
			and allowances		a				
		b	Less: cost of goods sold		b				
			Net income or (loss) from sale			STEELS SEEDING OF THE SECURITY OF		C 001 0000 00 0000 00 00 0000 0000	
			Miscellaneous Revenu		Business Code				
	11	а			221000	145,276.	10 10 10 10 10 10 10 10 10 10 10 10 10 1	145,276.	11 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		b							
		c	***************************************						
			All other revenue						
			Total. Add lines 11a-11d			145,276.			
	12		Total revenue. See instructions.			213,596,975.	124,741,488.	-313,681.	48,577,011.

532009 12-16-15

Form **990** (2015)

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 respons not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	se or note to any line in (A) Total expenses	this Part IX(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	789,425.	789,425.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	36,927,917.	36,927,917.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16			100 mg 100 mg 100 mg 100 mg 100 mg 100 mg 100 mg 100 mg 100 mg 100 mg 100 mg 100 mg 100 mg 100 mg 100 mg 100 m 100 mg 100 mg	
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	1,670,571.	142,389.	1,105,130.	423,052
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	57,609,455.	49,282,180.	4,054,840.	4,272,435.
8	Pension plan accruals and contributions (include	- 40- 45-			
	section 401(k) and 403(b) employer contributions)	5,189,905.	4,276,792.	472,793.	440,320,
9	Other employee benefits	10,539,242.	8,858,968.	649,042.	1,031,232
10	Payroll taxes	4,048,868.	3,419,724.	314,649.	314,495.
11	Fees for services (non-employees):				
	Management	212 222		010 000	
	Legal	212,000.		212,000.	
	Accounting	120,447.		120,447.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17	7 700 106		5 500 406	
f	Investment management fees	7,729,406.		7,729,406.	
g	Other. (If line 11g amount exceeds 10% of line 25,	2 (20 504	0 005 454	260 070	E45 050
	column (A) amount, list line 11g expenses on Sch O.)	3,620,524.	2,805,474.	269,078.	545,972.
12	Advertising and promotion	78,615.	2 702 226	55,873.	22,742.
13	Office expenses	4,725,779.	2,702,226.	677,758.	1,345,795.
14	Information technology	1,127,159.	1,107,026.	18,311.	1,822.
15	Royalties	5,907,771.	5,379,537.	487,991.	40.242
16	Occupancy	7,831,609.	7,142,838.	196,853.	40,243.
17	Travel	7,831,009.	7,142,030.	130,655.	491,910.
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	1,620,910.	837 207.	248,258.	535,445.
	Conferences, conventions, and meetings	2,693,156.	2,693,156.	210,230.	333,443,
20	Interest Payments to offiliates	2,055,150.	2,055,150.		
21 22	Payments to affiliates Depreciation, depletion, and amortization	10,861,110.	10,469,917.	380,569.	10,624.
	_ ` `	890,385.	504,802.	385,583.	10,021
23 24	Other expenses, Itemize expenses not covered	0,000.	304,002.	100 KUNDUN 100 KUNDUN	NG SANJENTA ON GENTATUR LANGE (SANJEN)
4	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
2	STUDENT FOOD SERVICE	7,269,174.	7,269,174.		A CONTRACTOR OF THE PROPERTY O
a b	MISCELLANEOUS EXPENSES	3,539,115.	3,106,370.	295,160.	137,585.
C	MEMBERSHIP FEES	2,270,321.	1,747,611.	501,836.	20,874.
d		-,,	-, -, , , , , , , , , , , , , , , , , ,	,000.	20,071,
	All other expenses				
e 25	Total functional expenses. Add lines 1 through 24e	177,272,864.	149,462,733.	18,175,577.	9,634,554.
26	Joint costs. Complete this line only if the organization	= - , = - = , = - = .	===,===,,==.	==,=,=,=,,.,.	2,202,002,
2.0	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	1 12-16-15				Form 990 (2015

Form 990 (2015) Part X Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or no	te to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments			55,685,874.	2	33,033,981
	3	Pledges and grants receivable, net			3,711,275.	3	14,638,536.
	4	Accounts receivable, net			1,831,168.	4	2,226,853
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compens	ated em	ployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqual	ified per	sons (as defined under			
		section 4958(f)(1)), persons described in section	n 4958(d	c)(3)(B), and contributing			
		employers and sponsoring organizations of sec	tion 501	(c)(9) voluntary			
ţ		employees' beneficiary organizations (see instr)	. Compl	ete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
ĕ	8	Inventories for sale or use			560,177.	8	557,225.
	9	Prepaid expenses and deferred charges			2,949,102.	9	1,147,671.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	363,623,253.			
	b	Less: accumulated depreciation		166,330,292.	190,739,885.	10c	197,292,961.
	11	Investments - publicly traded securities			349,667,138.	11	336,776,790.
	12	Investments - other securities. See Part IV, line			541,877,221.	12	537,167,573.
	13	Investments - program-related. See Part IV, line	11		8,035,438.	13	8,354,379.
	14	Intangible assets		T T		14	
	15	Other assets. See Part IV, line 11	12,233,763.	15	11,123,807.		
	16	Total assets. Add lines 1 through 15 (must equ	1,167,291,041.	16	1,142,319,776.		
	17	Accounts payable and accrued expenses			12,697,843.	17	15,707,346.
	18	Grants payable				18	
	19	Deferred revenue	4,584,214.	19	5,228,516.		
	20	Tax-exempt bond liabilities			87,004,295.	20	82,393,033.
	21	Escrow or custodial account liability. Complete			4,912,110.	21	4,534,626.
S	22	Loans and other payables to current and forme	r officers	s, directors, trustees,			
Ĕ		key employees, highest compensated employee	es, and	disqualified persons.			
Liabilities		Complete Part II of Schedule L		22			
_	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate	d third p	oarties [24	
	25	Other liabilities (including federal income tax, pa	yables t	to related third			
		parties, and other liabilities not included on lines	s 17-24).	. Complete Part X of			
		Schedule D			26,025,257.	25	24,054,957.
	26	Total liabilities. Add lines 17 through 25			135,223,719.	26	131,918,478.
		Organizations that follow SFAS 117 (ASC 958	3), checl	k here X and			
es		complete lines 27 through 29, and lines 33 ar	id 34.				
anc	27				446,350,824.	27	436,292,714.
Bal	28	Temporarily restricted net assets			383,402,880.	28	365,682,211.
nd	29				202,313,618.	29	208,426,373.
Ī		Organizations that do not follow SFAS 117 (A	SC 958), check here			
Net Assets or Fund Balances		and complete lines 30 through 34.					
sets	30	Capital stock or trust principal, or current funds				30	
Ase	31	Paid-in or capital surplus, or land, building, or ed		F		31	
et	32	Retained earnings, endowment, accumulated in		!		32	
_	33	Total net assets or fund balances			1,032,067,322.	33	1,010,401,298.
	34	Total liabilities and net assets/fund balances			1,167,291,041.	34	1,142,319,776. Form 990 (2015)

Form **990** (2015)

41-0694747

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	21	3,59	6,975.
2	Total expenses (must equal Part IX, column (A), line 25)	2	17	7,27	2,864.
3	Revenue less expenses. Subtract line 2 from line 1	3	3	6,32	4,111.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,03	2,06	7,322.
5	Net unrealized gains (losses) on investments 5				7,459.
6					
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-21	2,676.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	1,01	0,40	1,298.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	s No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.				
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?				Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d 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?		2t	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basi:	з,		
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audi	t,		
	review, or compilation of its financial statements and selection of an independent accountant?		20	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule (o.		
За	3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit				
	Act and OMB Circular A-133?				
b	b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3t	х	
			For	n 99 0) (2015)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer identification number CARLETON COLLEGE 41-0694747 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11q. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. ☐ Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). iv) Is the organization (iii) Type of organization (i) Name of supported (ii) EIN (v) Amount of monetary (vi) Amount of listed in your (described on lines 1-9 organization support (see other support (see governing document? above (see instructions)) instructions) instructions) Yes No Total

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 532021 09-23-15

Schedule A (Form 990 or 990-EZ) 2015

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.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	19,527,129.	24,900,207.	27,893,301.	34,152,153.	40,592,157.	147,064,947.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	19,527,129.	24,900,207.	27,893,301.	34,152,153.	40,592,157.	147,064,947.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						19,252,889.
	Public support. Subtract line 5 from line 4.			N			127,812,058.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	19,527,129.	24,900,207.	27,893,301.	34,152,153.	40,592,157.	147,064,947.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	6,197,581.	1,561,639.	4,602,190.	13,241,809.	8,823,217.	34,426,436.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on				***************		
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	2,989,553.	3,615,082.	3,929,071.			10,533,706.
11	Total support. Add lines 7 through 10						192,025,089.
	Gross receipts from related activities,	`	,			12	577,693,191.
13	First five years. If the Form 990 is for	_	first, second, third	d, fourth, or fifth ta	ix year as a sectio	n 501(c)(3)	
Sec	organization, check this box and stop ction C. Computation of Publi		centage				<u> </u>
14	Public support percentage for 2015 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	66.56 %
15	Public support percentage from 2014	Schedule A, Part	II, line 14			15	59.86 %
	33 1/3% support test - 2015. If the o					nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				X
b	33 1/3% support test - 2014. If the o	organization did no	t check a box on li	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization quali	ifies as a publicly s	upported organiza	ation			▶□
17a	10% -facts-and-circumstances test	t - 2015. If the orga	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	is box and stop h	ere. Explain in Par	rt VI how the organ	ization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a p	publicly supported	l organization		▶□
b	10% -facts-and-circumstances test	t - 2014. If the orga	anization did not c	heck a box on line	13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets th	ne "facts-and-circui	mstances" test, ch	eck this box and	stop here. Explain	in Part VI how the	
	organization meets the "facts-and-circ	cumstances" test.	The organization q	ualifies as a public	cly supported orga	anization	▶□
18	Private foundation. If the organizatio	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	ınd see instruction	<u> </u>
		-			Sche	dule A (Form 990	or 990-EZ) 2015

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

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

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not		1				ł
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in		1			ì	
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
·	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-			 			
4	ization's benefit and either paid to						
	or expended on its behalf						
_					<u> </u>		
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						÷:
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6						
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources	·					
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b					 	
	Net income from unrelated business					 	
• •	activities not included in line 10b,						
	whether or not the business is						
10	regularly carried on					-	
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)			<u> </u>	<u> </u>		
14	First five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) orgar	nization,
_							>
	ction C. Computation of Publ						
	Public support percentage for 2015 (column (f))		15	%
	Public support percentage from 2014					16	%
	ction D. Computation of Inves						
	Investment income percentage for 20			ne 13, column (f))		17	%
	Investment income percentage from 2					18	%
19a	33 1/3% support tests - 2015. If the	organization did r	ot check the box	on line 14, and line	e 15 is more than	33 1/3%, and line	e 17 is not
	more than 33 1/3%, check this box a	nd stop here. The	organization qua	lifies as a publicly	supported organi	zation	
b	33 1/3% support tests - 2014. If the	organization did r	ot check a box or	n line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%	, and
	line 18 is not more than 33 1/3%, che	ck this box and s	top here. The orga	anization qualifies	as a publicly supp	oorted organizatio	on ▶
20	Private foundation. If the organization					-	
_							

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Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 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? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in Part VI*.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** 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)? *If* "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
- За		
3b		
3c	11152331	
4a		
4b		
4c		
5a		
5b		
5c		
7		
8		786.5
9a		
9b		
9c	10.11.13	
10a		
10b		
	. ==	0045

Pa	rt IV Supporting Organizations (continued)			
	, , , , , , , , , , , , , , , , , , , ,		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			1000
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		\vdash
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		┢
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
				l and a
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	de Section	la de la constante de la const
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	Bhillian		Health
<u></u>	supervised, or controlled the supporting organization.	2	ļ	<u> </u>
<u> 5ec</u>	tion C. Type II Supporting Organizations		T.,	Γ.:
_			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	3000000		
	the supported organization(s).	1 1		<u> </u>
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (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		15,500	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		<u></u>
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).	;		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instance)	structions).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		L
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		1
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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? Provide details in <i>Part VI</i> .	3a	SELECTION OF THE	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	1000		113.116
	of its supported organizations? If "Yes," describe in <i>Part VI</i> the role played by the organization in this regard.	3b	<u> </u>	L

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	anizations					
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All							
	other Type III non-functionally integrated supporting organizations must co	mplete :	Sections A through E.					
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)				
1	Net short-term capital gain	1						
_2	Recoveries of prior-year distributions	2						
_3	Other gross income (see instructions)	3						
4	Add lines 1 through 3	4						
_5	Depreciation and depletion	5						
6	Portion of operating expenses paid or incurred for production or							
	collection of gross income or for management, conservation, or							
	maintenance of property held for production of income (see instructions)	6						
7	Other expenses (see instructions)	7						
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8						
Section B - Minimum Asset Amount			(A) Prior Year	(B) Current Year (optional)				
1	Aggregate fair market value of all non-exempt-use assets (see							
	instructions for short tax year or assets held for part of year):							
а	Average monthly value of securities	1a						
b	Average monthly cash balances	1b						
С	Fair market value of other non-exempt-use assets	1c						
d	Total (add lines 1a, 1b, and 1c)	1d						
е	Discount claimed for blockage or other	2022/03/03						
	factors (explain in detail in Part VI):							
2	Acquisition indebtedness applicable to non-exempt-use assets	2						
3	Subtract line 2 from line 1d	3						
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,							
	see instructions).	4						
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5						
6	Multiply line 5 by .035	6						
7	Recoveries of prior-year distributions	7						
8	Minimum Asset Amount (add line 7 to line 6)	8						
Sect	ion C - Distributable Amount			Current Year				
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1						
2	Enter 85% of line 1	2						
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3						
4	Enter greater of line 2 or line 3	4						
5	Income tax imposed in prior year	5						
6	Distributable Amount. Subtract line 5 from line 4, unless subject to							
	emergency temporary reduction (see instructions)	6						
7	Check here if the current year is the organization's first as a non-functionall	y-integra	ated Type III supporting organ	zation (see				
	instructions).							

Schedule A (Form 990 or 990-EZ) 2015

Pa	Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations (continued)	
Sect	ion D - Distributions		Current Year	
1	Amounts paid to supported organizations to accomplish ex	empt purposes		
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	ns	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t	e		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
0	an E. Bistolius Alles eties (a) at a still and	Excess Distributions	Underdistributions	Distributable
Sect	on E - Distribution Allocations (see instructions)		Pre-2015	Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)	Standistrate Shirter (2015)		
3	Excess distributions carryover, if any, to 2015:			
а				
b				
С				
d	From 2013			
e	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	PRESENTE PROPERTY AND A SESSION DEPOSIT PRESENTANT FROM THE PROPERTY AND A SESSION OF THE ACT OF THE SESSION F A SESSION OF THE SESSION OF TH			
b				
С	Excess from 2013			
d	Excess from 2014			
е	Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:
OTHER
2011 AMOUNT: \$ 2,989,553.
2012 AMOUNT: \$ 3,615,082.
2013 AMOUNT: \$ 3,929,071.

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

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

2015
Open to Public Inspection

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

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

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

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

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

•	Section 501(c)(4), (5), or (6) o	rganizations: Complete Part III.			
Nar	ne of organization			Emp	loyer identification number
		TON COLLEGE			41-0694747
Pa	art I-A Complete if the	ne organization is exempt u	nder section 501(c) or is a section 527 o	organization.
2	Political expenditures	organization's direct and indirect pol		 ▶\$	0.
Pa	art I-B Complete if the	ne organization is exempt u	nder section 501(c	(3).	
1		sise tax incurred by the organization u			0.
2	Enter the amount of any exc	ise tax incurred by organization man	agers under section 495	55	0.
3	If the organization incurred	a section 4955 tax, did it file Form 47	20 for this year?		Yes No
48	a Was a correction made?				Yes No
Ł	If "Yes," describe in Part IV.				
		ne organization is exempt u			
	<u>-</u>	pended by the filing organization for			
2		g organization's funds contributed to	•		
_					
3		nditures. Add lines 1 and 2. Enter her		•	
	line 1/b	- F 4400 DOI f		> \$	Yes No
4		e Form 1120-POL for this year?			
5		rganization listed, enter the amount p			
	• •	were promptly and directly delivered	• •		•
		AC). If additional space is needed, p			
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(d) Name	(2)//(30/000	(0) 2	filing organization's	contributions received and
				funds. If none, enter -0	promptly and directly delivered to a separate
					political organization.
					If none, enter -0

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

Schedule C (Form 990 or 990-EZ) 2015

LHA 532041 10-05-15

Calendar year (or fiscal year beginning in)

(a) 2012
(b) 2013
(c) 2014
(d) 2015
(e) Total

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

c Total lobbying expenditures

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

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2015

Page 3

Schedule C (Form 990 or 990-EZ) 2015 CARLETON COLLEGE 41-0694747

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 e	ach "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(a	a)	(1	o)
	e lobbying activity.	Yes	No	Amo	ount
1 a	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: Volunteers?	X			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?		X X		
d	Mailings to members, legislators, or the public?	Х			
е	Publications, or published or broadcast statements?	Х			
f	Grants to other organizations for lobbying purposes?	Х			100,006.
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Х			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Х			500.
i	Other activities?		Х		
i	Total. Add lines 1c through 1i				100,506.
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х		
	If "Yes," enter the amount of any tax incurred under section 4912				<u> </u>
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	on 501(c)	(5), or se	ction	<u></u>
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3			
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."			t III-A, liı	ne 3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politi expenses for which the section 527(f) tax was paid).	cal			
а	Current year		2a		
b	Carryover from last year		2b		
С	Total		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and provided the control of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3.				
	expenditure next year?		4		
	Taxable amount of lobbying and political expenditures (see instructions)		5		
Par	t IV Supplemental Information				
nstru	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group ctions); and Part II-B, line 1. Also, complete this part for any additional information. II-B, LINE 1, LOBBYING ACTIVITIES:	list); Part II	-A, lines 1 a	and 2 (see	
COLL	EGE RELATIONS OCCASIONALLY CONTACT LEGISLATORS TO EXPRESS THE				
COLL	EGE'S VIEWS ON PENDING LEGISLATION WHICH WOULD AFFECT THE COLLEGE.			***************************************	
COST	S INCURRED IN CONNECTION WITH THESE ACTIVITIES ARE INSIGNIFICANT				
ND	NO SEPARATE ACCOUNT IS MADE FOR THESE COSTS. IN ADDITION, STUDENTS				
ART	ICIPATE IN A VOLUNTEER ACTIVITY SPONSORED BY THE MINNESOTA PRIVATE				

532043 10-05-15

Schedule C (Form 990 or 990-EZ) 2015

SCHEDULE D

(Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

Inspection

Nam	e of the organization	-		Employer identification number
	CARLETON COLLEGE			41-0694747
Pa	rt I Organizations Maintaining Donor Advise		ls or Acc	counts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin			
		(a) Donor advised funds	(b)	Funds and other accounts
1	Total number at end of year	W 1		
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	ised funds	
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	e used onl	y
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpose	e conferrin	g
	impermissible private benefit?			Yes No
Pa	rt II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990,	Part IV, lir	ne 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).		
	Preservation of land for public use (e.g., recreation or e	ducation) Preservation of a his	torically im	portant land area
	Protection of natural habitat	Preservation of a cer	tified histo	oric structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	n of a cons	ervation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		2	2a
b				2b
С	Number of conservation easements on a certified historic stru			2c
	Number of conservation easements included in (c) acquired a			
-	listed in the National Register	•		2d
3	Number of conservation easements modified, transferred, rel			
Ū	year	odood, oktingdionod, or torrimidtod by tr	io organize	ation during the tax
4	Number of states where property subject to conservation eas	sement is located		
5	Does the organization have a written policy regarding the per			
•	violations, and enforcement of the conservation easements it			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,			
_	>	g er melatiene, and emeremig ee.		adding the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserva	ation ease	ments during the year
•	> \$	ing of violations, and officing conton v	allori oaco	monto daring the year
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170)(h)(4)(B)(i)	
Ů	and section 170(h)(4)(B)(ii)?	•		
9	In Part XIII, describe how the organization reports conservation			
•	include, if applicable, the text of the footnote to the organization	•		
	conservation easements.	ion 3 interioral statements that describes	s the organ	ization's accounting to
Pai	t III Organizations Maintaining Collections of	Art. Historical Treasures. or C	Other Sir	milar Assets.
	Complete if the organization answered "Yes" on Form			
	If the organization elected, as permitted under SFAS 116 (AS		ment and	halance sheet works of art
	historical treasures, or other similar assets held for public exh			
	the text of the footnote to its financial statements that describ	·	ance or pu	blic scrvice, provide, irr are xill,
b	If the organization elected, as permitted under SFAS 116 (AS		nt and hala	unco shoot works of art historical
	treasures, or other similar assets held for public exhibition, ed			
	•	ideation, or research in furtherance of pr	ADIIC SCIVIC	e, provide the following amounts
	relating to these items:			▶ \$ 109,000.
	(i) Revenue included on Form 990, Part VIII, line 1		_	*
0		pouros or other similar assets for financia		T
2	If the organization received or held works of art, historical treation following amounts required to be reported under STAS 11		aı gaın, pro	ovide
_	the following amounts required to be reported under SFAS 1:	· · · · · · · · · · · · · · · · · · ·		- n
a	Revenue included on Form 990, Part VIII, line 1			\$
b	Assets included in Form 990, Part X			> \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 532051 11-02-15

Schedule D (Form 990) 2015

	edule D (Form 990) 2015 CARLETON C				41-069			age 2
	rt III Organizations Maintaining							
3	Using the organization's acquisition, access	sion, and other record	ds, check any of the	following that are	a significant use of it	ts collectio	n item	ns
	(check all that apply):							
а	Public exhibition	d		hange programs				
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's of	•	-	•		art XIII.		
	During the year, did the organization solicit				_			_
-	to be sold to raise funds rather than to be n					Yes	X	<u> No</u>
Par	rt IV Escrow and Custodial Arrai reported an amount on Form 990, Pa		ete if the organizatio	n answered "Yes"	on Form 990, Part I	V, line 9, o	r	
1a	Is the organization an agent, trustee, custoo	dian or other intermed	diary for contribution	s or other assets	not included			
	on Form 990, Part X?				_	Yes	X	□No
b	If "Yes," explain the arrangement in Part XII							
		·	•			Amoun	t	
С	Beginning balance				1c			
	Additions during the year							
	Distributions during the year							
	Ending balance				1f			
2a	Did the organization include an amount on I	Form 990, Part X, line	21, for escrow or cu	ustodial account li	ability?	X Yes		No
b	If "Yes," explain the arrangement in Part XII	I. Check here if the ex	planation has been	provided on Part			X	
Par	rt V Endowment Funds. Complete	if the organization an	swered "Yes" on Fo	orm 990, Part IV, lii	ne 10.			
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years bac	k (e) Fou	r years	back
1a	Beginning of year balance	784,690,360.	794,308,177.	704,714,66	651,655,398	666	,402	,763.
b	Contributions	7,573,357.	10,255,124.	13,311,85	11,900,109). 2	,774,	,503.
	Net investment earnings, gains, and losses	-9,371,797.	21,539,635.	116,344,12	78,960,412	2. 17	,724	,826.
d	Grants or scholarships	9,135,660.	8,294,492.	7,949,31	7,611,873	7	,387,	,060.
е	Other expenditures for facilities							
	and programs	27,138,149.	26,339,602.	25,719,29	5. 25,229,420	24	,422	,145.
f	Administrative expenses	6,995,563.	6,778,482.	6,393,84	4,959,966	3	,437,	,489.
	End of year balance	739,622,548.	784,690,360.	794,308,17	7. 704,714,660	651	,655,	,398.
-	Provide the estimated percentage of the cu	rrent year end balanc	e (line 1g, column (a	i)) held as:				
	Board designated or quasi-endowment	32.98	%					
b	Permanent endowment 26.73	%						
	Temporarily restricted endowment	40.29 %						
	The percentages on lines 2a, 2b, and 2c she	ould equal 100%.						
	Are there endowment funds not in the poss	•	ation that are held a	nd administered fo	or the organization			
	by:	· ·			Ü		Yes	No
	(i) unrelated organizations					3a(i)	х	
								Х
	If "Yes" on line 3a(ii), are the related organiz							
	Describe in Part XIII the intended uses of th			***************************************				<u> </u>
	t VI Land, Buildings, and Equipr							
<u> </u>	Complete if the organization answere), Part IV, line 11a. S	See Form 990, Part	X, line 10.			
	Description of property	(a) Cost or o			Accumulated	(d) Boo	k valu	e.
	· · · · · · · · · · · · · · · ·	basis (investr	1 ' '		depreciation	(=, 200		-
1a	Land	`		,612,553.		4	,612,	553.
	Buildings			,418,758.	91,516,093.		,902,	<u> </u>
	Leasehold improvements						·	
	Equipment		89	,102,182.	74,814,199.	14	,287,	983.

Schedule D (Form 990) 2015

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

9,489,760.

197,292,961.

Schedule D (Form 990) 2015 CARLETON COLLEGE			41-0694747	Page 3
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes" or	n Form 990, Part IV, line	11b. See Form 990, Par	t X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value		tion: Cost or end-of-year mark	cet value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A) PRIVATE EQUITY	129,749,196.	END-OF-YEAR MAR	KET VALUE	
(B) HEDGE FUNDS	257,651,983.	END-OF-YEAR MAR	KET VALUE	
(C) REAL ASSETS	93,266,805.	END-OF-YEAR MAR	KET VALUE	
(D) PLANNED GIFT AGREEMENTS AND OTHER	56,499,589.	END-OF-YEAR MAR	KET VALUE	
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	537,167,573.			SINGS SEE
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes" or	n Form 990. Part IV. line	11c. See Form 990. Parl	X. line 13.	
(a) Description of investment	(b) Book value		tion: Cost or end-of-year mark	et value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)		***************		
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes" or	n Form 990. Part IV. line	11d. See Form 990. Part	X. line 15.	
	escription		(b) Bool	k value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line			>	
Part X Other Liabilities.				
Complete if the organization answered "Yes" or	n Form 990. Part IV. line	11e or 11f. See Form 99	0. Part X. line 25.	
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2) ANNUITIES PAYABLE		21,953,884.		
(3) ASSET RETIREMENT OBLIGATION		1,139,803.		
(4) FAIR VALUE OF INTEREST RATE SWAP		961,270.		
(5)				
\-/-				

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII 🗓

Schedule D (Form 990) 2015

(6) (7) (8)

24,054,957.

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

Schedule D (Form 990) 2015 CARLETON COLLEGE			41-0694747	Page 4
Part XI Reconciliation of Revenue per Audited Financial St	tatements With	Revenue per F	Return.	
Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.			
1 Total revenue, gains, and other support per audited financial statements			1	111,949,554.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a Net unrealized gains (losses) on investments	2a	-57,777,459	·	
b Donated services and use of facilities	2b			
c Recoveries of prior year grants	2c			
d Other (Describe in Part XIII.)	2d	787,361		
e Add lines 2a through 2d			2e	-56,990,098.
3 Subtract line 2e from line 1			3	168,939,652,
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
a Investment expenses not included on Form 990, Part VIII, line 7b		7,729,406.	- ::::::::::::::::::::::::::::::::::::	
b Other (Describe in Part XIII.)	4b	36,927,917.		
c Add lines 4a and 4b			4c	44,657,323.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12		Evanasa	5 Dotum	213,596,975
Part XII Reconciliation of Expenses per Audited Financial S		i Expenses per	Return.	
Complete if the organization answered "Yes" on Form 990, Part IV,			T . T	122 615 570
1 Total expenses and losses per audited financial statements			1	133,615,578
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	1			
a Donated services and use of facilities				
b Prior year adjustments				
c Other losses		1,000,037.	Line and the second	
d Other (Describe in Part XIII.)			1	1,000,037
e Add lines 2a through 2d			2e 3	132,615,541.
 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 			3	132,013,311.
	1421	7,729,406.		
a Investment expenses not included on Form 990, Part VIII, line /b b Other (Describe in Part XIII.)		36,927,917		
A 1 1 17 A 1 A 1	<u>L.3.</u>		4c	44,657,323.
 Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 			5	177,272,864.
Part XIII Supplemental Information.				, ,
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	1 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			.,	_,,
	,			
		_		
PART III, LINE 4:				
CARLETON'S ART COLLECTION IS FOR STUDENT RESEARCH AND STUDY	INCLUDING			
COLLEGE ARCHIVES OF INSTITUTIONALLY SIGNIFICANT TREASURES AND	D LIBRARY			
COLLECTIONS.				
DADE TU LINE OD.				
PART IV, LINE 2B:				
THE COLLEGE DEDODES ON FORM 990 DARTY LINE 21 AMOUNTS HET	ה פרט שמב			
THE COLLEGE REPORTS ON FORM 990, PART X, LINE 21 AMOUNTS HELD	D FOR THE			
PERKINS LOAN PROGRAM THAT ARE REFUNDABLE TO THE GOVERNMENT A	NT DEDODMED XC			
THREE BOAR TROOTERS THAT THE REPORTED TO THE COVERENCE AS	ND REPORTED NO			
A LIABILITY ON THE COLLEGE'S FINANCIAL STATEMENTS.				
PART V, LINE 4:				
,				
ENDOWMENT FUNDS ARE TO SUPPORT GRANTS TO STUDENTS AND THE PRO	OGRAM SERVICES			
532054 09-21-15			Schedule D	(Form 990) 2015

Schedule D (Form 990) 2015 CARLETON COLLEGE		41-0694747	Page 5
Part XIII Supplemental Information (continued)			
OF THE COLLEGE.			
PART X, LINE 2:			
THE COLLEGE QUALIFIES AS A TAX-EXEMPT NONPROFIT ORGANIZATI	ON UNDER SECTION		
501(C)(3) OF THE INTERNAL REVENUE CODE AND SIMILAR STATUTE	S OF MINNESOTA		
LAW. THE COLLEGE IS SUBJECT TO FEDERAL INCOME TAX ONLY ON	NET UNRELATED	4	
BUSINESS INCOME UNDER THE PROVISIONS OF SECTION 501(C)(3)	OF THE INTERNAL		· · · · · · · · · · · · · · · · · · ·
REVENUE CODE. THE COLLEGE HAS EVALUATED ITS TAX POSITIONS	AND DETERMINED		· · · · · · · · · · · · · · · · · · ·
IT HAS NO UNCERTAIN TAX POSITIONS AND HAS RECORDED NO OBLI	GATION FOR		
UNRELATED BUSINESS INCOME TAX. NO PROVISIONS FOR FEDERAL O	R STATE INCOME		
TAXES ARE REQUIRED AS OF JUNE 30, 2016.			
PART XI, LINE 2D - OTHER ADJUSTMENTS:			
UNREALIZED GAIN ON INTEREST RATE SWAP	236,420.		
NET CHANGE IN ANNUITY & LIFE INCOME FUNDS	-449,096.		
RENTAL EXPENSES	1,000,037.		·
TOTAL TO SCHEDULE D, PART XI, LINE 2D	787,361.	17.	
		A STATE OF THE STA	
PART XI, LINE 4B - OTHER ADJUSTMENTS:			
GRANTS TO STUDENTS	36,927,917.	W-1000	
PART XII, LINE 2D - OTHER ADJUSTMENTS:			
RENTAL EXPENSES	1,000,037.		·····
PART XII, LINE 4B - OTHER ADJUSTMENTS:			
GRANTS TO STUDENTS	36,927,917.		

SCHEDULE E

(Form 990 or 990-EZ)

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

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

CARLETON COLLEGE

Employer identification number 41-0694747

Part I	,,,,,,,		
Tall II		YES	N
1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,			T
other governing instrument, or in a resolution of its governing body?	1	х	
2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,			
catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Х	
Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the			
period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes			
the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain.		31632	
If you need more space, use Part II	3	Х	
THE COLLEGE USES PAPER AND BROADCAST MEDIA IN SOLICITATION OF			M
STUDENTS. WE PUBLICIZE OUR NONDISCRIMINATORY POLICY IN ALL	12000		
PRINTED BROCHURES, MAGAZINES, APPLICATION MATERIAL AND			l
WEBSITE INFORMATION.			
Does the organization maintain the following?	2531102		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	х	l
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Х	T
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student			T
admissions, programs, and scholarships?	4c	х	
d Copies of all material used by the organization or on its behalf to solicit contributions?		Х	T
If you answered "No" to any of the above, please explain. If you need more space, use Part II.	See see	(GUEET	
<u> </u>	10 mm		
5 Does the organization discriminate by race in any way with respect to:	10000		
a Students' rights or privileges?	5a		X
b Admissions policies?	5b		X
c Employment of faculty or administrative staff?	5c		X
d Scholarships or other financial assistance?	5d		X
e Educational policies?	5e	-	X
f Use of facilities?			X
g Athletic programs?			^
h Other extracurricular activities?	5h	1200606	3111
If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.			
Does the organization receive any financial aid or assistance from a governmental agency?	6a	х	L
b Has the organization's right to such aid ever been revoked or suspended?	6b		Х
If you answered "Yes" on either line 6a or line 6b, explain on Part II.			
7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of			1
Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.00 of	Oto Service v	and the state of	10000

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

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

Schedule E (Form 990 or 990-EZ) (2015) CARLETON COLLEGE	41-0694747	Page 2
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.		
LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:		
CARLETON COLLEGE PARTICIPATES IN THE FEDERAL STUDENT FINANCIAL AID PROGRAM		
ADMINISTERED THROUGH THE U.S. DEPARTMENT OF EDUCATION. CARLETON STUDENTS		
RECEIVE FUNDING FROM CAMPUS-BASED PROGRAMS (PERKINS, SEOG, AND FEDERAL		
WORK STUDY) AS WELL AS FEDERAL PELL GRANTS AND FEDERAL STUDENT LOANS. IN		
ADDITION, CARLETON STUDENTS RECEIVE FUNDING FROM THE MINNESOTA STATE		
GRANT, WORK-STUDY AND SELF LOAN PROGRAMS ADMINISTERED THROUGH THE		
MINNESOTA OFFICE OF HIGHER EDUCATION.		
	<u> </u>	J
		

SCHEDULE F (Form 990)

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.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization **Employer identification number** CARLETON COLLEGE 41-0694747 Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b 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 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (c) Number of (a) Region (b) Number of (d) Activities conducted in region (e) If activity listed in (d) (f) Total émployees, expenditures offices (by type) (e.g., fundraising, program is a program service, agents, and independent for and in the region services, investments, grants to describe specific type investments contractors recipients located in the region) of service(s) in region in region in region CENTRAL AMERICA AND THE CARIBBEAN 0 INVESTMENTS N/A 214,739,331. OFF-CAMPUS STUDIES -THEATER & LITERATURE EUROPE 0 PROGRAM SERVICES LONDON 230,325. OFF-CAMPUS STUDIES -FRENCH STUDIES PARIS EUROPE 0 PROGRAM SERVICES 221,582. OFF-CAMPUS STUDIES -IRELAND LITERATURE, EUROPE 0 PROGRAM SERVICES IRELAND 221,609. OFF-CAMPUS STUDIES -0 EUROPE PROGRAM SERVICES GERMAN STUDIES GERMANY 365,173. OFF-CAMPUS STUDIES -EUROPE 0 PROGRAM SERVICES SPANISH, MADRID 181,045. OFF-CAMPUS STUDIES EUROPE 0 PROGRAM SERVICES GEOLOGY, NEW ZEALAND 329,254. OFF-CAMPUS STUDIES -EUROPE 0 PROGRAM SERVICES ECONOMICS, CAMBRIDGE 315,415. 0 216,603,734. 3 a Sub-total **b** Total from continuation 0 1,423,972. sheets to Part I c Totals (add lines 3a and 3b) 218,027,706.

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

Schedule F (Form 990) 2015

Schedule F (Form 990)	CARLETON COL			41-069474	Page
Part I Continuation	on of Activitie	es per Regio	n.(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
EUROPE	0	0	PROGRAM SERVICES	OFF-CAMPUS STUDIES - LANGUAGE & CULTURE, RUSSIA	97,856
				OFF-CAMPUS STUDIES - SPORTS & GLOBALIZATION,	-
EUROPE	0	0	PROGRAM SERVICES	LONDON	363,559
EAST ASIA AND THE	0	0	PROGRAM SERVICES	OFF-CAMPUS STUDIES - NEW MEDIA, JAPAN	218,003.
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	OFF-CAMPUS STUDIES - BIOLOGY, AUSTRALIA	366,347.
NORTH AMERICA	0	0	PROGRAM SERVICES	OFF-CAMPUS STUDIES - GUATEMALA	166,982.
				OFF-CAMPUS STUDIES -	
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	TANZANIA	211,225.
Totals					1,423,972.

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	the grantee or couns	el has provided a section	I recognized as charities by the n 501(c)(3) equivalency letter					

Part III Grants and Other Assistance Part III can be duplicated if a			ates. Complete i	f the organization answered "Yes"	on Form 990, Part	IV, line 16.	
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

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)	X 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; do not file with Form 990)	Yes	X 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)	X 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)	x 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)	X 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; do not file with Form 990)	Yes	X No

Schedule F (Form 990) 2015

SCHEDULE I (Form 990)

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.

Name of the organization

Department of the Treasury

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

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization							Employer identification number
CARLETON COLLE							41-0694747
Part I General Information on Grants a							
1 Does the organization maintain records t	o substantiate th	e amount of the grants	s or assistance, the	grantees' eligibilit	ty for the grants or as	sistance, and the selec	
criteria used to award the grants or assis	************						X Yes No
2 Describe in Part IV the organization's pro							
Part II Grants and Other Assistance to	-				anization answered "	Yes" on Form 990, Par	t IV, line 21, for any
recipient that received more than s			1		(f) Method of		
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF NORTHFIELD							
801 WASHINGTON ST							
NORTHFIELD, MN 55057	41-6005424	GOVT ENTITY	78,000.	0.	N/A	N/A	COMMUNITY ENGAGEMENT
BOWDOIN COLLEGE							NSF SUBAWARD -
5400 COLLEGE STN							COLLABORATIVE RESEARCH:
BRUNSWICK, ME 04011	01-0215213	501(C)(3)	17,607.	0.	N/A	N/A	ON THE CUTTING EDGE
NORTH CAROLINA STATE UNIVERSITY 2701 SULLIVAN DR RALEIGH, NC 27695	56-6000758	501(C)(3)	4,597.	0	N/A	N/A	NSF SUBAWARD - COLLABORATIVE RESEARCH: ON THE CUTTING EDGE
RADEIGH, NC 27055	30 0000730	501(0)(3)	1,357.		, M/ A	W/A	ON THE COTTING EDGE
WASHINGTON UNIVERSITY ONE BROOKINGS DR ST. LOUIS, MD 63130	43-0653611	501(C)(3)	17,212.	0.	N/A	N/A	NSF SUBAWARD - COLLABORATIVE RESEARCH: ON THE CUTTING EDGE
BOARD OF DIRECTORS OF THE		-					
UNIVERSITY OF ILLINOIS - 162 HENRY							NSF SUBAWARD - STEP
ADMIN, 506 S WRIGHT ST - URBANA,							CENTER/INTEGRATE: SEE
IL 61801	37-6000511	501(C)(3)	25,277.	0.	A\N.	N/A	PART IV
CALIFORNIA STATE UNIVERSITY, CHICO RESEARCH FOUNDATION - 401 GOLDEN							NSF SUBAWARD - STEP
SHORE, 5TH FL - LONG BEACH, CA	05 4604065	E01/Q\/2\	20.202	^	L. / 2	7/2	CENTER/INTEGRATE: SEE
90802	95-4601267		22,302.		N/A	N/A	PART IV
2 Enter total number of section 501(c)(3) a							
3 Enter total number of other organizations	s listed in the line	1 table					

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTRAL WASHINGTON UNIVERSITY							NSF SUBAWARD - STEP CENTER/INTEGRATE: SEE
ELLENSBURG, WA 98926	91-6000618	501(C)(3)	20,681.	0.	N/A	N/A	PART IV
COLUMBIA UNIVERSITY 2960 BROADWAY NEW YORK, NY 10027	13-5598093	501(C)(3)	79,327.	0.	N/A	N/A	NSF SUBAWARD - STEP CENTER/INTEGRATE: SEE PART IV
CORPORATION OF MERCER UNIVERSITY 1501 MERCER UNIVERSITY DR MACON, GA 31207	58-0566167	501(C)(3)	22,439.	0.	N/A	n/A	NSF SUBAWARD - STEP CENTER/INTEGRATE: SEE PART IV
GUSTAVUS ADOLPHUS 800 W COLLEGE AVE SAINT PETER, MN 56082-1498	41-0695524	501(C)(3)	21,938.	0.	N/A	N/A	NSF SUBAWARD - STEP CENTER/INTEGRATE: SEE PART IV
INCORPORATED RESEARCH INSTITUTIONS FOR SCIENCE (IRIS) CONSORTIUM - 1200 NEW YORK AVENUE NW, STE 400 - WASHINGTON, DC 20005	52-1362650	501(C)(3)	18,366.	0.	N/A	N/A	NSF SUBAWARD - STEP CENTER/INTEGRATE: SEE PART IV
MIDDLE TENNESSEE STATE UNIVERSITY 1301 E MAIN ST, CAB103 MURFREESBRO, TN 37132	62-6005794	501(C)(3)	6,130.	0.	N/A	N/A	NSF SUBAWARD - STEP CENTER/INTEGRATE: SEE PART IV
NATIONAL COUNCIL FOR SCIENCE AND THE ENVIRONMENT - 1101 17TH ST NW, STE 250 - WASHINGTON, DC 20036	52-1700932	501(C)(3)	34,360.	0.	N/A	N/A	NSF SUBAWARD - STEP CENTER/INTEGRATE: SEE PART IV
NORTH CAROLINA STATE UNIVERSITY 2701 SULLIVAN DR RALEIGH, NC 27695	56-6000758	501(C)(3)	25,063.	0.	N/A	N/A	NSF SUBAWARD - STEP CENTER/INTEGRATE: SEE PART IV
PASADENA CITY COLLEGE 1570 E COLORADO BLVD PASADENA, CA 91106	95-2505000	501(C)(3)	14,893.	0	N/A	N/A	NSF SUBAWARD - STEP CENTER/INTEGRATE: SEE PART IV

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PENN STATE UNIVERSITY							NSF SUBAWARD - STEP
201 OLD MAIN							CENTER/INTEGRATE: SEE
JNIVERSITY PARK, PA 16802	24-6000376	501(C)(3)	243,252.	0.	N/A	N/A	PART IV
STANFORD UNIVERSITY							NSF SUBAWARD - STEP
3145 PORTER DR							CENTER/INTEGRATE: SEE
PALO ALTO, CA 94304	94-1156365	501(C)(3)	25,215.	0.	N/A	N/A	PART IV
STATE OF SOUTH DAKOTA			<u> </u>				
UNIVERSITY OF SD, GRANT							NSF SUBAWARD - STEP
ACCOUNTING, SLAGLE 203 -							CENTER/INTEGRATE: SEE
VERMILLION, SD 57069-2333	46-6000364	501(C)(3)	30,000.	0.	N/A	N/A	PART IV
UNIVERSITY OF NEBRASKA - LINCOLN 151 WHITTIER RESEARCH CTR, 220 VIN LINCOLN, NE 68583	47-0049123	501(C)(3)	22,947.	0.	N/A	N/A	NSF SUBAWARD - STEP CENTER/INTEGRATE: SEE PART IV
UNIVERSITY OF TEXAS AT EL PASO 500 W UNIVERSITY WAY EL PASO, TX 79968	74-6000813	501(C)(3)	37,649.	0.	N/A	N/A	NSF SUBAWARD - STEP CENTER/INTEGRATE: SEE PART IV
WESTERN WASHINTON UNIVERSITY 516 HIGH ST BELLINGHAM, WA 98225	91-6000562	501(C)(3)	14,669.	0	N/A	N/A	NSF SUBAWARD - STEP CENTER/INTEGRATE: SEE PART IV
WITTENBERG UNIVERSITY PO BOX 720 SPRINGFIELD, OH 45501	31-0537177	501(C)(3)	7,500.	0	N/A	N/A	NSF SUBAWARD - STEP CENTER/INTEGRATE: SEE PART IV
							Schedule I /Forn

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
STUDENT SCHOLARSHIPS	1770	36,927,917.	0.	N/A	N/A
Part IV Supplemental Information. Provide the information r	equired in Part I, lir	 ne 2, Part III, columr	h (b), and any other a	dditional information.	
PART I, LINE 2:					
GRANTS TO ORGANIZATIONS REQUIRE QUARTERLY PROGRAM	REPORTING INC	LUDING A			
NARRATIVE AND FINANCIAL SUMMARY THAT IS REVIEWED	BY THE PROGRAM	DIRECTOR.			
		The state of the s			
SCHOLARSHIPS AND GRANTS FOR STUDENTS ARE APPLIED	DIRECTLY TO A	STUDENT'S			MANAGER
			A STATE OF THE STA		
COLLEGE ACCOUNT AND APPLIED TO TUITION, FEES, ROC					
AID IS SUBJECT TO REVISION BASED ON AVAILABILITY,	CHANGES IN FA	MILY			
CONTRIBUTION AND/OR CREDIT LOAD. SATISFACTORY ACA	DEMIC PROGRESS	MUST BE		· · · · · · · · · · · · · · · · · · ·	
MAINTAINED ACCORDING TO STANDARDS PRESCRIBED BY T	HE COLLEGE. AN	NUAL RENEWAL			

Schedule I (Form 990) CARLETON COLLEGE	41-0694747	Page 2
Part IV Supplemental Information		
OF FINANCIAL AID IS CONTINUOUS IF INSTITUTIONAL FINANCIAL NEED REMAINS, ALL		
REQUIRED DOCUMENTS ARE COMPLETED BY THE PUBLISHED DEADLINE AND SATISFACTORY		
		. 1.01.10
ACADEMIC PROGRESS IS MAINTAINED CONSISTENT WITH THE COLLEGE'S POLICY.		
TOTAL TOTAL PROPERTY.		
CONTROL TO DARK TE COLUMN (V)		
SCHEDULE I, PART II, COLUMN (H):		
NSF SUBAWARD - STEP CENTER/INTEGRATE: INTERDISCIPLINARY TEACHING OF		
GEOSCIENCE FOR A SUSTAINABLE FUTURE		

SCHEDULE J (Form 990)

Compensation Information

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

CARLETON COLLEGE

Employer identification number 41-0694747

Pa	art I Questions Regarding Compensation	_		
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account X Personal services (e.g., 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	1b	Х	
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 in line 1a?	2	х	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee Written employment contract			
	X Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X 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:			
а	Receive a severance payment or change-of-control payment?	4a		х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	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:			
а	The organization?	5a		х
b	Any related organization?	5b		Х
	If "Yes" to line 5a or 5b, describe in Part III.		4831 S.	
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:			
а	The organization?	6a		x
	Any related organization?	6b		X
	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 non-fixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
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	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2015

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	berients	(6)(1)-(0)	reported as deferred on prior Form 990
(1) STEVEN G. POSKANZER	(i)	417,602.	0.	22,653.	26,500.	97,385.	564,140.	0.
PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) THOMAS BONNER	(i)	274,354.	0.	25,032.	26,500.	22,694.	348,580.	0.
SECRETARY		0.	0.	0.	0.	0.	0.	0.
(3) FREDERICK A. ROGERS	(ii) (i)	278,245.	0.	35,360.	26,500.	15,694.	355,799.	0.
TREASURER	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) BEVERLY NAGEL	(i)	266,068.	0.	1,900.	26,500.	7,971.	302,439.	0.
DEAN OF THE COLLEGE	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) M. H. WAGNER	(i)	175,887.	0.	1,722.	17,704.	6,182.	201,495.	0.
VP FOR STUDENT DEVELOPMENT AND DEAN	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) PAUL THIBOUTOT	(i)	190,768.	0.	1,584.	19,420.	14,785.	226,557.	0.
VP AND DEAN OF ADMISSIONS AND FINANC	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) JASON MATZ	(i)	360,162.	0.	9,756.	26,500.	770.	397,188.	0.
CHIEF INVESTMENT OFFICER		0.	0.	0.	0.	0.	0.	0.
(8) ANDREW CHRISTENSEN	(i)	232,391.	0.	360.	24,054.	22,030.	278,835.	0.
DIRECTOR OF PRIVATE MARKETS	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) LOUIS E. NEWMAN	(i)	188,237.	0.	1,092.	19,279.	14,852.	223,460.	0.
ASSOCIATE DEAN OF THE COLLEGE	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) SUSAN SINGER	(i)	143,794.	0.	50,766.	15,170.	11,509.	221,239.	0.
PROFESSOR OF NATURAL SCIENCES	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) JOEL WEISBERG	(i)	156,725.	0.	38,559.	16,247.	20,933.	232,464.	0.
PROFESSOR OF PHYSICS AND ASTRONOMY	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(ii)							

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

OMB No. 1545-0047 2015 Open to Public Inspection

Name of the organization

CARLETON COLLEGE

Employer identification number 41-0694747

CARDETON COLDE	<u> </u>								L-003				
Part I Bond Issues	T	T	T	Т				1	, .	l a	, , ,,		
(a) Issuer name	(b) Issuer EIN	(c) CUSIP#	(d) Date issued	(e) Issue	price	(f) Description	n of purpose	(g) De	feased	(h) On of is:		(i) Po finar	
								Yes	No	Yes	No	Yes	No
MN HIGHER EDUCATION FACILITIES													
A AUTHORITY SERIES 6D	41-0988525	60416HENO	04/13/05	31,4	60,000 . s	SEE PART VI			х		Х		Х
MN HIGHER EDUCATION FACILITIES													
B AUTHORITY SERIES 6T	41-0988525	60416HNH3	12/04/08	19,2	94,728.S	SEE PART VI		_	х		Х		Х
MN HIGHER EDUCATION FACILITIES													
C AUTHORITY SERIES 7D	41-0988525	60416HRZ9	06/29/10	31,9	62,105.S	SEE PART VI			Х		Х		Х
D													
Part II Proceeds													
			A_			В	C				D		
1 Amount of bonds retired			16,	455,000.		2,344,728.	4	,572,10	5.				
2 Amount of bonds legally defeased													
3 Total proceeds of issue			31,	460,000.		19,294,728.	31	,962,10	5.				
4 Gross proceeds in reserve funds								***************************************					
5 Capitalized interest from proceeds							121111111111111111111111111111111111111						
6 Proceeds in refunding escrows													
7 Issuance costs from proceeds				336,501.		291,550.		337,85	9.				
8 Credit enhancement from proceeds													
9 Working capital expenditures from proceed	ds												
10 Capital expenditures from proceeds			3,	3,000,000.			31	,624,24	5.				
11 Other spent proceeds			28,	123,498.				_					
12 Other unspent proceeds								***************************************					
13 Year of substantial completion				2008		2011		2011					
	E	WE 11/2/07-18/11/57 WILLIAM TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO T	Yes	No	Yes	No	Yes	No		Yes		No	
14 Were the bonds issued as part of a current	t refunding issue?			Х		х		X					
15 Were the bonds issued as part of an advar						х		X					
16 Has the final allocation of proceeds been n	nade?		х		X		Х						
	rds to support the final allocat	tion of proceeds?	х		X		Х	_					
Part III Private Business Use								~~~					
			A			В	C				D		
1 Was the organization a partner in a partner	• •		Yes	No	Yes	No	Yes	No		Yes		No	
which owned property financed by tax-exe	mpt bonds?			Х		Х		X					
2 Are there any lease arrangements that may	y result in private busin	ness use of											
bond-financed property? 532121 10-22-15 LHA For Paperwork Reduction Act No				Х		Х		X					

<u>Schedule K (Form 990) 2015</u> CARLETON COLLEGE 41-0694747 Page **2**

Schedule K (Form 990) 2015				41 00	7 4 7 4 7				Page 2
Part III Private Business Use (Continued)						γ			
		Ą			В		Ç	ľ	D
3a Are there any management or service contracts that may result in private	Yes	No		Yes	No	Yes	No	Yes	No
business use of bond-financed property?	Х				Х	Х]		
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?	Х					Х			
c Are there any research agreements that may result in private business use of bond-financed property?		Х			х		х		
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside									
counsel to review any research agreements relating to the financed property?									
4 Enter the percentage of financed property used in a private business use by									
entities other than a section 501(c)(3) organization or a state or local government		2.00	%		1.50 %		1.50 %		%
5 Enter the percentage of financed property used in a private business use as a result of									
unrelated trade or business activity carried on by your organization, another									
section 501(c)(3) organization, or a state or local government		.00	%		.00 %		.00 %		%
6 Total of lines 4 and 5		2.00	%		1.50 %		1.50 %		%
7 Does the bond issue meet the private security or payment test?		Х			Х		х		
8a Has there been a sale or disposition of any of the bond-financed property to a non-				***************************************					
governmental person other than a 501(c)(3) organization since the bonds were issued?		х			x		x		
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed									
of			%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections			-,"		T		T		T
1.141-12 and 1.145-2?									
9 Has the organization established written procedures to ensure that all nonqualified									-
bonds of the issue are remediated in accordance with the requirements under									
Regulations sections 1.141-12 and 1.145-2?	x			x		x			
Part IV Arbitrage				L	-L	I			
		Α			 В	1	C	T	D
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No		Yes	No	Yes	No	Yes	No
· · · · · · · · · · · · · · · · · · ·	165	X		169	X	162	X	162	NO
Penalty in Lieu of Arbitrage Rebate?	 			l	1	<u> </u>		L	
2 If "No" to line 1, did the following apply?		х			T x		Тх	1	T
a Rebate not due yet?	x	 		Х	 	x	1 2	<u> </u>	
b Exception to rebate?	<u> </u>	x		22	x		 x		
c No rebate due?								<u> </u>	<u> </u>
If "Yes" to line 2c, provide in Part VI the date the rebate computation was	Ì								
performed		<u> </u>			T	I		T	T
3 Is the bond issue a variable rate issue?	Х			·····	Х		X	<u> </u>	<u> </u>
4a Has the organization or the governmental issuer entered into a qualified									
hedge with respect to the bond issue?	Х	1			Х		Х		
b Name of provider	MORGAN ST				***************************************				
c Term of hedge		7.000	0000		.				7
d Was the hedge superintegrated?		Х						<u> </u>	
e Was the hedge terminated?		Х						<u></u>	1

Part IV Arbitrage (Continued)									
		4		3		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No	
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		Х		Х			
b Name of provider									
c Term of GIC									
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?									
6 Were any gross proceeds invested beyond an available temporary period?		Х		х		Х			
7 Has the organization established written procedures to monitor the requirements of section 148?	х		x		x				
Part V Procedures To Undertake Corrective Action		1	1	4		<u> </u>		1	
	Α		1	 B			D		
	Yes	No	Yes	No	Yes	No	Yes	No	
Has the organization established written procedures to ensure that violations of		110	1.55		1			+	
federal tax requirements are timely identified and corrected through the voluntary									
closing agreement program if self-remediation is not available under applicable								.	
regulations?	х		x		x				
Part VI Supplemental Information. Provide additional information for responses to questions		o K (soo inst	1	1					
SCHEDULE K, PART I, BOND ISSUES, COLUMN (F)	on ochedul	6 17 (366 II 13t	ractions).						
(A) DESCRIPTION OF PURPOSE: RETIRE SERIES 3L1 AND SERIES 4N, NEW								×	
STUDENT HOUSING									
	·······								
(B) DESCRIPTION OF PURPOSE: CASSAT AND MEMORIAL HALL CONSTRUCTION									
							www		
(C) DESCRIPTION OF PURPOSE: WEITZ CENTER FOR CREATIVITY RENOVATION AND			········						
CONSTRUCTION				HAY-11-					
								HTTT-AMERICAN TO THE TOTAL TO T	
									
				w					
						_			

SCHEDULE M (Form 990)

Noncash Contributions

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

Attach to Form 990.

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

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

CARLETON COLLEGE

Employer identification number 41-0694747

Pa	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g		(d) f determini ribution am	_	s
1	Art - Works of art	Х	2		APPRAISAL			
2	Art - Works of art Art - Historical treasures			, , , , , , , , , , , , , , , , , , , ,				
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods					1.1.2		
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property	X	167	<i>E</i> 144 102	EM7			
9	Securities - Publicly traded	Α	101	6,144,103.	FMV			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential	Х	1	233,000.	APPRAISAL			
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 organia	zation during	the tax vear for c	ontributions				
	for which the organization completed Form 82						1	
		-, ,					Yes	No
30a	During the year, did the organization receive b	v contributio	on any property rec	oorted in Part I. lines 1 throu	gh 28. that it	11(000000000000000000000000000000000000	MONE	
	must hold for at least three years from the date	•		•	,			
	exempt purposes for the entire holding period		·	·		30a	12.0000	X
h	If "Yes," describe the arrangement in Part II.					500		anani
	Does the organization have a gift acceptance	oolicy that re	equires the review	of any non-standard contrib	utions?	31	x	
	Does the organization hire or use third parties					-	-	
JLa			_	•		32a	x	
h	If "Yes," describe in Part II.					324		įšeinis 192
	If the organization did not report an amount in	ookuma (a) f	or a type of proper	ty for which column (a) is ab	ookod			
33	describe in Part II.	column (c) i	or a type or proper	ty for without column (a) IS CI	concu,			
LI۸	For Paperwork Reduction Act Notice, see	the Instruc	tions for Earm OO	n	Cahadiila	M (Form 9	00) (2015
_HA	i or raperwork neutroni Act Notice, see	are monac	avas ivi Fullii 99	υ .	Scriedule	IAI (L.OLIU S	, JUJ (,	-U 10)

532141 08-21-15

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ➤ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

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

Open to Public Inspection

Name of the organization **Employer identification number** CARLETON COLLEGE 41-0694747 FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: CARLETON COLLEGE IS A PRIVATE LIBERAL ARTS COLLEGE, LOCATED IN NORTHFIELD MINNESOTA BEST KNOWN FOR ITS ACADEMIC EXCELLENCE AND WARM WELCOMING CAMPUS COMMUNITY. CARLETON OFFERS 37 MAJORS AND 15 CONCENTRATIONS IN THE ARTS, HUMANITIES, NATURAL SCIENCES, AND SOCIAL SCIENCES THE CARLETON COLLEGE MISSION IS TO PROVIDE AN EXCEPTIONAL UNDERGRADUATE LIBERAL ARTS EDUCATION. THE COLLEGE IS DEVOTED TO ACADEMIC EXCELLENCE DISTINGUISHED BY THE CREATIVE INTERPLAY OF TEACHING, LEARNING, AND SCHOLARSHIP AND IS DEDICATED TO A DIVERSE RESIDENTIAL COMMUNITY AND EXTENSIVE INTERNATIONAL ENGAGEMENTS. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: ACADEMIC SUPPORT: PROGRAMS TO ENHANCE THE CARLETON LIBERAL ARTS EXPERIENCE WITH LIBRARY AND INFORMATION TECHNOLOGY RESOURCES (1.967 STUDENTS). EXPENSES \$ 17,185,513. INCL GRANTS OF \$ 78,000. REVENUE \$ 3,440,877. RESEARCH: FACULTY AND STUDENT RESEARCH TO ENHANCE THE ACADEMIC INSTRUCTIONAL EXPERIENCE. EXPENSES \$ 4,580,022. INCLUDING GRANTS OF \$ 711,424. REVENUE \$ 0. SUMMER ACADEMIC PROGRAMS: PROGRAMS FOR HIGH SCHOOL STUDENTS AND WORKSHOPS FOR TEACHERS OF ADVANCED PLACEMENT ENRICHED OR ACCELERATED CLASSES IN GRADES 7-12 TO DEVELOP SKILLS FOR RIGOROUS ACADEMIC PROGRAMS

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

09-02-15

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

OFFICERS, TRUSTEES, AND KEY EMPLOYEES ARE REQUIRED TO ANNUALLY DISCLOSE

INTERESTS THAT COULD GIVE RISE TO CONFLICTS. SUCH INTERESTS INCLUDE A LIST

OF FAMILY MEMBERS, SUBSTANTIAL BUSINESS OR INVESTMENT HOLDINGS AND OTHER

TRANSACTIONS OR AFFILIATIONS WITH BUSINESSES OR OTHER ORGANIZATIONS.

TRANSACTIONS WITH PARTIES WITH WHOM A CONFLICTING INTEREST EXISTS MAY BE

STATEMENTS ARE AVAILABLE ON THE COLLEGE'S WEBSITE AND ARE AVAILABLE UPON

REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

UNREALIZED GAIN ON INTEREST RATE SWAP

236,420.

Schedule O (Form 990 or 990-EZ) (2015)		Page 2
Name of the organization CARLETON COLLEGE		Employer identification number 41-0694747
NET CHANGE IN ANNUITY & LIFE INCOME FUNDS	-449,096.	
TOTAL TO FORM 990, PART XI, LINE 9	-212,676.	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

2015

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

Open to Public Inspection

Employer identification number

CARLETON COLLEGE					4	41-0694747		
Part I Identification of Disregarded Entities Complete	ete if the organization answered "Ye	es" on Form 990, Part IV, line 30	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	(d) Total inco	ome End-of-yea	1	(f) sets Direct controllii entity		J

	_						*******************************	· · · · · · · · · · · · · · · · · · ·
						Alder American and American		
Part II Identification of Related Tax-Exempt Organic organizations during the tax year.	izations Complete if the organization	on answered "Yes" on Form 990	D, Part IV, line 34 b	ecause it had one	or more r	elated tax-exer	npt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity		(g) Section 512(b) controlled entity?	
				501(c)(3))			Yes	No
PATRICIA V. DAMON SCHOLARSHIP FUND - 68-6229419, 230 FRONT ST N, LACROSSE, WI 54601	TRUST	WISCONSIN	501(C)(3)	LINE 11B, II	CARLET	ON COLLEGE	x	
S. EUGENE BAILEY SCHOLARSHIP TRUST - 41-6439914, PO BOX 64713, ST. PAUL, MN						***************************************		
55164	TRUST	MINNESOTA	501(C)(3)	PF	CARLET	ON COLLEGE	х	

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

Name, address, and EIN of related organization (b) C. Legal domicile (state or foreign country) Primary activity Primary activity Predominant income (related, unrelated, excitons 512-514) Predominant income (related, unrelated, excitons 512-514) Share of total income assets (f) Share of total income allocations? No Vii) Share of total income assets (g) Share of total income allocations? Ves No Viii) (i) (k) Share of total income allocations? Yes No Viii) Share of total allocations? Yes No Viii) Share of total allocations? Yes No Viii) Share of total allocations? Yes No Viii) Share of total allocations? Yes No Viii) Share of total allocations? Yes No Viii) Share of total allocations? Yes No Viii) Share of total allocations? Yes No Viii) Share of total allocations? Yes No Viii) Share of total allocations? Yes No Viii) Share of total allocations? Yes No Viii) Share of total allocations? Yes No Viii) Share of total allocations? Yes No Viii) Share of total allocations? Yes No Viii) Share of total allocations? Yes No Viii) Share of total allocations? Yes No Viii) Share of total allocations? Yes No Viii) Share of total allocations? Yes No Viii) Share of total allocations?		·		T						1		
Name, address, and EIN of related organization Primary activity Independent of the primary activity of related organization Primary activity Independent of the primary activity of related organization Primary activity Independent of the primary activity of related organization Primary activity Independent of the primary activity of related organization Predominant income (related, unrelated, excluded from tax under sections 512-514) Predominant income (related, unrelated, excluded from tax under sections 512-514) Predominant income (related, unrelated, excluded from tax under sections 512-514) Predominant income (related, unrelated, excluded from tax under sections 512-514) Predominant income (related, unrelated, excluded from tax under sections 512-514) Predominant income (related, unrelated, excluded from tax under sections 512-514) Predominant income end-of-year assets Primary of total income allocations? Predominant income (related, unrelated, excluded from tax under sections 512-514) Predominant income end-of-year assets Primary of total income allocations? Predominant income end-of-year assets Primary of total income allocations? Predominant income end-of-year assets Primary of total income assets Primary of total income allocations? Predominant income end-of-year assets Primary of total income allocations? Predominant income end-of-year assets Primary of total income allocations? Predominant income end-of-year assets Primary of total income allocations? Predominant income end-of-year assets Primary of total income allocations? Predominant income end-of-year assets Primary of total income allocations? Predominant income end-of-year assets Primary of total income allocations? Primary of total income end-of-year assets Primary of total income allocations? Primary of total income end-of-year assets Primary of total income end-of-year asset		(b)				(f)	(g)	(1	h)			
of related organization (state or foreign country) entity excluded from tax under sections 512-514) income end-of-year assets allocations? Yes No (Form 1065) which is the foreign country of the sections 512-514) income end-of-year assets allocations? Yes No (Form 1065) which is the foreign country of the sections 512-514) income end-of-year assets allocations? Yes No (Form 1065) which is the foreign country of the sections 512-514) income end-of-year assets allocations? Yes No (Form 1065) which is the sections 512-514) income end-of-year assets allocations? Yes No (Form 1065) which is the sections 512-514 income end-of-year assets allocations? Yes No (Form 1065) which is the sections 512-514 income end-of-year assets allocations? Yes No (Form 1065) which is the sections 512-514 income end-of-year assets allocations? Yes No (Form 1065) which is the sections 512-514 income end-of-year assets allocations? Yes No (Form 1065) which is the sections 512-514 income end-of-year assets allocations? Yes No (Form 1065) which is the section of the sections 512-514 income end-of-year assets allocations? Yes No (Form 1065) which is the section of the section	Name, address, and EIN	Primary activity	Legal domicile	Direct controlling	Predominant income	Share of total	Share of	Disprop	ortionate	Code V-UBI	General	Percentage
Sections 512-514) Yes No K-1 (Form 1065) Yes No	of related organization		(state or	entity	excluded from tax under	income		alloca	tions?	amount in box 20 of Schedule	partner	ownership
			country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	
		1]		

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		†										
		_										
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		4										
	MANAGERIA DE LA CONTRACTOR DE LA CONTRAC							-	ļ			
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		1										
]										

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

(a) Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership		tion b)(13) rolled ity?
	CHARITABLE REMAINDER		CARLETON						
CHARITABLE REMAINDER TRUSTS (65)	TRUSTS	MN	COLLEGE	TRUST				х	

Page 3

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

Not	e. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	· · · · · · · · · · · · · · · · · · ·				Yes	No				
1	During the tax year, did the organization engage in any of the following transactions	s with one or more r	elated organizations listed	in Parts II-IV?		77.2.27.					
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	·			1a		Х				
b	Gift, grant, or capital contribution to related organization(s)				1b		Х				
С	Gift, grant, or capital contribution from related organization(s)				1c		Х				
d	Loans or loan guarantees to or for related organization(s)				. 1d		Х				
е	Loans or loan guarantees by related organization(s)				<u>1e</u>		Х				
	Dividends from related organization(s)					ļ	Х				
g	Sale of assets to related organization(s)				1g		Х				
h	Purchase of assets from related organization(s)						X				
i	i Exchange of assets with related organization(s)										
j	j Lease of facilities, equipment, or other assets to related organization(s)										
k	k Lease of facilities, equipment, or other assets from related organization(s)										
i	I Performance of services or membership or fundraising solicitations for related organization(s)										
	m Performance of services or membership or fundraising solicitations by related organization(s)										
	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)										
0	Sharing of paid employees with related organization(s)										
р	Reimbursement paid to related organization(s) for expenses				1p		Х				
q	Reimbursement paid by related organization(s) for expenses				1q		Х				
	Other transfer of cash or property to related organization(s)					ļ	X				
	Other transfer of cash or property from related organization(s)				1s	Х	<u></u>				
2	If the answer to any of the above is "Yes," see the instructions for information on w	vho must complete t	this line, including covered	relationships and transaction thresholds.							
P	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount	involved						
<u>(1)</u> (CHARITABLE REMAINDER TRUSTS	S	1,316,214.	FMV AT DATE OF DEATH		=					
(2)	S. EUGENE BAILEY SCHOLARSHIP TRUST	S	185,178.	FMV							
(3) I	PATRICIA V. DAMON SCHOLARSHIP FUND	S	106,500.	FMV							
(4)											
<u>(5)</u>						_					
(6)											

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a)	(b)	(c)	(d)	(e) Are al partners 501 (c)(orgs.		(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partners	sec.	Share of	Share of	Disp	ropor-	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General o	Percentage
of entity		(state or foreign	related, unrelated, leveluded from tax under	501(c)((3)	total	end-of-year	alloca	nate itions?	amount in box 20 Lof Schedule K-1	partner?	ownership
		country)	sections 512-514)	Yes N	J_	income	assets	Vac	No	(Form 1065)	Yes No	7
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Schedule I	R (Form 990) 2015	CARLETON COLLEGE	41-0694747	Page 5
Part VI	R (Form 990) 2015 Supplemental Info	ormation		
	Provide additional inform	mation for responses to questions on Schedule R (see instructions).		
	1 TOVIGO additional imon	manor for respenses to quotaline on confidence in (coo well desired).		
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