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.

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

OMB No. 1545-0047 Open to Public Inspection

A	For ti	ne 2017 calendar year, or tax year beginning JUL 1 2017 and and	ending J	JN 30, 2018				
В	Check i	f C Name of organization		D Employer ident	ification number			
	Add	ge CARLETON COLLEGE						
	Nam char	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 numl	A STATE OF THE STA			
	Fina	And the second of the second o			222-4000			
	term	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	233,940,866,			
-		nded		H(a) Is this a group				
	Appl			for subordinat				
	pend	SAME AS C ABOVE		H(b) Are all subordinate				
L	Tax-ex	xempt status: x 501(c)(3) 501(c) () (insert no.) 4947(a)(1) o	r 527	1 ' '	a list. (see instructions)			
7	0000000	ite: www.carleton.edu	, v	H(c) Group exempt				
		of organization: x Corporation Trust Association Other	1 Year		M State of legal domicile: MN			
-	art I	the Management of the Control of the	I La Tour	on tormation, 1000	W Olake of logal doffilolis, PAN			
	1	Briefly describe the organization's mission or most significant activities: TO PROV	THE AM E	VCDDUTONAT				
& Governance	1 .	UNDERGRADUATE LIBERAL ARTS EDUCATION.	IDE AN E	ACEPTIONAL				
ia Ia	2	Check this box if the organization discontinued its operations or dispose	ed of more	than 25% of its not	accate			
Ve	3			1170				
ထိ	4	Number of independent voting members of the governing body (Part VI, line 1b)						
	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)			NAME OF THE PARTY			
Activities	6	Total number of volunteers (estimate if necessary)			- Control			
흕		Total unrelated business revenue from Part VIII, column (C), line 12						
Ă	1 ' 6	Net unrelated business taxable income from Form 990-T, line 34						
0.511	1 -	Net difference dusifiess taxable income from Ponti 990-1, line 34	·····T					
	8	Contributions and grants (Part VIII line 1h)		Prior Year	Current Year			
ĭe	l °	Contributions and grants (Part VIII, line 1h)		59,994,718				
Revenue	9	Program service revenue (Part VIII, line 2g)		131,225,363				
Re	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		35,648,695				
	111	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-88,976				
_	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		226,779,800				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		41,425,439				
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0.			
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		81,207,964				
en	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0.			
쭚	_b	Total fundraising expenses (Part IX, column (D), line 25) 6,380,1		100	The state of the s			
_	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		63,419,782				
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		186,053,185				
_ 0	19	Revenue less expenses. Subtract line 18 from line 12		40,726,615	TOTAL DESCRIPTION OF THE PROPERTY OF THE PROPE			
ts o			Beg	inning of Current Yea	r End of Year			
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		1,337,663,855	1,412,434,433.			
et A	21	Total liabilities (Part X, line 26)		199,771,282	194,960,095.			
		Net assets or fund balances. Subtract line 21 from line 20		1,137,892,573	1,217,474,338.			
_	art II	Signature Block						
Und	er pena	alties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of	my knowledge and belief, it is			
true	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of whi	ch preparer	has any knowledge.				
		Signature of officer		4/7	/2019			
Sig	n			Date				
Her	e	FREDERICK A, ROGERS, VP & TREASURER Type or print name and title		ma historia	10) - 1 - 20 - 1			
		Print/Type preparer's name Pregarer's signature	D	ate Check	PTIN			
Paid	1	KAREN GRIES KOULD HOUSE	ノド	Date 1/2019 Check PTIN if self-employed P00078514				
Prep	arer	Firm's name CLIFTONLARSONALLEN LLP	**	Firm's EIN \$ 41-0746749				
	Only	Firm's address 220 SOUTH SIXTH STREET, SUITE 300						
	-	MINNEAPOLIS, MN 55402		Phone no. 61	2-376-4500			
May	the II	RS discuss this return with the preparer shown above? (see instructions)		11	x Yes No			
-		E P P P P P P P P P P P P P P P P P P P			103110			

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Pa	art III Statement of Program Service Accomplishments		
-	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
	SEE SCHEDULE O.		
	Mi in the second		
2	Did the organization undertake any significant program services during the year which were not listed on the	-	-
	prior Form 990 or 990-EZ?		Yes X No
	If "Yes," describe these new services on Schedule O.	-	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		Yes Lx_No
	If "Yes," describe these changes on Schedule O.		
4 :	Describe the organization's program service accomplishments for each of its three largest program services, as r		
0.5	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	s, the total exp	enses, and
_	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$	\$	107,475,759.)
	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 (1,996 STUDENTS), A		
	STUDENT-FACULTY RATIO OF 9:1 SUPPORTS THEM WITH CLASSROOM, LABORATORY,		
	OFF-CAMPUS STUDY AND RESEARCH OPPORTUNITIES, AVERAGE CLASS SIZE IS 16.		
	OVER 76% OF THE GRADUATING CLASS OF 2017 PARTICIPATED IN A STUDY ABROAD		
	PROGRAM DURING THEIR CARLETON EXPERIENCE, STUDENT FINANCIAL AID		
	PROGRAMS - CARLETON MEETS 100% OF THE DEMONSTRATED FINANCIAL NEED OF		
	ALL ADMITTED STUDENTS TO ENSURE AFFORDABILITY AND ACCESSIBILITY;		
	ACHIEVE CULTURAL, RACIAL, ETHNIC AND SOCIOECONOMIC DIVERSITY; AND FUND		
	THE COMMITMENT TO GLOBALIZATION (1,809 STUDENTS).		
4b	(Code:) (Expenses \$18,756,231, including grants of \$0, (Revenue	= \$	23,260,034.)
	AUXILIARY ENTERPRISES: CARLETON COLLEGE MAINTAINS A RURAL RESIDENTIAL		
	CAMPUS TO ENHANCE THE EDUCATIONAL EXPERIENCE OF THE STUDENT BODY WITH	1	
	ROOM AND BOARD PROGRAMS DESIGNED TO ENCOURAGE A SPIRIT OF COLLEGIALITY		
	AND CONVERSATION BEYOND THE CLASSROOM AND LABORATORY (1,807 STUDENTS).		
4c	(Code:) (Expenses \$ 17,088,799, including grants of \$ 78,000,) (Revenue	e \$	0,)
10.	STUDENT SERVICES: PROGRAMS DESIGNED TO SUPPORT THE CARLETON COLLEGE	-	
	STUDENT LIFE EXPERIENCE INCLUDING CO-CURRICULAR AND RECREATIONAL		-
	OPPORTUNITIES (1,996 STUDENTS).		
	OFFICE OFFICE OF STATE OF STAT		
	V		
			
-	Other are supplied (December in Other total Co.)		
4d	,	4 888 888	,
_	(Expenses \$ 24,539,089, including grants of \$ 2,238,888.) (Revenue \$	1,750,296.)
<u>4e</u>	Total program service expenses 163,382,108.		E. 000
			Form 990 (2017)

Part IV Checklist of Required Schedules Yes Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A X Is the organization required to complete Schedule B, Schedule of Contributors? 2 X 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 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 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 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 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 x Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 8 X 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 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 X If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a X 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 c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c 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 e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e 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 X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 12a 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 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 X 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 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 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 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 X 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 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

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complete Schedule G, Part III

Form 990 (2017) CARLETON COLLEGE Part IV Checklist of Required Schedules (continued)

	Approximate the second		Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes, " complete Schedule H	20a	163	X
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		=0	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	x	1.75
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	C.E.
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	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		x
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
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit		l l	
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
þ	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		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or		- E	
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		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):		2	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		_X_
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		X
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	
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			220
	Schedule N, Part II	32		_X_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			22
0.4	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		_	
OF-	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	254		
26	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b	Х	
36	• • • • • • • • • • • • • • • • • • • •	26		v
27	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		X
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		100
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	3/		X
30	Note. All Form 990 filers are required to complete Schedule O	38		
_	Total and the second to complete contracts of	30		_

Form 990 (2017) CARLETON COLLEGE Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V	19.18			x
			**********	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 4	86	103	140
b		1b	0		
c					
	(gambling) winnings to prize winners?		. 1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			13.7	e Ne
	filed for the calendar year ending with or within the year covered by this return	2a 30	15	11	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			x	4.00
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions			4	
За	Diddle and significant and sig			х	
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule		-	х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	. 4a	х	
b	If "Yes," enter the name of the foreign country: ► SEE SCHEDULE O			- 2	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR).		180	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		. <u>5a</u>		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ection?	. 5b		х
	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 to	ne organization solicit			
	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 contribute	tions or gifts			
	were not tax deductible?		. 6b		
7	Organizations that may receive deductible contributions under section 170(c).		-	3 3	do,
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices provided to the payo			X
b			. 7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w to file Form 8282?	•	_		2000
ч		7d			X
u A	If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e	- 22	v
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contribution of the pay premiums of the pay premiums of the pay premiums of the pay premiums.				x
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo				_A
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			h.	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained		13,13	1 8	6 11
	sponsoring organization have excess business holdings at any time during the year?	•	8		
9	Sponsoring organizations maintaining donor advised funds.		PLTS	11	
ą	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		. 9b		
	Section 501(c)(7) organizations. Enter:	. 7		100	1
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	- 5	- 4	12
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		- 8	
	Section 501(c)(12) organizations. Enter:		1	n =31	
	Gross income from members or shareholders	11a	-5.	200	
b	Gross income from other sources (Do not net amounts due or paid to other sources against	176.7664	147.4		+
	amounts due or received from them.)	11b	45.3		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1 1	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	- 3		100
	Section 501(c)(29) qualified nonprofit health insurance issuers.			2.7	-21.6
	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.		F 5 0		
	Enter the amount of reserves the organization is required to maintain by the states in which the	105	1		
	organization is licensed to issue qualified health plans Enter the amount of reserves on hand	13b	- 13		5
	Did the executation receive any contract for indicate any in the traction of t		14a	140-7551	v
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	0	14a 14b		X
<u>u</u>	in 100, 100 k mod a 10 mil 120 to report these payments: in 100, provide an explanation in ochequit	· · · · · · · · · · · · · · · · · · ·	1 140		(0047)

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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	002552038		$\begin{bmatrix} \mathbf{x} \end{bmatrix}$				
Sec	tion A. Governing Body and Management							
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 32							
	If there are material differences in voting rights among members of the governing body, or if the governing	2.7	-					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		- 3	4				
b		0.7						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	- 10						
_	officer, director, trustee, or key employee?	2		х				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision							
•	of officers, directors, or trustees, or key employees to a management company or other person?							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	3		x				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		x				
6	Did the organization have members or stockholders?	6		X				
7a	Billion and the second of the							
	more members of the governing body?	7a		х				
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	74						
~		7b		x				
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	10						
а		8a		102				
b	The governing body?	8b	X					
9	Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	OU	х					
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9		X				
,,,	tion B. I onoics (mis section B requests information about policies not required by the internal nevenue code.)		V					
100	Did the ergonization have level chapters, branches, or affiliates?	40-	Yes	No				
	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10a		X				
D	and branches to ensure their operations are consistent with the organization's exempt purposes?	40L						
110	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	10b 11a	х					
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.								
		40-	Y					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	-				
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12b	Х					
C		40-						
40	in Schedule O how this was done	12c	Х					
13	Did the organization have a written whistleblower policy?	13	Х					
14	Did the organization have a written document retention and destruction policy?	14	Х	-				
15	Did the process for determining compensation of the following persons include a review and approval by independent	13		× 3				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	1-2						
	The organization's CEO, Executive Director, or top management official	15a	X					
D	Other officers or key employees of the organization	15b	X					
10	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	A HI		~~ "				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	E 4	2 2	(B)				
	taxable entity during the year?	16a		X				
D	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	1,81,4	7.					
, , ,	exempt status with respect to such arrangements?	16b		<u> </u>				
	tion C. Disclosure							
17	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	** *						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	ıvailab	ie					
	for public inspection. Indicate how you made these available. Check all that apply.							
	x Own website							
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l finan	cial					
	statements available to the public during the tax year.	Α.						
20	State the name, address, and telephone number of the person who possesses the organization's books and records:							
	FREDERICK A. ROGERS - 507-222-4000							
	ONE NORTH COLLEGE STREET NORTHFIELD MN 55057							

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.

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

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

(A) Name and Title	(B) Average hours per week	box	not c , unle	Pos heck ss pe	C) sition more than one erson is both an director/trustee)			(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
7	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	the organization (W-2/1099 (W-2/1099-MISC)		organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) WALLACE R. WEITZ	8.00	x		x				0.	0.	0.
(2) CAROL BARNETT VICE CHAIR	8,00	x		х				0.	0.	0.
(3) CATHY PAGLIA VICE CHAIR	8,00	x		x				0.	0.	0.
(4) STEVEN G. POSKANZER PRESIDENT	60.00	X		x				488.635.	0.	118,699.
(5) MARK S. APPLEBAUM TRUSTEE	5.00	x						0.	0.	0.
(6) MCKAY BARRA TRUSTEE	5.00	х						0.	0.	0.
(7) ALAN BAUER TRUSTEE	5.00	x						0.	0.	0.
(8) BILL CRAINE TRUSTEE	5,00	х						0.	0.	0.
(9) STEVEN DAVIS TRUSTEE	5,00	х						0.	0.	0.
(10) ARNOLD DONALD TRUSTEE	5,00	х		8			2	0.	0.	0,
(11) HERBERT FRITCH TRUSTEE	5,00	х						0.	0.	0.
(12) JOHN F. HARRIS TRUSTEE	5.00	x						0.	0.	0.
(13) MICHAEL HASENSTAB TRUSTEE	5.00	х	-	= 555				0.	0.	0.
TRUSTEE	5,00	х						0.	0.	0.
(15) ARTHUR D. KOWALOFF TRUSTEE	5.00	x						0.	0.	0.
(16) RICHARD R. KRACUM TRUSTEE	5.00	х						0.	0.	0.
(17) LARNZELL MARTIN TRUSTEE	5.00	х						0.	0.	0. Form 990 (2017)

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Form 990 (2017)

Part VII | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (B) (C) (A) (D) (F) (E) Position Average Name and title Reportable Reportable **Estimated** (do not check more than one hours per compensation compensation amount of box, unless person is both an week officer and a director/trustee) from from related other (list any the organizations compensation trustee or director hours for (W-2/1099-MISC) organization from the related Institutional trustee (W-2/1099-MISC) organization organizations Key employee and related below organizations Officer line) (18) LAIRD MCCULLOCH 5.00 TRUSTEE 0 (19) JENINNE MCGEE 5.00 TRUSTEE 0 0 (20) STEVEN PARRISH 5.00 TRUSTEE 0 0 (21) ROLF PETERS 5.00 TRUSTEE 0 0 0. (22) NICK PUZAK 5.00 TRUSTEE 0 0 0. (23) PAMEL KIECKER ROYALL 5.00 TRUSTEE 0 0 0. (24) DAVID B. SMITH 5.00 0 0 (25) FRANCES SPANGLER 5.00 TRUSTEE 0 0 0. (26) WILLIAM STERLING 5,00 0 0 0. 1b Sub-total ______ 0 488,635 118,699. c Total from continuation sheets to Part VII, Section A 2,233,553 0. 407.047. d Total (add lines 1b and 1c) 2,722,188. ٥. 525,746. Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 133 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 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 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 Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from

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.

services Compensation
27,418,177.
9,578,629.
2. 2.
5,992,630.
18
2,262,874.
923,448.
nore than
R

SEE PART VII, SECTION A CONTINUATION SHEETS

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Form 990 (2017)

Part VII Section A. Officers, Directors, Tre (A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average Position hours (check all that apply)							Reportable	Reportable	Estimated
	hours per	(c	heck	all	that	app	ly)	compensation from	compensation from related	amount of other
	week				7.0	8		the	organizations	compensation
	(list any	sctor				m blo		organization	(W-2/1099-MISC)	from the
	hours for	or di	92			ated e		(W-2/1099-MISC)		organization
	related	ustee	truste		, s	bens				and related
	organizations below	last	Honal		nploy	st com	_			organizations
	line)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Бугтег			
(27) ALISON VON KLEMPERER	5,00					***				
TRUSTEE		х						0.	0.	. 0
(28) JUSTIN B. WENDER	5.00								•3	
TRUSTEE		X						0.	0.	0
(29) BONNIE M. WHEATON	5,00							x e		-
TRUSTEE		х						0.	0.	. 0
(30) BYRON WHITE	5.00						231			
TRUSTEE		X	_					0.	0.	0
(31) CANDACE WILLIAMS	5,00									
TRUSTEE		X			_			0.	0.	0
(32) JOHN YOUNGBLOOD	5.00							X701		
TRUSTEE		X	H	_	_	_		0.	0.	0
(33) THOMAS BONNER	60,00									
VP FOR EXTERNAL RELATIONS				X	-			325,603.	0.	53,761
(34) FREDERICK A. ROGERS	60.00									6969 1-27069
VP AND TREASURER				X		-	-	331,644,	0.	44,925
(35) BEVERLY NAGEL	60,00								_	W207220
DEAN OF THE COLLEGE	40.00		_	X	===		-	298,533.	0.	38,220
(36) PAUL THIBOUTOT	40.00							002 886		
VP AND DEAN OF ADMISSIONS	60.00			-	Х	_		203,776.	0,	37,302
(37) CAROLYN H LIVINGSTON	60.00				x			194 005	0	F# 020
VP FOR STUDENT DEVELOPMENT (38) JULIE J NEIWORTH	40.00				^			184,005.	0,	51,830
PROFESSOR OF NATURAL SCIENCE	40.00					х		181,652.	0.	49.004
(39) STEVEN K SPEHN	40.00					Λ		101,052,	<u>U.</u>	48,004
DIRECTOR OF FACILITIES/CAPITAL PLAN	40,00					х		178,750.	0.	40 705
(40) JOE HARGIS II	40.00					A		170,750.	0,	40,705
ASSOCIATE VP FOR EXTERNAL RELATIONS	10.00					х		170,720.	0.	45,011
(41) DEBORAH APPLEMAN	40,00			П		-		210,120.	0,	17,011
PROFESSOR OF EDUCATIONAL STUDIES						х		183,293.	0.	24,331
(42) MARK MCKONE	40.00					-		200,200,		,
PROFESSOR OF BIOLOGY						x		175,577.	0.	22,958
¥ 3				557				No.		
N										
N.										
,					\dashv					
					- "					

Form 990 (2017) CARLETON COLLEGE
Part VIII Statement of Revenue

		Check if Schedule O cont	ains a response	or note to any lin	e 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
इ इ	1 a	Federated campaigns	1a					
la i		Membership dues					-,"	7
ا قي		Fundraising events				500 EAST 61	E	
뾽빏			1d		100		2.5	
S,E		Government grants (contribut		4.021.413.		Ag.		a noise a
S _S		All other contributions, gifts, gran		1,021,113.	d real		7	7
Pet		similar amounts not included above		49,377,772.		_	200	
Ēδ		Noncash contributions included in lines 1a-1f; \$		13,508,416.		y 5		
Contributions, Gifts, Grants and Other Similar Amounts		Total. Add lines 1a-1f			53,399,185.	7-	7.2	yri
<u> </u>		Total ridd inics ra it	***************************************	Business Code	33,339,103.	7 - F *	3, 1 Sec. 1	3 T T T
a	2 a	TUITION AND FEES	7 -	611710	107,475,759.	107,475,759.	Table Services	-
Ş		ROOM AND BOARD		611710	23,260,034.			
le Se		SUMMER ACADEMIC PROG		611310	1,750,296.			
E S	d			011310	1,750,296.	1,750,256,		
	•	***************************************						
Program Service Revenue		All other program service reve	nuo					
		Total. Add lines 2a-2f			132 496 000	7		A - 11 - 11 - 1
	3	Investment income (including			132,486,089.			
	3				10 602 766		145 440	10 770 000
		other similar amounts) Income from investment of tax			10,623,766,		-146,442,	10,770,208.
5	4				200 500			200 700
	5	Royalties	Ethinical control of the control of		222,700.	0 1 0 2	T 7 - 10 - 11	222,700.
- }		0	(i) Real	(ii) Personal	te o a			2.27
	6 a		378,200	1			1.3	*****
- 1		Less: rental expenses	758,782		10 2			
1		Rental income or (loss)	-380,582		o del lad	St Title	2" 22 V	
1		Net rental income or (loss)			-380,582.			-380,582.
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	33,915,474	54,000.	Part February		1 1 14	A 1 2 1 1
	b	Less: cost or other basis			1 1		1 3 3 5 N	, w
		and sales expenses			3-4		- = 1	400
		Gain or (loss)			alar a f			G. T.
		Net gain or (loss)			50,295,061.	-		50,295,061.
9	8 a	Gross income from fundraising	g events (not		14. 15.81			1. P. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
Ē		including \$	of		A 1 1 11	a.d		
je		contributions reported on line		1		84 A A	10 744	1 TO THE TOTAL TO
ē			a		- Table 1		138	"A" B " A"
Other Reven		Less: direct expenses		L			8 - 13	A STEEL STORY
		: Net income or (loss) from fund	-	, >	7.00	2 2 2 4 1		
- 1	9 a	Gross income from gaming ac				3 1 K/16-	2	1.00
i		Part IV, line 19				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7 7 - 27	e a litter in
- 1	b	Less: direct expenses	b	<u> </u>		1.5		V
	c	Net income or (loss) from gam	ing activities .	>				
	10 a	Gross sales of inventory, less	returns				11000	100
		and allowances	a			- C	7	
	b	Less: cost of goods sold	<u>.</u> b			a sulfrancist of	Sin Sin back	30 M
	С	: Net income or (loss) from sale:	s of inventory ,	▶				
ļ		Miscellaneous Revenu	e	Business Code		P2		To the state of
	11 a	OTHER REVENUE		900099	2,725,350,			2,725,350.
	b	WIND TURBINE		221000	136,102.		136,102,	
	С						.12-701-7	
	d	All other revenue						
	е	Total. Add lines 11a-11d		>	2,861,452.	VK 30 (1)	N	47 4
	12	Total revenue. See instructions.	***************************************	>	249 507 671.	132,486,089.	-10,340,	63,632,737.

Form 990 (2017) CARLETON COLLEGE Part IX Statement of Functional Expenses

Sec	tion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respons				
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				Same Control
	and domestic governments. See Part IV, line 21	566,592.	566,592.		and the same of th
_2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	41,704,240.	41,704,240,		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members			- 105-3	Description - 1
5	Compensation of current officers, directors,		452 440	4 444 0=4	
_	trustees, and key employees	1,816,621.	153,648.	1,211,976.	450,997.
6	Compensation not included above, to disqualified		0		
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)			* (3)	
7	Other salaries and wages	61 700 770	E2 110 056	E 222 056	2 246 050
8	Pension plan accruals and contributions (include	61,798,770.	53,119,856.	5,332,856.	3,346,058.
o	section 401(k) and 403(b) employer contributions)	5,595,736.	4,656,134,	445 942.	493,660,
9	Other employee benefits	10 301 880	8,773,884.	1,005,587.	522,409.
10	Payroll taxes	4,275,281.	3,620,367.	303,548.	351,366.
11	Fees for services (non-employees):	4,275,201.	3,020,307.	305,540.	331,300,
	Management	-			
b	Legal	162,939,		162,939.	
c	Accounting	114 160		114,160.	
d	Lobbying		111212221111		
е	Professional fundraising services. See Part IV, line 17		5 4 8 .		0-01-4014
f	Investment management fees	7,303,999,		7,303,999.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
_	column (A) amount, list line 11g expenses on Sch 0.)	3,198,874.	2,318,636.	670.889.	209,349,
12	Advertising and promotion	84,258.	7,837,	56,217.	20,204.
13	Office expenses	7,029,123.	5,035,891.	1,659,423.	
14	Information technology	1,400,229.	1,361,213.	19,781.	19,235,
15	Royalties			AT II NOTE OF	
16	Occupancy	5,414,738.	5,414,738.		
17	Travel	7,696,508.	7,102,550.	178,666.	415,292.
18	Payments of travel or entertainment expenses			2	
	for any federal, state, or local public officials		= -		
19	Conferences, conventions, and meetings	1,765,700.	801,220.	787,672.	176,808,
20	Interest	5,188,414.	5,188,414.		******
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	11,254,734.	10,964,871,	289,863.	
23	Insurance	1,028,949.	645,354.	383,595,	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line			18 - B. J.	San Van Daggi
	24e amount exceeds 10% of line 25, column (A)		a particular in		
	amount, list line 24e expenses on Schedule 0.)		COMPANIE		152 mate 350 d
а	STUDENT FOOD SERVICE	7,810,900.	7,810,900.		
b	MISCELLANEOUS EXPENSES	3,308,106.	3,169,005.	112,186.	26,915.
C	MEMBERSHIP FEES	1,572,619.	966,758.	591,764.	14,097.
d	20 11			-	
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	190,393,370.	163,382,108.	20,631,063.	6,380,199.
26	Joint costs. Complete this line only if the organization		×		96
	reported in column (B) joint costs from a combined	9			2
	educational campaign and fundraising solicitation. Check here Figure 1 (Following SOP 98-2 (ASC 958-720)			¥1	
	Check here if following SOP 98-2 (ASC 958-720)			,	Form 990 (2017)

Part 2	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			44,183,083.	2	104,426,554
;	3	Pledges and grants receivable, net			23,973,849,	3	27,426,358
-	4	Accounts receivable, net			2,078,110.	4	4,063,857
	5	Loans and other receivables from current and for				8 6	
		trustees, key employees, and highest compens	12 PM				
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqual	ified pe	rsons (as defined under	5 4 5 V 5 H		W
		section 4958(f)(1)), persons described in section	n 4958(c)(3)(B), and contributing			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		employers and sponsoring organizations of sec	tion 50	1(c)(9) voluntary	100	5 4	
2		employees' beneficiary organizations (see instr)				6	
22202	7	Notes and loans receivable, net				7	
έ ,	8	Inventories for sale or use			560,700.	8	543,834
	9	Prepaid expenses and deferred charges	() ()		2,672,049,	9	1,056,993
10	0a	Land, buildings, and equipment: cost or other				501	
		basis. Complete Part VI of Schedule D	10a	440,917,770.			
	b	Less: accumulated depreciation			229,261,602.	10c	260,948,457
11		Investments - publicly traded securities			426 423 853,	11	386,657,066
1:		Investments - other securities. See Part IV, line			533,896,893,	12	571,575,337
1:	3	Investments - program-related. See Part IV, line			7 262 341.	13	6,253,135
14	4	Intangible assets				14	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
1:	5	Other assets. See Part IV, line 11			67,351,375.	15	49,482,842
10	6	Total assets. Add lines 1 through 15 (must equ			1,337,663,855.	16	1,412,434,433
10	7	Accounts payable and accrued expenses			16,049,238.	17	19,456,060
18		Grants payable			18		
19	9	Deferred revenue			5,421,008,	19	4,227,338
20	0	Tax-exempt bond liabilities			150,446,229,	20	144,337,492
2		Escrow or custodial account liability. Complete			4.512.205.	21	3,528,259
, 2	2	Loans and other payables to current and forme	r office	s, directors, trustees,			
		key employees, highest compensated employee	es, and	disqualified persons.			25 N.S.
i		Complete Part II of Schedule L				22	
i 23	3	Secured mortgages and notes payable to unrela	ated thi	rd parties		23	
24		Unsecured notes and loans payable to unrelate				24	
2		Other liabilities (including federal income tax, pa			4,000		
		parties, and other liabilities not included on lines	s 17-24)). Complete Part X of	¥.		
		Schedule D			23,342,602.	25	23,410,946
26	6	Total liabilities. Add lines 17 through 25			199,771,282.	26	194,960,095
		Organizations that follow SFAS 117 (ASC 958	3), chec	k here 🕨 🗶 and		A _X	1 10 12
3		complete lines 27 through 29, and lines 33 ar	ıd 34.				
27	7	Unrestricted net assets			485,850,306.	27	536,269,419
28		Temporarily restricted net assets	423,902,358,	28	428,578,685		
29		Permanently restricted net assets	228,139,909.	29	252,626,234		
28		Organizations that do not follow SFAS 117 (A					
5		and complete lines 30 through 34.			7 7 7 8 7	40.5	
3(0	Capital stock or trust principal, or current funds		[30	
3		Paid-in or capital surplus, or land, building, or ed				31	
30 3- 32		Retained earnings, endowment, accumulated in				32	
33		Total net assets or fund balances			1,137,892,573,	33	1,217,474,338
34		Total liabilities and net assets/fund balances			1,337,663,855,	34	1,412,434,433

Paı	t XI Reconciliation of Net Assets				ge 12
	Neconcination of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				x
	all and a second a				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	249	507	671.
2	Total expenses (must equal Part IX, column (A), line 25)	2	190	393	370.
3	Revenue less expenses. Subtract line 2 from line 1	3	59	,114	301.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,137	892	573.
5	Net unrealized gains (losses) on investments	5	21	529	214.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-1	.061	750.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			•	
	column (B))	10	1.217	474	338.
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			-
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		x
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed		0.8		
	separate basis, consolidated basis, or both:		2.5	32	- 3
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	x	
-	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat				1
	consolidated basis, or both:	5 - 45.5,			10.
	x Separate basis Consolidated basis Both consolidated and separate basis				
	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit	1.0		
•	review, or compilation of its financial statements and selection of an independent accountant?		2c	х	-
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch		20	Λ	X
32	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si			3	4
Ja		igio Addit	20	v	
la.	Act and OMB Circular A-133?	ired audit	3a	Х	-
D	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	nea audir	3h		

Form **990** (2017)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Nar	ne of t	the organization						Employer	identification number
			ON COLLEGE					41	L-0694747
Pa	art I	Reason for Public	Charity Status	(All organizations must co	omplete th	is part.) Se	e instruction	s.	
The	organ	ization is not a private found	lation because it is:	(For lines 1 through 12, o	heck only	one box.)			
1		A church, convention of ch	urches, or associat	on of churches describe	d in sectio	on 170(b)(1	I)(A)(i).		
2	x	A school described in secti	ion 170(b)(1)(A)(ii).	(Attach Schedule E (Forn	n 990 or 9	90-EZ).)			
A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,									
4		A medical research organiz	ation operated in co	onjunction with a hospita	describe	d in sectio	n 170(b)(1)(A	ı)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in							
		section 170(b)(1)(A)(iv). (Complete Part II.)							
6	Ш	A federal, state, or local government	vernment or govern	mental unit described in	section 1	70(b)(1)(A)	(v).		
7		An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in							
	_	section 170(b)(1)(A)(vi). (Complete Part II.)							
8	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)								
9	An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college								
		or university or a non-land-g	grant college of agri	culture (see instructions).	Enter the	name, city	/, and state o	f the colleg	e or
	_	university:							
10	\Box	An organization that norma	lly receives: (1) mor	e than 33 1/3% of its sup	port from	contribution	ons, member	ship fees, a	nd gross receipts from
		activities related to its exen	npt functions - subje	ect to certain exceptions,	and (2) no	o more tha	n 33 1/3% of	its support	from gross investment
: (4)		income and unrelated busing		e (less section 511 tax) fr	om busine	esses acqu	ired by the o	rganization	after June 30, 1975.
	See section 509(a)(2). (Complete Part III.)								
An organization organized and operated exclusively to test for public safety. See section 509(a)(4).									
12	Ш	An organization organized a		•				•	
		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 12a through 12d that				•		_	
а	_	Type I. A supporting orga		·					
		the supported organization			a majority	of the dire	ctors or trust	es of the s	upporting
	1	organization. You must o	•						
b		Type II. A supporting org							
		control or management o			ame perso	ons that co	ontrol or man	age the sup	ported
		organization(s). You mus			·	. حامل حداد			
C	_	Type III functionally inte						illy integrate	ea with,
ي .		its supported organization		•	•	-	-	udad avaani	tion(a)
d		Type III non-functionally	-					-	• •
		that is not functionally int						d an attenti	iveriess
		requirement (see instruct) Check this box if the orga		-				II Type III	
е		functionally integrated, or					i Type I, Type	ii, type iii	
	Ente	er the number of supported of							
		vide the following information			************	*************		***********	
) Name of supported	(ii) EIN	(iii) Type of organization	(iv) is the org	inization listed ing document?	(v) Amount o	f monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)
				above (see manuctions))					
			,						
Tate	i .				_	- 2			

Schedule A (Form 990 or 990 EZ) 2017 CARLETON COLLEGE 41-0694747

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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	27,893,301.	34,152,153.	40,592,157.	59,994,718.	53,399,185.	216,031,514.
2	Tax revenues levied for the organ-					20 - 4	
	ization's benefit and either paid to						
	or expended on its behalf		ν.				
3	The value of services or facilities		5				
	furnished by a governmental unit to						~
	the organization without charge			ei-			
4	Total. Add lines 1 through 3	27,893,301.	34,152,153.	40,592,157.	59,994,718.	53,399,185.	216,031,514.
5	The portion of total contributions				A L. P. Sept.		
	by each person (other than a	1.57.4		왕류 양	- X		
	governmental unit or publicly			10 No. 1	1	1.0	
	supported organization) included	4 1	¥9		e (x		
	on line 1 that exceeds 2% of the		3 3	100		3 1 1 2 3 1	
	amount shown on line 11,			Suite Cut 1		Ja	
	column (f)		12 (5)			100	20,294,089.
	Public support. Subtract line 5 from line 4.	14 4		3.27		2 m (Feb. 15)	195,737,425.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	27,893,301.	34,152,153,	40,592,157.	59,994,718,	53,399,185.	216,031,514.
8	Gross income from interest,	5		1.007	i i		
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	4,602,190.	13,241,809.	8,823,217.	10,080,664.	11,224,665.	47,972,545.
9	Net income from unrelated business	7.				20	
	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.)	3,929,071.				2,861,452,	6,790,523.
	Total support. Add lines 7 through 10	d a			9 F - Ven		270,794,582.
	Gross receipts from related activities,					12	626,909,466.
13	First five years. If the Form 990 is for	•			•		
~~	organization, check this box and stop	here					<u></u>
	ction C. Computation of Publi						
	Public support percentage for 2017 (li					14	72.28 %
	Public support percentage from 2016					15	72.05 %
16a	33 1/3% support test - 2017. If the o						
	stop here. The organization qualifies						
b	33 1/3% support test - 2016. If the o	•		•		•	
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test	_					-
	and if the organization meets the "fact						
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances test						
	more, and if the organization meets th						
40	organization meets the "facts-and-circ						
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 160, 1/a, or 17b			
					Sche	dule A (Form 990	or 990-EZ) 2017

Schedule A (Form 990 or 990 EZ) 2017 CARLETON COLLEGE Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")		-				
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in any activity that is related to the						
organization's tax-exempt purpose		'		-		
3 Gross receipts from activities that						
are not an unrelated trade or bus-					-	
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						NI
5 The value of services or facilities		1				
furnished by a governmental unit to		-				2
the organization without charge			1.			
· · · · · ·						
6 Total. Add lines 1 through 5					11-11-11	
7a Amounts included on lines 1, 2, and						J
3 received from disqualified persons			<u></u>		-	
b Amounts included on Ilnes 2 and 3 received from other than disqualified persons that	11	Ï				
exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year				*		<u></u>
c Add lines 7a and 7b	Here					7.
8 Public support. (Subtract line 7c from line 6.)	8 % -					1
Section B. Total Support						
Calendar year (or fiscal year beginning in) 🖊	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						12
10a Gross income from interest, dividends, payments received on						
securities loans, rents, royalties,	=					
and income from similar sources						2012010000
b Unrelated business taxable income						
(less section 511 taxes) from businesses					P:	
acquired after June 30, 1975						
c Add lines 10a and 10b				W		
11 Net income from unrelated business			4311111111111			
activities not included in line 10b,						
whether or not the business is regularly carried on		14 =				
12 Other income. Do not include gain						
or loss from the sale of capital						
assets (Explain in Part VI.)			-			
14 First five years. If the Form 990 is for	the organization's	firet second thin	d fourth or fifth t	av voar as a socti	n 501(c)(3) organi	zation
check this box and stop here	•		•	•	. , , ,	· —
Section C. Computation of Publi	c Support Per	rcentage			******************************	
15 Public support percentage for 2017 (li			olumn (fl)		15	%
16 Public support percentage from 2016					16	%
Section D. Computation of Inves					1	
17 Investment income percentage for 20			e 13. column (fl)	and another services	17	%
18 Investment income percentage from 2					18	
19a 33 1/3% support tests - 2017. If the					******	
more than 33 1/3%, check this box ar	-				·	
						54 100
b 33 1/3% support tests - 2016. If the						
line 18 is not more than 33 1/3%, chec		-			•	
20 Private foundation. If the organization	i aid not check a	pox on line 14, 19:	a, or 19b, check th	nis box and see in	structions	

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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 12a or 12b 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
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_	rt IV Supporting Organizations (continued)	0034141	15.4	ige 5
	T STATE OF THE STA	-	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		100	140
	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		
	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			113
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			i.
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	E		J. 100
	controlled the organization's activities. If the organization had more than one supported organization,	0,0		
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			100
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			- 1
	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,	y visit		100
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			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	- 5	in .	-825 -
	or management of the supporting organization was vested in the same persons that controlled or managed	100		
	the supported organization(s).	1		
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	(5 0)	1	
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	150	- 7	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	178	= "	2.5
	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	1	104	10.51
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	1.0		-
	the organization maintained a close and continuous working relationship with the supported organization(s).	_2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	G 2.14	0	
	significant voice in the organization's investment policies and in directing the use of the organization's		20 5	NAME OF THE PERSON OF THE PERS
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		12	- 1
_	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 instruc	:tions).		
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.	14-14-20-1		
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	ee instruction:		The same
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	L. Viel	7.10	10 m
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	E 59	90.5	
	those supported organizations and explain how these activities directly furthered their exempt purposes,		Pi S	300
	how the organization was responsive to those supported organizations, and how the organization determined	227	F .C.	resident.
	that these activities constituted substantially all of its activities.	2a	0.11	_
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		1 15	
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			. 3.7
	reasons for the organization's position that its supported organization(s) would have engaged in these	2.5		
_	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	Day of the		2 173
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		271	23.00
	trustees of each of the supported organizations? Provide details in Part VI.	3a	-	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	1-2-	-6.2	2"
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		Щ.

1	Check here if the organization satisfied the Integral Part Test as a qualifying			art VI.) See instruction
	other Type III non-functionally integrated supporting organizations must cor	nplete S	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	1	2	
	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		
ect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	L Ai	V 1 / 1 1 4 2 1 1	Tax var e
	instructions for short tax year or assets held for part of year):	100		
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	1	
е	Discount claimed for blockage or other	1	1.4	Programme West 17
	factors (explain in detail in Part VI):	7.		
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,			
196	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		
ecti	on C - Distributable Amount	1 00		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		
1	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		

Schedule A (Form 990 or 990-EZ) 2017

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 exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	ns	J.	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)		32.57	
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	he organization is responsiv	9	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			5,41.41
2	Underdistributions, if any, for years prior to 2017 (reason-	1 1 1 1 1 1 1 1 1 1		4.7
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			2. 8. 7/4
а			1.11	
	From 2013			The second second
	From 2014		. '5 1''	W 12 12 12 12
	From 2015	V		g 19 mg 100 1, 18 mg
	From 2016			
_	Total of lines 3a through e			
	Applied to underdistributions of prior years	The second second		102 1 2 2 1
	Applied to 2017 distributable amount	TOTAL ROSE	B 2 4 7 3 6 6 7 7 7 1	
- 1	Carryover from 2012 not applied (see instructions)	J. 184 v. 1 of 1965 5	Tanan Wall Area	
<u> </u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			7.7.1.2
4	Distributions for 2017 from Section D.	165 FA 2		
7	line 7:			
_	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
3	any. Subtract lines 3g and 4a from line 2. For result greater	2 1 1 1 1 1 1 1	9	3 3
	than zero, explain in Part VI. See instructions.		9	W T
6	Remaining underdistributions for 2017. Subtract lines 3h		7 6 5	
U	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.		A The State of the	
7	Excess distributions carryover to 2018. Add lines 3			2 2 2
′			The state of the s	
0	and 4c.			
8	Breakdown of line 7: Excess from 2013			
-				- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Excess from 2014 Excess from 2015			
	Excess from 2016			
	AND THE STANFORD			
е	Excess from 2017		7	/Form 990 or 990-FZ) 201

Schedule A (Form 990 or 990-EZ) 2017 CARLETON COLLEGE		41-0694747 Page 8
Part VI Supplemental Information. Provide the explanations required Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Als (See instructions.)	, and 11c; Part IV, Section B 2b, 3a, and 3b; Part V, line	B, lines 1 and 2; Part IV, Section C, 1; Part V, Section B, line 1e; Part V,
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:	4;	
OTHER REVENUE		(4.81)
2013 AMOUNT: \$ 3,929,071.		
2017 AMOUNT: \$ 2,725,350.		
		*
WIND TURBINE		
2017 AMOUNT: \$ 136,102.		11
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Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2017

Name of the organization	Employer identification number								
CA	RLETON COLLEGE	41-0694747							
Organization type (check of	ganization type (check one);								
Filers of:	Section:	÷							
Form 990 or 990-EZ	x 501(c)(3) (enter number) organization								
	4947(a)(1) nonexempt charitable trust not treated as a private foundation								
	527 political organization								
Form 990-PF	501(c)(3) exempt private foundation								
	4947(a)(1) nonexempt charitable trust treated as a private foundation								
	501(c)(3) taxable private foundation								
	s covered by the General Rule or a Special Rule. 1(7), (8), or (10) organization can check boxes for both the General Rule and a Specia	Il Rule. See instructions.							
General Rule									
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions total one contributor. Complete Parts I and II. See instructions for determining a contribu								
Special Rules									
sections 509(a)(1) any one contribute	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% suppart and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, or, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the ail, line 1. Complete Parts I and II.	16a, or 16b, and that received from							
year, total contribu	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received fruitions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or excruelty to children or animals. Complete Parts I, II, and III.								
year, contributions is checked, enter h purpose. Don't co	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received fresexclusively for religious, charitable, etc., purposes, but no such contributions totale here the total contributions that were received during the year for an exclusively religions may be any of the parts unless the General Rule applies to this organization because, etc., contributions totaling \$5,000 or more during the year	d more than \$1,000. If this box ious, charitable, etc., e it received <i>nonexclusively</i>							
but it must answer "No" on	nat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on it the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).								

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule, B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization

Employer identification number

CARLETON	COLLEGE
----------	---------

41-0694747

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	Il space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$4,098,489.	Person x Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$4,000,000.	Person x Payroll Noncash x (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$3,648,079.	Person x Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$2,001,487.	Person x Payroll Noncash x (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$1,313,824.	Person x Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$1,277,426.	Person x Payroll Noncash x (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2017) Name of organization **Employer identification number** CARLETON COLLEGE 41-0694747 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash 1,113,150. (Complete Part II for noncash contributions.) (b) (a) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution

Person
Payroll
Noncash
(Complete Part II for noncash contributions.)

Name of organization

Employer identification number

CARLETON COLLEGE

41-0694747

Part II	Noncash Property (see instructions). Use duplicate copies of I	Part II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	SECURITIES		4 - 1 + 2 + 2 + 2 + 2 + 2 + 2 + 2 + 2 + 2 +
		\$\$	10/11/17
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate)	(d) Date received
Part I		(See instructions.)	Date received
,	SECURITIES		14
4			
	1999 E. S.	\$ 1,997,487.	01/29/18
(a) No. from	(b)	(c) FMV (or estimate)	(d)
Part I	Description of noncash property given	(See instructions.)	Date received
	SECURITIES		
6			
ŀ		\$ 1,270,045.	05/09/18
(a)	170,000	(c)	The Contract of
No. from Part I	(b) Description of noncash property given	FMV (or estimate) (See instructions.)	(d) Date received
	SECURITIES		
7	and the second s		
		\$\$.	12/13/17
(a) No. from	(b)	(c) FMV (or estimate)	(d)
Part I	Description of noncash property given	(See instructions.)	Date received
			×
		\$	
(a)	and the second s	(2)	
No. from	(b)	(c) FMV (or estimate)	(d)
Part I	Description of noncash property given	(See instructions.)	Date received
		\$	90. 99 0-EZ, or 990-PF) (

Name of orga			Employer identification number
Part III	Exclusively religious, charitable, etc., cont the year from any one contributor. Complete completing Part III, enter the total of exclusively religiou Use duplicate copies of Part III if addition.	s, charltable, etc., contributions of \$1,000 o	d in section 501(c)(7), (8), or (10) that total more than \$1,000 for a line entry. For organizations or less for the year. (Enlet this info. once.)
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I	(a) / superco of girl	(o) coc of gill	(e) besorption of now girt is field
	λ	(e) Transfer of gif	ft
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gif	ft
3	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gif	ft
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	it
_	Transferee's name, address, an	nd ZIP + 4	Relationship of transferor to transferee
-			

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

Schedule C (Form 990 or 990-EZ) 2017

Open to Public Inspection

OMB No. 1545-0047

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.

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

LHA

732041 11-09-17

- 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

		anization	ations: Complete Part III.		Emp	loyer identification number
_		CARLETON C	OLLEGE			41-0694747
Pa	rt I-A	Complete if the or	ganization is exempt und	ler section 501(c	c) or is a section 527 o	rganization.
2	Political	campaign activity expendi	zation's direct and indirect politic tures lign activities		> \$	S0.
Pai	rt I-B	Complete if the or	ganization is exempt und	ler section 501(c	e)(3).	# PS
			incurred by the organization und			S0.
			incurred by organization manag			
			on 4955 tax, did it file Form 4720			
4a	Was a c	orrection made?				Yes No
	If "Yes,"	describe in Part IV.				(1/0)
101-600			ganization is exempt und			
			d by the filing organization for se		1115001500000	Company of the Compan
			nization's funds contributed to ot	_	18	
_	exempt	function activities				
3	lotal ex	empt function expenditures	s. Add lines 1 and 2. Enter here a	and on Form 1120-PC)L,	•
	line 17b	iling eveningtion file Farm	1120-POL for this year?			Yes No
			mployer identification number (El			
			ation listed, enter the amount pai		*	
			romptly and directly delivered to			•
	political	action committee (PAC). If	additional space is needed, prov	/ide information in Pa	rt IV.	
		(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
					filing organization's funds. If none, enter -0	contributions received and promptly and directly
			S ₂		Idilds. Il florie, effici -0	delivered to a separate
		0.3		-		political organization.
		iii				If none, enter -0
		x0	-			
_						
					. 1	
						100000000000000000000000000000000000000
			22 02.020		2	

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Schedule C (Form 990 or 990-EZ) 2017	CARLETON COLLEGE	10 10		41-06	94747 Page 2
Part II-A Complete if the org	ganization is exem	pt under section	n 501(c)(3) and file	ed Form 5768 (e	lection under
section 501(h)).					
	ation belongs to an affilia	= ::	Part IV each affiliated	group member's nar	ne, address, EIN,
	re of excess lobbying e				
	ation checked box A and its on Lobbying Expension		visions apply.	(a) Filing	(b) Affiliated group
	ditures" means amour			organization's totals	totals
1a Total lobbying expenditures to infl	uence public opinion (g	rass roots lobbying)			
b Total lobbying expenditures to infl	uence a legislative body	(direct lobbying)			
c Total lobbying expenditures (add	ines 1a and 1b)				
d Other exempt purpose expenditur					19 10
e Total exempt purpose expenditure	es (add lines 1c and 1d)				
f Lobbying nontaxable amount. Ent	er the amount from the	following table in bot	n columns.		
If the amount on line 1e, column (a)	or (b) is: The lobb	ying nontaxable am	ount is:	2.0	1 2 2
Not over \$500,000	20% of th	ne amount on line 1e.			
Over \$500,000 but not over \$1,00		plus 15% of the exc	ess over \$500,000.		A 20 A
Over \$1,000,000 but not over \$1,5		plus 10% of the exc			V.
Over \$1,500,000 but not over \$17	,000,000 \$225,000	plus 5% of the exce	ss over \$1,500,000.		1
Over \$17,000,000	\$1,000,0	00.			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
g Grassroots nontaxable amount (el	oter 25% of line 1f)			-	
g Grassroots nontaxable amount (el					
i Subtract line 1f from line 1c. If zer					
j If there is an amount other than ze					<u> </u>
reporting section 4911 tax for this	- 1717 EF				Yes No
	The second secon	aging Period Under			11
(Some organizations t		1(h) election do not te instructions for lis		of the five columns	below.
	Lobbying Expend	ditures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount	ac 1, 112,				
(150% of line 2a, column(e))	1781				
c Total lobbying expenditures					
c Total loopying experientares				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
d Grassroots nontaxable amount			52		
e Grassroots ceiling amount			- 1	He Pose	
(150% of line 2d, column (e))		2 3 2			
f Grassroots lobbying expenditures					
,				Schedule C (For	m 990 or 990-EZ) 2017

Schedule C (Form 990 or 990 EZ) 2017 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)).

Fore	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(a)	(1	0)
of th	e lobbying activity.	Yes	No	Ame	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
a	Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X	w	A 34 50	2 Y
b			X		
d	Media advertisements? Mailings to members, legislators, or the public?	х			
	Publications, or published or broadcast statements?	X			
f	Grants to other organizations for lobbying purposes?	X			101,366.
	Direct contact with legislators, their staffs, government officials, or a legislative body?	x			101,000
9 h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	x			500
i	Other activities?		х		
i	Total. Add lines 1c through 1i		2 3/1.		101,866.
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		х	GITTE.	
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912	100	134		
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			8,15, 5,1,3	1167 - 1
	t III-A Complete if the organization is exempt under section 501(c)(4), secti	on 501(c	(5), or se	ection	
_	501(c)(6).			V	N.
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the organization agree.				
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	l "No," O	R (b) Par	t III-A, lii	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 political expenditures)		· ·		
	expenses for which the section 527(f) tax was paid).		2.7		
а	Current year		2a		
b	Carryover from last year		2b		
c	Total		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex-				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	political	15.6		
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
	t IV Supplemental Information				
	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	p list); Part l	II-A, lines 1 :	and 2 (see	
	actions); and Part II-B, line 1. Also, complete this part for any additional information.				
PART	'II-B, LINE 1, LOBBYING ACTIVITIES:				
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				
AND	NO SEPARATE ACCOUNT IS MADE FOR THESE COSTS, IN ADDITION, STUDENTS			****	
	ICIPATE IN A VOLUNTEER ACTIVITY SPONSORED BY THE MINNESOTA PRIVATE				

732043 11-09-17

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

Open to Public Inspection

Name of the organization

Employer identification number

Schedule D (Form 990) 2017

OMB No. 1545-0047

. 46111	CARLETON COLLEGE		41-0694747
Pa		ed Funds or Other Similar Funds	
	organization answered "Yes" on Form 990, Part IV, lir		a 48
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	ed funds
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor of		
_	impermissible private benefit?		Yes No
Pa			Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	`	
	Preservation of land for public use (e.g., recreation or e		orically important land area
	Protection of natural habitat	Preservation of a certi	fied historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form (
	day of the tax year.		Held at the End of the Tax Year
a	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
c d	Number of conservation easements on a certified historic str Number of conservation easements included in (c) acquired		
u			
3	listed in the National Register Number of conservation easements modified, transferred, re		
J	year >	icased, extinguished, or terminated by the	organization during the tax
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the per		
•	violations, and enforcement of the conservation easements i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservat	ion easements during the year
	▶\$		- '
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservati		
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes t	he organization's accounting for
	conservation easements.		377.72
Par	t III Organizations Maintaining Collections o		ther Similar Assets.
	Complete if the organization answered "Yes" on Form		
	If the organization elected, as permitted under SFAS 116 (AS	•	
	historical treasures, or other similar assets held for public ext		nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of put	olic service, provide the following amounts
	relating to these items:	385	
	(i) Revenue included on Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		
	If the organization received or held works of art, historical tre		gain, provide
	the following amounts required to be reported under SFAS 1 Revenue included on Form 990. Part VIII, line 1		> \$
	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990. Part X		5 5

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

	edule D (Form 990) 2017 CARLETON CO						-06947			age 2
Pa	rt III Organizations Maintaining C									
3	Using the organization's acquisition, access	ion, and other record	ls, check any of the	following that a	are a sig	gnificant us	e of its c	ollectio	ı item	s
	(check all that apply):									
а	Public exhibition	d	promise and the second	hange program						
b	x Scholarly research	е	Other							
c	x Preservation for future generations		9							
₂ , 4	Provide a description of the organization's co	ollections and explai	n how they further t	he organization	ı's exem	npt purpose	e in Part	XIII.		
5	During the year, did the organization solicit of									_
	to be sold to raise funds rather than to be m							Yes		No
Pa	rt IV Escrow and Custodial Arran		ete if the organizatio	n answered "Y	'es" on l	Form 990, i	Part IV, li	ne 9, or		
12-007-	reported an amount on Form 990, Pa								-	
1a	Is the organization an agent, trustee, custod									_
	on Form 990, Part X?						ــــاور	Yes	LX.	No
þ	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:	×						
	*					i i		Amoun	t	
C	Beginning balance		: 			1c	, ii			
d	Additions during the year					1d				
e	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for escrow or co	ustodial accour	nt liabilit	ty?	х	Yes		No
	If "Yes," explain the arrangement in Part XIII.							diameter.	Lx.	
Pa	rt V Endowment Funds. Complete	f the organization an	swered "Yes" on Fo	rm 990, Part I\	V, line 1	0.				
		(a) Current year	(b) Prior year	(c) Two years	back (d) Three yea	rs back	(e) Four	years	back
1a	Beginning of year balance	837,308,012.	739,622,548,	784,690,	360.	794,308	3,177.	704	714	660.
b	Contributions	29,763,471,	30,968,061,	7,573,	357.	10,255	5,124.	13	311	856,
C	Net investment earnings, gains, and losses	72,580,595.	110,876,006.	-9,371,	797.	21,539	635.	116	344	123.
d	Grants or scholarships	9,673,465.	9,133,556.	9,135,	660.	8,294	1,492.	. 7	949	318.
е	Other expenditures for facilities		100							
	and programs	29,310,035.	27,960,493.	27,138,	149.	26,339	602.	25	719	295.
f	Administrative expenses	6,435,075.	7,064,554,	6,995.	563.	6,778	3,482.	6	393	849.
g	End of year balance	894,233,503.	837,308,012.	739,622,	548.	784,690	360.	794	308	177.
2	Provide the estimated percentage of the curr	rent year end balanc	e (line 1g, column (a	i)) held as:						
a	Board designated or quasi-endowment	33.78	_%							
b	Permanent endowment 26.95	%					-			
C	Temporarily restricted endowment	39,27 %								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
За	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	nd administere	d for th	e organizat	ion			
	by:	X*							Yes	No
	(i) unrelated organizations		-					3a(i)	х	l N
	(ii) related organizations							3a(ii)		х
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on Schedule R?		E-			3b		
4	Describe in Part XIII the intended uses of the									27
Pai	t VI Land, Buildings, and Equipm	ent.								
50	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	See Form 990, I	Part X, I	ine 10.				
	Description of property	(a) Cost or o	ther (b) Cost	or other	(c) Ac	cumulated reciation		(d) Bool	k valu	е
1a	Land	<u> </u>	· · · · · · · · · · · · · · · · · · ·	628,468.	222-12	- No.	21	А	628	468.
b	Buildings			348.867.	1/	02,671,79	1	10	74	076.
	Leasehold improvements		304	,340,007,	10	· · · · · · · · · · · · · · · · · · ·		LUL	011	010.
	Equipment		0.0	.024.756.		77 207 5	22	10	727	224
	Other			915 679		77,297,52				234.
	. Add lines 1a through 1e. (Column (d) must e						_	76 50150		679.
TULd	. Add intes ta tittough te. [Column ju] must e	quai roini 990, Part	A, COIGITH (B), IIIIe 1	06./				260	948	457.

Schedule D (Form 990) 2017

Schedule D (Form 990) 2017 CARLETON COLLEGE	· · · · · · · · · · · · · · · · · · ·		41-0694747	Page 3
Part VII Investments - Other Securities.			1760 n	
Complete if the organization answered "Yes" of (a) Description of security or category (including name of security)	(b) Book value		t X, line 12. ation: Cost or end-of-year market	t value
mi	(b) Book value	(c) Wethod of Value	ation. Cost of charactycal market	Value
(1) Financial derivatives (2) Closely-held equity interests				
(3) Other				
(A) PRIVATE EQUITY	139 988 764	END-OF-YEAR MAI	WEW WATTE	
(B) HEDGE FUNDS	246,682,720	END-OF-YEAR MAI		
(C) REAL ASSETS	124 664 414.	END-OF-YEAR MAI		
(D) PLANNED GIFT AGREEMENTS AND OTHER	60,239,439.	END-OF-YEAR MAI		
(E)	00,200,200,			
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	571 575 337.			2. 0 July
Part VIII Investments - Program Related.		2.		
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	1c. See Form 990, Par	t X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valua	ation: Cost or end-of-year market	t value
(1)				
(2)				
(3)				
(4)			2018	
(5)				
(6)				
(7)				
(8)		***************************************		
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		15 (5 W)		1
Part IX Other Assets.		# 249 Co. Com 2	(i)	
Complete if the organization answered "Yes" o		1d. See Form 990, Par		
(a) D	escription	1400 - 14	(b) Book	value
(2)				
(3)	***************************************			
(4)				
(5)				
(6)	100000000000000000000000000000000000000			
(8)				
(9)	461			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	15.)			
Complete if the organization answered "Yes" o	n Form 990. Part IV-line 1:	1 a or 11f Saa Form O	20 Part V line 25	
(a) Description of liability) Book value	50, Fait A, IIII e 25.	
(1) Federal income taxes		y Book value		974
(2) ANNUITIES PAYABLE		21 054 577		527
(3) ASSET RETIREMENT OBLIGATION	- N = 1050	21,054,577. 2,155,667.		17.30
CAMP A COMPANY OF THE PROPERTY		200.702.		
(4) FAIR VALUE OF INTEREST RATE SWAP (5)		200, 102.	V. May Fr. A.	
(6)		-		
(7)				
(8)			gill the experience	
			- CW	- 14 37

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 23,410,946.

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 x

Schedule D (Form 990) 2017 CARLETON COLLEGE	41-0694747	Page 5
Part XIII Supplemental Information (continued)		
OF THE COLLEGE.		
E TOTAL STATE OF THE STATE OF T		
PART X, LINE 2:		
THE COLLEGE QUALIFIES AS A TAX-EXEMPT NONPROFIT ORGANIZATION UNDER SECTION		
501(C)(3) OF THE INTERNAL REVENUE CODE AND SIMILAR STATUTES OF MINNESOTA		
LAW, THE COLLEGE IS SUBJECT TO FEDERAL INCOME TAX ONLY ON NET UNRELATED		3
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 OBLIGATION FOR		
UNRELATED BUSINESS INCOME TAX, NO PROVISIONS FOR FEDERAL OR STATE INCOME	15	<u></u>
		100
PART XI, LINE 2D - OTHER ADJUSTMENTS:		
UNREALIZED GAIN ON INTEREST RATE SWAP 282,095.		
NET CHANGE IN ANNUITY & LIFE INCOME FUNDS -1,343,845.		
RENTAL EXPENSES 758,782.		
TOTAL TO SCHEDULE D, PART XI, LINE 2D -302,968.		*
	A411-201-201-201-201-201-201-201-201-201-2	
PART XI, LINE 4B - OTHER ADJUSTMENTS:	- to restablish specific	
GRANTS TO STUDENTS 41,704,240,		
PART XII, LINE 2D - OTHER ADJUSTMENTS:		
RENTAL EXPENSES 758,782,		
NAME DATE DATE DATE DATE DATE DATE DATE DAT	·	
DARW WAT A THUR ARE CONVERNED AN EXCHANGING		
PART XII, LINE 4B - OTHER ADJUSTMENTS:		
GRANTS TO STUDENTS 41,704,240.		

SCHEDULE E

Department of the Treasury

Internal Revenue Service

Part I

(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.

90-EZ, Part VI, line 48.

► Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

CARLETON COLLEGE

Employer identification number 41-0694747

4	Door the argenization have a recially paneline instance of invasors at what he statement is its about a believe		YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	١.,	gg-	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,	1	_X_	-
_	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?			
3		2	X	-
•	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the		25	
	period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes		30	
	the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain.	2.43	5.32	-
	If you need more space, use Part II	3	Х	-
	THE COLLEGE USES PAPER AND BROADCAST MEDIA IN SOLICITATION OF	1275	4 N	
	STUDENTS, WE PUBLICIZE OUR NONDISCRIMINATORY POLICY IN ALL			
	PRINTED BROCHURES, MAGAZINES, APPLICATION MATERIAL AND	14.7	-	1
	WEBSITE INFORMATION.			
		100	(V)	
ŀ	Does the organization maintain the following?			1
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	х	_
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	х	
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student			
	admissions, programs, and scholarships?	4c	x	1
			х	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d		и
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II.	4d	^	rei J
d		4d		79 C
d		4d	. Ž	70°C
d		4d	2 +	
d		4d		200
	If you answered "No" to any of the above, please explain. If you need more space, use Part II.	4d		200
j	If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to:			79
	If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges?	5a		
ab	If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies?	5a 5b		2
abc	If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff?	5a 5b 5c		2
a b	If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance?	5a 5b 5c 5d		2
a b c d e	If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies?	5a 5b 5c 5d 5d		,
a b c d e f	If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities?	5a 5b 5c 5d		2 2
a b c d e f g	If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs?	5a 5b 5c 5d 5d		3
a b c d e f g	If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities?	5a 5b 5c 5d 5e 5f		
a b c d e f g	If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs?	5a 5b 5c 5d 5e 5f 5g		
a b c d e f g	If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities?	5a 5b 5c 5d 5e 5f 5g		
a b c d e f g	If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities?	5a 5b 5c 5d 5e 5f 5g		
a b c d e f g	If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities?	5a 5b 5c 5d 5e 5f 5g		3 3
a b c d e f g	If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities?	5a 5b 5c 5d 5e 5f 5g		3 3
a b c d e f g h	If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	5a 5b 5c 5d 5e 5f 5g 5h		3 3
a b c d e f g h	If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	5a 5b 5c 5d 5e 5f 5g 5h	x	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
a b c d e f g h	If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? 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? Has the organization's right to such aid ever been revoked or suspended?	5a 5b 5c 5d 5e 5f 5g 5h		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
a b c d e f g h	If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	5a 5b 5c 5d 5e 5f 5g 5h		2 2 2 2 2 2 2 2 2

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

Schedule E (Form 990 or 990-EZ) 2017

Schedule E (Form 990 or 990-EZ) 2017 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:		
DITE V DIRECTION OF COVERENCE LIBERTY		
CARLETON COLLEGE PARTICIPATES IN THE FEDERAL STUDENT FINANCIAL AID PROGRAM		
CARDETON COUNTED FARTICIPALES IN THE PEDERAL STODENT PINANCIAL 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		
Ta Pr		
ADDITION, CARLETON STUDENTS RECEIVE FUNDING FROM THE MINNESOTA STATE	72.11.3.11.310	
GRANT, WORK-STUDY AND SELF LOAN PROGRAMS ADMINISTERED THROUGH THE		g 8 o
MINNESOTA OFFICE OF HIGHER EDUCATION.		
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	(11)11111111111111111111111111111111111	
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IN CONTRACTOR OF THE CONTRACTO		
		111000

(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.

OMB No. 1545-0047

Department of the Treasury

Open to Public

Internal Revenue Service	■ GO to t	www.irs.gov/F	or instructions and the lates	t information.	1 -30	nspection
Name of the organization					Employer identif	fication number
CARLETON COLLEGE					41-0694747	
	rmation on A	ctivities Ou	tside the United States. Compl	ete if the organ	ization answered "	Yes" on
Form 990, Part IV						
		maintain recor	ds to substantiate the amount of its gr	ants and other	assistance,	-
the grantees' eligibility for	or the grants or a	assistance, and	the selection criteria used to award the	e grants or assi	stance?	Yes No
2 For grantmakers. Desc United States.	ribe in Part V the	organization's	procedures for monitoring the use of it	s grants and ot	her assistance out	side the
	he following Part	I line 3 table c	an be duplicated if additional space is	needed \		
(a) Region	(b) Number of	(c) Number of		T	vity listed in (d)	(f) Total
9 B	offices in the region	employees, agents, and independent contractors in the region	(by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a prog describe	gram service, specific type (s) in the region	expenditures for and investments in the region
2			ia - + j+			
CENTRAL AMERICA &						
CARIBBEAN	0	. 0	INVESTMENTS	N/A		216,110,368.
100			į.			1
	5			OCS - IRISH	LITERATURE	1 -
EUROPE	o	0	PROGRAM SERVICES		IN IRELAND	234,655.
	12					
				DCS - ART N	OW: GLOBAL	
EUROPE	0	0	PROGRAM SERVICES	CONTEMPORAR	Y ART	225,500.
					* /	
				ogg gppws	N C DIMODULA	
EUROPE	0	0	PROGRAM SERVICES	STUDIES IN	N & EUROPEAN	259,114.
BOROLB			FROGRAM SERVICES	BIODIES IN	DERUIN	233,114.
			3	OCS - SPANI	SH STUDIES IN	
EUROPE	0	0	PROGRAM SERVICES	MADRID		201,188,
	-					
£*						
			S	OCS - GEOLO	GY IN NEW	
EUROPE	0	0	PROGRAM SERVICES	ZEALAND	411	363,809.
				naa anone	1170	
			11	OCS - SPORT	ON IN LONDON	
EUROPE	٥	0	PROGRAM SERVICES	& SEVILLE	ON IN LONDON	364,916.
DOMOLD			ROGICAL BERVICES	OCS - ARCHI	TECTURE	304,910.
					D EMPIRE IN	
•			-	li)	TAIN, ITALY,	
EUROPE	0	0	PROGRAM SERVICES	SPAIN		380,275.
3 a Sub-total	0	0			. 7 %	218,139,825.
b Total from continuation				to the		CH CARROLL CARROLL
sheets to Part I	0	0				1,790,308,
c Totals (add lines 3a		^		170.00	3.1	210 020 122

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

Schedule F (Form 990) 2017

	D AT AATIMITE	e nor Dogie	D (Cabadula E (Farm 200), Dart I Pro-	2)	
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in	(Schedule F (Form 990), Part I, line (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to	(e) If activity listed in (d) is a program service, describe specific type	(f) Total expenditures for region
X		region	recipients located in the region)	of service(s) in region	
=				E.	
1	-		767 T		
DUDODE		0	PROGRAM GRAVITORG	OCS - ENGLISH THEATER AND LITERATURE IN LONDON	222 222
EUROPE	1	0	PROGRAM SERVICES	AND LITERATURE IN LONDON	223,229
	5		, ii	OCS - FRENCH STUDIES IN	CONTROL SERVICE
EUROPE	0	0	PROGRAM SERVICES	PARIS	257,534
	100		- × · ·	OCS - JAPANESE	
EAST ASIA & THE				LINGUISTICS AND CULTURE	্ব
PACIFIC	0	0	PROGRAM SERVICES	IN KYOTO, JAPAN	218,337
			W		
)	<u>.</u>		
		2		OCS - RUSSIAN LANGUAGE	44
EUROPE	0	0	PROGRAM SERVICES	AND CULTURE IN MOSCOW	117,433
2				OCS - EASTERN & CENTRAL	
				EUROPE: CULTURAL AND	
EUROPE	0	0	PROGRAM SERVICES	POLITICAL PERSPECTIVE	197,941
	*				
				DOG ADMG TAYD GIVE MYDD	
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	OCS - ARTS AND CULTURE IN WEST AFRICA	103,565
OD CAIRIUM APRICA		y	ROGREM BERVICES	IN WEST AFRICA	105,505
4					
	-			OCS - BUDDHIST STUDIES	
SOUTH ASIA	0	0	PROGRAM SERVICES	IN BODH GAYA	420,070
				OGG COMPARAMITYE	
				OCS - COMPARATIVE WOMEN'S & GENDER STUDIES	
EUROPE	0	0	PROGRAM SERVICES	IN EUROPE	252,199
I#					
0 &			ř.		
		4-4			
					}
			The " P " Comp things.	ST 20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

Totals

Page 2

CARLETON COLLEGE

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. Schedule F (Form 990) 2017
Part II Grants and Other

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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
					2)		12	19 4)
		2	N	K A	ii .			
		*						
			QT.					
		n'	JN					
		3			10			
								8
2 Enter total number of recipient organizations listed a by the IRS, or for which the grantee or counsel has a Enter total number of other organizations or entities.	recipient organization the grantee or cou	ns listed above that are r nsel has provided a sect	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter.	foreign country,	recognized as tax-ex	empt		
1							Sched	Schedule F (Form 990) 2017

Page 3

41-0694747

CARLETON COLLEGE

Schedule F (Form 990) 2017

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

Part III can be duplicated if additional space is needed.

(a) Type of orant or assistance	(F) Bosion	(c) Number of	(d) Amount of	(e) Manner of	(f) Amount of	(g) Description of	(h) Method of
		recipients	cash grant	cash disbursement	noncash assistance	noncash assistance	valuation (book, FMV, appraisal, other)
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						Schedu	Schedule F (Form 990) 2017

Part	IV Foreign Forms	41-06947	47	Page 4
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)	G	✓ Yes	□ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)		Yes	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)		Yes	x 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)	G	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	χ.		

Foreign Partnerships (see Instructions for Form 8865)

Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see

Instructions for Form 5713; don't file with Form 990)

Schedule F (Form 990) 2017

Yes x No

Schedule F (Form 990) 2017 CARLETON COLLEGE	41-0694747 Pa
Part V Supplemental Information	
	funds); Part I, line 3, column (f) (accounting method; amounts of
	iting method); Part III (accounting method); and Part III, column (c)
(estimated number of recipients), as applicable. Also complete	this part to provide any additional information. See instructions.
PART I, LINE 3:	
	5.1
THE COLLEGE USES THE ACCRUAL METHOD OF ACCOUNTING TO REPO	ORT EXPENDITURES
ON PART I.	
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SCHEDULE I (Form 990) Name of the organization

Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States

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► Attach to Form 990.

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Public fion				
20-15 Open to I	 Inspection	Open to Public	2017	OMB No. 1545-0047

Employer identification number

20. 2 SENTER/INTEGRATE: SEE SENTER/INTEGRATE: SEE SENTER/INTEGRATE: SEE SENTER/INTEGRATE: SEE CENTER/INTEGRATE: SEE (h) Purpose of grant COMMUNITY ENGAGEMENT 11-0694747 NSF SUBAWARD - STEP ISF SUBAWARD - STEP NSF SUBAWARD - STEP NSF SUBAWARD - STEP or assistance × Yes NSF SUBAWARD -Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any PART IV PART IV ART IV ART IV PART IV Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance S (f) Method of valuation (book, FMV, appraisal, other) N/A N/A N/A N/A (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ecipient that received more than \$5,000. Part II can be duplicated if additional space is needed 522 27,363 69 254 (d) Amount of 78,000 277 87,746 cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) GOVT ENTITY 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 56-6000758 501(C)(3) Enter total number of other organizations listed in the line 1 table 41-6005424 91-6000618 57-0314374 52-1700932 13-5598093 General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? CARLETON COLLEGE THE ENVIRONMENT - 1101 17TH ST. NW 1 (a) Name and address of organization NATIONAL COUNCIL FOR SCIENCE AND NORTH CAROLINA STATE UNIVERSITY - WASHINGTON, DC 20036 CENTRAL WASHINGTON UNIVERSITY or government 801 WASHINGTON STREET ELLENSBURG, WA 98926 ORANGEBURG, SC 29115 NORTHFIELD, MN 55057 COLUMBIA UNIVERSITY 400 MAGNOLIA STREET CITY OF NORTHFIELD 400 UNIVERSITY WAY NEW YORK, NY 10027 CLAFIN UNIVERSITY RALEIGH, NC 27695 2701 SULLIVAN DR. 2960 BROADWAY 250 Part I Part II

Schedule I (Form 990) (2017)

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

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Schedule (Form 990) CARLETON COLLEGE Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule (Form 990), Part II.)	Assistance to Go	vernments and Organ	nizations in the Ur	nited States (Sche	dule I (Form 990), Pa		41-0694747 Page 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	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PASADENA CITY COLLEGE 1570 E. COLORADO BLVD. PASADENA, CA 91106	95-2505000	501(C)(3)	13,687.	0	N/A	N/A	NSF SUBAWARD - STEP CENTER/INTEGRATE: SEE PART IV
PENN STATE UNIVERSITY 201 OLD MAIN UNIVERSITY PARK, PA 16802	24-6000376	501(c)(3)	82,912,	0	N/A	N/A	NSF SUBAWARD - STEP CENTER/INTEGRATE: SEE PART IV
SAVANNAH STATE UNIVERSITY PO BOX 20419 SAVANNAH, GA 31404	58-6002069	501(c)(3)	37,529,	0	N/A	N/A	NSF SUBAWARD - STEP CENTER/INTEGRATE: SEE PART IV
SHIPPENSBURG UNIVERSITY OF PA 1871 OLD MAIN DR SHIPPENSBURG, PA 17257	23-2500361	501(C)(3)	18,462,	0	N/A	4/n	NSF SUBAWARD - STEP CENTER/INTEGRATE: SEE PART IV
THE CSU, CHICO RESEARCH FOUNDATION CSU, CHICO - BUILDING 25MST CHICO, CA 95929	68-0386518	501(C)(3)	15,012,	0	N/A	N/A	NSF SUBAWARD - STEP CENTER/INTEGRATE: SEE PART IV
THE INCORPORATED RESEARCH INSTITUTIONS FOR SEISMOLOGY (IRIS) CONSORTIUM - 1200 NEW YORK AVENUE NW, SUITE 400 - WASHINGTON, DC	52-1362650	501(C)(3)	8,312,	0	N/A	N/A	NSF SUBAWARD - STEP CENTER/INTEGRATE: SEE PART IV
THE UNIVERSITY OF TEXAS 500 W UNIVERSITY WAY EL PASO, TX 79968	74-6000813	501(C)(3)	11,359,	\	N/A	N/A	NSF SUBAWARD - STEP CENTER/INTEGRATE: SEE PART IV
UNIVERSITY OF NEBRASKA 151 WHITTIER RESEARCH CTR, 220 VIN LINCOLN, NE 68583	47-0049123	501(C)(3)	13,836,	0	N/A	N/A	NSF SUBAWARD - STEP CENTER/INTEGRATE: SEE PART IV
UNIVERSITY OF WASHINGTON PO BOX 50096 SEATTLE, WA 98145	91-6001537	501(C)(3)	41,225,	0	N/A	N/A	NSF SUBAWARD - STEP CENTER/INTEGRATE: SEE PART IV Schoolidel/Form GOO)
							Scriedale i (Form 990)

Schedule I (Form 990)	CARLETON COLLEGE	41-0694747	Page 1
Part II Continuation o	Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	(iii t	

Taking Continuorion of Arian Care Assistance to Covernments and Organizations in the Onlied States (Scriedule (Point 390), Part II.)	אסופומונע ני פי		mzauolis III die Ol	med States (South	מחוום ו (רטוווו פפען: רמ	(H)	
(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	(f) Method of valuation	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
=			ê	200000000000000000000000000000000000000	appraisal, other)		
WILLIAMS COLLEGE 880 MAIN STREET, HOPKINS HALL					5 - 1 1	<i>Y</i> :	NSF SUBAWARD - STEP CENTER/INTEGRATE: SEE
יייי מיבטן אייי מיבטן	/ 5050TZ-50	20110131	#06 / T	/	N/A	N/A	PART IV
AMERICAN GEOPHYSICAL UNION	Ų.				Ŷ.	39.	NSF SUBAWARD - ENGAGING
ZUOU FLOKIDA AVENUE NW WASHINGTON, DC 20009	52-0955532	501(C)(3)	4 812	0	N/A	W/W	LOCAL COMMUNITIES IN GEOSCIENCE PATHWAYS
				24	10 TO		NSF SUBAWARD - ENGAGING LOCAL COMMUNITIES IN
NW, SUITE 400 - WASHINGTON, DC	52-1362650	501(C)(3)	9 449	0.0	N/A	N/A	GEOSCIENCE PATHWAYS
UNAVCO INC. 6350 NAUTILUS DRIVE BOULDER, CO 80301	84-1588357	501(C)(3)	4 824	0	N/A	N/A	NSF SUBAWARD - ENGAGING LOCAL COMMUNITIES IN GEOSCIENCE PATHWAYS
UNIVERSITY OF CALIFORNIA-BERKELEY 2195 HEAREST AVENUE BERKELEY, CA 94720	94-6002123	501(C)(3)	7,027.	0	N/A	N/A	NSF SUBAWARD - ENGAGING LOCAL COMMUNITIES IN GEOSCIENCE PATHWAYS
					(K	8	
						×	
						10	Schedule I (Form 990)

(f) Description of noncash assistance N/A (e) Method of valuation (book, FMV, appraisal, other) Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. 0.N/A (d) Amount of non-cash assistance 41 704 240 (c) Amount of cash grant MAINTAINED ACCORDING TO STANDARDS PRESCRIBED BY THE COLLEGE, ANNUAL RENEWAL COLLEGE ACCOUNT AND APPLIED TO TUITION, FEES, ROOM AND BOARD, ALL FINANCIAL NARRATIVE AND FINANCIAL SUMMARY THAT IS REVIEWED BY THE PROGRAM DIRECTOR SCHOLARSHIPS AND GRANTS FOR STUDENTS ARE APPLIED DIRECTLY TO A STUDENT'S GRANTS TO ORGANIZATIONS REQUIRE QUARTERLY PROGRAM REPORTING INCLUDING A CONTRIBUTION AND/OR CREDIT LOAD, SATISFACTORY ACADEMIC PROGRESS MUST BE AID IS SUBJECT TO REVISION BASED ON AVAILABILITY, CHANGES IN FAMILY 1809 (b) Number of recipients (a) Type of grant or assistance STUDENT SCHOLARSHIPS PART I, LINE 2: Part IV Part III

Schedule I (Form 990) (2017)

47

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Page 2

41-0694747

CARLETON COLLEGE

Schedule I (Form 990) (2017)

Schedule I (Form 990) CARLETON COLLEGE Part IV Supplemental Information	41-0694747	Page 2
Part IV Supplemental Information		
OF FINANCIAL AID IS CONTINUOUS IF INSTITUTIONAL FINANCIAL NEED REMAINS, ALL		57
REQUIRED DOCUMENTS ARE COMPLETED BY THE PUBLISHED DEADLINE AND SATISFACTORY		
ACADEMIC PROGRESS IS MAINTAINED CONSISTENT WITH THE COLLEGE'S POLICY.		
Total Control to International Control of the Control of Control o		171-11
SCHEDULE I, PART II, COLUMN (H):		
SCHEDULE I, PART II, COLUMN (n):		
NATIONAL COMPANY OF THE COMPANY OF T		
NSF SUBAWARD - STEP CENTER/INTEGRATE: INTERDISCIPLINARY TEACHING OF		
GEOSCIENCE FOR A SUSTAINABLE FUTURE		
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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.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

CARLETON COLLEGE

Department of the Treasury

Internal Revenue Service

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,		p. =	
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.	v		
	First-class or charter travel The Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			(*)
	Tax indemnification and gross-up payments x Health or social club dues or initiation fees	537	121	2.5
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)	63	18	0
		E -		5.1
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or	E. C		
	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,	13	11 8	557
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	x	
		lea-		
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		2:-	100
	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		- 3	21
		150	. S.	250
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing	100		3. 3
	organization or a related organization:	(1-04)	- 40	F357
а	Receive a severance payment or change-of-control payment?	4a		x
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.	7		30.7
	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	V 30	4-2	36
9	contingent on the revenues of:	. 5	1.5	V 80
а	The organization?	5a	10000	x
	Any related organization?	5b		x
D	If "Yes" on line 5a or 5b, describe in Part III.	-	15	•
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			SECT W
U	contingent on the net earnings of:	1		701
_		6a	=	х
	The organization? Any related organization?	6b		x
D	Any related organization? If "Yes" on line 6a or 6b, describe in Part III.	- Oi	1 2	
7		58 3		
7		7	-	
	not described on lines 5 and 6? If "Yes," describe in Part III		130	X
8	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	132	v
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	-	100	X
3	Regulations section 53.4958-6(c)?	9	Contract	C III III
	TIGUIIIIUUTII QUUUUTI OOTTOOG MUTI			1

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Schedule J (Form 990) 2017

CARLETON COLLEGE

Schedule J (Form 990) 2017

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

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

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

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(G)-(i)(g)	in column (B) reported as deferred on prior Form 990
(1) STEVEN G. POSKANZER	Ξ	449,320,	0	39,315,	27,000.	91,699,	607,334.	0
PRESIDENT	⊞	0.	0.	0	0	0	0	0
(2) THOMAS BONNER	ε	318,833,	.0	6,770,	27,000.	26,761.	379,364.	0
VP FOR EXTERNAL RELATIONS	₿	.0	0	0	0.	0		0.
(3) FREDERICK A. ROGERS	Ξ	296,267,	0	35,377,	27,000.	17,925.	376,569.	0
	(II)	0.	0.		.0			0
(4) BEVERLY NAGEL	€	294,067,	0	4.466,	27,000.	11,220.	336,753,	.0
DEAN OF THE COLLEGE	Œ	0	0	E 1	0			0.
(5) PAUL THIBOUTOT	Ξ	202,054,	.0	1,722,	20,601.	16,701,	241,078.	0.
VP AND DEAN OF ADMISSIONS	⊞	0	0.	0	0	0	0.	0.
(6) CAROLYN H LIVINGSTON	Ξ	183,765.	0.	240,	19,731.	32,099,	235,835,	0.
VP FOR STUDENT DEVELOPMENT	(1)	.0	.0	0	0.	0,	0.	0.
(7) JULIE J NEIWORTH	Θ	148,380,	0	33,272,	15,047.	32,957,	229,656.	0.
PROFESSOR OF NATURAL SCIENCE	▣	0.	0	0	0.	0	.0	0.
(8) STEVEN K SPEHN	ε	177,718,	0	1,032,	18,525.	22,180,	219,455,	0.
DIRECTOR OF FACILITIES/CAPITAL PLAN	⊞	.0	0	0	0	0,	0.	0.
(9) JOE HARGIS II	ε	169,136,	0	1,584,	17,708.	27,303,	215,731,	.0
ASSOCIATE VP FOR EXTERNAL RELATIONS	₿	.0	0	0	0	0	0	0
(10) DEBORAH APPLEMAN	ε	162,845.	.0	20,448	16,480.	7,851,	207,624,	.0
PROFESSOR OF EDUCATIONAL STUDIES	8	0.	0	0	0	0	0	.0
(11) MARK MCKONE	Ξ	156,885,	.0	18,692,	15,817.	7,141,	198,535,	.0
PROFESSOR OF BIOLOGY		.0	0	0	0	0,	0	.0
	Ξ							
	(ii)				:#:			
	Ξ							
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Schedule J (Form 990) 2017

SCHEDULEK (Form 990)

Supplemental Information on Tax-Exempt Bonds

OMB No. 1545-0047 2017 Open to Public Inspection

å (g) Defeased (h) On behalf (i) Pooled financing Employer identification number × S å ŝ ۵ of issuer × Yes 41-0694747 Yes Yes ŝ Yes × å S (f) Description of purpose O Yes Yes Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI. 45 913 688 139,670,300 70,000,000 756,612 31 460 000 SEE PART VI 124 900 000 SEE PART VI 17,555,300 Attach to Form 990.
 Go to www.irs.gov/Form990 for instructions and the latest information. 운 S m $\mathbf{\omega}$ Yes × × (e) Issue price 28, 123, 498 336,501 3,000,000 22,225,000 31,460,000 ž 읟 2008 (d) Date issued Yes 04/13/05 Yes 05/24/17 × × (c) CUSIP# 60416HENO 60416H3W2 Does the organization maintain adequate books and records to support the final allocation of proceeds? Are there any lease arrangements that may result in private business use of Was the organization a partner in a partnership, or a member of an LLC, (b) Issuer EIN Were the bonds issued as part of an advance refunding issue? Were the bonds issued as part of a current refunding issue? 11-0988525 41-0988525 which owned property financed by tax-exempt bonds? Has the final allocation of proceeds been made? CARLETON COLLEGE Working capital expenditures from proceeds MN HIGHER EDUCATION FACILITIES MN HIGHER EDUCATION FACILITIES Credit enhancement from proceeds Capital expenditures from proceeds Capitalized interest from proceeds Amount of bonds legally defeased Gross proceeds in reserve funds Proceeds in refunding escrows Year of substantial completion Issuance costs from proceeds (a) Issuer name Part III Private Business Use B AUTHORITY SERIES 2017 Other unspent proceeds Amount of bonds retired Total proceeds of issue A AUTHORITY SERIES 6D Other spent proceeds Name of the organization Bond Issues Proceeds Department of the Treasury Internal Revenue Service Part II Part 6 N က 4 2 9 ω 유 12 5 4 15 O ۵ = 9 Q

732121 10-18-17 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 52

bond-financed property?

Schedule K (Form 990) 2017

 3a Are there any management or service contracts that may result in private business use of bond-financed property? 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? 								
Are there any management or service contracts that may result in private business use of bond-financed property? If "Yes" to line 3a, does the organization routinely engage bond counsel or counsel to review any management or service contracts relating to the finar		4		В	S	0	۵	=
business use of bond-financed property? If "Yes" to line 3a, does the organization routinely engage bond counsel or counsel to review any management or service contracts relating to the finar	Yes	N _o	Yes	No	Yes	N _o	Yes	No
If "Yes" to line 3a, does the organization routinely engage bond counsel or counsel to review any management or service contracts relating to the finar	×		×					
counsel to review any management or service contracts relating to the financed property?								
	×		×					
 Are there any research agreements that may result in private business use of bond-financed property? 		×		×				
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 %		% 00.		%	P.	
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		%		
6 Total of lines 4 and 5						%		
7 Does the bond issue meet the private security or payment test?		×	×					
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?		×		×				
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed								
of		%		%		%	W.	
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?		Ģ						
1 7%								
bonds of the issue are remediated in accordance with the requirements under								
Regulations sections 1.141-12 and 1.145-2?	×			×		70		
Part IV Arbitrage								
		A		В	J	O	Ω	
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	o _N	Yes	No	Yes	o _N	Yes	No
Penalty in Lieu of Arbitrage Rebate?		X		X			29	
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		×		×				
b Exception to rebate?	×		×				-	
c No rebate due?		×	×					
If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
performed								
3 Is the bond issue a variable rate issue?	×			×				
4a Has the organization or the governmental issuer entered into a qualified					10			
hedge with respect to the bond issue?	X			×				
b Name of provider	MORGAN STA	STANLEY CAPI						
c Term of hedge		7.0000000						
d Was the hedge superintegrated?		x						
e Was the hedge terminated?		٨						

Schedule K (Form 990) 2017 CARLETON COLLEGE			41-06	41-0694747			4	Page 3
Part IV Arbitrage (Continued)								
	4	151		B		O	۵	
	Yes	No	Yes	2	Yes	S _O	Yes	No No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		×		×				
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?		×		×				
7 Has the organization established written procedures to monitor the requirements of		<u></u>						
section 148?	X		×					Y
Part V Procedures To Undertake Corrective Action					*			
	۷			8)	0	۵	
	Yes	No	Yes	No	Yes	°N	Yes	No
Has the organization established written procedures to ensure that violations of								
federal tax requirements are timely identified and corrected through the voluntary								
closing agreement program if self-remediation isn't available under applicable								
regulations?	×		×					
Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions	on Schedule	K. See instr	uctions					
SCHEDULE K, PART I, BOND ISSUES, COLUMN (F)								
(A) DESCRIPTION OF PURPOSE: RETIRE SERIES 3L1 AND SERIES 4N, NEW								
STUDENT HOUSING				- 1				
		12						
(B) DESCRIPTION OF PURPOSE: WEITZ CENTER MUSIC ADDITION, SCIENCE				(0)				
COMPLEX CONSTRUCTION, UTILITY INFRASTRUCTURE IMPROVEMENTS & ADDITIONS								
					(6)			e e
		ľ	2)					
				100				
732123 10-18-17						Sch	Schedule K (Form 990) 2017	m 990) 2017

SCHEDULE M (Form 990)

Noncash Contributions

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

OMB No. 1545-0047

Open To Public

Department of the Treasury Internal Revenue Service Attach to Form 990.
 Go to www.irs.gov/Form990 for the latest information.

Open To Public Inspection

Employer identification number Name of the organization 41-0694747 Part I Types of Property (b) (d) (a) (c) Noncash contribution Number of Check if Method of determining contributions or amounts reported on noncash contribution amounts applicable tems contributed Form 990, Part VIII, line 1g Art - Works of art 422 950 APPRAISAL Art - Historical treasures 2 Art - Fractional interests _____ 3 Books and publications 4 Clothing and household goods 5 Cars and other vehicles 6 Boats and planes _____ 7 Intellectual property 8 9 Securities - Publicly traded 405 13,085,466,FMV X Securities - Closely held stock 10 Securities - Partnership, LLC, or 11 trust interests 12 Securities - Miscellaneous Qualified conservation contribution -13 Historic structures Qualified conservation contribution - Other... 14 Real estate - Residential 15 Real estate - Commercial 16 Real estate - Other 17 18 Collectibles Food inventory 19 20 Drugs and medical supplies Taxidermy 21 Historical artifacts 22 Scientific specimens 23 Archeological artifacts 24 25 Other 26 Other 27 Other Other > 28 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? b If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash

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

Schedule M (Form 990) 2017

32a

b If "Yes," describe in Part II.

contributions?

If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

Schedule	A (Form 990) 2017 CARLETON COLLEGE	41-0694747 Page 2
Part II	Supplemental Information. Provide the information required by Part is reporting in Part I, column (b), the number of contributions, the number of this part for any additional information.	I, lines 30b, 32b, and 33, and whether the organization items received, or a combination of both. Also complete
SCHEDULE	M, PART I, COLUMN (B):	
THE COLL	EGE REPORTS THE NUMBER OF CONTRIBUTORS ON PART I, COLUMN (B	()
SCHEDULE	M, LINE 32B:	
THE COLL	EGE WILL RETAIN AN ATTORNEY FOR NON CASH REAL ESTATE GIFTS	AND
A BROKER	FOR PUBLICLY TRADED SECURITIES, AS NEEDED,	
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SCHEDULE O

(Form 990 or 990-EZ)

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

Inspection

Department of the Treasury Internal Revenue Service

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

Employer identification number Name of the organization 41-0694747 CARLETON COLLEGE 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 33 MAJORS IN THE ARTS HUMANITIES NATURAL SCIENCES/MATHEMATICS 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, SCHOLARSHIP AND IS DEDICATED TO A DIVERSE RESIDENTIAL COMMUNITY AND EXTENSIVE INTERNATIONAL ENGAGEMENTS. FORM 990 PART III LINE 4D OTHER PROGRAM SERVICES ACCADEMIC SUPPORT - PROGRAMS TO ENHANCE THE CARLETON LIBERAL ARTS EXPERIENCE WITH LIBRADY AND INFORMATION TECHNOLOGY RESOURCES (1,996 STUDENTS) REVENUE \$ 0. EXPENSES \$ 19.017.620. INCLUDING GRANTS OF \$ 0. RESEARCH - FACULTY AND STUDENT RESEARCH TO ENHANCE THE ACADEMIC INSTRUCTIONAL EXPERIENCE, EXPENSES \$ 4,199,716. INCLUDING GRANTS OF \$ 488 592. 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

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization	Employer identification number
CARLETON COLLEGE	41-0694747
EXPENSES \$ 1,321,753. INCL GRANTS OF \$ 1,750,296. REVENUE \$ 1,750,296.	
FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:	
The Country of the Co	
FRANCE, NEW ZEALAND, SPAIN, INDIA,	
ETHIOPIA	
FORM 990 PART VI. SECTION A. LINE 1:	
FORM 750, FART VI, SECTION A, HINE I:	
THE COLLEGE'S EXECUTIVE COMMITTEE INCLUDES THE CHAIR OF EACH BOARD	
COMMITTEE AND THE PRESIDENT, BETWEEN MEETINGS OF THE BOARD OF TRUSTEES, THE	* ±
EXECUTIVE COMMITTEE SHALL HAVE GENERAL SUPERVISION OF THE ADMINISTRATION	
AND PROPERTY OF THE COLLEGE EXCEPT THAT UNLESS SPECIFICALLY EMPOWERED BY	
AND INCIDENT OF THE COMMENT MADE BREET THAT COMMENT DESCRIPTION DESCRIPTION DESCRIPTION DESCRIPTION DESCRIPTION DESCRIPTION DESCRIPTION DE LA COMMENTA DEL COMMENTA DE LA COMMENTA DEL COMMENTA DE LA COMMENTA DEL COMMENTA DE LA COMMENTA DE LA COMMENTA DE LA COMMENTA DEL COMMENTA DE LA COMMENTA DEL COMMENTA DE LA COMMENTA	
THE BOARD OF TRUSTEES TO DO SO, IT MAY NOT TAKE ANY ACTION INCONSISTENT	
WITH A PRIOR ACT OF THE BOARD OF TRUSTEES, ALTER BYLAWS, REMOVE OR APPOINT	
THE PRESIDENT OF THE COLLEGE, OR TAKE ANY ACTION WHICH HAS BEEN RESERVED	
FOR THE BOARD.	
FORM 990, PART VI, SECTION B, LINE 11B:	
MANAGEMENT PRESENTED THE FORM IN ITS ENTIRETY TO THE AUDIT COMMITTEE OF THE	
BOARD OF TRUSTEES FOR THEIR REVIEW PRIOR TO SUBMITTING IT TO THE IRS. THE	
FORM 990 IS ALSO INCLUDED ON THE BOARD OF TRUSTEES' WEBSITE AND PROVIDED	
WITH THE BOARD MATERIALS FOR ALL BOARD MEMBERS TO REFERENCE.	
Sign of the same o	
FORM 990 PART VI SECTION B LINE 12C:	
OFFICERS, TRUSTEES, AND KEY EMPLOYEES ARE REQUIRED TO ANNUALLY DISCLOSE	(a) (b)
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.	
MENNICACITANIC WITHIN DADBUTEC WITHIN DELICAL A CONSTITUTION OF THE PARTY OF THE PA	
	dule O (Form 990 or 990-EZ) (2017)
58	

Schedule O (Form 990 or 990 EZ) (2017)	Page 2
Name of the organization CARLETON COLLEGE	Employer identification number 41-0694747
CARLID ON COMPLEX	12 0050.127
UNDERTAKEN ONLY IF ALL OF THE FOLLOWING ARE OBSERVED: 1) THE CONFLICTING	
INTEREST IS FULLY DISCLOSED; 2) THE PERSON WITH THE CONFLICT OF INTEREST IS	551F-35
EXCLUDED FROM THE DISCUSSION AND APPROVAL OF SUCH TRANSACTIONS; 3) A	
COMPETITIVE BID FOR COMPARABLE VALUATION EXISTS; AND 4) THE AUDIT COMMITTEE	
OF THE BOARD OF TRUSTEES HAS DETERMINED THAT THE TRANSACTION IS IN THE BEST	AV.
INTEREST OF THE ORGANIZATION.	<u>a</u>
	¥.
INDIVIDUALS WITH AN IDENTIFIED CONFLICT OF INTEREST ARE RESTRICTED IN HOW	
THEY ARE ALLOWED TO PROCEED WITH THE TRANSACTION. THE INDIVIDUALS ARE	
ALLOWED TO PARTICIPATE IN THE DISCUSSION, BUT NOT ALLOWED TO VOTE ON THE	
TRANSACTION.	
	WC
=	
FORM 990, PART VI, SECTION B, LINE 15:	
THE PRESIDENT'S COMPENSATION IS DETERMINED ANNUALLY BY THE HUMAN RESOURCES	
SUBCOMMITTEE OF THE BOARD OF TRUSTEES, THE SUBCOMMITTEE USES A CONSULTING	<u>~</u>
FIRM TO CONDUCT AN INDEPENDENT REVIEW OF THE PRESIDENT'S COMPENSATION	_
PACKAGE, THE REVIEW COMPARES DATA FROM 25 OF THE COLLEGE'S PEER	- MANAGEMENT STATES
INSTITUTIONS, AS WELL AS UTILIZING VARIOUS SALARY SURVEYS. THE COLLEGE USES	, i
THE SAME CONSULTING FIRM TO REVIEW THE FOLLOWING POSITIONS: VICE PRESIDENT	
AND TREASURER, VICE PRESIDENT OF EXTERNAL RELATIONS, DEAN OF THE COLLEGE,	
VICE PRESIDENT AND DEAN OF ADMISSIONS, VICE PRESIDENT AND DEAN OF STUDENT,	
CHIEF OF STAFF AND DIRECTOR OF INVESTMENTS, THE PRESIDENT SUBMITS HIS	æ
SALARY RECOMMENDATIONS FOR THESE POSITIONS TO THE EXECUTIVE COMMITTEE FOR	3
APPROVAL, THIS PROCESS TAKES PLACE ANNUALLY; THE LAST REVIEW OF ALL	
EXECUTIVE POSITIONS LAST TOOK PLACE IN JUNE 2018.	
FORM 990 PART VI SECTION C. LINE 19:	
	THE STATE OF THE S
CARLETON'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL 732212 00-07-17 Sci	hedule O (Form 990 or 990-EZ) (2017)

Schedule O (Form 990 or 990-EZ) (2017)	VA	Page 2
Name of the organization		Employer identification number
CARLETON COLLEGE		41-0694747
STATEMENTS ARE AVAILABLE ON THE COLLEGE'S WEBSITE	AND ARE AVAILABLE UPON	
REQUEST.		E)
	g as	9
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:		- X
UNREALIZED GAIN ON INTEREST RATE SWAP	282,095.	
2 5 5		
NET CHANGE IN ANNUITY & LIFE INCOME FUNDS	-1,343,845.	
TOTAL TO FORM 990, PART XI, LINE 9	-1,061,750.	
* * * * * * * * * * * * * * * * * * * *		27
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1	THE STREET STREET	***************************************

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.

CARLETON COLLEGE

Department of the Treasury Internal Revenus Service
Name of the organization

orm 990.

2017 Open to Public Inspection

OMB No. 1545-0047

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

Employer identification number 41-0694747

(g) Section 512(b)(13) No controlled entity? Direct controlling Yes Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax exempt organizations during the tax year. entity CARLETON COLLEGE CARLETON COLLEGE Direct controlling entity End-of-year assets **e** status (if section LINE 12B, II Public charity 501(c)(3)) Total income Exempt Code ত্ত section 501(C)(3) 501(C)(3) ত্ত Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Legal domicile (state or Legal domicile (state or foreign country) foreign country) VISCONSIN MINNESOTA Primary activity Primary activity TRUST TRUST 230 FRONT ST N, LACROSSE, WI 41-6439914, PO BOX 64713, ST. PAUL, MN Name, address, and EIN (if applicable) PATRICIA V. DAMON SCHOLARSHIP FUND S, EUGENE BAILEY SCHOLARSHIP TRUST Name, address, and EIN of related organization of disregarded entity 68-6229419 Part II Part 55164 54601

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Schedule R (Form 990) 2017

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

Page 2

41-0694747

Schedule R (Form 990) 2017 CARLETON COLLEGE

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. Part III

Schedule R (Form 990) 204-General or Percentage Yes No 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. (i) Section 512(b)(13) controlled entity? 3 Code V-UBI Seneral or Pranaging or amount in box managing or 20 of Schedule K-1 (Form 1065) Yes No Percentage ownership Ξ Share of end-of-year assets \equiv <u>6</u> Disproportionate Yes No allocations? Ξ Share of total income £ Share of end-of-year assets Type of entity (C corp, S corp, or trust) Share of total income TRUST $\boldsymbol{\varepsilon}$ (d)
(Direct controlling | Predominant income (related, unrelated, excluded from tax under sections 512-514) CARLETON COLLEGE **©** Legal domicile (state or foreign country) 62 9 M (d)
Direct controlling entity CHARITABLE REMAINDER Primary activity (C)
Legal
domicile
(state or
foreign TRUSTS Primary activity <u>e</u> Name, address, and EIN of related organization CHARITABLE REMAINDER TRUSTS (70) Name, address, and EIN of related organization <u>a</u> 732162 09-11-17 Part IV

Schedule R (Form 990) 2017 CARLETON COLLEGE

Page 3

41-0694747

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

			N.		1	
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		a a	*	1	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ons with one or more r	elated organizations listed	in Parts II-IV?		_	
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		×
b Gift, grant, or capital contribution to related organization(s)				ŧ		,
Giff grant or capital contribution from related organization(s)			***************************************		T	,
	***************************************	***************************************		2	†	×
d Loans or loan guarantees to or for related organization(s)				P	1	×
e Loans or loan guarantees by related organization(s)				1 e		×
f Dividends from related organization(s)				#		×
a Sale of assets to related organization(s)				Ę		*
Purchase of assets from related organization(s)				, 1	T	,
	***************************************			:	Ť	4
I EXChange of assets with related organization(s)	***************************************	***************************************		=	1	X
j Lease of facilities, equipment, or other assets to related organization(s)		***************************************		į		×
		00		Νij	1	
k Lease of facilities, equipment, or other assets from related organization(s)	***************************************			¥	1	×
I Performance of services or membership or fundraising solicitations for related organization(s)	ganization(s)			=	T	×
m Performance of services or membership or fundraising solicitations by related organization(s)	janization(s)	***************************************		T _m		×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ation(s)			4		×
o Sharing of paid employees with related organization(s)				5		,
				2	İ	4
n Beimhi reament noid to related organization(s) for expenses				ţ	1	•
				4	t	4
q Reimbursement paid by related organization(s) for expenses		***************************************		4	T	X
					ŝ	
	***************************************	***************************************		+	T	×
s Other transfer of cash or property from related organization(s)		***************************************		1s	×	
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	who must complete t	his line, including covered	relationships and transaction thresholds.			1
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	peylo		
(1) CHARITABLE REMAINDER TRUSTS	Ø	2,914,493,	2,914,493.FMV AT DATE OF DEATH			Î
(2) S. BUGENE BAILEY SCHOLARSHIP TRUST	Ŋ	144,413.	PMV			
(3) PATRICIA V, DAMON SCHOLARSHIP FUND	S	102,000	PMV			ĺ
(4)						
		ï				
(8)						
732163 09-11-17	63		Schedule R (Form 990) 2017	Form	066	2017
	2					

Schedule R (Form 990) 2017 CARLETON COLLEGE

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.

(k) centage nership	Ť							
Perce owne								
(I) eneral or anaging earther?								
(h) (i) (j) (k) Uspropor- figure amount in box 20 managin of Percentage amount in box 20 managin ownership of Schedule K-1 partner ownership	×		1.1		o nation			
oge-			E		7. T			
Disproper tionate allocation								
(g) Share of end-of-year assets		O.		E.	3	. : 4		¥
(f) Share of total income	£1				18			
Are all Are al								
ne page 1		1					a	
Predominant income particular (related, unrelated, excluded from tax under—sections 512-514)			=		=		.e	
(c) Legal domicile (state or foreign country)							(*)	ti.
(b) Primary activity	3							
(a) Name, address, and EIN of entity								

Schedule R	R (Form 990) 2017 CARLETON COLLEGE		41-0694747	Page 5
Part VII	Supplemental Information.			
	Provide additional information for responses to questions on Schedule R. See ins	tructions.		
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