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 2014 Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www.irs.gov/form990.

Α	For the	e 2014 calendar year, or tax year beginning JUL 1, 2014 and en	nding Ju	IN 30, 2015				
В	Check if applicable	C Name of organization		D Employer ide	entific	cation number		
	Addre chang	e CARLETON COLLEGE						
	Name chang			41-	-0694	1747		
	Initial return Final		oom/suite	E Telephone nu				
	return. termin ated	ONE NORTH COLLEGE STREET			1/) 2	222-4000		
_	ated Amen	City or town, state or province, country, and ZIP or foreign postal code NORTHFIELD MN 55057		G Gross receipts \$	-	212,364,295.		
는	return	MORITH INDE, EM 35057		H(a) Is this a gro				
_	Application pendic	na I				? Yes X No		
-	_	SAME AS C ABOVE	1 1 507	H(b) Are all subordin				
		empt status: X 501(c)(3)	527	the second secon		list. (see instructions)		
		organization: X Corporation Trust Association Other	T. V.	H(c) Group exer	-			
	art I	Summary	L Year C	of formation, 1866	I M	State of legal domicile; MN		
	C 100 100 100 100 100 100 100 100 100 10	C 31250 m (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	DE AN E	YCEDTTONNI.				
Governance	1	Briefly describe the organization's mission or most significant activities: TO PROVIDUNDERGRADUATE LIBERAL ARTS EDUCATION.	DE AN E	ACEPTIONAL				
E.	2	Check this box 🕨 📖 if the organization discontinued its operations or dispose	d of more	than 25% of its r	et as	sets.		
Š	3	Number of voting members of the governing body (Part VI, line 1a)		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3	31		
8	4	Number of independent voting members of the governing body (Part VI, line 1b)			4	30		
es		Total number of individuals employed in calendar year 2014 (Part V, line 2a)			5	2969		
Σŧ	6	Total number of volunteers (estimate if necessary)			6	2501		
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			7a	-122,256.		
_	b	Net unrelated business taxable income from Form 990 T, line 34			7b	-362,770.		
Revenue				Prior Year		Current Year		
	8	Contributions and grants (Part VIII, line 1h)		27,893,	301.	34,152,153.		
		Program service revenue (Part VIII, line 2g)		113,314,		122,190,431.		
		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		59,319,	240.	54,280,032.		
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		4,377,	198.	-55,794.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		204,904,	109.	210,566,822.		
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		33,983,	589.	35,456,647.		
		Benefits pald to or for members (Part IX, column (A), line 4)			0.	0.		
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		71,715,	_	73,049,342.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0.	0.		
Š	b	Total fundraising expenses (Part IX, column (D), line 25)			plantenument Later Participation			
ш	11/	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		58,559,		60,467,139.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		164,258,	_	168,973,128.		
- 60	19	Revenue less expenses. Subtract line 18 from line 12		40,645,	_	41,593,694.		
Sor			Be	ginning of Current	_	End of Year		
Assets or Balances	20	Total assets (Part X, line 16)		1,159,336,		1,167,291,041,		
		Total liabilities (Part X, line 26)		139,363,	$\overline{}$	135,223,719.		
		Net assets or fund balances. Subtract line 21 from line 20		1,019,973,	597.	1,032,067,322.		
_		Signature Block						
		Ities of perjury, I declare that I have examined this return, including accompanying schedules a				knowledge and belief, it is		
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which	h preparer	has any knowledge.	2	17		
_		Signature of officer		Date	10	-16		
Sig				Date				
Her	re	FREDERICK A. ROGERS, VP & TREASURER Type or print name and title						
				eta I.		II PTIN		
Det	.	Print/Type preparer's name  Reparer's signature  Reparer's signature	)   [	ate [/11/2016   Che	CK [_	===		
Paid		CALLED GATES		1 3011	-employe			
	parer	Firm's name CLIFTONLARSONALLEN LLP		Firm's Ell	V >	41-0746749		
use	Only	Firm's address 220 SOUTH SIXTH STREET, SUITE 300		DI	C10	275 4500		
	140 100	MINNEAPOLIS, MN 55402		Phone no	612	-376-4500		
May	y the IF	S discuss this return with the preparer shown above? (see instructions)				X Yes No		

Form	1 990 (2014) CARLETON COLLEGE	41-0694747	Page 2
Pa	rt III Statement of Program Service Accomplishments		
_	Check if Schedule O contains a response or note to any line in this Part III		x
1	Briefly describe the organization's mission:  SEE SCHEDULE 0.		
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?	[	Yes X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.		Yes X No
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by e	expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	rs, the total ex	penses, and
	revenue, if any, for each program service reported.		06 050 532 1
4a	(Code: ) (Expenses \$ 88,150,798. including grants of \$ 35,018,615. ) (Revenue	e\$	96,959,532.)
	INSTRUCTION: CARLETON COLLEGE EXISTS TO PROVIDE A HIGH QUALITY LIBERAL		
	ARTS EDUCATION FOR YOUNG WOMEN AND MEN, PREPARING THEM FOR LEADERSHIP IN THEIR COMMUNITIES, COUNTRIES AND THE WORLD (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 18.		
	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 FINANCIAL NEED OF ALL ADMITTED	*	
	STUDENTS TO ENSURE AFFORDABILITY AND ACCESSIBILITY; ACHIEVE CULTURAL	+****	
	RACIAL, ETHNIC AND SOCIOECONOMIC DIVERSITY; AND FUND THE COMMITMENT TO		
	GLOBALIZATION (1,804 STUDENTS).		
	the state of the s		
4b	(Code: ) (Expenses \$ 18,458,286. including grants of \$ 0.) (Revenue	e \$	21,001,728.)
	AUXILIARY ENTERPRISES: CARLETON COLLEGE MAINTAINS A RURAL RESIDENTIAL	-	
	CAMPUS TO ENHANCE THE EDUCATIONAL EXPERIENCE OF THE STUDENT BODY WITH		
	ROOM AND BOARD PROGRAMS DESIGNED TO ENCOURAGE A SPIRIT OF COLLEGIALITY	200000000000000000000000000000000000000	
	AND CONVERSATION BEYOND THE CLASSROOM AND LABORATORY (1,812 STUDENTS).		
		i i	
	No. of the Control of		
	The state of the s		
		<del></del>	
4c	(Code: ) (Expenses \$ 15,232,829. including grants of \$ 0. ) (Revenue	ie \$	0.)
	STUDENT SERVICES: PROGRAMS DESIGNED TO SUPPORT THE CARLETON COLLEGE		
	STUDENT LIFE EXPERIENCE INCLUDING CO-CURRICULAR AND RECREATIONAL		
	OPPORTUNITIES (2,005 STUDENTS).		
	The state of the s		
	Land Control of the C		
		wallies .	
	production of the second of th		
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ 22,042,271. including grants of \$ 438,032.) (Revenue \$	4,229,171	.)
4e	Total program service expenses 143,884,184.		
			000

Form 990 (2014) CARLETON COLLEGE
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  If "Yes," complete Schedule A	1	х	110
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			,,,
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	_	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		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		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	х	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?  If "Yes," complete Schedule D, Part IV	9	х	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	x	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	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		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Х	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		v	
4-	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	4-		x
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15	-	
16	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from garning activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		х
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form	990	(2014)

CARLETON COLLEGE 41-0694747 Form 990 (2014) Page 4 Part IV | Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II X 21 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 X Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 23 X 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a 24a X b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24h X c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? X 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I X 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete X Schedule L, Part I 25b 26 Did the organization report any amount on Part X, line 5. 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," X complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M X 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

Part V, line 1

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?

If "Yes," complete Schedule R, Part V, line 2

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

Form 990 (2014)

X

X

35a

35h

36

37

Note. All Form 990 filers are required to complete Schedule O .

	n 990 (2014) CARLETON COLLEGE 41-0694747  rt V   Statements Regarding Other IRS Filings and Tax Compliance			age 5
	Check if Schedule O contains a response or note to any line in this Part V		national a	$\mathbf{x}$
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 516	1		E-H
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	UTIL		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	d T	100	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	х	
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Х	
b	If "Yes," enter the name of the foreign country: ► SEE SCHEDULE 0			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	216		1 1
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
C	, , , , , , , , , , , , , , , , , , , ,	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
141	any contributions that were not tax deductible as charitable contributions?	6a		x
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	7	THE	5 100
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		_
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_	.,	
	to file Form 8282?	7c	x	3000
	If "Yes," indicate the number of Forms 8282 filed during the year 2	111111	Enne	v
e	Did the organization receive any funds, dlrectly or indirectly, to pay premiums on a personal benefit contract?	7e	_	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	-	
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	200	7
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		0.450	7 7
0	sponsoring organization have excess business holdings at any time during the year?	8	1000	Charle
9	Sponsoring organizations maintaining donor advised funds.	0-	100	HIG! NE
a	Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a		-
1212	Section 501(c)(7) organizations. Enter:	9b	1111	STITLE OF
10	1.2.4			
a b	Initiation fees and capital contributions included on Part VIII, line 12 10a  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			STUDI
a				
b	Gross income from members or shareholders  Gross income from other sources (Do not net amounts due or paid to other sources against		H.	
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	Carried .	To recit
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1		

Form 990 (2014)

х

13a

14a

14a Did the organization receive any payments for indoor tanning services during the tax year?

a Is the organization licensed to issue qualified health plans in more than one state?

Note. See the instructions for additional information the organization must report on Schedule O.

b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans

c Enter the amount of reserves on hand

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

13 Section 501(c)(29) qualified nonprofit health insurance issuers.

41-0694747 Part VI | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI	*****	*****	X
Sec	tion A. Governing Body and Management			
	W 51		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 13	73-46	No.	
	If there are material differences in voting rights among members of the governing body, or if the governing	Title	185	5
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	LUFE!	12 1	as little
b		7	100	HEVH
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	100	127.0	
	officer, director, trustee, or key employee?	2	Calma	х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х
6	Did the organization have members or stockholders?	6		х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	-		
	persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		PE I	
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	х	-
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	-		
•	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	l l	x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	Total College		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	100	Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
_	and branches to ensure their operations are consistent with the organization's exempt purposes?	10ь		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	BABLI		I.M.
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 to conflicts?	12b	х	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	х	
14	Did the organization have a written document retention and destruction policy?	14	х	
15	Did the process for determining compensation of the following persons include a review and approval by independent		eun F	115
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	74.
b	Other officers or key employees of the organization	15b	х	
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	100		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	Lett.		1
	taxable entity during the year?	16a	(47)111	х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	21120411	1145	
~	In joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		JEE:	34.11
	exempt status with respect to such arrangements?	16b		222
Sec	tion C. Disclosure	100		_
17	List the states with which a copy of this Form 990 is required to be filed ▶CA,MN, NH, WA			_
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availah	olo.	_
,,,	for public inspection. Indicate how you made these available. Check all that apply.	a v wildt	,,,,	
	X Own website X Another's website X Upon request Other (explain in Schedule O)			
10	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial	
19		u iiiian	udi	
20	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records: FREDERICK A. ROGERS - 507-222-4000			
	ONE NORTH COLLEGE STREET, NORTHFIELD, MN 55057	_		
_	AND ADDRESS STREET, MORTHE LEAD, EM 33031			

#### Form 990 (2014) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year,
- · List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week	DOX	(C) Position (do not check more tha box, unless person is b officer and a director/tr					( <b>D)</b> Reportable compensation from	( <b>E</b> ) 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) JACK W. EUGSTER	8.00									
CHAIR		х		X		_		0.	0.	0.
(2) CATHY PAGLIA	8.00									
VICE CHAIR		Х		X				0,	0.	0.
(3) WALLY WEITZ	8,00									
VICE CHAIR		х		Х		_		0.	0,	0.
(4) STEVEN G. POSKANZER	60.00									
PRESIDENT		Х		Х		_		424,494.	0.	130,981.
(5) NINA M. ARCHABAL	5.00									
TRUSTEE		Х			_	_	_	0.	0.	0,
(6) CAROL BARNETT	5,00									
TRUSTEE		X						0.	0.	0.
(7) BILL CRAINE	5,00									
TRUSTEE		X	_					0.	0.	0.
(8) DAVID M. DIAMOND	5,00									
TRUSTEE		X	_	_				0.	0.	0.
(9) ARNOLD W. DONALD	5,00									
TRUSTEE		х		_	_	_	_	0.	0.	0.
(10) MAUREEN G. GUPTA	5,00									
TRUSTEE		Х	_	_	_	_	_	0.	0.	0.
(11) JOHN F. HARRIS	5.00									
TRUSTEE	5.00	х	L	_	_	_	_	0,	0.	0.
(12) MICHAEL HASENSTAB	5.00									
TRUSTEE	F 00	Х	_		_	_	_	0.	0,	0,
(13) ELISE M. HOLSCHUH	5.00							0.		
TRUSTEE	F 00	X	_	-	_	_	_	0.	0,	0.
(14) JAMES E. JOHNSON TRUSTEE	5.00	x						0.	0.	0
(15) MICHELE JOY	5,00	<u> </u>	-	-	-		-	0.	0.	0,
TRUSTEE	5.00	х						0.	0.	0.
(16) LESLIE B. KAUTZ	5.00	_	-	-	-		-	0,	· · · · · · · · · · · · · · · · · · ·	
TRUSTEE	5.00	х						0.	0.	0.
(17) ARTHUR D. KOWALOFF	5.00	^	-	-	-	-		0.	0,	0.
TRUSTEE	3.00	x						0.	0.	0.
499007 11-07-14		A						0.	0.	Form <b>990</b> (2014)

432007 11-07-14

Page 7

Part VII   Section A. Officers, Directors (A)	(B)			(0	C)			(D)	(E)	(F)	
Name and title	Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)						Reportable compensation from	Reportable compensation from related	Estimated amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Кеу етрюуее	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(18) MARILYN M. MCCOY TRUSTEE	5.00	х						0.	0.	0,	
(19) WILLIAM R. MCLAUGHLIN TRUSTEE	5,00	х					2312	0.	0.	0,	
(20) BONNIE J. MELVILLE TRUSTEE	5,00	х						0.	0.	0.	
(21) BRAD NORDHOLM TRUSTEE	5.00	x						0.	0.	0.	
(22) GARY T. O'BRIEN TRUSTEE	5,00	х						0.	0.	0.	
(23) PAMELA KIECKER ROYALL TRUSTEE	5,00	х						0.	0.	0 ,	
(24) DAVID B. SMITH, JR. TRUSTEE	5.00	х						0.	0.	0.	
(25) GARY L, SUNDEM TRUSTEE	5.00	x						0.	0.	0.	
(26) ALAN C. THIEL TRUSTEE	5.00	x						0.	0.	0.	
1b Sub-total								424,494.	0.	130,981,	
c Total from continuation sheets to F	Part VII, Section A						<b>&gt;</b>	2,290,103.	0.	346,358.	
d Total (add lines 1b and 1c)							<b>&gt;</b>	2,714,597.	0.	477,339.	

compensation from the organization

		163	140
Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on		-	E.S
line 1a? If "Yes," complete Schedule J for such individual	3		х
For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization	-E7E		1407
and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	X	
Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services		防留	
rendered to the organization? If "Yes," complete Schedule J for such person	5		Х
	line 1a? If "Yes," complete Schedule J for such individual  For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services	line 1a? If "Yes," complete Schedule J for such individual  For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services	line 1a? If "Yes," complete Schedule J for such individual  For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
BON APPETIT, 100 HAMILTON AVENUE STE 400,		
PALO ALTO, CA 94301	FOOD SERVICE	8,545,148,
TERRA GENERALCONTRACTORS, LLC		
21025 COMMERCE BLVD, ROGERS, MN 55374	GENERAL CONTRACTOR	2,557,625.
RIVER CITY BUILDERS		
98 MAIN STREET, NERSTRAND, MN 55053	GENERAL CONTRACTOR	939,034.
BOLGER PUBLICATIONS, INC.		
2465 MOMENTUM PLACE, CHICAGO, IL 60689	PUBLISHING	582,015.
ICON CONSTRUCTORS, LLC		
13498 COUNTY ROAD 28, MABEL, MN 55954	BRIDGE CONTRACTOR	426,214.
Total number of independent contractors (including but not limited \$100,000 of compensation from the organization.	d to those listed above) who received more than	. 45 1.800101. 7. (14.

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2014)

432008 11-07-14

Form 990 CARLETON COL									41-069474	7
Part VII Section A. Officers, Directors, Tr	ustees, Key E	mple	oyee	s, a	nd l	ligh	est	Compensated Employ	ees (continued)	
(A)	(B)				C)	-		(D)	(E)	(F)
Name and title	Average	1		Pos	ition	1		Reportable	Reportable	Estimated
	hours	(c	heck	all :	that	арр	ly)	compensation	compensation	amount of
	per	Г						from	from related	other
	week	5				oloyee		the organization	organizations	compensation from the
	(list any hours for	direct				demp		(W-2/1099-MISC)	(W-2/1099-MISC)	organization
	related	10 88	stee			nsate		(** 2/ 1000 (**100)		and related
	organizations	Individual trustee or director	Institutional trustee		aakc	Highest compensated employee				organizations
	below	vidua	fution	- EG	Кеу втріоуее	nesto	TIER			
	line)	Indi	Inst	Officer	Кеу	HIGH	Former			
(27) JUSTIN B. WENDER	5.00									
TRUSTEE		X					_	0.	0.	0
(28) BONNIE M. WHEATON	5.00									
TRUSTEE		Х						0.	0.	0
(29) BYRON WHITE	5.00									
TRUSTEE		х						0.	0.	0
(30) MICHAEL L. WIEBOLT	5.00								201	
TRUSTEE		X						0.	0.	0
(31) MARK R. WILLIAMS	5,00									
TRUSTEE		Х				_	_	0.	0.	0
(32) THOMAS BONNER	60,00								3201	
SECRETARY		_		х	_		_	234,330.	0.	40,830
(33) FREDERICK A. ROGERS	60.00								(8)	
VP & TREASURER	50.00	_	_	Х	_	_	_	301,093.	0,	40,608
(34) BEVERLY NAGEL	60,00			_				252 222		34 603
DEAN OF THE COLLEGE	10.00	_	_	X	_	_	_	250,809.	0.	31,603
(35) M H WAGNER	40.00	-						100 043		10 550
VP, DEAN OF STUDENTS	10.00	_	_	_	Х	$\vdash$	_	192,843.	0.	19,759
(36) PAUL THIBOUTOT	40.00	1			x			104 156	0.	22 657
VP, DEAN OF ADMISSIONS & FINANCIAL A		_	_	-	Λ	-	-	184,156.	0.	32,657
(37) JASON MATZ CHIEF INVESTMENT OFFICER	40,00	1				х		355 445	0.	26 270
(38) ANDREW CHRISTENSEN	40,00	-	-	-	_	^	-	355,445.	<u> </u>	26,270
DIRECTOR OF PRIVATE MARKETS	40.00					x		221,869.	0.	45,391
(39) LOUIS E. NEWMAN	40,00	-			-	Α.		221,005.		43,371
ASSOCIATE DEAN OF THE COLLEGE	40,00	1				x		181,888.	0.	36,155
(40) SUSAN SINGER	40.00				-	-				
PROFESSOR OF NATURAL SCIENCES	- 10,00					x		185,662.	0.	36,070
(41) JOEL WEISBERG	40.00		-							
PROFESSOR OF PHYSICS AND ASTRONOMY						x		182,008.	0.	37,015
	l									
1011								110		
		1								
								J		
									aux e	
Total to Part VII, Section A, line 1c								2,290,103.		346,358

CARLETON COLLEGE Form 990 (2014) 41-0694747 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII Revenue excluded from tax under sections 512 - 514 (B) (C) Related or Unrelated Total revenue exempt function business revenue Contributions, Giffs, Grants and Other Similar Amounts 1 a Federated campaigns b Membership dues c Fundraising events \_\_\_\_ 10 d Related organizations 4,803,305 Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 29,348,848 13,268,398, g Noncash contributions included in lines 1a-1f: \$ 34,152,153 h Total. Add lines 1a-1f Business Code TUITION AND FEES Program Service Revenue 611710 96,959,532 96,959,532 ROOM AND BOARD 21,001,728, 611710 21,001,728 SUMMER ACADEMIC PROG 611310 1,659,040 1,659,040 900099 2,570,131. 2,570,131 All other program service revenue 122,190,431. Total. Add lines 2a-2f Investment income (including dividends, interest, and 12,532,543. -290,562, 12,823,105. other similar amounts) 4 Income from investment of tax-exempt bond proceeds 150,959. 5 Royalties ..... 150,959 (i) Real (ii) Personal 267,745 6 a Gross rents 783,672 b Less: rental expenses ...... -515,927 c Rental income or (loss) -515,927 6,152 -522,079. d Net rental income or (loss) (ii) Other 7 a Gross amount from sales of (i) Securities 42,023,668. 312,473 assets other than inventory b Less: cost or other basis 231,606. and sales expenses ....... 357,046 41,792,062 -44.573. c Gain or (loss) 41,747,489 d Net gain or (loss) ..... 41,747,489. 8 a Gross income from fundraising events (not Other Revenue including \$ \_\_ contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses \_\_\_\_\_ Net income or (loss) from fundraising events Þ 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances 572,169 425,149, b Less: cost of goods sold ..... Net income or (loss) from sales of inventory 147,020 147,020 Miscellaneous Revenue Business Code WIND TURBINE 221000 162,154 162,154 11 a b d All other revenue ..... 162,154

Form 990 (2014)

-122,256.

210,566,822.

122,337,451.

e Total. Add lines 11a-11d

Total revenue. See instructions.

54,199,474.

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising (C) Management and Do not include amounts reported on lines 6b, Total expenses Program service 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 438,032 438,032 Grants and other assistance to domestic 35,018,615 35,018,615 individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ...... 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees ..... 1,636,241 173,688 1,055,773 406,780. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 54,536,031 46,962,106 3,823,653 3,750,272. Other salaries and wages \_\_\_\_\_ Pension plan accruals and contributions (Include section 401(k) and 403(b) employer contributions) 4,939,868 4,104,315 438,219 397,334. Other employee benefits 8,113,767 6,879,991 520,919. 712,857. 9 3,823,435. 3,237,862. 302,650. 282,923. Payroll taxes 10 Fees for services (non-employees): a Management \_\_\_\_\_ 94,731 94,731 b Legal ..... 93,284 93,284 Accounting Lobbying Professional fundraising services. See Part IV, line 17 7,472,534. 7,472,534. Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, 3,101,375 2,302,613 258,650. column (A) amount, list line 11g expenses on Sch O.) 540,112. Advertising and promotion ..... 86,468 2,172 64,759. 19,537. 12 6,426,475 4,372,224 925,367. 1,128,884. 13 Office expenses 1,173,313 1,121,148 17.524. Information technology 34,641 14 Royalties ..... 15 6,019,175 5,993,576 25,360 239. 16 Occupancy \_\_\_\_\_ 6,863,785 157,075. 7,450,962 430,102. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 1,650,517. 846,097. 231,554. 572,866. 19 Conferences, conventions, and meetings ..... 2,802,067 2,802,067 20 Interest Payments to affiliates \_\_\_\_\_ 21 10,527,326 10,624. 10,255,994 260,708 22 Depreciation, depletion, and amortization 869,969 513,029 356,915 25. 23 Other expenses, Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) ... STUDENT FOOD SERVICE 7,173,340 7,173,340 30,324. MEMBERSHIP FEES 2,105,635 1,567,916 507,395. b d 3,419,968 3,255,614 164,354. e All other expenses 168,973,128 143,884,184. 16,624,187. 8,464,757. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here If following SOP 98-2 (ASC 958-720)

Form 990 (2014)

Pa	πX	Balance Sheet	. /250	Barta Mark Bartay			
-		Check if Schedule O contains a response or not	e to any	line in this Part X	(A)	······i	(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments			67,752,999.	2	55,685,874.
	3	Pledges and grants receivable, net		5,023,195.	3	3,711,275.	
	4	Accounts receivable, net		1,864,147.	4	1,831,168.	
	5	Loans and other receivables from current and fo			2. 4% 直针组织重用		
		trustees, key employees, and highest compensations		F			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	4958(c)	(3)(B), and contributing			
		employers and sponsoring organizations of sec	c)(9) voluntary				
Sts		employees' beneficiary organizations (see instr).	Comple	te Part II of Sch L		6	
Assets	7	Notes and loans receivable, net	**********			7	
⋖	8	Inventories for sale or use		752,406.	8	560,177.	
	9	5 11			2,580,666.	9	2,949,102.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		349,517,522.		-11	
	b	Less: accumulated depreciation		158,777,637.	192,340,374.	10c	190,739,885.
	11	Investments - publicly traded securities		320,692,767.	11	349,667,138.	
Ä	12	Investments - other securities. See Part IV, line			548,569,143.	12	541,877,221.
	13	Investments - program-related. See Part IV, line		7,835,348.	13	8,035,438.	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		11,925,940.	15	12,233,763.	
	16	Total assets. Add lines 1 through 15 (must equ	)	1,159,336,985.	16	1,167,291,041.	
	17	Accounts payable and accrued expenses			10,968,514.	17	12,697,843.
l)	18	Grants payable				18	
	19	Deferred revenue			4,060,330.	19	4,584,214.
	20	Tax-exempt bond liabilities			90,806,138.	20	87,004,295.
	21	Escrow or custodial account liability. Complete	Part IV o	f Schedule D	5,234,797.	21	4,912,110.
es	22	Loans and other payables to current and former				# J	
		key employees, highest compensated employee			A PARTIE AND A	History and	
Liabilities		Complete Part II of Schedule L				22	
-	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate		The second secon		24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	17-24).	Complete Part X of	20 202 500		26 025 257
	00	Schedule D		28,293,509. 139,363,288.		26,025,257. 135,223,719.	
-	26	Total liabilities. Add lines 17 through 25			139,303,200.	26	133,223,713.
		Organizations that follow SFAS 117 (ASC 958		nere and			
š	07	complete lines 27 through 29, and lines 33 and			433,621,542.	07	446,350,824.
lan	27	Unrestricted net assets			388,637,000.	27	383,402,880.
Ra	28 29	Temporarily restricted net assets  Permanently restricted net assets		197,715,155.	28	202,313,618	
בו	29	Organizations that do not follow SFAS 117 (A		shock bars N	Hill the rest of the standard and the	29	202,515,010.
_		and complete lines 30 through 34.					
2	20					30	
Se	30	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or ed				31	
Ž	31 32	Retained earnings, endowment, accumulated in				32	
Net Assets or Fund Balances	33				1,019,973,697.	33	1,032,067,322.
	34	Total net assets or fund balances  Total liabilities and net assets/fund balances			1,159,336,985.	34	1,167,291,041.
	34	Total liabilities and net assets/fund balances			1,233,330,303.	34	5,107,291,041.

Form **990** (2014)

Pa	rt XI Reconciliation of Net Assets				
	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	210	,566	,822
2	Total expenses (must equal Part IX, column (A), line 25)	2	168	,973	,128
3	Revenue less expenses. Subtract line 2 from line 1	3	41	,593	,694
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,019	,973	697
5	Net unrealized gains (losses) on investments	5	-28	,835	,904
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		-664	,165
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	1,032	,067	,322
Pa	rt XII Financial Statements and Reporting	31-34-11-			
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		100		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.		H	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a	4,50		and the
	separate basis, consolidated basis, or both:			West.	
	Separate basis Consolidated basis Both consolidated and separate basis			E HILL	1130
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 separate	te basis,			3.
	consolidated basis, or both:		1000		19
	Separate basis Consolidated basis Both consolidated and separate basis		100		
¢	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,	V111	100	72
	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 Sch	edule O.	1711		145
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		За	х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	х	
			Form	990	(2014

# **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>. Inspection

Employer identification number

OMB No. 1545-0047

Open to Public

Name o	of the organization	***				1771107201710	Employer	identification number
		ON COLLEGE						L-0694747
Part	Reason for Public	Charity Status	All organizations must o	omplete th	is part.) Se	ee instruction	s.	
The org	anization is not a private found							
1	A church, convention of ch			ed in <b>sectio</b>	on 170(b)(1	)(A)(i).		
2 X	7							
3	A hospital or a cooperative							
4	A medical research organiz	ation operated in co	onjunction with a hospita	al describe	d in sectio	n 170(b)(1)(A	)(iii). Enter	the hospital's name,
	city, and state:							
5 L	☐ An organization operated for		ollege or university owne	ed or opera	ted by a go	overnmental	unit describ	ped in
- [	section 170(b)(1)(A)(iv). (Complete Part II.)							
6 –	A federal, state, or local go							
7	□ An organization that norma		antial part of its support	from a gov	ernmental	unit or from 1	the general	public described in
0	section 170(b)(1)(A)(vi). (C		1.0VAV 11.10	7.05				
8 –	A community trust describe	No. 1		30				
9	J An organization that norma			1.55				
	activities related to its exer							
	income and unrelated busin		(less section 511 tax) fi	rom busine	esses acqu	irea by the o	rganization	aπer June 30, 1975.
10	See section 509(a)(2). (Co		include to took for public o	ofati Caa	anation EC	0(0)(4)		
11	An organization organized						ovni out the	numanos of one or
11 3	more publicly supported or					20 mil 14		CHI MCCOM CAMMACONCO MCC. MACCAMACO MOS
	lines 11a through 11d that							THECK THE DOX III
а [	Type I. A supporting orga							, alvina
<i>a</i> .	the supported organization						F12 C (5)	. <del></del>
	organization. You must o		- , , ,	a majority	or the direc	Store of tracti	300 01 1110 5	apporting
ь	Type II. A supporting org			ction with it	ts supporte	ed organizatio	on(s) by ha	vina
-	control or management of							_
	organization(s). You mus			ouno poro	one mar oc	Transit of Marin	ago in o cap	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
c [	Type III functionally inte			in connec	tion with, a	and functions	IIv integrate	ed with.
	its supported organizatio						,og. = 1	,
d [	Type III non-functionally						rted organi	ization(s)
	that is not functionally int					100		
	requirement (see instruct					0.70		
e [	Check this box if the orga						II, Type III	
	functionally integrated, or	r Type III non-functio	onally integrated suppor	ting organi	zation.			
f Er	nter the number of supported	organizations						
g P	ovide the following information							
	(i) Name of supported	(ii) EIN	(iii) Type of organization		rganization in your	(v) Amount o	-	(vi) Amount of
	organization		(described on lines 1-9 above or IRC section		document?	support	3.50	other support (see
			(see instructions))	Yes	No	Instruct	ions)	Instructions)
			1,55					
-								
		ev.						
- 20		Maria de Albarda	ing illiprocessing					
			Harting to a monthly of					

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 432021 09-17-14

Schedule A (Form 990 or 990-EZ) 2014

#### 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						
Cal	endar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and					3.02	
	membership fees received. (Do not						
	include any "unusual grants.")	39,227,643.	19,527,129.	24,900,207.	27,893,301.	34,152,153.	145,700,433.
2	Tax revenues levied for the organ-				300		
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
Л	Total. Add lines 1 through 3	39,227,643.	19,527,129.	24,900,207.	27,893,301.	34,152,153.	145,700,433.
		10.120-124-0127-124	- Park 102110 - 12411	de la	English son in	1000	113,700,133.
Э	The portion of total contributions	HAND SERVI		7 - T. G. TER			
	by each person (other than a	The state of the state of			The second	Paragraphic Car	
	governmental unit or publicly				The same of	William To make	
	supported organization) included		mullipy 12 35				
	on line 1 that exceeds 2% of the		A CONTRACTOR			Hinist De Eu	
	amount shown on line 11,						
	column (f)		THE AT THE			William - Julius	31,985,376.
	Public support. Subtract line 5 from line 4.	me the mark to be					113,715,057.
	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🖊	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	39,227,643.	19,527,129.	24,900,207.	27,893,301.	34,152,153.	145,700,433.
8	Gross income from interest,						
	dividends, payments received on	1					
	securities loans, rents, royalties	1		1			
	and income from similar sources	4,493,116.	6,197,581.	1,561,639.	4,602,190.	13,241,809.	30,096,335.
9	Net income from unrelated business						
	activities, whether or not the			- 1			
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	3,628,851.	2,989,553.	3,615,082.	3,929,071.		14,162,557.
-1-4	Total support. Add lines 7 through 10	Medical Car		LL HOLLING COLUMN	A DAMESTON OF THE PARTY OF THE	mi Villami 153 C	189,959,325.
	Gross receipts from related activities,	eta /esa instructio	no)	GUILD PULL TO HELL BY	e-andreament tells	12	554,063,795.
	First five years. If the Form 990 is for			I faculty or fifth to			331,003,733.
13		_				3 13 1	
Sec	organization, check this box and stop ction C. Computation of Publi	c Support Per	centage		***************************************	***************************************	
_	Public support percentage for 2014 (li			olumo (fl)		14	59.86 %
	Public support percentage for 2013			oluli (i))		15	%
	33 1/3% support test - 2014. If the o			ling 12 and ling 1	1 in 22 1/204 or m		
IUa	stop here. The organization qualifies a	=		73		ē.	
ь	33 1/3% support test - 2013. If the o						
D	The state of the s	•					
47.	and stop here. The organization quality						
178	10% -facts-and-circumstances test				THE RESERVE TO SERVE THE PROPERTY OF THE PROPE		Man born 2-185
	and if the organization meets the "fact			-		_	
72	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances test						
	more, and if the organization meets th						
	organization meets the "facts-and-circ						
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	i, 16b, 17a, or 17b			
					Sche	dule A (Form 990	or 990-EZ) 2014

# Schedule A (Form 990 or 990-EZ) 2014 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support	CTT PICCOC COTT	proto r dre n.j				
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
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			4			
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)		are a series of the				
Section B. Total Support					-14334 0.072	
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business 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.)				L	504/ 150	
14 First five years. If the Form 990 is for t					,,,,	ation,
						<u>P</u>
Section C. Computation of Public					Tarl	0/
15 Public support percentage for 2014 (lin					15	<u>%</u>
16 Public support percentage from 2013 Section D. Computation of Invest					16	%
					TT	
17 Investment income percentage for 201					17	%
18 Investment income percentage from 20					18   22 1 /20/ and line 1	<u>%</u>
19a 33 1/3% support tests - 2014. If the o						
more than 33 1/3%, check this box and						
b 33 1/3% support tests - 2013. If the o line 18 is not more than 33 1/3%, check	.53					
20 Private foundation. If the organization						
co ritrate roundation. If the organization	did Hot check a	OUX OIT IIIIE 14, 19	a, or 180, check if	no DOX and See if	ISH BOLIOHS	

Page 4

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI. including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) 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 IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- B 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).
- 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 9(a)) 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 9(a)) 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 IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2	427	
За		
3b		
3c 4a		<b>F</b>
4b		#1
4c		
5a 5b		
5c		
6		
7		
8	in in	
9a		19817
9b	asillini —————————————————————————————————	i i i i i i i i i i i i i i i i i i i
9c	Hit	##
10a		in an

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Schedule A (Form 990 or 990-EZ) 2014

2b

3a

trustees of each of the supported organizations? Provide details in Part VI.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each

activities but for the organization's involvement.

3 Parent of Supported Organizations. Answer (a) and (b) below.

ect	other Type III non-functionally integrated supporting organizations must co	mniete Sc	ections A through F	
	ion A - Adjusted Net Income	Implete de	(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		172/0-707
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		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	THE		
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other	6-14 AT 32-		
	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 1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
-	emergency temporary reduction (see instructions)	6		

Schedule A (Form 990 or 990-EZ) 2014

rt V   Type III Non-Functionally Integrated 509	9(a)(3) Supporting Orga	anizations (continued)	
tion D - Distributions			Current Year
Amounts paid to supported organizations to accomplish ex	empt purposes		
Amounts paid to perform activity that directly furthers exem	npt purposes of supported		
organizations, in excess of income from activity			
Administrative expenses paid to accomplish exempt purpor	ses of supported organization	S	
Amounts paid to acquire exempt-use assets			
Qualified set-aside amounts (prior IRS approval required)			
Total annual distributions. Add lines 1 through 6.			
Distributions to attentive supported organizations to which	the organization is responsive	9	
Co. (Depth) a 125 V			
· · · · · · · · · · · · · · · · · · ·			
	(i)	(ii)	(iii)
ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable Amount for 2014
Distributable amount for 2014 from Section C. line 6	William In the second		PHILOGICAL TOT EUTY
	TO THE STATE OF TH	100	TARREST AND A STATE OF THE SECOND
		### TENEDON TO THE CO.	
Exocos distributions carryover, if any, to 2014.		THE RESERVE OF THE PARTY OF THE	
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The production of the second	
		FIELE TERMINE SOLI	
THE RESIDENCE OF STREET	# 1 1 10 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
			Transport of the control of the cont
the state of the s	ESTERNAL DEEP CHELINE		
	Part and the rest of the second	(i) (i) (i) (i) (i) (ii) (ii) (ii) (ii)	Transport to the second
The District Control of the Control			
	The same of the sa		, little and the second of the
Distributions for 2014 from Section D,			
line 7: \$		Section of the sectio	Chief and Print B
Applied to underdistributions of prior years			
Applied to 2014 distributable amount	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Remainder, Subtract lines 4a and 4b from 4.			
Remaining underdistributions for years prior to 2014, if			
any. Subtract lines 3g and 4a from line 2 (if amount			
greater than zero, see instructions).			
Remaining underdistributions for 2014. Subtract lines 3h			
and 4b from line 1 (if amount greater than zero, see	THE ESTABLE WINE		
instructions).			
Excess distributions carryover to 2015. Add lines 3j and 4c.			
HILLIAM WENGER TO BUILD HOLD THE STATE		A THE UNITED SERVICES	
EMPERIOR AND ALBORITOR PROPERTY AND ALBORITOR			
			HERENGE HOUSE
Seller - Indian telephone			
Excess from 2014			
	Amounts paid to supported organizations to accomplish ex Amounts paid to perform activity that directly furthers exem organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purpo Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions.  Total annual distributions. Add lines 1 through 6.  Distributions to attentive supported organizations to which (provide details in Part VI). See instructions.  Distributable amount for 2014 from Section C, line 6  Line 8 amount divided by Line 9 amount  ion E - Distribution Allocations (see instructions)  Distributable amount for 2014 from Section C, line 6  Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)  Excess distributions carryover, if any, to 2014:  From 2013  Total of lines 3a through e  Applied to underdistributions of prior years  Applied to 2014 distributable amount  Carryover from 2009 not applied (see instructions)  Remainder. Subtract lines 3g, 3h, and 3i from 3f.  Distributions for 2014 from Section D, line 7:  \$  Applied to 2014 distributable amount  Remainder. Subtract lines 4a and 4b from 4.  Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).  Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).  Excess distributions carryover to 2015. Add lines 3j and 4c.  Breakdown of line 7:	Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organization Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2014 from Section C, line 6 Line 8 amount divided by Line 9 amount  (I) Excess Distributions Distributable amount for 2014 from Section C, line 6 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions) Excess distributions carryover, if any, to 2014:  From 2013 Total of lines 3a through e Applied to underdistributions of prior years Applied to underdistributions of prior years Applied to 2014 distributable amount Carryover from 2009 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2014 from Section D, line 7:  \$ Applied to underdistributions of prior years Applied to 2014 distributable amount Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).  Excess distributions carryover to 2015. Add lines 3j and 4c.  Breakdown of line 7:	Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set astée amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions.  Total annual distributions. Add lines 1 through 6.  Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.  Distributable amount for 2014 from Section C, line 6 Line 8 amount divided by Line 9 amount  (i)  Excess Distributions  Distributable amount for 2014 from Section C, line 6 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)  Excess distributions carryover, if any, to 2014:  From 2013  Total of lines 3a through e Applied to underdistributions of prior years  Applied to underdistributions for year prior to 2014, if any. Subtract lines 3g, 3h, and 3l from 4.  Remaining underdistributions for year prior to 2014, if any. Subtract lines 3g, 3h, and 3l from 4.  Remaining underdistributions for year prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).  Excess fishributions carryover to 2015. Add lines 3j and 4c.  Breakdown of line 7:

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014 CARLETON COLLEGE	41-0694747	Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line	e 17a or 17b; and Part III, li	ne 12.
Also complete this part for any additional information. (See instructions).		
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:		
OTHER		
2010 AMOUNT: \$ 3,628,851.		
2011 AMOUNT: \$ 2,989,553.		
2012 AMOUREM. & 2 615 002		
2012 AMOUNT: \$ 3,615,082.		
2013 AMOUNT: \$ 3,929,071.		
2014 AMOUNT: \$ 0.		
And the second s		
The state of the s		

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

Department of the Treasury Internal Revenue Service

## **Schedule of Contributors**

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

OMB No. 1545-0047

2014

Name of the organization	Employer identification number					
CA	RLETON COLLEGE	41-0694747				
Organization type (check	one):	<del></del>				
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					
General Rule  For an organization property) from any	)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule (10) organization can check boxes for both the General Rule and a Special Rule (10) or filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor	g \$5,000 or more (in money or				
Special Rules						
sections 509(a)(1) any one contribut	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a or, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount, line 1. Complete Parts I and II.	a, or 16b, and that received from				
year, total contrib	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, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.					
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year						
but it must answer "No" or	hat is not covered by the General Rule and/or the Special Rules does not file Schedule n Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its F t 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) (2014)

Name of organization

Employer identification number

CARLETON	COLLEGE	41-	-0694747
Part I	Contributors (see instructions). Use duplicate copies of Part I i	f additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	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
2		\$ 3,000,000.	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
3		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	-	\$1,000,000.	Person X Payroll
23452 11-05-	-14	Schedule B (Form	noncash contributions.) 990, 990-EZ, or 990-PF) (20

tme of org	anization	Emple	oyer identification number
RLETON	COLLEGE	41	-0694747
art I	Contributors (see instructions). Use duplicate copies of Part I	If additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		s	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.)
(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.

Name of organization

Employer identification number

CARLETON COLLEGE

41-0694747

(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1		\$\$	06/05/15
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2		\$\$	10/21/14
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
4		\$\$	12/10/14
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<u> </u>	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	14		90, 990-EZ, or 990-PF) (

Name of orga	(Form 990, 990-EZ, or 990-PF) (2014)		Page Employer identification number		
CARLETON (	COLLEGE		41-0694747		
Part III	Exclusively religious, charitable, etc., con the year from any one contributor. Complete completing Part III, enter the total of exclusively religious.	tributions to organizations described columns (a) through (e) and the follo us, chartable, etc., contributions of \$1,000 or	In section 501(c)(/), (8), or (10) that total more than \$1,000 for wing line entry. For organizations ross for the year. (Enterthis info. once.)		
(a) No. I	Use duplicate copies of Part III if addition	nal space is needed.			
(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 gif	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	Transferee's name, address, a	(e) Transfer of gif	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of gif	#t		
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	(e) Transfer of gift  Transferee's name, address, and ZIP + 4  Relationship of transferor to transferee				
-			Pohodulo P (Form 000, 000 F7, or 000 PF) (201		

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

Political Campaign and Lobbying Activities

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

Complete if the organization is described below.

Attach to Form 990 or Form 990-EZ.

Information about Schedule C (Form 990 or 990-EZ) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," to 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," to 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," to 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

		1(c)(4), (5), or (6) organiza	tions: Complete Part III.		T	
Name o	t organ				Empl	loyer identification number
0-1		CARLETON CO		d		41-0694747
Part I	-A	Complete if the org	ganization is exempt un	der section 501(c)	or is a section 527 o	rganization.
2 Pol	litical e	xpenditures	ration's direct and indirect politi		<b>&gt;</b> \$	
Part I	-B	Complete if the ord	janization is exempt un	der section 501(c)	(3).	
Action Section 1			incurred by the organization ur			0.
2 Ent	ter the	amount of any excise tax	incurred by organization manage	ers under section 495	5 ►\$	0.
			n 4955 tax, did it file Form 4720			
			***************************************			
	Yes." c	lescribe in Part IV.				
Part I	-C	Complete if the org	janization is exempt un	der section 501(c)	, except section 501(	c)(3).
1 Ent	ter the	amount directly expended	by the filing organization for s	ection 527 exempt fund	etion activities >\$	
2 Ent	ter the	amount of the filing organ	ization's funds contributed to o	ther organizations for s	ection 527	
exe	empt fu	nction activities	***************************************		▶\$	
			. Add lines 1 and 2. Enter here			
line	17b				▶\$	
5 Ent mar cor	er the de pay ntribution	names, addresses and en ments. For each organiza ons received that were pro	1120-POL for this year?	EIN) of all section 527 point aid from the filing organi a separate political org	olitical organizations to whic ization's funds. Also enter th ganization, such as a separa	th the filing organization ne amount of political
		(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
		Mark of the last to the second second				
	_					d

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

Schedule C (Form 990 or 990-EZ) 2014

LHA 432041 10-21-14

Schedule C (Form 990 or 990-EZ) 2014 Part II-A   Complete if the or	4 CARLETON COLLEG	E empt under sectio	n 501(c)(3) and file	41-06 ed Form 5768 (	
section 501(h)).					
A Check   if the filing organize	zation belongs to an a	ffiliated group (and list i	Part IV each affiliated	group member's nar	ne, address, EIN,
7—7	nare of excess lobbyin				
B Check If the filing organic	zation checked box A	and "limited control" pro	ovisions apply.		Taxaan
	mits on Lobbying Exp enditures" means am	enditures ounts paid or incurred.	)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to in	offuence public opinion	(grace roote lobbying)			
b Total lobbying expenditures to in				11 311011 11 11	
c Total lobbying expenditures (add			Charles and the control of the contr	AIM SAINT	
d Other exempt purpose expenditu					
e Total exempt purpose expenditu	res (add lines 1c and	1d)			
f Lobbying nontaxable amount, Er					
If the amount on line 1e, column (a	) or (b) is: The lo	bbying nontaxable am	ount is:		
Not over \$500,000	20% (	of the amount on line 1e			Lide Value
Over \$500,000 but not over \$1,0	000,000 \$100,	000 plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1		000 plus 10% of the exc	The second secon		
Over \$1,500,000 but not over \$1	7,000,000 \$225,	000 plus 5% of the exce	ss over \$1,500,000.		
Over \$17,000,000	\$1,00	0,000.			
i Subtract line 1f from line 1c. If ze j If there is an amount other than a reporting section 4911 tax for thi	ero or less, enter -0- zero on either line 1h o is year? 4-Year A that made a section	or line 1i, did the organiz	ation file Form 4720 section 501(h) have to complete all o		Yes No
	Lobbying Exp	enditures During 4-Ye	ar Averaging Period		,
Calendar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	
					(e) Total
2a Lobbying nontaxable amount					(e) I otal
2a Lobbying nontaxable amount b Lobbying ceiling amount					(e)   otal
					(e) I otal
b Lobbying ceiling amount					(e) I otal
b Lobbying ceiling amount (150% of line 2a, column(e))  c Total lobbying expenditures					(e) l'otal
b Lobbying ceiling amount (150% of line 2a, column(e))  c Total lobbying expenditures  d Grassroots nontaxable amount					(e) I otal
b Lobbying ceiling amount (150% of line 2a, column(e))  c Total lobbying expenditures					(e) I otal

# Schedule C (Form 990 or 990-EZ) 2014 CARLETON COLLEGE 41~0694747 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

Fore	each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description	(	a)	(1	b)
of th	e lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
а	Volunteers?	X	75		
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X		
C	Media advertisements?		Х		
	Mailings to members, legislators, or the public?	X			
е	Publications, or published or broadcast statements?	X			03.004
f		X			93,284.
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Х			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Х			500.
	Other activities?		Х		
	Total. Add lines 1c through 1i	V = 7			93,784.
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х	SMISHING	
b	If "Yes," enter the amount of any tax incurred under section 4912		P. A. P. L.		
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		115-118		
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				110
Par	t III-A Complete if the organization is exempt under section 501(c)(4), secti	on 501(c)	)(5), or s	ection	
	501(c)(6).				
5.5			Vancor	Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				-0.01
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?		Charles and the control of the contr		
_	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."			t III-A, lii	ne 3, is
1	Dues, assessments and similar amounts from members		1 July 100	-	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures (do not include amounts of political expenditures)	icai			
	expenses for which the section 527(f) tax was paid).		1,121,12		
	Current year				
b	, , , , , , , , , , , , , , , , , , , ,				
C					
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	political			
III ED	expenditure next year?		4		
	Taxable amount of lobbying and political expenditures (see instructions)		5		
	t IV Supplemental Information				
instru	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 actions); and Part II-B, line 1. Also, complete this part for any additional information.	p list); Part l	II-A, lines 1	and 2 (see	
COLI	EGE RELATIONS OCCASIONALLY CONTACTS LEGISLATORS TO EXPRESS THE				
COLI	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	CICIPATE IN A VOLUNTEER ACTIVITY SPONSORED BY THE MINNESOTA PRIVATE				

Schedule C (Form 990 or 990-EZ) 2014

Schedule C (Form 990 or 990-EZ) 2014 CARLETON COLLEGE	41-0694747	Page 4
Part IV   Supplemental Information (continued)		
COUNCIL (MPCC) CALLED "DAY AT THE CAPITAL" TO DISCUSS THE IMPORTANCE OF		
THE STATE GRANT PROGRAM WITH REPRESENTATIVES, COSTS INCURRED BY THE	mages and the second	
COLLEGE TO SUPPORT THIS PROGRAM ARE DE MINIMUS.		
CARLETON COLLEGE IS A MEMBER OF MINNESOTA PRIVATE COLLEGE COUNCIL		
(MPCC), AN ORGANIZATION DESCRIBED IN SECTION 501(C)(4) OF THE INTERNAL		
REVENUE CODE. MPCC IS AN ASSOCIATION OF PRIVATE NONPROFIT INSTITUTIONS		
OF HIGHER EDUCATION THAT SERVES A VARIETY OF ITS MEMBERS' SHARED NEEDS,		
INCLUDED, BUT NOT ONLY, NONPARTISAN AND NON-ELECTORAL ADVOCACY FOR		
PUBLIC POLICY THAT MEETS STUDENTS' NEEDS AND ADVANCES THE INTEREST OF		
PRIVATE HIGHER EDUCATION, CARLETON COLLEGE PAID MEMBER DUES TO MPCC IN		
THE AMOUNT OF \$132,638 DURING THE TAXABLE YEAR. MPCC HAD DIVIDED ITS		
EXPENSES FOR ITS TAXABLE YEAR ENDING JUNE 30, 2015 INTO TWO GROUPS,		
GROUP 1 CONSISTS OF THOSE EXPENSES THAT DID NOT IN ANY WAY SUPPORT		
ATTEMPTS TO INFLUENCE LEGISLATION WITHIN THE MEANING OF SECTION		
501(C)(3) OF THE INTERNAL REVENUE CODE ("LOBBYING"), AND GROUP 2		
CONSISTS OF ALL OTHER EXPENSES. GROUP 2 INCLUDES MANY EXPENSES SUCH AS		
PERSONNEL COSTS THAT SUPPORT BOTH LOBBYING AND NONLOBBYING ACTIVITIES.		
MPCC DID NOT ATTEMPT TO ALLOCATE THE GROUP 2 EXPENSES BETWEEN LOBBYING		
AND NONLOBBYING ACTIVITIES, MPCC HAD DETERMINED THAT THE AMOUNT OF THE		
GROUP 2 EXPENSES REPRESENTS 70.33% OF THE AMOUNT OF DUES THAT MPCC		
COLLECTED IN THE SAME TAXABLE YEAR. ASSUMING THAT ALL GROUP 2 EXPENSES		
WERE PAID FROM MEMBER DUES, AND ALLOCATING THOSE EXPENSES PRO RATA		
BASED ON THE DUES PAID BY EACH MEMBER, \$93,284 OF CARLETON COLLEGE'S		
DUES WERE USED TO PAY GROUP 2 EXPENSES. THE AMOUNT OF LOBBYING EXPENSES		
PAID FROM CARLETON COLLEGE'S DUES WAS SIGNIFICANTLY LESS THAN THAT		
AMCUNT.		

#### SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

## Supplemental Financial Statements

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

Attach to Form 990.

OMB No. 1545-0047

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990 **Employer identification number** Name of the organization CARLETON COLLEGE 41-0694747 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete If the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) 3 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? No Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year > Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: 84,000. (i) Revenue included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 160,000. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Revenue Included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 432051 10-01-14

Schedule D (Form 990) 2014

	edule D (Form 990) 2014 CARLETON C					41-0694	2.50		age 2
Pa	rt III   Organizations Maintaining (	Collections of Ar	t, Historical Tr	easures, or Of	ther Sim	ilar Asse	ts/contin	nued)	
3	Using the organization's acquisition, access	sion, and other records	s, check any of the	following that are	a significar	nt use of its	collection	n item	18
	(check all that apply):								
а	Public exhibition	d	Loan or excl	hange programs					
b		е	Other						
С	X Preservation for future generations								
4	Provide a description of the organization's of						t XIII.		
5	During the year, did the organization solicit						1		7
-	to be sold to raise funds rather than to be m						Yes		No
Pa	rt IV Escrow and Custodial Arrar		te if the organization	n answered "Yes"	to Form 99	90, Part IV, I	ine 9, or		
-	reported an amount on Form 990, Pa	AND ADDRESS OF THE SECOND							
1a	Is the organization an agent, trustee, custoo		,			_	1	[w	٦
	on Form 990, Part X?						Yes	X	No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	lowing table:		_				
	F						Amount	i .	
c	• • • • • • • • • • • • • • • • • • • •				1c			_	
d	Additions during the year								
e	Distributions during the year							Almir-	
f	Ending balance				1f		Yes	_	Tw-
	Did the organization include an amount on F						ı res	x	No
22.2	rt V Endowment Funds. Complete					******	*********	LA	
	Endownient i ands complete	(a) Current year	(b) Prior year	(c) Two years back		e years back	(e) Four	Vente	hack
10	Beginning of year balance	794,308,177.	704,714,660.	651,655,398		,402,763.			193.
		10,255,124.	13,311,856.	11,900,109	_	,774,503.		-	250.
C	Contributions  Net investment earnings, gains, and losses	21,539,635.	116,344,123.	78,960,412		724,826.			985.
d	Grants or scholarships	8,294,492,	7,949,318.	7,611,873		387,060.		_	446.
	tyle diagrams when an area of	0,252,252,	.,515,525.	7,022,070	-	,007,000.		, 000	
•	and programs	26,339,602.	25,719,295.	25,229,420	24	422,145.	24	886	,524.
f	Administrative expenses	6,778,482.	6,393,849.	4,959,966		437,489.		-	,695.
g	End of year balance	784,690,360.	794,308,177.	704,714,660		,655,398,			,763.
2	Provide the estimated percentage of the cur				1	, , , ,			
a	Board designated or quasi-endowment	33.73	%	y) Hold do.					
b	Permanent endowment 24.29	%	-/*						
	Temporarily restricted endowment	41.98 %							
	The percentages in lines 2a, 2b, and 2c sho								
За	Are there endowment funds not in the poss		tion that are held a	nd administered fo	or the orga	nization			
	by:							Yes	No
	(i) unrelated organizations						3a(i)	х	
	(ii) related organizations						3a(ii)		х
b	If "Yes" to 3a(ii), are the related organization	s listed as required or	Schedule R?				3b		
4	Describe in Part XIII the intended uses of the						· ·		
Par	rt VI Land, Buildings, and Equipr	nent.							
	Complete if the organization answere	ed "Yes" to Form 990,	Part IV, line 11a. S	ee Form 990, Part	X, line 10.				
	Description of property	(a) Cost or ot basis (investm			) Accumula depreciatio		(d) Boo	k valu	ie
1a	Land		4	,547,709.	HEALTH.		4	,547	,709.
			256	,596,481.	87,26	0,128.	169	,336	,353.
С	Leasehold improvements								
	Equipment		85	,735,653.	71,51	7,509.	14	,218	,144.
	Other		2	,637,679.			2	,637	679.
	I. Add lines 1a through 1e. (Column (d) must		X, column (B), line 1	0c.)		>	190	,739	,885.

Schedule D (Form 990) 2014

Part VII	Investments -	Other	Securities.
----------	---------------	-------	-------------

Complete if the organization answered "Yes" to	o Form 990, Part IV, line 11	lb. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) PRIVATE EQUITY	135,156,785.	END-OF-YEAR MARKET VALUE
(B) HEDGE FUNDS	267,480,415.	END-OF-YEAR MARKET VALUE
(C) REAL ASSETS	79,152,719.	END-OF-YEAR MARKET VALUE
(D) PLANNED GIFT AGREEMENTS AND OTHER	60,087,302.	END-OF-YEAR MARKET VALUE
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	541,877,221.	favores participation of the property of the second
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes" to	o Form 990, Part IV, line 11	c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		

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

#### Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)

#### Part X Other Liabilities.

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	ANNUITIES PAYABLE	23,717,939.
(3)	ASSET RETIREMENT OBLIGATION	1,109,628.
(4)	FAIR VALUE OF INTEREST RATE SWAP	1,197,690.
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	26,025,257.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2014

ENDOWMENT FUNDS ARE TO SUPPORT GRANTS TO STUDENTS AND THE PROGRAM SERVICES

PART V, LINE 4;

Schedule D (Form 990) 2014 CARLETON COLLEGE Part XIII Supplemental Information (continued)		41-0694747	Page 5
OF THE COLLEGE.			
	4		
PART X, LINE 2:			
THE COLLEGE QUALIFIES AS A TAX-EXEMPT NONPROFIT ORGAN	IZATION UNDER SECTION		
501(C)(3) OF THE INTERNAL REVENUE CODE AND SIMILAR ST	ATUTES OF MINNESOTA		
LAW, THE COLLEGE IS SUBJECT TO FEDERAL INCOME TAX ONL	Y ON NET UNRELATED	take materials.	
BUSINESS INCOME UNDER THE PROVISIONS OF SECTION 501(C	)(3) OF THE INTERNAL	rain - Amar	-
REVENUE CODE, THE COLLEGE HAS EVALUATED ITS TAX POSIT	IONS AND DETERMINED		
IT HAS NO UNCERTAIN TAX POSITIONS AND HAS RECORDED NO	OBLIGATION FOR		
UNRELATED BUSINESS INCOME TAX, NO PROVISIONS FOR FEDER	RAL OR STATE INCOME		
TAXES ARE REQUIRED AS OF JUNE 30, 2015.	The second secon	*****	
PART XI, LINE 2D - OTHER ADJUSTMENTS:		14 200 10	
UNREALIZED GAIN ON INTEREST RATE SWAP	403,802.		
NET CHANGE IN ANNUITY & LIFE INCOME FUNDS	-1,067,967.	***	,
RENTAL EXPENSES	783,672.	rifi	
BOOKSTORE COST OF GOODS SOLD	425,149.	com a	
TOTAL TO SCHEDULE D, PART XI, LINE 2D	544,656.	16	
PART XI, LINE 4B - OTHER ADJUSTMENTS:			
GRANTS TO STUDENTS	35,018,615,		
PART XII, LINE 2D - OTHER ADJUSTMENTS:			
RENTAL EXPENSES	783,672.		
BOOKSTORE COST OF GOODS SOLD	425,149.		
NOTAL TO SCHEDULE D, PART XII, LINE 2D	1,208,821.		
ART XII, LINE 4B - OTHER ADJUSTMENTS:			

432055 10-01-14

Schedule D (Form 990) 2014 CARLETON COLLEGE		41-0694747	Page :
Part XIII   Supplemental Information (continued)	Development but he was the second of the sec	***	
GRANTS TO STUDENTS	35,018,615.		
		= 04	
	and the same of th		
		44-14	
		THE REAL PROPERTY AND ADDRESS OF THE PERSON	
		Ham Bridge and American	
		1000	
		1310471111	

# SCHEDULE E

(Form 990 or 990-EZ)

**Schools** 

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

2014

➤ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

CARLETON COLLEGE

Employer identification number

41-0694747

			YES	NO
ĺ	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	х	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,			114
	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Х	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain.  If you need more space, use Part II	3	x	
	THE COLLEGE USES PAPER AND BROADCAST MEDIA IN SOLICITATION OF	HELVE		
	STUDENTS. WE PUBLICIZE OUR NONDISCRIMINATORY POLICY IN ALL	11.0		1
	PRINTED BROCHURES, MAGAZINES, APPLICATION MATERIAL AND			
	WEBSITE INFORMATION.			F
ŀ	Does the organization maintain the following?	THE ST		
	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	x	H
	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	X	H
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student	4c	x	
4	admissions, programs, and scholarships?  Copies of all material used by the organization or on its behalf to solicit contributions?	4d	X	┝
u	If you answered "No" to any of the above, please explain. If you need more space, use Part II.	40		
	Does the organization discriminate by race in any way with respect to:			1
a	Students' rights or privileges?	5a		2
b	Admissions policies?	5b		1
C	Employment of faculty or administrative staff?	5c		12
d	Scholarships or other financial assistance?	5d		12
e	Educational policies?	5e		2
f	Use of facilities?	5f		2
g	Athletic programs?	5g	_	2
h	Other extracurricular activities?	5h	- 2.0	3
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.			
a	Does the organization receive any financial aid or assistance from a governmental agency?	6a	x	1
	Has the organization's right to such aid ever been revoked or suspended?	6b		7
-	If you answered "Yes" to either line 6a or line 6b, explain on Part II.			
	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of			
		100000	4.00	1

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

Schedule E (Form 990 or 990-EZ) (2014)

Schedule E (Form 990 or 990-EZ) (2014) CARLETON COLLEGE	41-0694747	Page 2
Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 3	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		
ADMINISTRACE THROUGH THE U.S. DEPARTMENT OF EDUCATION. CARDETON STODENTS		
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		
3/	11-11-11-11-11-11-11-11-11-11-11-11-11-	
GRANT, WORK-STUDY AND SELF LOAN PROGRAMS ADMINISTERED THROUGH THE		
MINNESOTA OFFICE OF HIGHER EDUCATION.		
THE THE TAX AND AL MANUAL DOUBLE OF THE TAX AND THE TA		
100111111111111111111111111111111111111		
	32	
The state of the s		
14		
		W
The state of the s		
The state of the s		

## SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

## Statement of Activities Outside the United States

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

Attach to Form 990.

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

2014
Open to Public Inspection

Name of the organization

Employer identification number

CARLETON COLLEGE					41-0694747	
And the second s	rmation on A	Activities Ou	tside the United States. Compl	ete if the organ		Yes" on
Form 990, Part I		a malatain regar	rds to substantiate the amount of its gr	conta and other	analatana.	
	-		the selection criteria used to award th			Yes No
United States.		and the contraction	procedures for monitoring the use of it		ther assistance out	side the
	he following Part (b) Number of	(c) Number of	an be duplicated if additional space is  (d) Activities conducted in region	1	. ia ii k d i /d\	(A) Total
(a) Region	offices in the region	employees, agents, and independent contractors in region	(a) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	is a pro describe	vity listed in (d) gram service, e specific type ce(s) in region	(f) Total expenditures for and investments in region
CENTRAL AMERICA AND					4	
THE CARIBBEAN	0	0	INVESTMENTS	N/A	100000	262,179,696.
				OFF-CAMPUS THEATER & I		
EUROPE	0	0	PROGRAM SERVICES	LONDON		212,053.
EUROPE	0	0	PROGRAM SERVICES	OFF-CAMPUS FRENCH STUI	STUDIES -	269,478.
EUROPE	0	0	PROGRAM SERVICES	OFF-CAMPUS PSYCHOLOGY		294,267.
EUROPE	0	0	PROGRAM SERVICES	OFF-CAMPUS HISTORY ROM	4	362,862.
EUROPE	0	0	PROGRAM SERVICES	OFF-CAMPUS SPANISH MAI	1.4	218,601.
EUROPE	0	0	PROGRAM SERVICES	OFF-CAMPUS		295,753.
WHODE			DECORAL GURNAGUS	OFF-CAMPUS	STUDIES - NYC	
3 a Sub-total	0	0	PROGRAM SERVICES	& EUROPE		218,480. 264,051,190.
b Total from continuation sheets to Part I	0	0				1,563,345
c Totals (add lines 3a					at all tomorphic profile	1

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

Schedule F (Form 990) 2014

265,614,535.

**Totals** 

1,563,345.

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		#1						
		a .						
			Q					
								-
the IRS, or for which	the grantee or couns	el has provided a sectlo	recognized as charities by the n 501(c)(3) equivalency letter		***************************************		Sche	dule F (Form 990) 2014

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

41-0694747

for Form 5713; do not file with Form 990)

Schedule F (Form 990) 2014

#### SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

2014

Open to Public Inspection

						41-0694747
cedures for moni	itoring the use of gran	t funds in the United	d States.		sistance, and the selec	X Yes No
				anization answered "	Yes" to Form 990, Part	IV, line 21, for any
(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appralsal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
41-6005424	GOVT ENTITY	77,500.	0.	N/A	N/A	COMMUNITY ENGAGEMENT
01-0215213	501(c)(3)	18,592.	0.	N/A	N/A	NSF SUBAWARD - COLLABORATIVE RESEARCH
56-6000758	501(C)(3)	13,393.	0.	N/A	N/A	NSF SUBAWARD - COLLABORATIVE RESEARCH
43-0653611	501(C)(3)	8,272.	0.	N/A	N/A	NSF SUBAWARD - COLLABORATIVE RESEARCH
91-6000618	501(C)(3)	19,587.	0.	N/A	N/A	NSF SUBAWARD - STEP CENTER: INTEGRATE
13-5598093	501(C)(3)	35,411.	0.	N/A	N/A	NSF SUBAWARD - STEP CENTER: INTEGRATE
	Oomestic Organ 5,000. Part II car (b) EIN  41-6005424  01-0215213  56-6000758  43-0653611  91-6000618  13-5598093 and government of	## Domestic Organizations and Domestic 5,000. Part II can be duplicated if additional (b) EIN (c) IRC section if applicable	### Domestic Organizations and Domestic Governments. C	### Domestic Organizations and Domestic Governments. Complete if the org 5,000. Part II can be duplicated if additional space is needed.  (b) EIN (c) IRC section if applicable (d) Amount of cash grant (e) Amount of non-cash assistance)  ### 10-6005424 GOVT ENTITY 77,500.  01-0215213 \$01(C)(3) 18,592.  0.	### Commestic Organizations and Domestic Governments. Complete if the organization answered ### 5,000. Part II can be duplicated if additional space is needed.    (a) EIN	### Commestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part 5,000. Part II can be duplicated if additional space is needed.    (b) EIN   (c) IRC section if applicable   (d) Amount of cash grant   (e) Amount of non-cash assistance   (f) Method of non-cash assistance   (g) Description of non-cash assistance

(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
EDUCATIONAL DEVELOPMENT CENTER, INC 43 FOUNDRY AVE WALTAM, MA 02453	042-241718	501(C)(3)	39,041.	0.	N/A	N/A	NSF SUBAWARD - STEP CENTER: INTEGRATE
NATIONAL COUONCIL FOR SCIENCE AND THE ENVIRONMENT - 1101 17TH ST. NW STE 250 - WASHINGTON, DC 20036	52-1700932	501(C)(3)	29,831.	0.	N/A	N/A	NSF SUBAWARD - STEP CENTER: INTEGRATE
NORTH CAROLINA STATE UNIVERSITY 2701 SULLIVAN DR. RALEIGH, NC 27695	56-6000758	501(C)(3)	62,556.	0.	N/A	N/A	NSF SUBAWARD - STEP CENTER: INTEGRATE
PASADENA CITY COLLEGE 1570 E. COLORADO BLVD. PASADENA, CA 91106	95-2505000	501(C)(3)	16,753.	0.	N/A	N/A	NSF SUBAWARD - STEP CENTER: INTEGRATE
PENN STATE UNIVERSITY 201 OLD MAIN UNIVERSITY PARK, PA 16802	24-6000376	501(C)(3)	37,165.	0.	N/A	N/A	NSF SUBAWARD - STEP CENTER: INTEGRATE
STANFORD UNIVERSITY 3145 PORTER DR. PALO ALTO, CA 94304	94-1156365	501(C)(3)	16,590.	0.	N/A	N/A	NSF SUBAWARD - STEP CENTER: INTEGRATE
UNIVERSITY OF AKRON 302 BUCHTEL AKRON, OH 44325	34-6002924	501(C)(3)	11,005.	0.	N/A	N/A	NSF SUBAWARD - STEP CENTER: INTEGRATE
UNIVERSITY OF NEBRASKA - LINCOLN 151 WHITTIER RESEARCH CTR. 220 VIN LINCOLN, NE 68583	47-0049123	501(C)(3)	22,796.	0.	N/A	N/A	NSF SUBAWARD - STEP CENTER: INTEGRATE
UNIVERSITY OF TEXAS AT EL PASO 500 W UNIVERSITY WAY ELPASO, TX 79968	74-6000813	501(C)(3)	22,761.	0.	N/A	N/A	NSF SUBAWARD - STEP CENTER: INTEGRATE

(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
STERN WASHINTON UNIVERSITY 6 HIGH ST. CLINGHAM, WA 98225	91-6000562	501(C)(3)	6,779.	0.	N/A	N/A	NSF SUBAWARD - STEP CENTER: INTEGRATE
*## Table 1							
		1					

MAINTAINED ACCORDING TO STANDARDS PRESCRIBED BY THE COLLEGE. ANNUAL RENEWAL

Schedule I (Form 990) CARLETON COLLEGE	41-0694747	Page 2
Schedule i (Form 990) CARLETON COLLEGE  Part IV Supplemental Information		
OF FINANCIAL AID IS CONTINUOUS IF INSTITUTIONAL FINANCIAL NEED REMAINS, ALL		
SE PINANCIA ALD IS CONTINUOUS IF INSTITUTIONAL FINANCIAL MESO ADMING, ALL		
REQUIRED DOCUMENTS ARE COMPLETED BY THE PUBLISHED DEADLINE AND SATISFACTORY		
ACADEMIC PROGRESS IS MAINTAINED CONSISTENT WITH THE COLLEGE'S POLICY,		
200 зара	TO STATE OF THE PARTY OF THE PA	
A STATE OF THE PARTY OF THE PAR		
A		
A CONTRACTOR OF THE PROPERTY O		-
ALL PROPERTY OF THE PROPERTY O		
	THE RESERVE OF THE PERSON OF T	

## SCHEDULE J (Form 990)

Department of the Treasury

nternal Revenue Service

# **Compensation Information**

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

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

► Attach to Form 990.

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

2014

Open to Public Inspection

Name of the organization

CARLETON COLLEGE

Employer identification number 41-0694747

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

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

Regulations section 53.4958-6(c)?

Schedule J (Form 990) 2014

If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in

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

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable	(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 in prior Form 990
(1) STEVEN G. POSKANZER	(i)	403,107.	0.	21,387.	25,500.	105,481.	555,475.	0.
PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) THOMAS BONNER	(i)	201,056,	15,000.	18,274.	22,500.	18,330.	275,160.	0.
SECRETARY	(ii)	0.	0.	0.	0.	0.	0.	0,
(3) FREDERICK A. ROGERS	(i)	267,368.	0.	33,725.	25,500.	15,108,	341,701.	0.
VP & TREASURER	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) BEVERLY NAGEL	(i)	249,225.	0.	1,584.	25,031.	6,572.	282,412.	0.
DEAN OF THE COLLEGE	(ii)	0.	0.	0	0.	0.	0.	0.
(5) M H WAGNER	(i)	191,121.	0.	1,722.	19,112.	647.	212,602.	0.
VP, DEAN OF STUDENTS	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) PAUL THIBOUTOT	(i)	182,122.	0.	2,034.	18,697.	13,960.	216,813.	0,
VP, DEAN OF ADMISSIONS & FINANCIAL		0.	0.	0.	0.	0.	0.	0,
VP, DEAN OF ADMISSIONS & FINANCIAL (7) JASON MATZ		346,100.	0.	9,345.	25,500.	770.	381,715.	0.
CHIEF INVESTMENT OFFICER	(i) (ii)	0.	0.	0.	0.	0.	0.	0.
(8) ANDREW CHRISTENSEN	(i)	221,219.	0.	650.	22,863.	22,528.	267,260.	0.
DIRECTOR OF PRIVATE MARKETS	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) LOUIS E. NEWMAN	(i)	180,856.	0.	1,032.	18,739.	17,416.	218,043.	0,
ASSOCIATE DEAN OF THE COLLEGE	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) SUSAN SINGER	(i)	137,713.	0.	47,949.	14,357.	21,713.	221,732.	0.
PROFESSOR OF NATURAL SCIENCES	(ii)	0.	0.	0.	0.	0.	0.	0
(11) JOEL WEISBERG	(i)	146,946.	0.	35,062.	15,280.	21,735,	219,023.	0
PROFESSOR OF PHYSICS AND ASTRONOMY	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)			4				
	(i)							
	(ii)							
	(i)							
	(ii)							

## SCHEDULE K (Form 990)

Department of the Treasury Internal Revenue Service

#### Supplemental Information on Tax-Exempt Bonds

Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

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

OMB No. 1545-0047 2014 Open to Public

Inspection

Name of the organization Employer identification number CARLETON COLLEGE 41-0694747 Part I **Bond Issues** (a) Issuer name (b) Issuer EIN (c) CUSIP # (g) Defeased (h) On behalf (d) Date issued (e) Issue price (f) Description of purpose (i) Pooled of issuer financing Yes No Yes No Yes No MN HIGHER EDUCATION FACILITIES A AUTHORITY SERIES 6D 41-0988525 60416HENO 04/13/05 31,460,000.SEE PART VI X X X MN HIGHER EDUCATION FACILITIES B AUTHORITY SERIES 6T 41-0988525 60416HNH3 12/04/08 19,294,728. SEE PART VI X X X MN HIGHER EDUCATION FACILITIES C AUTHORITY SERIES 7D 41-0988525 60416HRZ9 06/29/10 31,962,105.SEE PART VI X X X D Part II Proceeds C D 13,690,000 1,904,728. 3,932,105, Amount of bonds retired 2 Amount of bonds legally defeased 31,460,000 19,294,728, 31,962,105 3 Total proceeds of issue . 4 Gross proceeds in reserve funds 5 Capitalized interest from proceeds 6 Proceeds in refunding escrows 336,501 291,550. 337 B59 7 Issuance costs from proceeds 8 Credit enhancement from proceeds 9 Working capital expenditures from proceeds 3,000,000 19,003,178, 31,624,246, 10 Capital expenditures from proceeds 28,123,498 11 Other spent proceeds 12 Other unspent proceeds 2008 2011 2011 13 Year of substantial completion Yes Yes No No Yes No Yes No X X X 14 Were the bonds issued as part of a current refunding issue? X X X 15 Were the bonds issued as part of an advance refunding issue? X X X 16 Has the final allocation of proceeds been made? ... X X Х 17 Does the organization maintain adequate books and records to support the final allocation of proceeds? Part III. Private Business Use Α В C D Yes No Yes No Yes No Yes No 1 Was the organization a partner in a partnership, or a member of an LLC, X which owned property financed by tax-exempt bonds? X X 2 Are there any lease arrangements that may result in private business use of X X X bond-financed property?

			A			В			C			
За	Are there any management or service contracts that may result in private business use of bond-financed property?	Yes	No		Yes	No X	-	Yes X	No		Yes	No
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	х						х				
c	Are there any research agreements that may result in private business use of bond-financed property?		х			x			x	_		
	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?				1							
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		.00	%		.00	%		.00	%		9/
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		.00	%		.00	%		.00	%		9/
6	Total of lines 4 and 5		.00	%	-	.00	%	-	.00	%		9/3
7	Does the bond issue meet the private security or payment test?		X	70		X	70		x	70		70
	Has there been a sale or disposition of any of the bond-financed property to a non- governmental person other than a 501(c)(3) organization since the bonds were issued?		x			x			x			
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of			%			%			%		9/
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?											
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	x			x			х				
Par	IV : Arbitrage											
			Ą			В			C			)
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?	Yes	No X		Yes	No X		Yes	No x		Yes	No
2	If "No" to line 1, did the following apply?											
а	Rebate not due yet?		Х			х			х			
b	Exception to rebate?	X			X			X				
С	No rebate due?  If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed		Х			х			Х			
3	30 ml - 60 2 - 100 2 -	x				X			T x			
	Has the organization or the governmental issuer entered into a qualified	x				x			x	1		
4a			1				-		1	-		
	hedge with respect to the bond issue?	MORGAN ST	ANLEY C	API								
b	Name of provider	MORGAN ST	7,0000	_			-			+		
b		MORGAN ST		_		_						

	-		E	3			D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х		х		x		1.00
b Name of provider								-
c Term of GIC				7				
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?					A.J. T. T.			
6 Were any gross proceeds invested beyond an available temporary period?		X		x		х	- 100	
7 Has the organization established written procedures to monitor the requirements of section 148?	x		х		х			
Part V Procedures To Undertake Corrective Action					1			
	P		E	3		2	1	)
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of						- 110	100	110
federal tax requirements are timely identified and corrected through the voluntary								
closing agreement program if self-remediation is not available under applicable								
regulations?	х		x		x			
Part VI Supplemental Information. Provide additional information for responses to questions	on Schedule	K (see instr	uctions)				-	
SCHEDULE K, PART I, BOND ISSUES, COLUMN (F)	On Concada	Tr (BCC IIIBII	donorisj.					
(A) DESCRIPTION OF PURPOSE: RETIRE SERIES 3L1 AND SERIES 4N, NEW								
STUDENT HOUSING					V	-10-		
STODENI HOOSING								
(E) DESCRIPTION OF DURING ALONG MY AND ADVANCED MALE GOVERNMENT OF								
(B) DESCRIPTION OF PURPOSE: CASSAT AND MEMORIAL HALL CONSTRUCTION								
			.,.					
(C) DESCRIPTION OF PURPOSE: WEITZ CENTER FOR CREATIVITY RENOVATION AND								
CONSTRUCTION				4				
								-112
						***************************************		
		P a - 14						
19 19 19 19 19 19 19 19 19 19 19 19 19 1					****			
			-					_
	11/2							

## SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

**Noncash Contributions** 

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

Attach to Form 990.

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

OMB No. 1545-0047

Open To Public Inspection

Name of the organization

CARLETON COLLEGE

Employer identification number

41~0694747 Part I Types of Property Check if Number of Noncash contribution Method of determining contributions or amounts reported on applicable noncash contribution amounts tems contributed Form 990, Part VIII, line 1g Art - Works of art APPRATSAL. 26 84,000. Art - Historical treasures Art - Fractional interests 3 Books and publications \_\_\_\_\_ Clothing and household goods Cars and other vehicles 6 Boats and planes ..... 7 Intellectual property 8 x 25 8,440,036, STOCK MARKET OUOTES Securities - Publicly traded 9 Securities - Closely held stock 385,555. APPRAISAL 10 Securities - Partnership, LLC, or trust interests Securities - Miscellaneous 12 Qualified conservation contribution -Historic structures Qualified conservation contribution - Other... 14 Real estate - Residential x 4,358,807. APPRAISAL 15 Real estate - Commercial 16 Real estate - Other 17 18 Collectibles \_\_\_\_\_ Food inventory 19 20 Drugs and medical supplies \_\_\_\_\_ 21 Taxidermy Historical artifacts Scientific specimens 23 Archeological artifacts 24 25 Other 26 Other 27 Other 28 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement \_\_\_\_\_\_\_ Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? 30a b If "Yes," describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32a b If "Yes," describe in Part II. 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

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

Schedule M (Form 990) (2014)

Schedule M (Form 990) (2014) CARLETON COLLEGE	41-0694747	Page 2
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b is reporting in Part I, column (b), the number of contributions, the number of items received, this part for any additional information.	o, and 33, and whether the orga or a combination of both. Also o	nization
SCHEDULE M, PART I, COLUMN (B):		
THE COLLEGE REPORTS THE NUMBER OF CONTRIBUTORS ON PART I, COLUMN (B).		
SCHEDULE M, LINE 30B:		
THE COLLEGE RECEIVED A LIFE ESTATE WITH A TERM OF THREE YEARS.		
SCHEDULE M, LINE 32B:		
THE COLLEGE WILL RETAIN AN ATTORNEY FOR NON CASH REAL ESTATE GIFTS AND		
A BROKER FOR PUBLICLY TRADED SECURITIES, AS NEEDED,		
	1402	
	- usk	
	- 10	
· · · · · · · · · · · · · · · · · · ·		
	71.0	
	de la constante de la constant	
		-
132142 08-12-14	Schedule M (For	m 990) (20 44
	College to It of	000) (20)

## **SCHEDULE 0**

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2014 Open to Public Inspection

OMB No. 1545-0047

Department of the Treesury Internal Revenue Service

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

Employer identification number Name of the organization CARLETON COLLEGE 41-0694747 FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: CARLETON COLLEGE IS A PRIVATE LIBERAL ARTS COLLEGE, LOCATED IN NORTHFIELD, MINNESOTA, BEST KNOWN FOR ITS ACADEMIC EXCELLENCE AND WARM, WELCOMING CAMPUS COMMUNITY, CARLETON OFFERS 37 MAJORS AND 15 CONCENTRATIONS IN THE ARTS, HUMANITIES, NATURAL SCIENCES, AND SOCIAL SCIENCES. THE CARLETON COLLEGE MISSION IS TO PROVIDE AN EXCEPTIONAL UNDERGRADUATE LIBERAL ARTS EDUCATION. THE COLLEGE IS DEVOTED TO ACADEMIC EXCELLENCE, DISTINGUISHED BY THE CREATIVE INTERPLAY OF TEACHING, LEARNING, AND SCHOLARSHIP AND IS DEDICATED TO A DIVERSE RESIDENTIAL COMMUNITY AND EXTENSIVE INTERNATIONAL ENGAGEMENTS. FORM 990 PART III LINE 4D OTHER PROGRAM SERVICES: ACADEMIC SUPPORT: PROGRAMS TO ENHANCE THE CARLETON LIBERAL ARTS EXPERIENCE WITH LIBRARY AND INFORMATION TECHNOLOGY RESOURCES (2,005 STUDENTS). EXPENSES \$ 15,655,378. INCL GRANTS OF \$ 77,500. REVENUE \$ 2,570,131. SUMMER ACADEMIC PROGRAMS: PROGRAMS FOR HIGH SCHOOL STUDENTS AND WORKSHOPS FOR TEACHERS OF ADVANCED PLACEMENT ENRICHED OR ACCELERATED CLASSES IN GRADES 7 - 12 TO DEVELOP SKILLS FOR RIGOROUS ACADEMIC PROGRAMS IN A SUPPORTIVE LEARNING ENVIRONMENT. INCLUDING GRANTS OF \$ 0. EXPENSES \$ 1,816,097. REVENUE \$ 1,659,040.

RESEARCH: FACULTY AND STUDENT RESEARCH TO ENHANCE THE ACADEMIC

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.  $^{432211}_{08-27-14}$ 

Schedule O (Form 990 or 990-EZ) (2014)

Schedule O (Form 990 or 990-EZ) (2014)  Name of the organization  CARLETON COLLEGE	Employer identification number
	41-0034741
INSTRUCTIONAL EXPERIENCE.	
EXPENSES \$ 4,570,796. INCLUDING GRANTS OF \$ 360,532. REVENUE \$ 0.	
FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:	
EL SALVADOR, FRANCE, GABON, NEW ZEALAND	
FORM 990, PART VI, SECTION A, LINE 1:	
THE COLLEGE'S EXECUTIVE COMMITTEE INCLUDES THE CHAIR OF EACH BOARD	and the same of th
COMMITTEE AND THE PRESIDENT. BETWEEN MEETINGS OF THE BOARD OF TRUSTEES, THE	
EXECUTIVE COMMITTEE SHALL HAVE GENERAL SUPERVISION OF THE ADMINISTRATION	
AND PROPERTY OF THE COLLEGE EXCEPT THAT UNLESS SPECIFICALLY EMPOWERED BY	
THE BOARD OF TRUSTEES TO DO SO, IT MAY NOT TAKE ANY ACTION INCONSISTENT	anne de la companya d
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 11:	
MANAGEMENT PRESENTED THE FORM IN ITS ENTIRETY TO THE AUDIT COMMITTEE OF THE	
BOARD OF TRUSTEES FOR THEIR REVIEW PRIOR TO SUBMITTING IT TO THE IRS, THE	
FORM 990 IS ALSO INCLUDED ON THE BOARD OF TRUSTEES WEBSITE AND PROVIDED	
WITH THE BOARD MATERIALS FOR ALL BOARD MEMBERS TO REFERENCE.	
FORM 990, PART VI, SECTION B, LINE 12C:	70.000
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	
432212 08-27-14	Schedule O (Form 990 or 990-EZ) (2014)

Schedule O (Form 990 or 990-EZ) (2014)	Page 2
Name of the organization  CARLETON COLLEGE	Employer identification number 41-0694747
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	
COMPETITIVE BID FOR COMPARABLE VALUATION EXISTS; AND 4) THE AUDIT COMMITTEE	and the second second
OF THE BOARD OF TRUSTEES HAS DETERMINED THAT THE TRANSACTION IS IN THE BEST	
INTEREST OF THE ORGANIZATION.	
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	W.O.
FOR THESE POSITIONS TO THE EXECUTIVE COMMITTEE FOR APPROVAL. THIS PROCESS	
TAKES PLACE ANNUALLY; THE LAST REVIEW OF ALL EXECUTIVE POSITIONS LAST TOOK	
PLACE IN JUNE 2015.	
FORM 990, PART VI, SECTION C, LINE 19:	
CARLETON'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL	
STATEMENTS ARE AVAILABLE ON THE COLLEGE'S WEBSITE AND ARE AVAILABLE UPON	
REQUEST.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
UNREALIZED GAIN ON INTEREST RATE SWAP 403,802.	
OP 27 14	dule 0 (Form 990 or 990-F7) (2014)

Schedule O (Form 990 or 990-EZ) (2014)  Name of the organization		Employer identification number
CARLETON COLLEGE		41-0694747
NET CHANGE IN ANNUITY & LIFE INCOME FUNDS	-1,067,967.	
TOTAL TO FORM 990, PART XI, LINE 9	-664,165.	
	····	
		- Aigus
	Cab case of the ca	
	W-17-100-1	
	4 m. 1.38(m.4)(4 (-44))	1000
100 CO		44 44 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
		The state of the s
A The Head About the Company of the Company		fixit wiw -
200 ETT 10 E T 10 ETT 10 E		

Schedule O (Form 990 or 990-EZ) (2014)

432212 08-27-14

#### SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service ▶Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047

Schedule R (Form 990) 2014

2014 Open to Public Inspection

Name of the organization Employer identification number CARLETON COLLEGE 41-0694747 Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990. Part IV, line 33. (b) (d) (e) (f) Name, address, and EIN (if applicable) Primary activity Legal domicile (state or Total income End-of-vear assets Direct controlling of disregarded entity entity foreign country) Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt Part II organizations during the tax year. (b) (c) (d) (e) (f) (g) Section 512(b)(13) (a) Name, address, and EIN Primary activity Legal domicile (state or **Exempt Code** Public charity Direct controlling controlled section status (if section entity of related organization entity? foreign country) 501(c)(3)) Yes No PATRICIA V. DAMON SCHOLARSHIP FUND . 68-6229419 230 FRONT ST N. LACROSSE, WI 54601 TRUST WISCONSIN 501(C)(3) LINE 11B, II CARLETON COLLEGE X S. EUGENE BAILEY SCHOLARSHIP TRUST -41-6439914 PO BOX 64713 ST, PAUL, MN 501(C)(3) CARLETON COLLEGE 55164 TRUST MINNESOTA x

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

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate Hons?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	Percentage ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes No	
											İ
					ķ.						
							1	3			
										11	
				r <sup>i</sup>							
							-	-		$\vdash$	
							_				
	1										
	1										

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

(a)  Name, address, and EIN  of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(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	ent	i) tion b)(13) rolled ity?
3-11-11-11-11-11-11-11-11-11-11-11-11-11		country)						Yes	No
	CHARITABLE REMAINDER		CARLETON						
CHARITABLE REMAINDER TRUSTS (65)	TRUSTS	MN	COLLEGE	TRUST				x	
· · · · · · · · · · · · · · · · · · ·	_								
									_
							}		
							-		
	THE STATE OF THE S								_
						1			
		63					(d) D (F		

Part V	Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.	
100.0		

Mad	Complete line of it any artifus is listed in Darle V. III. as IV of this calculate					T.,	
		216	1.1.1	11. D. v. II. 10.		Yes	No
(-)						110	10
a	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entit	ту			1a	0	X
a	Gift, grant, or capital contribution to related organization(s)	***************************************	***************************************		1b	_	X
C	Girt, grant, or capital contribution from related organization(s)		***************************************		1c		X
d	Loans or loan guarantees to or for related organization(s)	***************************************			. 1d		Х
е	Loans or loan guarantees by related organization(s)			***************************************	. 1e		Х
_	DIAL CONTRACTOR OF THE CONTRAC					3 2	
	Dividends from related organization(s)				. 1f		X
_	Sale of assets to related organization(s)				. 1g		X
h	Purchase of assets from related organization(s)	***************************************			1h		x
i	i Exchange of assets with related organization(s)						
j Lease of facilities, equipment, or other assets to related organization(s)							
					1700	- Le	1
k	Lease of facilities, equipment, or other assets from related organization(s)			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1k		X
1	Performance of services or membership or fundraising solicitations for related orga	***************************************	. 11		Х		
m	(a) Name of related organization Transaction type (a-s)  CHARITABLE REMAINDER TRUSTS  S  793,916.FMV AT DATE OF DEATH  S. EUGENE BAILEY SCHOLARSHIP TRUST  S  101,726.FMV  PATRICIA V. DAMON SCHOLARSHIP FUND  S  105,000.FMV				1m		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organizat	tion(s)	***************************************		_ <u>1n</u>		X
Sharing of paid employees with related organization(s)							Х
					民間		500 E
p	Reimbursement paid to related organization(s) for expenses	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			1p		X
q	Reimbursement paid by related organization(s) for expenses		*******************************		1q		X
r	Other transfer of cash or property to related organization(s)				1r		х
_ 5	Other transfer of cash or property from related organization(s)				1s	X	
2	If the answer to any of the above is "Yes," see the instructions for information on	who must complete	this line, including covered	relationships and transaction thresholds.			
	(a) Name of related organization	Transaction		(d) Method of determining amount in	volved		
(1)	HARITABLE REMAINDER TRUSTS	s	793,916	FMV AT DATE OF DEATH			
(2)	. EUGENE BAILEY SCHOLARSHIP TRUST	s	101,726	FMV			
(3) I	ATRICIA V. DAMON SCHOLARSHIP FUND	s	105,000	FMV			
(4)							
(5)			17				
(6)							
-		6.4					

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 of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) 0rgs.?  Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes No	(k) Percentaç ownershi
= 10										
					~					
The state of the s										

Schedule R (Form 990) 2014 CARLETON COLLEGE	41-0694747	Page 5
Part VII   Supplemental Information		
Provide additional information for responses to questions on Schedule R (see instructions).		
Tovido additional minimation to sponsos to questions on ochedule miseractions.		
	- 110	
5 - 10 - 10 - 10 - 10 - 10 - 10 - 10 - 1		
		-
	11	
The state of the s		
The property of the contract o		