Form	990
Form	000

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047 2016

Inter	nal Rev	of the Treasury renue Service	 Do not enter social security numbers on this form a Information about Form 990 and its instructions is a 	at www.irs			Open to Public Inspection
AI	For th	ne 2016 calend	ar year, or tax year beginning JUL 1, 2016 and e	nding JI	JN 30, 2017		
B	Check I applicat	f C Name of	organization		D Employer ide	ntific	cation number
	Addr	ess CARLER	ON COLLEGE		6		
	Nam	e Doing bu	usiness as		41-	0694	1747
-	Initia			loom/suite	E Telephone nu		
F	Final		RTH COLLEGE STREET	loon Julio			2-4000
	lerm ated	and the second s	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	- 661	242,345,870.
Γ	Ame	nded			H(a) Is this a gro		
1	Iretur]Appl	las	IELD, MN 55057 nd address of principal officer:FREDERICK A, ROGERS		for subordir		
L	tion pend	ling			H(b) Are all subordin		
1		SAME AS	the second se	527			
10.00	1			321	and the second se		list. (see instructions)
		ite: NWW.CA		I. Veer	H(c) Group exem		
	art l	of organization:		IL Year	or formation, 1866		State of legal domicile: MN
	<u> </u>	Summary					
ee	1		e the organization's mission or most significant activities: TO PROVI	IDE AN E	XCEPTIONAL		
Activities & Governance			TE LIBERAL ARTS EDUCATION.	2 (2)		10	
ern	2		if the organization discontinued its operations or dispose			1	sets.
200	3		ing members of the governing body (Part VI, line 1a)			3	30
8	4		ependent voting members of the governing body (Part VI, line 1b) $_{\dots}$			4	29
es	5		of individuals employed in calendar year 2016 (Part V, line 2a)			5	2993
îvit	6	Total number of	of volunteers (estimate if necessary)			6	3149
Act			business revenue from Part VIII, column (C), line 12			7a	-414,253.
	b	Net unrelated	business taxable income from Form 990-T, line 34			7b	-474,619.
					Prior Year		Current Year
Φ	8	Contributions	and grants (Part VIII, line 1h)		40,592,1	57.	59,994,718,
nua	9	Program service	ce revenue (Part VIII, line 2g)		124,741,4	88.	131,225,363.
Revenue	10	Investment inc	ome (Part VIII, column (A), lines 3, 4, and 7d)		48,757,2	26.	35,648,695,
а.	11	Other revenue	(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-493,8	96.	-88,976.
	12	Total revenue	add lines 8 through 11 (must equal Part VIII, column (A), line 12)		213,596,9	75,	226,779,800,
	13	Grants and sin	nilar amounts paid (Part IX, column (A), lines 1-3)		37,717,3	42.	41,425,439,
	14	Benefits paid t	o or for members (Part IX, column (A), line 4)		2 2 	0.	0.
Ś	15		compensation, employee benefits (Part IX, column (A), lines 5-10)		79,058,0	41.	81,207,964.
Expenses	16a		ndraising fees (Part IX, column (A), line 11e)			0.	0.
be			ng expenses (Part IX, column (D), line 25) 10,344,1.				
ŵ	17		s (Part IX, column (A), lines 11a-11d, 11f-24e)		60,497,4	81.	63,419,782.
	10.000		s. Add lines 13-17 (must equal Part IX, column (A), line 25)		177,272,8		186,053,185,
	19		expenses. Subtract line 18 from line 12		36,324,1		40,726,615.
PSS SS					ginning of Current Y		End of Year
Net Assets or Fund Balances	20	Total assets (P	art X, line 16)		1,142,319,7		1,337,663,855.
Ass	21	Total liabilities			131,918,4		199,771,282.
Net	22		und balances. Subtract line 21 from line 20		1,010,401,2		1,137,892,573,
	art II	Signature			1,010,401,4		1,131,034,313.
			declare that I have examined this return, including accompanying schedules a	and statem	ents, and to the hest	of my	knowledge and belief it is
			Declaration of prepares (other than officer) is based on all information of whic				in a mongo and boild, it id
	00110	or, and complete.	and the property of the man officer his based on an information of white	in property	Theo any knowledge.		

Sign	Signature of officer	Date
Here	FREDERICK A. ROGERS, VP & TREASURER Type or print name and title	1
Paid	Print/Type preparer's name Preparer's signature Date	B Check PTIN
Preparer	Firm's name CLIFTONLARSONALLEN LLP	Firm's EIN 🕨 41-0746749
Use Only	Firm's address 220 SOUTH SIXTH STREET, SUITE 300 MINNEAPOLIS, MN 55402	Phone no.612-376-4500
May the I	RS discuss this return with the preparer shown above? (see instructions)	x Yes No
632001 11-1	11-16 LHA For Paperwork Reduction Act Notice, see the separate instructions.	Form 990 (2016)

632001 11-11-16 LHA For Paperwork Reduction Act Notice, see the separate instructions.

-	990 (2016) CARLETON COLLEGE	41-0694747	Page
2a	rt III Statement of Program Service Accomplishments		[<u></u>
-	Check if Schedule O contains a response or note to any line in this Part III		Lx
	Briefly describe the organization's mission:		
	SEE SCHEDULE O.		
	1		
	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.		
	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		Yes X N
	If "Yes," describe these changes on Schedule O.		
	Describe the organization's program service accomplishments for each of its three largest program services, as		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe	ers, the total ex	penses, and
_	revenue, if any, for each program service reported.		
a	(Code:) (Expanses \$100,334,909, including grants of \$40,335,881,) (Reven	le \$	103,630,553.
	INSTRUCTION: CARLETON COLLEGE EXISTS TO PROVIDE A HIGH QUALITY LIBERAL		
	ARTS EDUCATION FOR YOUNG WOMEN AND MEN, PREPARING THEM FOR LEADERSHIP		and the Alcourters
	IN THEIR COMMUNITIES, COUNTRIES AND THE WORLD (2,005 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 70% OF THE GRADUATING CLASS OF 2015 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 (1,802 STUDENTS),		
	ROOM AND BOARD PROGRAMS DESIGNED TO ENCOURAGE A SPIRIT OF COLLEGIALITY AND CONVERSATION BEYOND THE CLASSROOM AND LABORATORY (1,806 STUDENTS).		
0	(Code:) (Expenses \$16,692,532, including grants of \$78,000,) (Reven STUDENT SERVICES: PROGRAMS DESIGNED TO SUPPORT THE CARLETON COLLEGE STUDENT LIFE EXPERIENCE INCLUDING CO-CURRICULAR AND RECREATIONAL OPPORTUNITIES (1,998 STUDENTS).	ue \$	0,
ł	Other program services (Describe in Schedule O.) (Expenses \$ 23,011,525, including grants of \$ 1,011,558.) (Revenue \$	5,131,170	
-	Total program service expenses 157,661,250.	.,	Manuality
e			Form 990 (20

	1990 (2016) CARLETON COLLEGE 41-0694747 rt IV Checklist of Required Schedules	-	P	age 3
ra			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	x	
2	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	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	x	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8	x	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9	x	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	x	
11	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.	- 1		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	x	
b				
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	x	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	x	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	x	
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	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	x	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	x	
b				
	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	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		х

Form 990 (2016)

632003 11-11-16

	990 (2016) CARLETON COLLEGE 41-0694747		P	age 4
1.4	onooniet of heddinou ophousie (continued)		Yes	No
00-	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	res	
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		<u>x</u>
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	v	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	21	<u>x</u>	
~~	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	x	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	x	
242	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	20	_A	
240	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	x	
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	<u>A</u>	x
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	210		- <u>A</u>
U	any tax-exempt bonds?	24c		x
Ы	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	ZTU		A
ZJa	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	2.54		A
U	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Ontended L. David	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	2.50		_
20	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	20		<u>A</u>
21	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		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21	-	A
20	instructions for applicable filing thresholds, conditions, and exceptions):	° -	137.1	1.18
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	1.00	x
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		x
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200	-	-
U	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	x	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20	-	
50	contributions? If "Yes," complete Schedule M	30	x	
31	Did the organization liquidate, terminate, or dissolve and cease operations?	00	-	
01	If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	01		-
02	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	02	-	-
00	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		-	-
04	Part V, line 1	34	x	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity		47	
D	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	x	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		-	-
00	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	00		-
07	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	01		
00	Note. All Form 990 filers are required to complete Schedule O	38	y	
				<u> </u>

Form 990 (2016)

Pa	t V Statements Regarding Other IRS Filings and Tax Compliance				ag
	Check if Schedule O contains a response or note to any line in this Part V				Ľ
				Yes	Γ
1a	Enter the number reported in Box 3 of Form 1096. Enter .0- if not applicable	1a 534			Γ
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0		1 24	L
С	Did the organization comply with backup withholding rules for reportable payments to vendors and rep	oortable garning			Ľ
	(gambling) winnings to prize winners?		1c	-	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				Т
	filed for the calendar year ending with or within the year covered by this return	2a 2993	1. A. I.		l
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	s?	2b	x	l
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		-	-	T
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	x	
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule C		3b	x	T
	At any time during the calendar year, did the organization have an interest in, or a signature or other at				T
	financial account in a foreign country (such as a bank account, securities account, or other financial ac		4a	x	
b	If "Yes," enter the name of the foreign country: SEE SCHEDULE O	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			T
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	counts (FBAR).			l
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac		5b		T
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		T
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				T
	any contributions that were not tax deductible as charitable contributions?	-	6a		I
b	If "Yes," did the organization include with every solicitation an express statement that such contribution				T
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).		15	1.0	T
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv	ces provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		Ι
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				T
	to file Form 8282?		7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year				T
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ntract?	7e		l
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	ct?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file For	m 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizat	ion file a Form 1098-C?	7h		I
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained to	by the			T
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	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		
0	Section 501(c)(7) organizations. Enter:	b	1	Ċ.	Ι
а	Initiation fees and capital contributions included on Part VIII, line 12	10a		1.5	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	1-15		
1	Section 501(c)(12) organizations. Enter:	£	-	20	l
а	Gross income from members or shareholders	11a	123		l
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			l
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1	041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	1		
3	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		ſ
	Note. See the instructions for additional information the organization must report on Schedule O.		-357	IT I	T
b	Enter the amount of reserves the organization is required to maintain by the states in which the		14	1.11	
	organization is licensed to issue qualified health plans	13b		40.0	
		13c		A. 1	
С					T
			14a		1

Form 990 (2016)

632005 11-11-16

	990 (2016) CARLETON COLLEGE		41-0694747			age 6
Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 th	-		"No" 1	respon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O). See in	structions.			
	Check if Schedule O contains a response or note to any line in this Part VI					x
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	3	D	1.1	
	If there are material differences in voting rights among members of the governing body, or if the governing				100	
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.			1.50		Ante
b	Enter the number of voting members included in line 1a, above, who are independent	1b	2:	9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	p with a	ny other			
	officer, director, trustee, or key employee?			2		x
3	Did the organization delegate control over management duties customarily performed by or under th	e direct	supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?			3		x
4	Did the organization make any significant changes to its governing documents since the prior Form §	990 was	s filed?	4		x
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		x
6	Did the organization have members or stockholders?			6		x
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a					
	more members of the governing body?			7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	stockho	lders, or			
	persons other than the governing body?			7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye	ar by the	following:			
а	The governing body?			8a	x	
b	Each committee with authority to act on behalf of the governing body?			8b	x	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea					
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re					
				12	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		x
	If "Yes," did the organization have written policies and procedures governing the activities of such cl					
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
.11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	ly befor	e filing the form?	11a	x	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					1.1
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	x	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	e to conf	icts?	12b	x	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	'es," de	scribe			
	in Schedule O how this was done			12c	x	
13	Did the organization have a written whistleblower policy?		•	13	x	
14	Did the organization have a written document retention and destruction policy?			14	x	
15	Did the process for determining compensation of the following persons include a review and approva	al by inc	dependent		1.4	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			1.1		1
а	The organization's CEO, Executive Director, or top management official			15a	x	
ь	Other officers or key employees of the organization			15b	x	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				Per en	1.1
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranged	ment wi	tha	2.1		
	taxable entity during the year?			16a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua	te its pa	articipation	16.3		1.
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	nization	's	12	5.	
	exempt status with respect to such arrangements?			16b		
Sec	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, M	J, TN, N	D, AZ			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-1	r (Sectio	on 501(c)(3)s only)	availat	ble	
	for public inspection. Indicate how you made these available. Check all that apply.					
	x Own website Another's website x Upon request Other (explain	in Sch	edule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	nflict of	interest policy, an	d finan	cial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks and	d records: ►			
	FREDERICK A. ROGERS - 507-222-4000					
	ONE NORTH COLLEGE STREET, NORTHFIELD, MN 55057					
632006	11-11-16			Forn	1 990	(2016)
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Form 990 (2	2016) CARLETON COLLEGE	41-0694747	Page 7						
	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compe Employees, and Independent Contractors	nsated							
	Check if Schedule O contains a response or note to any line in this Part VII								
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week	box	not c , unle	heck ss pe	erson	1 than is bot pr/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	`the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) WALLACE R. WEITZ CHAIR	8,00	x		x				0.	0.	0
(2) CAROL BARNETT VICE CHAIR	8,00	x		x				0.	0.	0
(3) MARTHA H. KAEMMER VICE CHAIR	8,00	x		x				0.	0.	0
(4) STEVEN G. POSKANZER PRESIDENT	60,00	x		x				457,873.	0.	114,661
(5) MARK S. APPLEBAUM TRUSTEE	5,00	x						0.	0.	0
(6) MCKAY BARRA TRUSTEE	5.00	x						0.	0.	0
(7) BILL CRAINE TRUSTEE	5,00	x						٥.	0.	0
(8) ARNOLD DONALD TRUSTEE	5,00	x						0.	0.	0
(9) JOHN F. HARRIS TRUSTEE	5,00	x						0.	0.	0
(10) MICHAEL HASENSTAB TRUSTEE	5,00	x						0.	0.	0
(11) MICHELE JOY TRUSTEE	5.00	x						0,	0.	0
(12) ARTHUR D. KOWALOFF TRUSTEE	5.00	x						0,	0.	0
(13) RICHARD R. KRACUM TRUSTEE	5.00	x						0.	0.	0
(14) LAIRD MCCULLOCH TRUSTEE	5.00	x						0.	0.	0
(15) BRAD NORDHOLM TRUSTEE	5.00	x						0.	0.	0
(16) GARY T. O'BRIEN TRUSTEE	5.00	x						0.	0.	0
(17) STEVEN PARRISH TRUSTEE	5.00	x						0.	0.	0 Form 990 (2016

7

Form 990 (2016) CARLETON COL									41-0694747		Pa	age 8
Part VII Section A. Officers, Directors, Trus	stees, Key Em	ploy	ees	, an	d Hi	ighe	st (Compensated Employe	es (continued)			
(A) Name and title	(B) Average hours per week (list any	(do box offi		Pos heck	C) sition more erson	1 e than Is bol	one th an	(D) Reportable compensation	(E) Reportable compensation from related organizations	Esti amo	(F) imate ount other ensa	of
	hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Otficer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	orga	relat	ion ed
(18) ROLF PETERS TRUSTEE	5,00	x						0.	0.	-		0.
(19) NICK PUZAK TRUSTEE	5.00	x						0.	0.			0.
(20) PAMEL KIECKER ROYALL TRUSTEE	5.00	x						0.	0.			0.
(21) DAVID B. SMITH TRUSTEE	5.00	x						0.	0.			0.
(22) FRANCES SPANGLER TRUSTEE	5.00	x						0.	0.			0.
(23) WILLIAM STERLING TRUSTEE	5.00	x						0.	0.			0.
(24) GARY L. SUNDEM TRUSTEE	5.00	x						0.				0.
(25) ALISON VON KLEMPERER TRUSTEE	5.00	x						0.				<u> </u>
(26) JUSTIN B. WENDER TRUSTEE	5,00	x						0.	0.			0.
1b Sub-total								457,873.	0.		114	661.
c Total from continuation sheets to Part V								2,445,145.	0.		1.5.5.5	765.
d Total (add lines 1b and 1c)							-	2,903,018.	0.		518	426.
2 Total number of individuals (including but r compensation from the organization	not limited to th	iose	liste	ed a	bov	e) w	ho i	received more than \$100	,000 of reportable			131
										1	Yes	No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s										3		x
4 For any individual listed on line 1a, is the su and related organizations greater than \$15	,								the organization	4	x	
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," corr										5		x
Section B. Independent Contractors												
1 Complete this table for your five highest co	mpensated in	depe	ende	ent d	cont	racto	ors	that received more than	\$100,000 of compens	ation fro	om	
the organization. Report compensation for	the calendar y	ear	endi	ng \	with	or w	/ithi		year.		_	
(A) Name and business	address							(B) Description of s	ervices C	(C) ompen		n
MCGOUGH CONSTRUCTION CO.												
2737 FAIRVIEW AVE N, ST. PAUL, MN 55				_	_		=	GENERAL CONTRACTOR		9,	099	,350.
BON APPETIT, 100 HAMILTON AVE, STE 4 PALO ALTO, CA 94301	00,						1	FOOD SERVICE		8,	763	680.
TERRA GENERAL CONTRACTORS, LLC	10											11202211
21025 COMMERCE BLVD, ROGERS, MN 55374	4						-	GENERAL CONTRACTOR		5,	106	,532.
EYP ARCHITECTURE & ENGINEERING P.C. 257 FULLER RD, FIRST FL, ALBANY, NY 3	12203							GENERAL CONTRACTOR		a.	162	,825.
RIVER CITY BUILDERS	12205							Shahan contineton	N		102	,020,
98 MAIN ST, NERSTRAND, MN 55053 2 Total number of independent contractors (including but a	ot Il	mito	d to	the			GENERAL CONTRACTOR		1,	328	,373.
2 Total number of independent contractors (\$100,000 of compensation from the organi			mile			ise ii 13	516(above) who received in			2	1
SEE PART VII, SECTION A CONTINU	UATION SHEE	TS							9.	Form 9	90 ((2016)

Part VII Section A. Officers, Directors, Tru (A)	(B)				C)			(D)	(E)	(F)
Name and title	Average			Pos				Reportable	Reportable	Estimated
	hours per week	(cl	heck	all	that		ly)	compensation from the	compensation from related organizations	amount of other compensation
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(27) BONNIE M. WHEATON	5,00									
TRUSTEE		X	-					0,		
(28) BYRON WHITE FRUSTEE	5,00	x						0.	0.	0
(29) JOHN YOUNGBLOOD	5,00									
TRUSTEE		x						0.	0.	0
(30) THOMAS BONNER	60,00						e.			
VP FOR EXTERNAL RELATIONS				X		_		319,499.	0.	50,206
(31) FREDERICK A. ROGERS	60.00									
VP AND TREASURER				X				323,305.	0.	42,579
(32) BEVERLY NAGEL	60.00									12/2010/2012/201
DEAN OF THE COLLEGE	<u> </u>		-	x		-		285,053.	0.	36,918
(33) CAROLYN H LIVINGSTON	60.00				x			178,617.	0.	48,210
JP FOR STUDENT DEVELOPMENT AND DEAN (34) PAUL THIBOUTOT	40.00	-	-		^	-		110,017.		40,21
VP AND DEAN OF ADMISSIONS AND FINANC	40,00				x			199,694,	0.	37,089
(35) JASON MATZ (LEFT 11/19/16)	40.00						_	,0,1,	,	
CHIEF INVESTMENT OFFICER						x		355,013,	0.	27,245
(36) ANDREW CHRISTENSEN (LEFT 3/11/1	40.00									
DIRECTOR OF PRIVATE MARKETS						х		247,802.	0.	48,513
(37) JOEL M WEISBERG	40.00									
PROFESSOR OF PHYSICS AND ASTRONOMY					_	x		188,439.	0.	34,508
(38) STEVEN K SPEHN	40.00									
DIRECTOR OF FACILITIES AND CAPITAL P			-			x		175,161.	0.	33,620
(39) JULIE J NEIWORTH	40,00				, i					
PROFESSOR OF NATURAL SCIENCES AND PS				_		x		172,562.	0.	44,877
			-							
14 M A 17 M A										
Fotal to Part VII, Section A, line 1c						o		2,445,145.		403,76

632201 04-01-16

13570/16 131930 053_03009000 2016 05070 CAPT. FUNN COLLECE

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rt VIII	Statement of Rever	lue				1.4	
e - 44	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	(D) Revenue exclude from tax under sections 512 - 514
1 a	Federated campaigns	1a		1.11		14 A.	1.7
b	Membership dues	1b			1. 2. 6		
с	Fundraising events	1c					
d	Related organizations	1d					Se
е	Government grants (contribut	ions) 1e	4,748,193.				-
f	All other contributions, gifts, gran	ts, and					
	similar amounts not included abo	ve 1f	55,246,525.		5 . I I		1 1 N.C.
-	Noncash contributions included in lines			· · · · · · · · · · · · · · · · · · ·	A		
h	Total. Add lines 1a-1f		••••••••••••••••••••••••••••••••••••••	59,994,718.		й.	
			Business Code		1.00		-
2 a	TUITION AND FEES		611710	103,630,553.	103,630,553.		
b	ROOM AND BOARD		611710	22,463,640.	22,463,640.		
С	SUMMER ACADEMIC PROG		611310	1,767,163.	1,767,163.		
d			·				
е							
	All other program service reve			3,364,007.	3,364,007.		
	Total. Add lines 2a-2f			131,225,363.	Ge v		
	Investment income (including						
	other similar amounts)			10,048,201.		-549,942.	10,598,14
4	Income from investment of tax		100				
5	Royalties			32,463.			32,46
		(i) Real	(ii) Personal		2 2 1		1.1
		349,918.			4		
	Less: rental expenses	607,046.			22 g 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	25.7	- S
	Rental income or (loss)	-257,128,		4 Geo. 13	- TIL		
		[# a		-257,128.		7	-257,12
	Gross amount from sales of	(i) Securities	(ii) Other			a dae in th	
	assets other than inventory	40,394,353.	165,165.		1		
	Less: cost or other basis				1.00		
	and sales expenses	14,636,538.					
	Gain or (loss)			05 600 404		1	05 600 40
	Net gain or (loss) Gross income from fundraising			25,600,494.	in the second		25,600,49
	including \$						
	contributions reported on line						
				1 2 4		St. 1971	24.4
	Part IV, line 18 Less: direct expenses					· · · · · · · · · · · · · · · · · · ·	1
	Net income or (loss) from fund			- K.S. (an he ^e f		
	Gross income from garning ac						
	Part IV, line 19						
	Less: direct expenses			1 N. C. S.	1	e ^{mar}	-
	Net income or (loss) from gam		L				1 1 2 2
	Gross sales of inventory, less				0.3		
	and allowances			1. S.			1 T 1 - 1
	Less: cost of goods sold			5.3 1			- T - T X
	Net income or (loss) from sale			194 B.			
<u> </u>	Miscellaneous Revenu		Business Code	10 m			
11.0	WIND TURBINE	0	221000	135.689.	- 1 Xe -	135,689.	. 8 .
b			221000	T22,009.		133,009.	
c	a different and a						
	All other revenue						
	Total, Add lines 11a-11d			135,689.		1	
- e	IVIDI, AUVINOS I RETIU			133,089.			

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Form 990 (2016)

Form 990 (2016) CARLETON COLLEGE Part IX Statement of Functional Expenses

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

Do	Check if Schedule O contains a respons not Include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C)	(D)
	8b, 9b, and 10b of Part VIII.	lotal expenses	expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				26 2.
	and domestic governments. See Part IV, line 21	1,034,903.	1,034,903.	1	
2	Grants and other assistance to domestic				- 2/C - 1
	individuals. See Part IV, line 22	40,390,536.	40,390,536.	Sector States	1.0
3	Grants and other assistance to foreign			all and the state	2
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16			14 Mar 19 19	all shares and
4	Benefits paid to or for members				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
5	Compensation of current officers, directors,				
	trustees, and key employees	1,754,699.	147,878.	1,170,020.	436,801
6	Compensation not included above, to disqualified	,			
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	59,666,832.	51,204,354.	3,781,708.	4,680,770
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	5,422,414.	4,489,029.	446,195.	487,190
9	Other employee benefits	10,226,209.	8,699,429.	504,227.	1,022,553
10	Payroll taxes	4,137,810.	3,477,231.	308,632.	351,947
11	Fees for services (non-employees):				
а	Management			al income the	
b	Legal	129,128.		129,128,	
С	Accounting	105,332.		105,332.	
d	Lobbying				
е			1,7	Sup at a	
f	Investment management fees	8,180,271.		8,180,271.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	4,308,495.	3,289,468,	294,706.	724,321
12	Advertising and promotion	88,878.		68,773.	20,105
13	Office expenses	5,226,231.	2,852,462,	1,197,385.	1,176,384
14	Information technology	1,205,121,	1,166,727,	20,995,	17,399
15	Royalties				
16	Occupancy	6,277,336.	5,979,176,	268,160,	30,000
17	Travel	8,467,920.	7,739,962.	171,860,	556,098
18	Payments of travel or entertainment expenses			19.5	1 N N
	for any federal, state, or local public officials	*	5		· · · · · · · · · · · · · · · · · · ·
19	Conferences, conventions, and meetings	1,797,129,	777,350.	362,824.	656,955
20	Interest	3,388,052,	3,388,052.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	10,798,461.	10,478,153,	306,755.	13,553.
23	Insurance	891,137.	517,575.	373,562.	
24	Other expenses. Itemize expenses not covered		A	a state and a state of the	The St.
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)	1.19		Ale and	
a	STUDENT FOOD SERVICE	7,615,354.	7,615,354,		
b	MEMBERSHIP FEES	1,573,353,	961,978.	587,358.	24,017.
c					u,v.1.
d					
	All other expenses	3,367,584,	3,451,633.	-230,106.	146,057,
25	Total functional expenses. Add lines 1 through 24e	186,053,185,	157,661,250.	18,047,785.	10,344,150
25	Joint costs. Complete this line only if the organization	100,033,105,	157,001,230.	10,041,105.	10, 344, 150.
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here Campaign and fundraising solicitation.				

632010 11-11-16

Form 990 (2016) CARLETON COLLEGE Part X Balance Sheet

41-0694747

Page 11

Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year (B) End of year Cash - non-interest-bearing 1 1 Savings and temporary cash investments 2 2 33,033,981 44,183,083. Pledges and grants receivable, net 3 14,638,536 3 23,973,849. 4 Accounts receivable, net 4 2,226,853 2,078,110. 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under 6 section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see Instr). Complete Part II of Sch L 6 Assets Notes and loans receivable, net 7 7 Inventories for sale or use 557,225 8 560,700. Prepaid expenses and deferred charges 9 a 1,147,671 2,672,049. 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 403,913,118 b Less: accumulated depreciation 10b 174,651,516 10c 197,292,961 229,261,602, Investments - publicly traded securities 11 336,776,790 11 426,423,853. Investments - other securities. See Part IV, line 11 12 12 537,167,573 533,896,893. Investments - program-related. See Part IV, line 11 13 8,354,379, 13 7,262,341. 14 Intangible assets 14 Other assets. See Part IV, line 11 15 11,123,807 15 67,351,375. Total assets. Add lines 1 through 15 (must equal line 34) 16 1,142,319,776 16 1,337,663,855. Accounts payable and accrued expenses 17 17 15,707,346 16,049,238. 18 18 Grants payable 19 Deferred revenue 5,228,516. 19 5,421,008. Tax-exempt bond liabilities 20 82,393,033 20 150,446,229. Escrow or custodial account liability. Complete Part IV of Schedule D 4,534,626 21 21 4,512,205. Loans and other payables to current and former officers, directors, trustees, 22 -iabilities key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 24.054.957. 25 23,342,602. Total liabilities. Add lines 17 through 25 26 131,918,478 26 199,771,282, Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗽 and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 Unrestricted net assets 436,292,714 27 485,850,306. Temporarily restricted net assets 365.682,211 28 28 423,902,358. Permanently restricted net assets 29 29 208,426,373 228,139,909. Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 32 32 Total net assets or fund balances 33 33 1.010.401.298 1,137,892,573. Total liabilities and net assets/fund balances 34 1 142 319 776 1,337,663,855, 34

Form 990 (2016)

632011 11-11-16

Form	1990 (2016) CARLETON COLLEGE	41-0694747		Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				1
	Check if Schedule O contains a response or note to any line in this Part XI				x
1	Total revenue (must equal Part VIII, column (A), line 12)	1	226	,779	800.
2	Total expenses (must equal Part IX, column (A), line 25)	2	186	,053	185.
3	Revenue less expenses. Subtract line 2 from line 1	3	40	,726	615.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	,010	,401	298.
5	Net unrealized gains (losses) on investments	5	88	,739	326.
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	,974	666.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	1,137	,892	573.
Pa	rt 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: L Cash Lx_ Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
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	on a	1.7	\mathbf{x}	
	separate basis, consolidated basis, or both:		11		П. П.
	Separate basis Consolidated basis Both consolidated and separate basis		100	Ξ_{\pm}^{-1}	
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	ə basis,	-	3	
	consolidated basis, or both:		100		
	x Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	x	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	gle Audit			
	Act and OMB Circular A-133?		3a	x	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ		1		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	x	
			Form	990	(2016)

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SCHEDULE A (Form 990 or 990-EZ)		blic Cha		OMB No. 1545-0047				
Department of the Treasury Internal Revenue Service			47(a)(1) nonexempt cha Attach to Form 990 or F	or <mark>m 990</mark> -	EZ,			Open to Public Inspection
Name of the organizat		bout Schedule A	(Form 990 or 990-EZ) and	its instructi	ons is at w	ww.irs.gov/ic		identification number
	CARLETON	COLLEGE					100	L-0694747
Part I Reason			All organizations must co	mplete th	is part.) Se	e instruction		
The organization is not a	a private foundation	n because it is:	(For lines 1 through 12, c	heck only	one box.)			
1 🛄 A church, co	nvention of church	es, or associati	on of churches described	d in sectio	n 170(b)(*	()(A)(i).		
2 x A school des	cribed in section 1	170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990 or 99	90-EZ).)			
3 A hospital or	a cooperative hosp	pital service org	anization described in se	ection 170)(b)(1)(A)(i	ii).		
4 A medical res	search organization	operated in co	njunction with a hospital	described	d in sectio	n 170(b)(1)(A	.)(iii). Enter	the hospital's name,
city, and stat								
			ollege or university owned	d or operat	ted by a g	overnmental	unit describ	bed in
<u></u>	(b)(1)(A)(iv). (Comp							
			mental unit described in s				la	autolia dae auto ad in
	-		antial part of its support f	rom a gov	ernnentar		ine general	public described in
	(b)(1)(A)(vi). (Complex trust described in		(1)(A)(vi). (Complete Pan	EILY				
			in section 170(b)(1)(A)(ed in coni	inction with a	land-grant	college
-	_		culture (see instructions).					
university:		gg						
1****** T	ion that normally re	ceives: (1) more	e than 33 1/3% of its sup	port from	contributi	ons, member	ship fees, a	nd gross receipts from
	2		ct to certain exceptions,					
income and u	inrelated business	taxable income	e (less section 511 tax) fre	om busine	sses acqu	ired by the o	rganization	after June 30, 1975.
See section	509(a)(2). (Comple	te Part III.)						
		• • • • • • • • • • • • • • • • • • •	ively to test for public sa					
			sively for the benefit of, to					
5			ed in section 509(a)(1) o					Check the box in
	-		of supporting organizatio		-			
			supervised, or controlled				A (5)	
12 M		•	gularly appoint or elect a	a majority i	of the dire	ctors or trust	ees of the s	supporting
	n. You must comp			tion with it	aunoat	ad organizati	on/a) by ba	wing
		· · · · ·	d or controlled in connec anization vested in the s		353 15	-	0.2 (5)	
			Sections A and C.	ane perse			age the sup	poned
Ŭ	.,	•	g organization operated	in connec	tion with.	and functiona	ally integrate	ed with.
			s). You must complete I				,	
			porting organization oper		-		orted organi	ization(s)
that is not	functionally integra	ted. The organi	zation generally must sat	tisfy a dist	ribution re	quirement an	d an attent	iveness
requiremen	It (see instructions)	. You must cor	nplete Part IV, Sections	A and D,	and Part	V.		
e 🗌 Check this	box if the organiza	tion received a	written determination fro	m the IRS	that it is a	а Туре I, Туре	e II, Type III	
			onally integrated support					·
g Provide the follow			ed organization(s).	(iv) is the oroa	nization listed	(v) Amount o	fmanatory	(vi) Amount of other
(i) Name of supp organization	20120500	(ii) EIN	(described on lines 1-10	and the first and the second se	nization listed ng document?	support (see	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	support (see instructions)
			above (see instructions))	Yes	No			
				. č				
A								
Total			<u></u>					

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 632021 09-21-16 Schedule A (Form 990 or 990-EZ) 2016 14

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 Schedule A (Form 990 or 990-EZ) 2016 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	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	24,900,207.	27,893,301.	34,152,153.	40,592,157.	59,994,718.	187,532,536.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf			C 12 - 11 - 1			
3	The value of services or facilities						
-	furnished by a governmental unit to					1	
	the organization without charge						
Δ	Total. Add lines 1 through 3	24,900,207.	27,893,301.	34,152,153,	40.592.157.	59,994,718.	187,532,536.
5	The portion of total contributions	24,300,207.	21,093,301.	54,152,155.	40,592,157.	39,994,110.	107,552,550.
5	by each person (other than a		2.6 1 1	1	1 . 4		
	governmental unit or publicly						
	supported organization) included	A 14 11	1.14	1.51	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1	
		11	2 6 5 5 4 5	- 16		541 O.F	
	on line 1 that exceeds 2% of the	1	12 A 67 A 1		1 2 3	president and	
	amount shown on line 11,			1 1	- 81 E	1.	
	column (f)						19,373,934.
	Public support. Subtract line 5 from line 4.	N	and the second second		2 I		168,158,602.
-	tion B. Total Support					r.	
	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 4	24,900,207.	27,893,301.	34,152,153.	40,592,157.	59,994,718.	187,532,536.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties					() 	
	and income from similar sources	1,561,639.	4,602,190.	13,241,809.	8,823,217.	10,080,664.	38,309,519.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						· · · · · · · · · · · · · · · · · · ·
	or loss from the sale of capital						
	assets (Explain in Part VI.)	3,615,082.	3 929 071.				7,544,153.
11	Total support. Add lines 7 through 10	1	1. 50				233, 386, 208.
	Gross receipts from related activities,	etc. (see instructio	ons)			12	603,562,634.
	First five years. If the Form 990 is for	•					
		-			5.5		
Sec	organization, check this box and stop tion C. Computation of Publi	c Support Per	centage				
-	Public support percentage for 2016 (li					14	72.05 %
	Public support percentage from 2015					15	66.56 %
	33 1/3% support test - 2016. If the o						
iua	stop here. The organization qualifies					8	
h	33 1/3% support test - 2015. If the o						
	and stop here. The organization quali	-		1.0		2	
	10% -facts-and-circumstances test						
178	and if the organization meets the "fact	•					
	meets the "facts-and-circumstances"						
D	10% -facts-and-circumstances test	-					
	more, and if the organization meets th		and the second				
	organization meets the "facts-and-circ						
18	Private foundation. If the organization	n did not check a b	box on line 13, 16a	, 16b, 17a, or 17b	, check this box a	nd see instruction	<u>s</u>

Schedule A (Form 990 or 990-EZ) 2016

632022 09-21-16

Page 2

Schedule A (Form 990 or 990 EZ) 2016 CARLETON COLLEGE Part III Support Schedule for Organizations Described in Section 509(a)(2)

41-0694747 Page 3

(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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and	1					
	membership fees received. (Do not					1	
	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						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5						
18	Amounts included on lines 1, 2, and						
h	3 received from disqualified persons Amounts Included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the				1		
	amount on line 13 for the year					-	
	Public support. (Subtract line 7c from line 6.)		2				
	ction B. Total Support	1			-	_	
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 6		All contractions				
	Gross income from interest,	1					
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses			× .			
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business				1	11. 075	
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)					-	
13	Total support. (Add lines 9, 10c, 11, and 12.)						*
14	First five years. If the Form 990 is fo	r the organization'	s first, second, thi	rd, fourth, or fifth t	tax year as a section	on 501(c)(3) or	ganization,
	check this box and stop here)
	ction C. Computation of Publ						
	Public support percentage for 2016 (column (f))		15	%
	Public support percentage from 2015					16	%
Sec	ction D. Computation of Inve		and the second se			1	
17	, .					17	%
	, .					18	%
19a	33 1/3% support tests - 2016. If the						
	more than 33 1/3%, check this box a	-			•••		
b	33 1/3% support tests - 2015. If the						
20	line 18 is not more than 33 1/3%, che Private foundation. If the organization		-				
	23 09-21-16	п оно пот спеск а	50X 011 III e 14, 18	a, of 190, check t			n 990 or 990-EZ) 2016
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Schedule A (Form 990 or 990 EZ) 2016 CARLETON COLLEGE

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.)

632024 09-21-16

9c 10a 10b rm 990 or 990-EZ) 2016

9a

9b

Schedule A (Form 990 or 990-EZ) 2016

Yes

1

2

3a

3b

3c

4a

4b

4c

No

	adule A (Form 990 or 990-EZ) 2016 CARLETON COLLEGE	41-0694747	Pa	age 5
1 a	rt IV Supporting Organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		Tes	NU
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			· · · ·
-	below, the governing body of a supported organization?	11a	×	
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
-			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	_		
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	-2 B		1.1
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	e Town	1.1	1
	controlled the organization's activities. If the organization had more than one supported organization,	1.0	- And	le un
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		1	
	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	2	1220	204
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			24
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		2.1	1. L. 1
	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	1		1.4
	or management of the supporting organization was vested in the same persons that controlled or managed		-	
	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			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior ta	x		2.1
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		1.	1
	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		S1 .	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	1.1	1.00	1. 3
	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	-		1
	significant voice in the organization's investment policies and in directing the use of the organization's			1. 19
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
<u></u>	supported organizations played in this regard.	3	L	
	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 Integral Part Test during the yea	structions).		
a	L The organization satisfied the Activities Test. Complete line 2 below.			
ь	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government en	ity (see instructions	1	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported exemption (a) to which the exemption was respectively (if "Yea" there is Bert III identify		183	
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI Identify			1.10
	those supported organizations and explain how these activities directly furthered their exempt purposes,		12	1.1.1
	how the organization was responsive to those supported organizations, and how the organization determined		100	
h.	that these activities constituted substantially all of its activities.	2a	-	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	2.44	1.11	2.5
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these			1
	activities but for the organization's involvement.	04		100
2	Parent of Supported Organizations. Answer (a) and (b) below.	2b		
3	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	20	1	1.4.5
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a	1. 2	
U	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	10.00	
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Schedule A (Form 990 or 990-EZ) 2016 CARLETON COLLEGE
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Sect	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
ect	ion B - Minimum Asset Amount	1	(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):		a	
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other	×.,		
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
ecti	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to		3	

Schedule A (Form 990 or 990-EZ) 2016

632026 09-21-16

	dule A (Form 990 or 990 EZ) 2016 CARLETON COLLEGE	(a)(3) Supporting Orga		-0694747 Page 7
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 exemption	pt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	S	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which t	the organization is responsive		
	(provide details in Part VI). See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			- the second
~	able cause required- explain in Part VI). See instructions	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		x
3	Excess distributions carryover, if any, to 2016:			and the second
a		1. 10		· · · · · · · · · · · · · · · · · · ·
b	and the second	and the second s		and the second second second second
-	From 2013			
	From 2014			
	From 2015	in the second		
	Total of lines 3a through e			
	Construction of the second sec			
	Applied to underdistributions of prior years	a minimum and the literature		
-	Applied to 2016 distributable amount			1 1 1 1 1 1 1
	Carryover from 2011 not applied (see instructions)	and the second	and the second s	- the state of the
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	A CONTRACTOR OF A		
4	Distributions for 2016 from Section D,		1.2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	
	line 7: \$			and the second
	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount		and the second s	
C	Remainder. Subtract lines 4a and 4b from 4	and the second sec		terre antes en con consegues
5	Remaining underdistributions for years prior to 2016, if	5 G & 1 G &		
	any. Subtract lines 3g and 4a from line 2. For result greater	and the second		
	than zero, explain in Part VI. See instructions	1.4 A.		
6	Remaining underdistributions for 2016. Subtract lines 3h	1 201 1	1 1 100	
	and 4b from line 1. For result greater than zero, explain in	 105,20 107,40 107,40 107,40 	to include a filler of	
	Part VI. See instructions		Sec.	
7	Excess distributions carryover to 2017. Add lines 3j and 4c		in a grange die 20	1. 200 - V. 200 - 1
8	Breakdown of line 7:			
a		d	A	- 4. s)
	Excess from 2013			
	Excess from 2014		E. W	
-	Excess from 2015			1 E
-	Excess from 2016	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	and the second se			

Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016 CARLETON COLLEGE	41-0694747	Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17 Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, line line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Pa	es 1 and 2; Part IV, Secti art V. Section B. line 1e; I	on C,
Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any add (See instructions.)	ditional information.	
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:		
OTHER		
2012 AMOUNT: \$ 3,615,082.		
2013 AMOUNT: \$ 3,929,071,		
2014 AMOUNT: \$ 0.		
2015 AMOUNT: \$ 0.		
2016 AMOUNT: \$ 0.		
	×	
		0
		1.000
632028 09-21-16 Sche	dule A (Form 990 or 99	J-EZ) 2016

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

 Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047

2016

Employer identification number

Name of the organization

Schedule B

(Form 990, 990-EZ,

Department of the Treasury

Internal Revenue Service

or 990-PF)

CAL	RLETON COLLEGE	41-0694747					
Organization type (check o	ine):						
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						

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

General Rule

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

Special Rules

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

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

For an organization described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 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) (2016)

Schedule B (Form 990, 990 EZ, or 990 PF) (2016)	Page 2
Name of organization	Employer identification number
CARLETON COLLEGE	41-0694747

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623452 10-18-16

Parti	Contributors (See instructions). Use duplicate copies of Part I in	radditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$4,234,347.	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		\$2,980,000.	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		\$\$.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$2,412,956.	Person x Payroli Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$2,300,000.	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
6		\$2,228,737.	Person x Payroll Noncash x (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

13030/16 131839 053-03008000 2016.05070 CARLETON COLLEGE

23

Schedule	B (Form 990, 990-EZ, or 990-PF) (2016)		Page 2
Name of or	ganization	Emplo	yer identification number
CARLETON	COLLEGE	41	-0694747
Part I	Contributors (See instructions). Use duplicate copies of Part I		0004/4/
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7		\$\$,053,000.	Person x Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
8		\$2,017,008,	Person x Payroll Noncash x (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	/*/		Person Payroll Noncash (Complete Part II for noncash contributions.)

24

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

13030416 131839 053-03008000 2016 05070 CARLETON COLLEGE

623452 10-18-16

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)	Page 3
Name of organization	Employer identification number
CARLETON COLLEGE	41-0694747

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
2	55% INTEREST IN RESIDENTIAL CONDOMINIUM	\$2,880,000,		
(a)			·····	
No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
3	SECURITIES			
		\$2,700,000.	12/14/16	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
5	SECURITIES			
		\$1,200,000.	12/14/16	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
6	SECURITIES			
		\$775,404.	03/11/16	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
8	SECURITIES			
		\$\$	05/01/17	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
		\$	990, 990-EZ, or 990-PF) (;	

13030416 131839 053-03008000 2016.05070 CARLETON COLLEGE

25

me of organ	OLLEGE		Employer identification number
art 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	columns (a) through (e) and the following s, charitable, etc., contributions of \$1,000 or le	n section 501(c)(7), (8), or (10) that total more than \$1,000 f
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, a	(e) Transfer of gift nd ZIP + 4	Relationship of transferor to transferee
) No. rom Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
) No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
) No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, ar	(e) Transfer of gift	Relationship of transferor to transferee
64 10-18-16			Schedule B (Form 990, 990-EZ, or 990-PF) (

13030416 131839 053-03008000 2016.05070 CARLETON COLLEGE

053-65V1

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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

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

Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

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

Section 527 organizations: Complete Part I-A only.

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

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

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

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

· Canti

Name of orga	inization		4	Empl	oyer identification number			
	CARLETON C	OLLEGE			41-0694747			
Part I-A	Complete if the or	ganization is exempt un	der section 501(c	c) or is a section 527 o	rganization.			
2 Political	campaign activity expendi	zation's direct and indirect polit tures ign activities		►\$				
Part I-B	Complete if the or	ganization is exempt un	der section 501(c	:)(3).				
1 Enter the	e amount of any excise tax	incurred by the organization ur	der section 4955	▶\$	0.			
		incurred by organization managed						
		on 4955 tax, did it file Form 4720						
					Yes 🛄 No			
Part I-C	describe in Part IV.	ganization is exempt un	der section 501/c	A excent section 501	c)(3)			
	the second s	d by the filing organization for s		and a second				
		nization's funds contributed to a	5		-			
3 Total exe	empt function expenditures	s. Add lines 1 and 2. Enter here	and on Form 1120-PO	L,				
4 Did the f	iling organization file Form	1120-POL for this year?			Yes No			
made pa	yments. For each organiza	mployer identification number (E ation listed, enter the amount pa romptly and directly delivered to	id from the filing organ	nization's funds. Also enter th	e amount of political			
political	action committee (PAC). If	additional space is needed, pro	vide information in Par	rt IV.				
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0			

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

Schedule C (Form 990 or 990-EZ) 2016

632041 11-10-16



OMB No, 1545-0047

16 **Open to Public** Inspection

on 501(c)(4),	(5), 01	(6)	organizations:	Complete Part III.	
organization					

	CARLETON COL ganization is	LEGE exempt under section	n 501(c)(3) and fi	41-06 ed Form 5768 (e	94747 Page 2 lection under
section 501(h)).					
		an affiliated group (and list in	Part IV each affiliated	group member's nan	ne, address, EIN,
		bying expenditures).			
Lim	its on Lobbying	 A set of the set of	an a	(a) Filing organization's	(b) Affiliated group totals
(The term "exper	nditures" means	amounts paid or incurred.)		totals	
1a Total lobbying expenditures to inf	luence public opi	nion (grass roots lobbying)			
b Total lobbying expenditures to inf	luence a legislativ	ve body (direct lobbying)			
c Total lobbying expenditures (add					
d Other exempt purpose expenditu					
e Total exempt purpose expenditur					
f Lobbying nontaxable amount. En					C. Construction of the second second
If the amount on line 1e, column (a)		ne lobbying nontaxable amo			A State State State
Not over \$500,000		% of the amount on line 1e.	June 15.	1	
			+F00.000	승규는 것, 것같은	a
Over \$500,000 but not over \$1,00		00,000 plus 15% of the exc			1 1 2 2
Over \$1,000,000 but not over \$1,		75,000 plus 10% of the exc			10 B S
Over.\$1,500,000 but not over \$17	7,000,000 \$2	25,000 plus 5% of the exce	ss over \$1,500,000.	1 8 8 1	C. LAND THE P.
Over \$17,000,000	\$1	,000,000.		1.1.1	A She Same
j If there is an amount other than ze reporting section 4911 tax for this (Some organizations for	s year?	1h or line 1i, did the organiza ar Averaging Period Under tion 501(h) election do not l	section 501(h)		Yes No
		separate instructions for lin			
	Lobbying	Expenditures During 4-Yea	r Averaging Period		1
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))	ing in No. Status	n hanning series in Million State			
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount		The State			
(150% of line 2d, column (e))					
f Grassroots lobbying expenditures	5				

Schedule C (Form 990 or 990-EZ) 2016

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x

 Schedule C (Form 990 or 990 EZ) 2016 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	For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
	e lobbying activity.	Yes	No	Amo	ount	
1	During the year, did the filling organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?	x				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?		x x	<u>ang des</u>	1 e 1 1	
	Mailings to members, legislators, or the public?	x				
	Publications, or published or broadcast statements?	x				
f	Grants to other organizations for lobbying purposes?	x			96,187.	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	x				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	x			500.	
i	Other activities?		x			
j	Total. Add lines 1c through 1i	3 N	1. 1.		96,687.	
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X			
	If "Yes," enter the amount of any tax incurred under section 4912	Sec. 1	10 B			
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		LAC IS .		_	
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		()	4		
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(4)	on 501(c	(5), or se	ction		
	501(c)(6).			Yes	No	
				Tes	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?		and the second s			
Par	Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section			ection		
i ai	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered				ne 3 is	
	answered "Yes."	110, 0		,	10 0, 10	
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politi					
-	expenses for which the section 527(f) tax was paid).	our	2.00			
а	Current year		2a			
	Carryover from last year					
c						
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 exc					
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and					
	expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures (see instructions)		5			
Par						
Prov	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	list); Part I	I-A, lines 1 a	and 2 (see		
instru	uctions); and Part II-B, line 1. Also, complete this part for any additional information.					
PART	II-B, LINE 1, LOBBYING ACTIVITIES:					
-						
COLI	EGE RELATIONS OCCASIONALLY CONTACT LEGISLATORS TO EXPRESS THE					
COLL	EGE'S VIEWS ON PENDING LEGISLATION WHICH WOULD AFFECT THE COLLEGE.					
COSI	S INCURRED IN CONNECTION WITH THESE ACTIVITIES ARE INSIGNIFICANT					
AND	NO SEPARATE ACCOUNT IS MADE FOR THESE COSTS. IN ADDITION, STUDENTS		-			
PART	ICIPATE IN A VOLUNTEER ACTIVITY SPONSORED BY THE MINNESOTA PRIVATE	Sabadi	de C (Form	000 or 00	0 67) 2016	

632043 11-10-16

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Page 3

INCIL (MPCC) CALLED "DAY AT THE CAPITAL" TO DISCUSS THE IMPORTANCE OF S STATE GRANT PROGRAM WITH REPRESENTATIVES, COSTS INCURRED BY THE LEGGE TO SUPPORT THIS PROGRAM ARE DE MINIMUS, CARLETON COLLEGE IS A ABER OF MINNESOTA PRIVATE COLLEGE COUNCIL (MPCC), AN ORGANIZATION SCRIBED IN SECTION 501(C)(4) OF THE INTERNAL REVENUE CODE, MPCC IS AN SOCIATION OF PRIVATE NONPROFIT INSTITUTIONS OF HIGHER EDUCATION THAT AVES A VARIETY OF ITS MEMBERS' SHARED NEEDS, INCLUDED, BUT NOT ONLY, MPARTISAN AND NON-RELECTORAL ADVOCACY FOR FUBLIC POLICY THAT MEETS DEENTS' NEEDS AND ADVANCES THE INTERNET OF PRIVATE HIGHER EDUCATION, RELETON COLLEGE FAID MEMBER DUES TO MPCC IN THE AMOUNT OF \$122,046 AN ENDING JUNE 30, 2017 INTO TWO GROUPS, GROUP 1 CONSISTS OF THOSE PENSES THAT DID NOT IN ANY WAY SUPPORT ATTEMPTS TO INFLUENCE SIGLATION WITHIN THE MEANING OF SECTION 501(C)(3) OF THE INTERNAL TERUE CODE ("LOBEVING"), AND GROUP 2 CONSISTS OF ALL OTHER EXPENSES, DUF 2 INCLUDES MANY EXPENSES SUCH AS PERSONNEL COSTS THAT SUPPORT TH LOBEVING AND NONLOBDYING ACTIVITIES, MPCC DID NOT ATTEMPT TO ACCATE THE GROUP 2 EXPENSES BETWEEN LOBEYING AND NONLOEDYING PRIVITIES, MPCC HAD DETERMINED THAT THE AMOUNT OF THE GROUP 2 EXPENSES PRESENTS 75,81% OF THE AMOUNT OF DUES THAT MPCC COLLECTED IN THE SAME CARLE YEAR, ASSUMING THAT ALL GROUP 2 EXPENSES WERE PAID FROM MEMBER SE AND ALLOCATING THOSE EXPENSES PRO RATA BASED ON THE DUES PAID BY		
LLEGE TO SUPPORT THIS PROGRAM ARE DE MINIMUS, CARLETON COLLEGE IS A ABER OF MINNESOTA PRIVATE COLLEGE COUNCIL (MPCC), AN ORGANIZATION SCRIBED IN SECTION 501(C)(4) OF THE INTERNAL REVENUE CODE, MPCC IS AN SOCIATION OF PRIVATE NONPROFIT INSTITUTIONS OF HIGHER EDUCATION THAT AVES A VARIETY OF ITS MEMBERS' SHARED NEEDS, INCLUDED, BUT NOT ONLY, MPARTISAN AND NON-ELECTORAL ADVOCACY FOR FUELIC POLICY THAT MEETS TOENTS' NEEDS AND ADVANCES THE INTEREST OF FRIVATE HIGHER EDUCATION, ALETON COLLEGE FAID MEMBER DUES TO MPCC IN THE AMOUNT OF \$122,045 KING THE TAXABLE YEAR, MPCC HAD DIVIDED ITS EXPENSES FOR ITS TAXABLE AR ENDING JUNE 30, 2017 INTO TWO GROUPS, GROUP 1 CONSISTS OF THOSE PENSES THAT DID NOT IN ANY WAY SUPPORT ATTEMPTS TO INFLUENCE DISLATION WITHIN THE MEANING OF SECTION 501(C)(3) OF THE INTERNAL MENDE CODE ("LOBBYING"), AND GROUP 2 CONSISTS OF ALL OTHER EXPENSES, DUF 2 INCLUDES MANY EXPENSES SUCH AS PERSONNEL COSTS THAT SUPPORT TH LOBBYING AND NONLOBBYING ACTIVITIES, MPCC DID NOT ATTEMPT TO SOCATE THE GROUP 2 EXPENSES BETWEEN LOBBYING AND NONLOBBYING PIVITIES, MPCC HAD DETERMINED THAT THE AMOUNT OF THE GROUP 2 EXPENSES PRESENTS 78,81% OF THE AMOUNT OF DUES THAT MPCC COLLECTED IN THE SAME CABLE YEAR, ASSUMING THAT ALL GROUP 2 EXPENSES WERE FAID FROM MEMBER		
ABER OF MINNESOTA PRIVATE COLLEGE COUNCIL (MPCC), AN ORGANIZATION SCRIBED IN SECTION 501(C)(4) OF THE INTERNAL REVENUE CODE, MPCC IS AN SOCIATION OF PRIVATE NONPROFIT INSTITUTIONS OF HIGHER EDUCATION THAT AVES A VARIETY OF ITS MEMBERS' SHARED NEEDS, INCLUDED, BUT NOT ONLY, MPARTISAN AND NON-ELECTORAL ADVOCACY FOR PUBLIC POLICY THAT MEETS JDENTS' NEEDS AND ADVANCES THE INTEREST OF PRIVATE HIGHER EDUCATION, ALETON COLLEGE PAID MEMBER DUES TO MPCC IN THE AMOUNT OF \$122,046 ANING THE TAXABLE YEAR, MPCC HAD DIVIDED ITS EXPENSES FOR ITS TAXABLE AR ENDING JUNE 30, 2017 INTO TWO GROUPS, GROUP 1 CONSISTS OF THOSE DEENSES THAT DID NOT IN ANY WAY SUPPORT ATTEMPTS TO INFLUENCE DISLATION WITHIN THE MEANING OF SECTION 501(C)(3) OF THE INTERNAL TENUE CODE ("LOBBYING"), AND GROUP 2 CONSISTS OF ALL OTHER EXPENSES, DUE 2 INCLUDES MANY EXPENSES SUCH AS PERSONNEL COSTS THAT SUPPORT CEL LOBBYING AND NONLOBBYING ACTIVITIES, MPCC DID NOT ATTEMPT TO ACCATE THE GROUP 2 EXPENSES BETWEEN LOBBYING AND NONLOBBYING PRIVITIES, MPCC HAD DETERMINED THAT THE AMOUNT OF THE GROUP 2 EXPENSES PRESENTS 73,81% OF THE AMOUNT OF DUES THAT MPCC COLLECTED IN THE SAME CABLE YEAR, ASSUMING THAT ALL GROUP 2 EXPENSES WERE PAID FROM MEMBER		
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KABLE YEAR, ASSUMING THAT ALL GROUP 2 EXPENSES WERE PAID FROM MEMBER		
S AND ALLOCATING THOSE EXPENSES PRO RATA BASED ON THE DUES PAID BY		
A THE PROPERTY INCOME SHOULD FIN ANTA PAULO ON THE DOED THED DI		
CH MEMBER, \$100,006 OF CARLETON COLLEGE'S DUES WERE USED TO PAY GROUP		
EXPENSES. THE AMOUNT OF LOBBYING EXPENSES PAID FROM CARLETON		
LEGE'S DUES WAS SIGNIFICANTLY LESS THAN THAT AMOUNT.		

	HEDULE D		al Financial Statements		OMB No. 1545-0047
(For	m 990)	Part IV, line 6, 7, 8, 9, 10	anization answered "Yes" on Form 990, , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		2010
	tment of the Treasury al Revenue Service		Attach to Form 990. rm 990) and its instructions is at www.lrs.g	ov/form99	0. Open to Public Inspection
Nam	ne of the organizati			Emp	oloyer identification number
De	tt Organiza	CARLETON COLLEGE	ed Funds or Other Similar Funds o	r Acces	41-0694747
Pa		-		or Accou	ints. Complete if the
-	organizatio	n answered "Yes" on Form 990, Part IV, lir	e 6. (a) Donor advised funds	(b) Euro	ds and other accounts
	Tatal averation at an		(a) Donor advised funds		
1		nd of year f contributions to (during year)			
2 3		f grants from (during year)	*****		
4		t end of year			
5			writing that the assets held in donor advised	funds	
Ũ	-		exclusive legal control?		Yes
6			dvisors in writing that grant funds can be us		
7			or donor advisor, or for any other purpose co		
					Yes No
Pa			ganization answered "Yes" on Form 990, Pa		
1	Purpose(s) of cons	servation easements held by the organizat	ion (check all that apply).		
06) ^{(**}	Preservation	of land for public use (e.g., recreation or e	education)	cally impor	tant land area
	Protection o	f natural habitat	Preservation of a certifie	d historic :	structure
	Preservation	of open space			
2	Complete lines 2a	through 2d if the organization held a quali	fied conservation contribution in the form of	a conserva	ation easement on the last
	day of the tax year	<i>.</i>			Held at the End of the Tax Year
а	Total number of co	onservation easements		<u>2</u> a	
b					
С			ucture included in (a)	and a second	
d			after 8/17/06, and not on a historic structure		
3	Number of conserve	vation easements modified, transferred, re	leased, extinguished, or terminated by the o	rganizatior	during the tax
4	Number of states v	where property subject to conservation ea	sement is located ►		
5		tion have a written policy regarding the pe			
			t holds?		
6	Staff and volunteer	r hours devoted to monitoring, inspecting,	handling of violations, and enforcing conser	vation eas	ements during the year
	•				
7	Amount of expense	es incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservatio	n easemer	its during the year
8			ve satisfy the requirements of section 170(h)		
	and section 170(h)	(4)(B)(ii)?			Yes No
9	In Part Xill, describ	e how the organization reports conservation	on easements in its revenue and expense st	atement, a	ind balance sheet, and
		· · · ·	tion's financial statements that describes the	e organizat	ion's accounting for
Der	conservation easer		Ant Weterical Tressures on Oth	au Cinail	Anala
Pa		-	f Art, Historical Treasures, or Oth	er Simil	ar Assets.
		the organization answered "Yes" on Form			
1a	-		SC 958), not to report in its revenue statemen		
		•	hibition, education, or research in furtherance	e oi public	service, provide, in Part Alli,
		note to its financial statements that descri		ad balance	shoot works of art historical
D	-		SC 958), to report in its revenue statement and		
	relating to these ite	2	ducation, or research in furtherance of public	, service, f	novide the following amounts
					101 100
					۵ <u>181,100.</u> ۱81,100.
2			asures, or other similar assets for financial g		
Ł	•	ints required to be reported under SFAS 1		an, provid	-
а	-		To (ASC 556) relating to these items.	🕨 :	\$
					\$\$
		eduction Act Notice, see the Instruction			Schedule D (Form 990) 2016

31 13570/16 131830 053_03008000 2016 05070 CARLETON COLLECT

632051 08-29-16

	dule D (Form 990) 2016 CARLETON CO					41-06947			ige 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 are	a significant	use of its	collectior	item	S
	(check all that apply):								
а	Lx_ Public exhibition	d	·	hange programs					
b	x_ Scholarly research	e	Other						
C	x Preservation for future generations								
4	Provide a description of the organization's c	ollections and explain	n how they further t	he organization's	exempt purp	ose in Parl	t XIII.		
5	During the year, did the organization solicit of			- Alternative		-	3	_	
	to be sold to raise funds rather than to be m						Yes	x	No
Pa	rt IV Escrow and Custodial Arran		ete if the organization	n answered "Yes'	on Form 99	0, Part IV,	line 9, or		
-	reported an amount on Form 990, Pa	and the second s							
1a	Is the organization an agent, trustee, custod						-	_	-
	on Form 990, Part X?						Yes	x	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing table:		·				
							Amount		
С									-
d	Additions during the year								10
е	Distributions during the year				<u>1e</u>				_
f	Ending balance								-
2a	Did the organization include an amount on F					Lx	Yes		No
-	If "Yes," explain the arrangement in Part XIII.							x	
Pa	t V Endowment Funds. Complete	f the organization an	swered "Yes" on Fo	orm 990, Part IV, li	ne 10.				_
		(a) Current year	(b) Prior year	(c) Two years bac	k (d) Three	years back	(e) Four	years	back
1a	Beginning of year balance	739,622,548.	784,690,360.	794,308,17	7. 704,	714,660.	651,	655,	398
b	Contributions	30,968,061.	7,573,357.	10,255,12	4. 13,	311,856.	11,	900,	109
c	Net investment earnings, gains, and losses	110,876,006.	-9,371,797.	21,539,63	5. 116,	344,123.	78,	960,	412
d	Grants or scholarships	9,133,556.	9,135,660.	8,294,49	2. 7,9	949,318,	7,	611,	873.
е	Other expenditures for facilities								
	and programs	27,960,493.	27,138,149.	26,339,60	2. 25,	19,295.	25	229,	420.
f	Administrative expenses	7,064,554.	6,995,563,	6,778,48	2. 6,	93,849.	4,	959,	966
g	End of year balance	837,308,012.	739,622,548,	784,690,36	0. 794,3	308,177.	704	714,	660
2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1g, column (a	a)) held as:					
а	Board designated or quasi-endowment 🕨	33.81	_%						
b	Permanent endowment 25,86	%							
С	Temporarily restricted endowment	40.33 %							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
3a	Are there endowment funds not in the posse	ession of the organization	ation that are held a	nd administered f	or the organi	zation			
	by:							Yes	No
	(i) unrelated organizations						3a(i)	x	
	(ii) related organizations						3a(ii)		х
b	If "Yes" on line 3a(ii), are the related organization	tions listed as requir	ed on Schedule R?				3b		
4	Describe in Part XIII the intended uses of the	organization's endo		100.00120.00171200010100000	2999 V.151 1999 C. 2012 L. V.	110000000000000000000000000000000000000	01 - E.S.		
Par	t VI Land, Buildings, and Equipm	nent.							
61	Complete if the organization answere	d "Yes" on Form 990	, Part IV, line 11a. S	See Form 990, Par	t X, line 10.				
2	Description of property	(a) Cost or of) Accumulat		(d) Book	value	Э
		basis (investm	nent) basis	(other)	depreciation				
	Land		4	,611,571,	N		4	611,	571
b	Buildings		268	,924,599,	97,042	377.		882,	
c	Leasehold improvements								
	Equipment		90	467,656,	77,609	139.	12	858,	517
	Other		39	909 292.				909	
	, Add lines 1a through 1e. (Column (d) must e							261	
						Schedule			

Schedule D (Form 990) 2016

41-0694747 Page 3

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)				
- · · · · · · · · · · · · · · · · · · ·	(b) Book value	(c) Method of valuat	tion: Cost or end	-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A) PRIVATE EQUITY	130,403,276.	END-OF-YEAR MARI	KET VALUE	
(B) HEDGE FUNDS	238,045,297.	END-OF-YEAR MARI	KET VALUE	
(C) REAL ASSETS	105,542,685.	END-OF-YEAR MARI	KET VALUE	
(D) PLANNED GIFT AGREEMENTS AND OTHER	59,905,635.	END-OF-YEAR MARK	KET VALUE	
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	533,896,893.			10 Mar 10 Mar 10 Mar
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes" of				
(a) Description of investment	(b) Book value	(c) Method of valuat	ion: Cost or end	-of-year market value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(8) (9)				
(8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		;t	2	
(8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets.	on Form 990 Part IV line 1	1d See Form 000 Part	Y line 15	
(8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" of the organization		1d. See Form 990, Part	X, line 15.	(b) Book value
(8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" of (a) □	on Form 990, Part IV, line 1 Description	1d. See Form 990, Part	X, line 15.	(b) Book value
(8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" (a) [(1) TRUSTS HELD BY OTHERS		1d. See Form 990, Part	X, line 15.	12,825,913
(8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" (a) [(1) TRUSTS HELD BY OTHERS (2) DEPOSITS WITH BOND TRUSTEE		1d. See Form 990, Part	X, line 15.	12,825,913
(8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" (a) [(1) TRUSTS HELD BY OTHERS (2) DEPOSITS WITH BOND TRUSTEE (3)		1d. See Form 990, Part	X, line 15.	12,825,913
(8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" (a) [(1) TRUSTS HELD BY OTHERS (2) DEPOSITS WITH BOND TRUSTEE (3) (4)		1d. See Form 990, Part	X, line 15.	12,825,913
(8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" (a) [(1) TRUSTS HELD BY OTHERS (2) DEPOSITS WITH BOND TRUSTEE (3) (4) (5)		1d. See Form 990, Part	X, line 15.	12,825,913
(8) (9) Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" (a) [(1) TRUSTS HELD BY OTHERS (2) DEPOSITS WITH BOND TRUSTEE (3) (4) (5) (6)		1d. See Form 990, Part	X, line 15.	12,825,913
(8) (9) Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" of (a) C (1) TRUSTS HELD BY OTHERS (2) DEPOSITS WITH BOND TRUSTEE (3) (4) (5) (6) (7)		1d. See Form 990, Part	X, line 15.	12,825,913
(8) (9) Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) TRUSTS HELD BY OTHERS (2) DEPOSITS WITH BOND TRUSTEE (3) (4) (5) (6) (7) (8)		1d. See Form 990, Part	X, line 15.	(b) Book value 12,825,913 54,525,462
(8) (9) Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" of (a) C (1) TRUSTS HELD BY OTHERS (2) DEPOSITS WITH BOND TRUSTEE (3) (4) (5) (6) (7) (8) (9)	Description	1d. See Form 990, Part	X, line 15.	12,825,913 54,525,462
(8) (9) Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) TRUSTS HELD BY OTHERS (2) DEPOSITS WITH BOND TRUSTEE (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line	Description	1d. See Form 990, Part	X, line 15.	12,825,913 54,525,462
(8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" (a) [(1) TRUSTS HELD BY OTHERS (2) DEPOSITS WITH BOND TRUSTEE (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	Description			12,825,913 54,525,462 67,351,375
(8) (9) Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) TRUSTS HELD BY OTHERS (2) DEPOSITS WITH BOND TRUSTEE (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line	Description 15.) 20 Form 990, Part IV, line 1			12,825,913 54,525,462 67,351,375
(8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" (a) [(1) TRUSTS HELD BY OTHERS (2) DEPOSITS WITH BOND TRUSTEE (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description 15.) 20 Form 990, Part IV, line 1	1e or 11f. See Form 990		12,825,913 54,525,462 67,351,375
(8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) TRUSTS HELD BY OTHERS (2) DEPOSITS WITH BOND TRUSTEE (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) (a) Description of liability (1) Federal income taxes	Description 15.) 20 Form 990, Part IV, line 1	1e or 11f. See Form 990 b) Book value		12,825,913 54,525,462 67,351,375
(8) (9) Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" of (a) □ (1) TRUSTS HELD BY OTHERS (2) DEPOSITS WITH BOND TRUSTEE (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) ANNUITIES PAYABLE	Description 15.) 20 Form 990, Part IV, line 1	1e or 11f. See Form 990 o) Book value 21,128,437.		12,825,913 54,525,462 67,351,375
(8) (9) Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" of (a) [] (1) TRUSTS HELD BY OTHERS (2) DEPOSITS WITH BOND TRUSTEE (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) ANNUITIES PAYABLE (3) ASSET RETIREMENT OBLIGATION	Description 15.) 20 Form 990, Part IV, line 1	1e or 11f. See Form 990 b) Book value 21,128,437. 1,731,368.		12,825,913 54,525,462 67,351,375
(8) (9) Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" of (a) [] (1) TRUSTS HELD BY OTHERS (2) DEPOSITS WITH BOND TRUSTEE (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) ANNUITIES PAYABLE (3) ASSET RETIREMENT OBLIGATION (4) FAIR VALUE OF INTEREST RATE SWAP	Description 15.) 20 Form 990, Part IV, line 1	1e or 11f. See Form 990 o) Book value 21,128,437.		12,825,913 54,525,462 67,351,375
(8) (9) Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" of (a) [] (1) TRUSTS HELD BY OTHERS (2) DEPOSITS WITH BOND TRUSTEE (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) ANNUITIES PAYABLE (3) ASSET RETIREMENT OBLIGATION (4) FAIR VALUE OF INTEREST RATE SWAP	Description 15.) 20 Form 990, Part IV, line 1	1e or 11f. See Form 990 b) Book value 21,128,437. 1,731,368.		12,825,913 54,525,462 67,351,375
(8) (9) Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" of (a) [] (1) TRUSTS HELD BY OTHERS (2) DEPOSITS WITH BOND TRUSTEE (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) (a) Description of liability (1) Federal income taxes (2) ANNUITIES PAYABLE (3) ASSET RETIREMENT OBLIGATION (4) FAIR VALUE OF INTEREST RATE SWAP (5) (6)	Description 15.) 20 Form 990, Part IV, line 1	1e or 11f. See Form 990 b) Book value 21,128,437. 1,731,368.		12,825,913 54,525,462 67,351,375
(8) (9) Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" of (a) [] (1) TRUSTS HELD BY OTHERS (2) DEPOSITS WITH BOND TRUSTEE (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) [] (a) Description of liability (1) Federal income taxes (2) ANNUITIES PAYABLE (3) ASSET RETIREMENT OBLIGATION (4) FAIR VALUE OF INTEREST RATE SWAP (5) (6) (7) (7)	Description 15.) 20 Form 990, Part IV, line 1	1e or 11f. See Form 990 b) Book value 21,128,437. 1,731,368.		12,825,913 54,525,462 67,351,375
(8) (9) Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" of (a) [] (1) TRUSTS HELD BY OTHERS (2) DEPOSITS WITH BOND TRUSTEE (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) (a) Description of liability (1) Federal income taxes (2) ANNUITIES PAYABLE (3) ASSET RETIREMENT OBLIGATION (4) FAIR VALUE OF INTEREST RATE SWAP (5) (6)	Description 15.) 20 Form 990, Part IV, line 1	1e or 11f. See Form 990 b) Book value 21,128,437. 1,731,368.		12,825,913 54,525,462 67,351,375

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) 2016

	dule D (Form 990) 2016 CARLETON COLLEGE		8	41-069474	7 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme		Revenue per R	eturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	265,580,699,
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains (losses) on investments	2a	88,739,326.	1.1	
a b	Donated services and use of facilities		00,139,320.		
c	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)		-1.367.620.		
e	Add lines 2a through 2d			2e	87,371,706.
3	Subtract line 2e from line 1			3	178,208,993.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	8,180,271.	2.10	
b	Other (Describe in Part XIII.)		40,390,536,		
с	Add lines 4a and 4b			4c	48,570,807.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	226 779 800.
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	ents Wit	h Expenses per	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	_			
1	Total expenses and losses per audited financial statements			1	138,089,424.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	v v		4	
а	Donated services and use of facilities	2a	a second s		
b	Prior year adjustments	2b		-	
C	Other losses	2c		Jan 1	
d	Other (Describe in Part XIII.)	2d	607,046.		
e	Add lines 2a through 2d			2e	607,046.
3	Subtract line 2e from line 1			3	137,482,378.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1;	$i = i^{\times}$			
а	Investment expenses not included on Form 990, Part VIII, line 7b		8,180,271.		
b	Other (Describe in Part XIII.)		40,390,536.	- 11 C	
с	Add lines 4a and 4b			4c	48,570,807.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) t XIII Supplemental Information.			5	186,053,185.
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addi			4; Part X, lin	e 2; Part XI,
PART	III, LINE 4:		and the second second		
CARL	ETON'S ART COLLECTION IS FOR STUDENT RESEARCH AND STUDY INCLUD	ING			
COLL	EGE ARCHIVES OF INSTITUTIONALLY SIGNIFICANT TREASURES AND LIBRA	ARY		(mag)	
COLL	ECTIONS.		·		
	IV. LINE 2B:	**************************************			
PARI	IV, DINE 4B;				
THE	COLLEGE REPORTS ON FORM 990, PART X, LINE 21 AMOUNTS HELD FOR S	THE	HORN		
PERK	INS LOAN PROGRAM THAT ARE REFUNDABLE TO THE GOVERNMENT AND REPO	ORTED AS			
<u>A LI</u>	ABILITY ON THE COLLEGE'S FINANCIAL STATEMENTS.				
PART	V, LINE 4:		ii		
	WMENT FUNDS ARE TO SUPPORT GRANTS TO STUDENTS AND THE PROGRAM S 08-29-16	SERVICES		Schedule) (Form 990) 2016
		1011 00			

Schedule D (Form 990) 2016 CARLETON COLLEGE Part XIII Supplemental Information (continued)		41-0694747	Page 5
	and the second		
OF THE COLLEGE.			
PART X, LINE 2:	111 - 201 - 201 - 201 - 201 - 201 - 201 - 201 - 201 - 201 - 201 - 201 - 201 - 201 - 201 - 201 - 201 - 201 - 201	2	
THE COLLEGE QUALIFIES AS A TAX-EXEMPT NONPROFIT ORGANIZAT	ION UNDER SECTION	ll	
501(C)(3) OF THE INTERNAL REVENUE CODE AND SIMILAR STATUT	ES OF MINNESOTA		
LAW, THE COLLEGE IS SUBJECT TO FEDERAL INCOME TAX ONLY ON	NET UNRELATED	· · · · · · · · · · · · · · · · · · ·	
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 OBL	IGATION FOR		
UNRELATED BUSINESS INCOME TAX, NO PROVISIONS FOR FEDERAL	DR STATE INCOME		
TAXES ARE REQUIRED AS OF JUNE 30, 2017.	-	.4	
PART XI, LINE 2D - OTHER ADJUSTMENTS:			
UNREALIZED GAIN ON INTEREST RATE SWAP	478,473.		
NET CHANGE IN ANNUITY & LIFE INCOME FUNDS	-2,453,139.		
RENTAL EXPENSES	607,046.		×
1.			
TOTAL TO SCHEDULE D, PART XI, LINE 2D	1,367,620.		
e de la contraction de la cont			
PART XI, LINE 4B OTHER ADJUSTMENTS:			
GRANTS TO STUDENTS	40,390,536.		
PART XII, LINE 2D - OTHER ADJUSTMENTS:	1.5458 (#10); -		
RENTAL EXPENSES	607,046.		
PART XII, LINE 4B - OTHER ADJUSTMENTS:			
GRANTS TO STUDENTS	40,390,536.		
	and the second sec		
632055 08-29-16		Schedule D (For	m 990) 2016
	35		

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury

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

Attach to Form 990 or Form 990-EZ.

OMB No, 1545-0047 h 1 **Open to Public** Inspection

Internal Revenue Service	▶ Information about Schedule E (Form 990 or 990-EZ)	and
King of the second second second		

_		on about Schedule E (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/fo	orm990.	Inspect	tion	
Name	e of the organization		Employer ide	entificat	ion nu	mber
	CARLETON	I COLLEGE	41-(694747		
Par	rt I					
				~~~~	YES	NO
1	Does the organization have a rac	cially nondiscriminatory policy toward students by statement in its charter, by	/laws.			
-		a resolution of its governing body?		1	x	
2		statement of its racially nondiscriminatory policy toward students in all its bro		" <del>  `</del>		11.1
2		mmunications with the public dealing with student admissions, programs, an		2 2	x	
3		its racially nondiscriminatory policy through newspaper or broadcast media d		1 2		
3		s, or during the registration period if it has no solicitation program, in a way th	2			
		he general community it serves? If "Yes," please describe. If "No," please exp				
		t II		3	X	
		ND BROADCAST MEDIA IN SOLICITATION OF		- 1		
	the second se	UR NONDISCRIMINATORY POLICY IN ALL				
	PRINTED BROCHURES, MAGAZ	INES, APPLICATION MATERIAL AND		- 1		
	WEBSITE INFORMATION.			- 1		
				- 1.2		
	Does the organization maintain the				5	
а	Records indicating the racial con	nposition of the student body, faculty, and administrative staff?		4a	X	
b	Records documenting that schol	larships and other financial assistance are awarded on a racially nondiscrimir	natory basis?	4b	x	
c	Copies of all catalogues, brochu	res, announcements, and other written communications to the public dealing	y with student			
	admissions, programs, and scho	larships?		4c	x	
d	Copies of all material used by the	e organization or on its behalf to solicit contributions?		4d	x	
	If you answered "No" to any of th	ne above, please explain. If you need more space, use Part II.		-		
				-		
		te by race in any way with respect to:				
						x
b	Admissions policies?			<u>5</u> b	1	x
С	Employment of faculty or administ	strative staff?		5c		x
d	Scholarships or other financial as	ssistance?		5d		x
е	Educational policies?			5e		x
f	Use of facilities?			5f		x
						x
						x
	If you answered "Yes" to any of t	the above, please explain. If you need more space, use Part II.				
		The transformer of a flat of a strategy of the second second second second second second second second second s			, a ¹	
				-		0.3
				- 1 (C)	(25)	
8				a. 9	/The	
		y financial aid or assistance from a governmental agency?			X	
		ich aid ever been revoked or suspended?		<u>6b</u>		X
	•	ine 6a or line 6b, explain on Part II.			1	
		t it has complied with the applicable requirements of sections 4.01 through 4				
	Rev. Proc. 75-50, 1975-2 C.B. 58	7, covering racial nondiscrimination? If "No," explain on Part II		7	X	

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

Schedule E (Form 990 or 990-EZ) 2016

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Schedule E (Form 990 or 990-EZ) 2016 CARLETON COLLEGE	41-0694747	Page 2
Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and	nd 7, as applicable.	
Also provide any other additional information.		
LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:		
CARLETON COLLEGE PARTICIPATES IN THE FEDERAL STUDENT FINANCIAL AID PROGRAM		
ADMINISTERED THROUGH THE U.S. DEPARTMENT OF EDUCATION. CARLETON STUDENTS		
RECEIVE FUNDING FROM CAMPUS-BASED PROGRAMS (PERKINS, SEOG, AND FEDERAL		
WORK STUDY) AS WELL AS FEDERAL PELL GRANTS AND FEDERAL STUDENT LOANS, IN		
ADDITION, CARLETON STUDENTS RECEIVE FUNDING FROM THE MINNESOTA STATE		
GRANT, WORK-STUDY AND SELF LOAN PROGRAMS ADMINISTERED THROUGH THE		
MINNESOTA OFFICE OF HIGHER EDUCATION.		
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632062 10-10-16 Sch 37	nedule E (Form 990 or 9	50-CZ) 20 10

SCHEDULE F (Form 990)			ivities Outside the Ur n answered "Yes" on Form 990, Part Attach to Form 990.		les	18 No. 1545-0047 2016
Department of the Treasury Internal Revenue Service	Information ab	out Schedule F	form990. Open to Pu			
Name of the organization					Employer identifi	
CARLETON COLLEGE Part I General Info Form 990, Part I		ctivities Ou	tside the United States. Comple	ete if the organi	41-0694747 zation answered "Y	es" on
1 For grantmakers. Doe	s the organizatior		ds to substantiate the amount of its grather the selection criteria used to award the			Yes 🗌 No
United States.			procedures for monitoring the use of it an be duplicated if additional space is i	ALC: NO	her assistance outs	ide the
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	<ul> <li>(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)</li> </ul>	(e) If activ is a prog describe	rity listed in (d) gram service, specific type s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS	N/A		234,882,472.
EUROPE	0	0	PROGRAM SERVICES	OCS - CAMBR ECONOMICS	IDGE	259,387.
EUROPE.	0	0	PROGRAM SERVICES	OCS - CROSS PSYCHOLOGY		313,745.
EUROPE	0	0	PROGRAM SERVICES	OCS - SPANI MADRID	SH STUDIES IN	149,936.
EUROPE	0	0	PROGRAM SERVICES	OCS - DIGIT PHOTOGRAPHY MEDIA IN EU	AND NEW	275,944,
EUROPE	0	0	PROGRAM SERVICES	OCS - ENGLI AND LITERAT	SH THEATER URE IN LONDON	204,495.
EUROPE	0	0	PROGRAM SERVICES	OCS - FRENC PARIS	H STUDIES IN	260,078.
EUROPE 3 a Sub-total	0	0	PROGRAM SERVICES		RY, RELIGION HANGE IN ROME	<u>362,283,</u> 236,708,340,
<ul> <li>b Total from continuation sheets to Part I</li> <li>c Totals (add lines 3a</li> </ul>	0	0		- 5 		2,321,457.
and 3b)	0	0			a	239,029,797.

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

Schedule F (Form 990) 2016

632071 09-21-16

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	<b>(f)</b> Total expenditures for region
EUROPE	0	0	PROGRAM SERVICES	OCS - COMPARATIVE WOMEN'S & GENDER STUDIES IN EUROPE	178,251
CAST ASIA AND THE				OCS - ECOLOGY IN	
PACIFIC	0	0	PROGRAM SERVICES	AUSTRALIA	416,626
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	OCS - STUDIO ART IN SOUTH PACIFIC	357,705
EAST ASIA AND THE	0	0	PROGRAM SERVICES	OCS - GARDENS, LANDSCAPE, AND THE BUILT ENVIRONMENT IN JAPAN	197,250
AST ASIA AND THE	0	0	PROGRAM SERVICES	OCS - GEOLOGOY AND NATURAL HISTORY IN TASMANIA	22,800
NIDDLE EAST AND	0	0	PROGRAM SERVICES	OCS - GLOBALIZATION AND LOCAL RESPONSES IN INDIA	224,372
NIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	OCS - BUDDHIST STUDIES IN BODH GAYA	472,249
NIDDLE EAST AND	0	0	PROGRAM SERVICES	OCS - SUSTAINABLE ENERGY PRINCIPLES & PRACTICE IN INDIA	30,445
OUTH AMERICA	0	0	PROGRAM SERVICES	DCS - SOCIETY, CULTURE AND LANGUAGE IN PERU	307,196
				OCS - CINEMA & CULTURAL CHANGE IN CHILE AND	
OUTH AMERICA	0	0	PROGRAM SERVICES	ARGENTINA	27,816

Part I Continuat (a) Region	(b) Number of	(c) Number of	<ol> <li>Schedule F (Form 990), Part I, line 3</li> <li>(d) Activities conducted in region</li> </ol>	(e) If activity listed in (d)	(f) Total
	offices in the region	employees or agents in region	(by type) (i.e., fundraising, program services, grants to recipients located in the region)	is a program service, describe specific type of service(s) in region	expenditures for region
				OCS - CAMEROON ARTS AND	
UB-SAHARAN AFRICA			PROGRAM SERVICES	CULTURE - WEST AFRICA	86,747
					8
			1997 - S. 1997	4 ¹ 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
otalsI					2,321,45

Schedule F (Form 990) 2016

41-0694747

Page 2

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

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			,			
					15	
se	el has provided a sectio	el has provided a section 501(c)(3) equivalency letter	el has provided a section 501(c)(3) equivalency letter	el has provided a section 501(c)(3) equivalency letter	Ins listed above that are recognized as charities by the foreign country, recognized as tax-exempt by el has provided a section 501(c)(3) equivalency letter	Ins listed above that are recognized as charities by the foreign country, recognized as tax-exempt by el has provided a section 501(c)(3) equivalency letter

Schedule F	(Form 990)	) 2016	CARLETON	C
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CARLETON COLLEGE

41-0694747

Page 3

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~						

Sched	ule F (Form 990) 2016 CARLETON COLLEGE 41-065	4747	Page 4
Part	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	x Yes	No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Yes	x No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	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)	x Yes	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	x Yes	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Yes	x No

Schedule F	(Form 990) 2016 CARLETON COLLEGE	41-0694747	Page 5
Part V	Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounce (estimated number of recipients), as applicable. Also complete this part to provide any address of the second s	unting method); and Part III, column (c)	
ART I, I	THE 3.		
THE COLLI	BE USES THE ACCRUAL METHOD OF ACCOUNTING TO REPORT EXPENDITURES		
ON PART 1			
	E		
	E.		
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132075 09-21-		Schedule F (Form 9	90) 201
70416	44 131839 053-03008000 2016 05070 CARLETON COLL		

SCHEDULE I		arants and Oth					OMB No. 1545-0047	
(Form 990)	Governments, and Individuals in the United States 2016 2016							
	Comp	lete if the organizatio			rt IV, line 21 or 22.		LUIU	
Department of the Treasury Internal Revenue Service	Iteration about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Open to Public							
Name of the organization							Employer identification number	
CARLETON COLLI							41-0694747	
Part I General Information on Grants a								
1 Does the organization maintain records								
criteria used to award the grants or assis	stance?						Yes No	
2 Describe in Part IV the organization's pro								
					anization answered "	Yes" on Form 990, Par	t IV, line 21, for any	
recipient that received more than		1			(f) Method of		1 415	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
CITY OF NORTHFIELD								
801 WASHINGTON STREET								
NORTHFIELD, MN 55057	41-6005424	GOVT ENTITY	78,000.	0,	N/A	N/A	COMMUNITY ENGAGEMENT	
NORTH CAROLINA STATE UNIVERSITY 2701 SULLIVAN DR.	-						NSF SUBAWARD - COLLABORATIVE RESEARCH:	
RALEIGH, NC 27695	56-6000758	501(C)(3)	10,545.	0.	N/A	N/A	ON THE CUTTING EDGE	
CENTRAL WASHINGTON UNIVERSITY 400 UNIVERSITY WAY ELLENSBURG, WA 98926	91-6000618	501(C)(3)	22,600.	0,	N/A	N/A	NSF SUBAWARD - STEP CENTER/INTEGRATE: SEE PART IV	
CLAFIN UNIVERSITY 400 MAGNOLIA STREET ORANGEBURG, SC 29115	57-0314374	501(C)(3)	47.994.	0.	N/A	N/A	NSF SUBAWARD - STEP CENTER/INTEGRATE: SEE PART IV	
COLUMBIA UNIVERSITY 2960 BROADWAY NEW YORK, NY 10027	13-5598093	501(C)(3)	114,383.	0,	N/A	N/A	NSF SUBAWARD - STEP CENTER/INTEGRATE: SEE PART IV	
GRAND VALLEY STATE UNIVERSITY ONE CAMPUS DRIVE, 2105 JAMES H. ZUMBERGEE HALL - ALLENDALE, MI 49401	38-1684280		17,150.		N/A	N/A	NSF SUBAWARD - STEP CENTER/INTEGRATE: SEE PART IV	
2 Enter total number of section 501(c)(3) a							The second	
3 Enter total number of other organization	s listed in the line	1 TADIE			*****			

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Schedule I (Form 990) (2016)

Schedule I (Form 990)	CARLETON COLLEGE
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Page 1

41-0694747

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) ÉIN	(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
GUSTAVUS ADOLPHUS							NSF SUBAWARD - STEP
800 WEST COLLEGE AVENUE							CENTER/INTEGRATE: SEE
SAINT PETER, MN 56082-1498	41-0695524	501(C)(3)	10,405.	0	N/A	N/A	PART IV
DALKI IBIMA, MA SOUDZ 1450	11 0000024	501(0/(5/	10,403.			N/A	EARL IV
MIDDLE TENNESSEE STATE UNIVERSITY				6			NSF SUBAWARD - STEP
1301 EAST MAIN STREET, CAB103							CENTER/INTEGRATE: SEE
MURFREESBRO, IN 37132	62-6005794	501(C)(3)	36,663.	0	N/A	N/A	PART IV
1011 ADDDAO, 11 07102	02 0000754				17.11		FRACE EV
NATIONAL COUNCIL FOR SCIENCE AND						-	NSF SUBAWARD - STEP
THE ENVIRONMENT - 1101 17TH ST. NW							CENTER/INTEGRATE: SEE
STE 250 - WASHINGTON, DC 20036	52-1700932	501(C)(3)	20,446.	0	N/A	N/A	PART IV
SIL 200 MACHINGTON, DC 20030	52 1,00,52	501(0/(5/	10,110.		M/A	N/A	LANCE IN
NORTH CAROLINA STATE UNIVERSITY							NSF SUBAWARD - STEP
2701 SULLIVAN DR.							CENTER/INTEGRATE: SEE
RALEIGH, NC 27695	56-6000758	501(0)(3)	211,302.	n	N/A	N/A	PART IV
Rabiton, No 27075	50-000750	501(0/(5/	211,002.		5/A	N/A	
PASADENA CITY COLLEGE						1	NSF SUBAWARD - STEP
1570 E. COLORADO BLVD.	1						CENTER/INTEGRATE: SEE
PASADENA, CA 91106	95-2505000	501/01/21	11,092.	0	N/A	N/A	PART IV
PASADENA, CA 91100	95-2505000	501(0)(3)	11,092.	Ū.	N/A	N/A	PART IV
							NSF SUBAWARD - STEP
PENN STATE UNIVERSITY							CENTER/INTEGRATE: SEE
201 OLD MAIN			442.007				
UNIVERSITY PARK, PA 16802	24-6000376	501(C)(3)	113,297.	0,	N/A	N/A	PART IV
							NSF SUBAWARD - STEP
SAVANNAH STATE UNIVERSITY							CENTER/INTEGRATE: SEE
PO BOX 20419		F01 (0) (0)	10.000	0	N/A	N/A	PART IV
SAVANNAH, GA 31404	58-6002069	B01(C)(3)	42,966.		N/A	N/A	PART IV
GUTDDENGEIRA INTIGECTEV AS 23							NSF SUBAWARD - STEP
SHIPPENSBURG UNIVERSITY OF PA							CENTER/INTEGRATE: SEE
1871 OLD MAIN DR	02 0500261	E01/01/21	21 265	0	AT / 3	N/A	PART IV
SHIPPENSBURG, PA 17257	23-2500361	DU1(C)(3)	31,365.	υ,	N/A	N/A	FART IV
							NSF SUBAWARD - STEP
STANFORD UNIVERSITY							
3145 PORTER DR.							CENTER/INTEGRATE: SEE
PALO ALTO, CA 94304	94-1156365	501(C)(3)	7,886.	0,	N/A	N/A	PART IV

Schedule | (Form 990) CARLETON COLLEGE

41-0694747 Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TATE OF SOUTH DAKOTA							
NIVERSITY OF SD, GRANT							NSF SUBAWARD - STEP
CCOUNTING, SLAGLE 203 -			1				CENTER/INTEGRATE: SEE
ERMILLION, SD 57069-2333	46-6000364	501(C)(3)	12,929.	0.	N/A	N/A	PART IV
HE BOARD OF TRUSTEES - UNIVERSITY							NSF SUBAWARD - STEP
F ILLINOIS - 1737 W POLK STREET -							CENTER/INTEGRATE: SEE
CHICAGO, IL 50512-7228	37-6000511	501(C)(3)	14,255.	0,	N/A	N/A	PART IV
	÷						
THE CORPORATION OF MERCER			1				NSF SUBAWARD - STEP
NIVERSITY - 1501 MERCER							CENTER/INTEGRATE: SEE
JNIVERSITY DRIVE - MACON, GA 31207	58-0566167	501(C)(3)	20,579.	0.	N/A	N/A	PART IV
HE CSU, CHICO RESEARCH FOUNDATION							NSF SUBAWARD - STEP
SU, CHICO - BUILDING 25MST					1		CENTER/INTEGRATE: SEE
CHICO, CA 95929-0870	68-0386518	501(C)(3)	15,659.	0.	N/A	N/A	PART IV
THE INCORPORATED RESEARCH							
INSTITUTIONS FOR SEISMOLOGY (IRIS)							NSF SUBAWARD - STEP
CONSORTIUM - 1200 NEW YORK AVENUE							CENTER/INTEGRATE: SEE
W, SUITE 400 - WASHINGTON, DC	52-1362650	501(C)(3)	7,113,	0	N/A	N/A	PART IV
THE UNIVERSITY OF TEXAS		-					NSF SUBAWARD - STEP
500 W UNIVERSITY WAY							CENTER/INTEGRATE: SEE
EL PASO, TX 79968	74-6000813	501(C)(3)	32,017.	0	N/A	N/A	PART IV
					-		
INIVERSITY OF TEXAS AT EL PASO							NSF SUBAWARD - STEP
500 W UNIVERSITY WAY		Fac (-) (a)			107.		CENTER/INTEGRATE: SEE
SLPASO, TX 79968	74-6000813	501(C)(3)		0	N/A	N/A	PART IV
INIVERSITY OF NORTHERN COLORADO				1			NSF SUBAWARD - STEP
501 20TH STREET							CENTER/INTEGRATE: SEE
	94 6000546	E01/01/21	3.524.		N/A	N/A	PART IV
REELEY, CO 80639	84-6000546	501(0)(3)	3,324.	0	N/A	N/A	LUNI 1.V
NIVERSITY OF ILLINOIS							NSF SUBAWARD - STEP
1737 W POLK STREET							CENTER/INTEGRATE: SEE
	37-6000511	501/01/21	4.180.	0	N/A	N/A	PART IV
CHICAGO, IL 60612-7228		DOT(C)(2)	4,100.	0	PICA	11/12	Sebedule / Form

Schedule I (Form 990) CARLETON COLLEGE

41-0694747 Page 1

Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), P	art II.)	
(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
UNIVERSITY OF NEBRASKA - LINCOLN							NSF SUBAWARD - STEP
151 WHITTIER RESEARCH CTR, 220 VIN							CENTER/INTEGRATE: SEE
LINCOLN, NE 68583	47-0049123	501(C)(3)	27.080.	0.	N/A	N/A	PART IV
UNIVERSITY OF NORTHERN COLORADO							NSF SUBAWARD - STEP
501 20TH STREET	9		17				CENTER/INTEGRATE: SEE
GREELEY, CO 80639	84-6000546	501(C)(3)	37,357,	0.	N/A	N/A	PART IV
WESTERN WASHINTON UNIVERSITY							NSF SUBAWARD - STEP
516 HIGH ST.					10.5 4.5		CENTER/INTEGRATE: SEE
BELLINGHAM, WA 98225	91-6000562	501(C)(3)	18,145,	0.	N/A	N/A	PART IV
WILLIAMS COLLEGE							NSF SUBAWARD - STEP
880 MAIN STREET, HOPKINS HALL							CENTER/INTEGRATE: SEE
WILLIAMSTOWN, MA 01267	04-2104847	501(C)(3)	14,707,	n	N/A	N/A	PART IV
ATHITAESTONN, AN OTZOT	04-2104047	501(0/(5/	14,707,		N/A		
WITTENBERG UNIVERSITY							NSF SUBAWARD - STEP
PO BOX 720							CENTER/INTEGRATE: SEE
SPRINGFIELD, OH 45501	31-0537177	501(C)(3)	41,322,	0.	N/A	N/A	PART IV
AMERICAN GEOPHYSICAL UNION							NSF SUBAWARD - ENGAGINO
2000 FLORIDA AVENUE NW							LOCAL COMMUNITIES IN
WASHINGTON, DC 20009	52-0955532	501(C)(3)	1,890.	0.	N/A	N/A	GEOSCIENCE PATHWAYS
					1		NSF SUBAWARD - ENGAGIN
UNAVCO INC.							LOCAL COMMUNITIES IN
6350 NAUTILUS DRIVE	04 1500057	E01/01/21	1 675	0	N/A	N/A	GEOSCIENCE PATHWAYS
BOULDER, CO 80301	84-1588357	501(0)(3)	4,676.	0	,N/A	N/A	BEOSCIENCE PATRANIS
UNIVERSITY OF CALIFORNIA-BERKELEY							NSF SUBAWARD - ENGAGING
2195 HEAREST AVENUE							LOCAL COMMUNITIES IN
BERKELEY, CA 94720	94-6002123	501(C)(3)	3,683.	0.	N/A	N/A	GEOSCIENCE PATHWAYS
			-,				
		1					

Schedule I (Form 990) (2016) CARLETON COLLEGE					41-0694747 Page
Part III Grants and Other Assistance to Domestic Individua Part III can be duplicated if additional space is needed	Is. Complete if the	organization answ	ered "Yes" on Form §	990, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
	•				
STUDENT SCHOLARSHIPS	1802	40,390,536		N/A	N/A
				-	
					-
			· 		
Part IV Supplemental Information. Provide the information re	quired in Part I, lin	e 2; Part III, column	n (b); and any other a	dditional information.	
PART I, LINE 2:					
GRANTS TO ORGANIZATIONS REQUIRE QUARTERLY PROGRAM	REPORTING INC	LUDING A			91
NARRATIVE AND FINANCIAL SUMMARY THAT IS REVIEWED I	BY THE PROGRAM	DIRECTOR.			
SCHOLARSHIPS AND GRANTS FOR STUDENTS ARE APPLIED I	DIRECTLY TO A	STUDENT'S			
COLLEGE ACCOUNT AND APPLIED TO TUITION, FEES, ROOM	AND BOARD, A	LL FINANCIAL			
AID IS SUBJECT TO REVISION BASED ON AVAILABILITY,	CHANGES IN FA	MILY			
CONTRIBUTION AND/OR CREDIT LOAD, SATISFACTORY ACAI	DEMIC PROGRESS	MUST BE			
MAINTAINED ACCORDING TO STANDARDS PRESCRIBED BY TH	HE COLLEGE, AN	NUAL RENEWAL			Schedule I (Form 990) (201
832102 11-01-16		49			Schedule I (Form 990) (201

Schedule I (Form 990) CARLETON COLLEGE Part IV Supplemental Information	41-0694747	Page 2
OF FINANCIAL AID IS CONTINUOUS IF INSTITUTIONAL FINANCIAL NEED REMAINS, ALL		11.000
REQUIRED DOCUMENTS ARE COMPLETED BY THE PUBLISHED DEADLINE AND SATISFACTORY		
ACADEMIC PROGRESS IS MAINTAINED CONSISTENT WITH THE COLLEGE'S POLICY.		
SCHEDULE I, PART II, COLUMN (H):		
NSF SUBAWARD - STEP CENTER/INTEGRATE: INTERDISCIPLINARY TEACHING OF	14. m	
GEOSCIENCE FOR A SUSTAINABLE FUTURE		
	1. <u>1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1</u>	
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	the control of	
	Schedule	l (Form 990)

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SC	SCHEDULE J Compensation Information									
	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	16						
	Compensated Employees		20	10	1					
Dopa	The Attach to Form 990, Part IV, line 23.		Open te	Publ	ic					
	nal Revenue Service Information about Schedule J (Form 990) and its instructions is at www.lrs.gov/for	m990.	Inspe	ection						
Nan	ne of the organization	Employer ider	tificati	on nu	mber					
	CARLETON COLLEGE	41-06947	47							
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,	1	-						
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.									
	First-class or charter travel		-		1.					
	Travel for companions									
	Tax indemnification and gross-up payments			,						
	Discretionary spending account	ir, chet)								
			1	1.0						
b	b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or									
-	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain									
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,									
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?		2	X						
~										
3	Indicate which, if any, of the following the filling organization used to establish the compensation of the organization		÷.							
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organizati	on to								
	establish compensation of the CEO/Executive Director, but explain in Part III.			14 ^m						
	x Compensation committee Written employment contract				1.1					
	x Independent compensation consultant x Compensation survey or study		3	1.0						
	x_ Form 990 of other organizations x_ Approval by the board or compensation or	ommittee	5		i					
			e 4							
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing		S	1	1.2					
	organization or a related organization:			10	1.0					
a L	Receive a severance payment or change of control payment? Participate in, or receive payment from, a supplemental nonqualified retirement plan?		4a	-	<u>x</u>					
b	Participate in, or receive payment from, an equity-based compensation arrangement?		4b		<u>x</u>					
С	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	******	40	1	<u>x</u>					
	If thes to any or lines 4a°c, list the persons and provide the applicable amounts for each term in Part III.				1					
	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	n	1							
5	contingent on the revenues of:									
а	The organization?		5a		x					
	Any related organization?		5b		x					
	If "Yes" on line 5a or 5b, describe in Part III.			1.1	-					
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n								
U	contingent on the net earnings of:				- 11 <u>1</u>					
а										
b	Any related organization?		6a 6b	-	x					
	If "Yes" on line 6a or 6b, describe in Part III.			-						
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		-3	- 5						
-	not described on lines 5 and 6? If "Yes," describe in Part III		7		x					
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the		2.04	- 14						
-	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III									
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in		8	2	<u> </u>					
-	Regulations section 53.4958-6(c)?		9	11 A.						
-										

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

Schedule J (Form 990) 2016

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Schedule J (Form 990) 2016	CARLETON COLLEGE	41-0694747	Page 2
D	a sea and a second s		

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	Breakdown of W-2 and/or 1099-MISC compensation		(C) Retirement and other deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
(1) STEVEN G. POSKANZER	(i)	434,819.	0.	23,054.	26,500.	88,161.	572,534,	0	
PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0	
(2) THOMAS BONNER	(i)	309,160.	0.	10,339.	26,500.	23,706,	369,705.	0	
VP FOR EXTERNAL RELATIONS	(ii)	0.	0.	0.	0.	0,	0.	0.	
(3) FREDERICK A. ROGERS	(i)	287,650.	0.	35,655,	26,500.	16,079.	365,884.	0	
VP AND TREASURER	(ii)	0.	0.	0,	0.	0.	0.	0.	
(4) BEVERLY NAGEL	(i)	281,469.	0.	3,584,	26,500.	10,418.	321,971,	0.	
DEAN OF THE COLLEGE	(ii)	0,	0.	0.	0.	0.	0.	0	
(5) CAROLYN H LIVINGSTON	(i)	178,377,	Ο.	240,	19,129.	29,081.	226,827.	0.	
VP FOR STUDENT DEVELOPMENT AND DEAN	(ii)	0.	Ο.	0.	٥.	0.	0.	0.	
(6) PAUL THIBOUTOT	(i)	196,646.	0,	3,048.	20,025.	17,064.	236,783.	0	
VP AND DEAN OF ADMISSIONS AND FINANC	(ii)	0,	0,	0.	0.	0.	0.	0	
(7) JASON MATZ (LEFT 11/19/16)	(i)	347,611.	Ο.	7,402,	26,500.	745.	382,258.	0	
CHIEF INVESTMENT OFFICER	(ii)	0,	0.	0.	0.	٥,	0.	0.	
(8) ANDREW CHRISTENSEN (LEFT 3/11/1	(i)	247,442.	0.	360,	25,434.	23,079.	296,315.	0.	
DIRECTOR OF PRIVATE MARKETS	(ii)	0.	0.	0,	0.	0.	0.	0.	
(9) JOEL M WEISBERG	(i)	148,544.	0.	39,895.	15,200.	19,308.	222,947.	0	
PROFESSOR OF PHYSICS AND ASTRONOMY	(ii)	0.	0.	0,	0.	0.	0,	0.	
(10) STEVEN K SPEHN	(i)	174,129.	Ο.	1,032,	17,955.	15,665.	208,781,	0.	
DIRECTOR OF FACILITIES AND CAPITAL P	(ii)	0,	Ο.	0,	0.	0.	0.	0.	
(11) JULIE J NEIWORTH	(i)	140,108.	0.	32,454.	14,700.	30,177.	217,439,	0	
PROFESSOR OF NATURAL SCIENCES AND PS	(ii)	0.	0.	0.	0.	0.	0.	0	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	Gi								

chedule J (Form 990) 2016 CARLETON COLLEGE	41-0694747	Page
Part III Supplemental Information		
rovide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Pa	IT II. Also complete this part for any additional infor	mation.
ART I, LINE 1A:		
TEVEN POSKANZER: HOUSING ALLOWANCE AND HOUSE CLEANING SERVICE, NOT		
EVEN POSKAWZER: HOUSING ALLOWANCE AND HOUSE CLEANING SERVICE, NOT		
NCLUDED IN TAXABLE INCOME AS THE HOUSING ASSIGNMENT IS REQUIRED BY THE		
DLLEGE AS A CONDITION OF EMPLOYMENT.		
TEVEN POSKANZER: SOCIAL CLUB DUES, INCLUDED IN TAXABLE COMPENSATION,		
EVEN POSRANZER: SOCIAL CLOB DOES, INCLODED IN TARABLE COMPENSATION.		
	a	
	· .	
	le.	
	Schedule	J (Form 990)

(Form	CHEDULE K orm 990) partment of the Treasury email Revenue Service arme of the organization be Attach to Form 990. Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.													1047 C
Name	of the organization	i.c							Emp	oloyer i	dentif	icatio	n nun	nber
	CARLETON COLLE	GE							4	1-069	4747			
Part I			1	1			in the second					_		
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issu	e price	(f) Descriptio	n of purpose	(g) D	efeased				boied
									Ves	No	of issuer Yes No			No
MIN	HIGHER EDUCATION FACILITIES								103		105	110	103	140
A AU	THORITY SERIES 6D	41-0988525	60416HENO	04/13/05	31.4	60,000.s	EE PART VI			x		x		x
MN	HIGHER EDUCATION FACILITIES													
B AU	THORITY SERIES 2017	41-0988525	60416H3W2	05/24/17	124,9	00,000.s	EE PART VI		x			X		x
c								1						
D														
Part I	Proceeds													
				A			B	С				D		
_1 A	Amount of bonds retired			19	,295,000.									
2 A	Amount of bonds legally defeased													
	otal proceeds of issue				,460,000.	1	39,670,300.							
	Bross proceeds in reserve funds													
5 0	Capitalized interest from proceeds		5. 											
6 F	Proceeds in refunding escrows													
_ 7 [ssuance costs from proceeds				336,501. 756,612.									
_8 (Credit enhancement from proceeds													
<u>9</u> V	Vorking capital expenditures from proceed	is												
10 0	Capital expenditures from proceeds				,000,000.		70,000,000.							
11 0	Other spent proceeds				1,123,498.		45,913,688.							
12 0	Other unspent proceeds													
13 Y	ear of substantial completion				2008				ж.					
				Yes	No	Yes	No	Yes	No		Yes	_	No	
14 V	Vere the bonds issued as part of a current	t refunding issue?			x	x								
15 V	Vere the bonds issued as part of an advar	nce refunding issue?		х		x								
16 H	· · · · · · · · · · · · · · · · · · ·			x			X							
<u>17</u> D	oes the organization maintain adequate books and reco	rds to support the final allocat	tion of proceeds?	x		x							_	
Part I	II Private Business Use												_	
			A			B	C				D			
	Vas the organization a partner in a partner	0.000		Yes	No	Yes	No	Yes	No	-	Yes		No	
	which owned property financed by tax-exe				X		X			-			-	
	Are there any lease arrangements that may													
b	oond-financed property?				X		x		_		_			

632121 10-19-16 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 54

Part III Private Business Use (Continued)										
		A	1		в		C	•	0)
3a Are there any management or service contracts that may result in private	Yes	No		Yes	No		Yes	No	Yes	No
business use of bond-financed property?	X			X						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside										
counsel to review any management or service contracts relating to the financed property?	x	-	_	X		- 1				
c Are there any research agreements that may result in private business use of bond-financed property?		x			X					
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside										
counsel to review any research agreements relating to the financed property?										
4 Enter the percentage of financed property used in a private business use by										
entities other than a section 501(c)(3) organization or a state or local government		2.00	%		.00	%		%		ç
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			%			%		%		9
6 Total of lines 4 and 5		2.00	%		.00	%		%		9
7 Does the bond issue meet the private security or payment test?		X		x						
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?		x			x					
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed										
of			%			%		%		(
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections	-	1			T					
1.141-12 and 1.145-2?										
9 Has the organization established written procedures to ensure that all nongualified		-		5		14				
bonds of the issue are remediated in accordance with the requirements under					b					
Regulations sections 1.141-12 and 1.145-2?	x				x					
Part IV Arbitrage	a									
		A			в		0	: [)
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No		Yes	No		Yes	No	Yes	No
Penalty in Lieu of Arbitrage Rebate?		x			X					
2 If "No" to line 1, did the following apply?										
a Rebate not due yet?		X			X					
b Exception to rebate?	x			x						
c No rebate due?		x		x						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was	-									
performed										
3 Is the bond issue a variable rate issue?	x				x					
4a Has the organization or the governmental issuer entered into a qualified	4				-					
hedge with respect to the bond issue?	x				x					
	MORGAN ST	ANLEY	APT		4					
c Term of hedge		7.0000								
d Was the hedge superintegrated?		/.0000			E				1	
a may ally heady subclimediated i		-								

632122 10-19-16

Schedule K (Form 990) 2016 CARLETON COLLEGE			41-06	94747				Page 3
Part IV Arbitrage (Continued)								
		4		3)	L C)
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X				
b Name of provider	e in the die of							(n
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?			10					
6 Were any gross proceeds invested beyond an available temporary period?		x		x				
7 Has the organization established written procedures to monitor the requirements of section 148?	x		Y					
Part V Procedures To Undertake Corrective Action	A		A					
			1	3	1	;	-	
	Yes	No					C	
Has the organization established written procedures to ensure that violations of	res	NO	Yes	No	Yes	No	Yes	No
federal tax requirements are timely identified and corrected through the voluntary								
closing agreement program if self-remediation isn't available under applicable								
regulations?	<u>X</u>		<u> </u>					
Part VI Supplemental Information. Provide additional information for responses to questions	on Schedul	e K. See inst	ructions					
SCHEDULE K, PART I, BOND ISSUES, COLUMN (F)								
(A) DESCRIPTION OF PURPOSE: RETIRE SERIES 3L1 AND SERIES 4N, NEW								
STUDENT HOUSING								
(B) DESCRIPTION OF PURPOSE: WEITZ CENTER MUSIC ADDITION, SCIENCE								
COMPLEX CONSTRUCTION, UTILITY INFRASTRUCTURE IMPROVEMENTS & ADDITIONS								
					×.0. 0.+			
		1. C						
			4.12.12.12.1					
						Sat	adula K /Ear	m 000) 2016

SCHEDULE M (Form 990)

Noncash Contributions

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

Department of the Treasury Internal Revenue Service **2016** Open To Public Inspection

OMB No. 1545-0047

Name of the organization

	Information about Schedule M (Form 990) and its instructions is at www.irs.gov/r	orm990.	mepeenen
ition		Employer	identification number

	CARLETON COLLEGE				41-	0694747		
Pa	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method o noncash con	(d) of determini tribution ar		S
1	Art - Works of art	x	2	181,100.	APPRAISAL			
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications					-		
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	167	11,693,358.	FMV			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							- 0.5
13	Qualified conservation contribution -							
	Historic structures			¥				
14	Qualified conservation contribution - Other							
15	Real estate - Residential	x	1	2,880,000.	APPRAISAL			
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles		- h					
19	Food inventory						1	
20	Drugs and medical supplies	-	-	10 M M 11			10.00	-
21	Taxidermy							
22	Historical artifacts			And a second	the second second		21162.5	
23	Scientific specimens							
24	Archeological artifacts						-	
24 25	Other ()							
25	Other ()	-						
20	Other ()							
	Other ()							
28	Number of Forms 8283 received by the organi	I during	a the tax year for a		I			
29	for which the organization completed Form 82							5
	for which the organization completed Form 62	.05, Fait IV, I	Donee Acknowled				2	and a state of the
00	Device the same stid the superiorities reaction h			anted in Dart I. Know 4 Abres	ah 00 that it	1	Yes	No
30a	During the year, did the organization receive b							1.8
	must hold for at least three years from the dat					1.00	57.5	1.14
	exempt purposes for the entire holding period	7				<u>30a</u>	L.,	X
	If "Yes," describe the arrangement in Part II.					1.00	1.00	
31	Does the organization have a gift acceptance		-			31	X	
32a	Does the organization hire or use third parties		-					
	contributions?					32a	X	
b	If "Yes," describe in Part II.					1 - 1	2.2	1.0

Schedule M (Form 990) (2016)

describe in Part II.

33

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

Schedule N	(Form 990) (2016) CARLETON COLLEGE	41-0694747	Page 2
Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, arr is reporting in Part I, column (b), the number of contributions, the number of items received, or a this part for any additional information.	nd 33, and whether the orga combination of both. Also c	nization complete
SCHEDULE	M, PART I, COLUMN (B):		
THE COLL	GE REPORTS THE NUMBER OF CONTRIBUTORS ON PART I, COLUMN (B).		
SCHEDULE	M, LINE 32B:		
THE COLLI	GE WILL RETAIN AN ATTORNEY FOR NON CASH REAL ESTATE GIFTS AND		
A BROKER	FOR PUBLICLY TRADED SECURITIES, AS NEEDED.		
			- States
í .			
<u>.</u>	and and a second and		
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		- F.N. Q TWO	
		i de constante	<i>c</i>
632142 08-23-	16	Schedule M (For	m 990) (2016
	58		, (

SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 990 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 2016 Open to Public Inspection
Name of the organization		545201 JUNESTA	identification number
	CARLETON COLLEGE	41-069	4747
FORM 990, PART III	, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:		
CARLETON COLLEGE 1	S A PRIVATE LIBERAL ARTS COLLEGE, LOCATED IN		
NORTHFIELD, MINNES	OTA, BEST KNOWN FOR ITS ACADEMIC EXCELLENCE AND WARM		
WELCOMING CAMPUS C	OMMUNITY, CARLETON OFFERS 32 MAJORS IN THE ARTS,		
HUMANITIES, NATURA	L SCIENCES/MATHEMATICS, AND SOCIAL SCIENCES,		
THE CARLETON COLLE	GE MISSION IS TO PROVIDE AN EXCEPTIONAL UNDERGRADUATE		
LIBERAL ARTS EDUCA	TION. THE COLLEGE IS DEVOTE		
		1-1	
FORM 990, PART III	, LINE 4D, OTHER PROGRAM SERVICES:		
ACADEMIC SUPPORT:	PROGRAMS TO ENHANCE THE CARLETON LIBERAL ARTS		
EXPERIENCE WITH LI	BRARY AND INFORMATION TECHNOLOGY RESOURCES (1,998		
STUDENTS).			
EXPENSES \$ 16,273,	005. INCLUDING GRANTS OF \$ 0. REVENUE \$ 3,364,007.		
·		-	
RESEARCH: FACULTY	AND STUDENT RESEARCH TO ENHANCE THE ACADEMIC		
INSTRUCTIONAL EXPEN	RIENCE.		
EXPENSES \$ 5,149,2	10. INCLUDING GRANTS OF \$ 956,903. REVENUE \$ 0.		
		*** ***	
SUMMER ACADEMIC PRO	DGRAMS: PROGRAMS FOR HIGH SCHOOL STUDENTS AND		
WORKSHOPS FOR TEACH	HERS OF ADVANCED PLACEMENT ENRICHED OR ACCELERATED		
CLASSES IN GRADES	7-12 TO DEVELOP SKILLS FOR RIGOROUS ACADEMIC PROGRAMS		
IN A SUPPORTIVE LEA	ARNING ENVIRONMENT,		F
EXPENSES \$ 1,589,31	0. INCLUDING GRANTS OF \$ 54,655, REVENUE \$ 1,767,163		
FORM 990 PART V T	JINE 4B, LIST OF FOREIGN COUNTRIES:		
LHA For Paperwork Re		dule O (Form	990 or 990-EZ) (2016)
632211 08-25-18	59		

Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization CARLETON COLLEGE	Employer identification number 41-0694747
	41.0024/4/
EL SALVADOR, FRANCE, GABON, NEW ZEALAND,	
SPAIN, INDIA, ETHIOPIA	-1
N	
FORM 990, PART VI, SECTION A, LINE 1:	
THE COLLEGE'S EXECUTIVE COMMITTEE INCLUDES THE CHAIR OF EACH BOARD	
COMMITTEE AND THE PRESIDENT, BETWEEN MEETINGS OF THE BOARD OF TRUSTEES, THE	0.2
EXECUTIVE COMMITTEE SHALL HAVE GENERAL SUPERVISION OF THE ADMINISTRATION	111.01.32.100.
AND PROPERTY OF THE COLLEGE EXCEPT THAT UNLESS SPECIFICALLY EMPOWERED BY	
THE BOARD OF TRUSTEES TO DO SO, IT MAY NOT TAKE ANY ACTION INCONSISTENT	5-17+
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	ай
FORM 990 IS ALSO INCLUDED ON THE BOARD OF TRUSTEES WEBSITE AND PROVIDED	ter to the second s
WITH THE BOARD MATERIALS FOR ALL BOARD MEMBERS TO REFERENCE.	dire i
	1. (
FORM 990, PART VI, SECTION B, LINE 12C:	
OFFICERS, TRUSTEES, AND KEY EMPLOYEES ARE REQUIRED TO ANNUALLY DISCLOSE	
INTERESTS THAT COULD GIVE RISE TO CONFLICTS. SUCH INTERESTS INCLUDE A LIST	
OF FAMILY MEMBERS, SUBSTANTIAL BUSINESS OR INVESTMENT HOLDINGS AND OTHER	
TRANSACTIONS OR AFFILIATIONS WITH BUSINESSES OR OTHER ORGANIZATIONS.	
TRANSACTIONS WITH PARTIES WITH WHOM A CONFLICTING INTEREST EXISTS MAY BE	
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	
EXCLUDED FROM THE DISCUSSION AND APPROVAL OF SUCH TRANSACTIONS: 3) A	chedule Q (Form 990 or 990-EZ) (2016)

Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization	Employer identification number 41-0694747
CARLETON COLLEGE	41-0694/4/
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	
INTEREST OF THE ORGANIZATION.	
INDIVIDUALS WITH AN IDENTIFIED CONFLICT OF INTEREST ARE RESTRICTED IN HOW	and the second course
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.	i Terti di Li d
	and the second se
FORM 990, PART VI, SECTION B, LINE 15:	
THE PRESIDENT'S COMPENSATION IS DETERMINED ANNUALLY BY THE HUMAN RESOURCES	
COMMITTEE OF THE BOARD OF TRUSTEES. THE COMMITTEE USES A CONSULTING FIRM TO	
CONDUCT AN INDEPENDENT REVIEW OF THE PRESIDENT'S COMPENSATION PACKAGE, THE	
REVIEW COMPARES DATA FROM 25 OF THE COLLEGE'S PEER INSTITUTIONS, AS WELL AS	
UTILIZING VARIOUS SALARY SURVEYS. THE COLLEGE USES 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 SALARY RECOMMENDATIONS	
DOD WITCH DOGTSTONE TO THE EVERYTHING CONSTRATE BOD ADDRESS STATE DOGTS	
FOR THESE POSITIONS TO THE EXECUTIVE COMMITTEE FOR APPROVAL. THIS PROCESS	1. 11.1100-000101011. 111
TAKES PLACE ANNUALLY; THE LAST REVIEW OF ALL EXECUTIVE POSITIONS LAST TOOK	
PLACE IN 2017.	1.1. 1401.04
FORM 990, PART VI, SECTION C, LINE 19:	di
CARLETON'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL	
STATEMENTS ARE AVAILABLE ON THE COLLEGE'S WEBSITE AND ARE AVAILABLE UPON	
REQUEST.	
832212 08-25-16	Schedule O (Form 990 or 990-EZ) (2016)

Name of the organization		Employer identification num
CARLETON COLLEGE		41-0694747
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:		
UNREALIZED GAIN ON INTEREST RATE SWAP	478,473.	-15-01
NET CHANGE IN ANNUITY & LIFE INCOME FUNDS	-2,453,139.	
TOTAL TO FORM 990, PART XI, LINE 9	-1,974,666.	
		21 p11100
24		
- To Contraction - Second States		
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La la contra de la c		40 - 40 - 40 - 100 K-44 - 40
332212 08-25-16	S	chedule O (Form 990 or 990-EZ) (2
70416 131839 053-03008000 2016.050	62	053-65

SCHEDULE R	Belated Organizat	tions and Unrelated D	artnorchine				MB No. 154	5-0047				
SCHEDULE R Related Organizations and Unrelated Partnerships Form 990) Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Department of the Treasury Internal Revenue Service Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.						2016 Open to Public Inspection						
Name of the organization	normation about ochedule rr h	orm 990) and its instructions is	at www.iis.govitom	1990.	Em	ployer identif						
CARLETON COLLEGE						41-0694747						
Part I Identification of Disregarded Entities. Com	plete if the organization answere	d "Yes" on Form 990, Part IV, line :	33.									
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state foreign country)	or Total inco	(e) me End-of-year	assets		(f) controlling entity	g				
- 10												
Part II Identification of Related Tax-Exempt Organizations during the tax year.	nizations. Complete if the organ	ization answered "Yes" on Form 99	90, Part IV, line 34 b	ecause it had one	or more	related tax-ex	empt					
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	ublic charity Direc		ublic charity Direct co		(f) Direct controlling entity		cont	g) 512(b)(13) trolled tity?
		c <i>m</i>		501(c)(3))			Yes	No				
PATRICIA V. DAMON SCHOLARSHIP FUND -												
68-6229419, 230 FRONT ST N, LACROSSE, WI												
54601	TRUST	WISCONSIN	501(C)(3)	LINE 12B, II	CARLET	ON COLLEGE	X					
S. EUGENE BAILEY SCHOLARSHIP TRUST -	_											
41-6439914, PO BOX 64713, ST. PAUL, MN								1				
55164	TRUST	MINNESOTA	501(C)(3)	PF	CARLET	ON COLLEGE	X					
	_					*.						

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632161 09-06-16 LHA

Schedule R (Form 990) 2016 CARLETON COLLEGE

41-0694747 Page 2

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under	(f) Share of total income	(g) Share of end-of-year assets	Disprop	h) ortionate tions?	(i) Code V-UBI amount in box 20 of Schedule	managing partner?	
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No	
	-					10					
								-			
	-										
					(<u> </u>			-		+	
	_										
							+			++	<u> </u>
							-				
	-										
V Identification of Related O											

organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership		(i) sotion (b)(13) strolled ntity?
CHARITABLE REMAINDER TRUSTS (67)	CHARITABLE REMAINDER TRUSTS		CARLETON	TRUST	7			x	
						54.1			

632162 09-06-16

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

Not	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		x
b	Gift, grant, or capital contribution to related organization(s)	1b		x
С	Gift, grant, or capital contribution from related organization(s)	10		x
d	Loans or loan guarantees to or for related organization(s)	1d		x
е	Loans or loan guarantees by related organization(s)	1e		x
f	Dividends from related organization(s)	1f		X
g	Sale of assets to related organization(s)	<u>1g</u>		X
h	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	11		X
j	Lease of facilities, equipment, or other assets to related organization(s)	11		x
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	3 2	x
1	Performance of services or membership or fundraising solicitations for related organization(s)	11		X
n	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		x
	Sharing of paid employees with related organization(s)	10		x
р	Reimbursement paid to related organization(s) for expenses	1p	1.3	x
q	Reimbursement paid by related organization(s) for expenses	1q		x
r	Other transfer of cash or property to related organization(s)	1r	Sec.	x
s	Other transfer of cash or property from related organization(s)	15	x	

(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved
(1) CHARITABLE REMAINDER TRUSTS	s	49,107.	FMV AT DATE OF DEATH
(2) S. EUGENE BAILEY SCHOLARSHIP TRUST	S	99,000.	FMV
(3) PATRICIA V. DAMON SCHOLARSHIP FUND	S	517,624,	FMV
(4)			
(5)			
<u>(6)</u> 632 163 09-06-16	65		Schedule R (Form 990) 2016

Schedule R (Form 990) 2016 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.

(a) Name, address, and EIN	(b) Primary activity	(c) Legal domicile	(d) Predominant income	(e) Are a partners 501(c) orgs) III Sec	(f) Share of	(g) Share of	(h) Dispropor	(i) Code V-UBI	(j) Genera	(k)
of entity	, inter additing	(state or foreign country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	501(c)(3 orgs.?	(3) No	total income	end-of-year assets	tionate allocations? Yes No	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Yes NO	ownership
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Supplemental Information.		
Provide additional information for responses to questions on Schedule R. See instructions.		
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