** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

Form **990** (Rev. January 2020) Department of the Treasury Internal Revenue Service

932001 01-20-20

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

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

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

OMB No. 1545-0047 Open to Public Inspection

A	For t	ne 2019 calendar year, or tax year beginning JUL 1, 2019	and ending	JUN 30, 2020		
	Check applica			D Employer in	dentifi	cation number
Г	Add	ress CARLETON COLLEGE				
F	Nam	Be Doing business as		41-069	4747	
Ē	Initia		Room/suite	E Telephone	numbe	r
	Fina	ONE NORTH COLLEGE STREET		(507) 2		
	term	in-		G Gross receipts	\$	284,277,023.
	Ame	nded NORTHFIELD, MN 55057		H(a) Is this a g	roup re	eturn
	Appi	F Name and address of principal officer: STEVEN G. POSKANZER		for suboro	dinates	? Yes X No
	pend	SAME AS C ABOVE		H(b) Are all subore	dinates in	ncluded? Yes No
			a)(1) or 52	7 If "No," at	tach a	list. (see instructions)
		ite: WWW.CARLETON.EDU		H(c) Group ex		n number >
		of organization: X Corporation Trust Association Other	L Yea	r of formation: 186	6 N	State of legal domicile: MN
Pa	art I					
ą.	1	Briefly describe the organization's mission or most significant activities: TO	PROVIDE AN	EXCEPTIONAL		
Governance		UNDERGRADUATE LIBERAL ARTS EDUCATION.				overles a
er i	2	Check this box if the organization discontinued its operations or d			- 1	
Š	3					32
ಷ	4	Number of independent voting members of the governing body (Part VI, line				2981
ties	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)				3341
Activities &	6	Total number of volunteers (estimate if necessary)			7a	145,781.
Ac		Total unrelated business revenue from Part VIII, column (C), line 12 Net unrelated business taxable income from Form 990-T, line 39			7a 7b	0.
_		Net difference pusifiess taxable income from Form 990-1, line 99		Prior Year	110	Current Year
	8	Contributions and grants (Part VIII, line 1h)		45,784	488.	51,715,968.
Revenue	9	Program service revenue (Part VIII, line 2g)	ACT CONTRACTOR STATE	136,446		134,255,679.
Ver	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		53,031		52,273,964.
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,938		2,022,259.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 1	Section of the contract of the	239,201	569.	240,267,870.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		44,235	080.	47,310,107.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	· · · · · · · · · · · · · · · · · · ·		0.	0.
s	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-		85,165	844.	88,567,401.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0.	0.
db		Total fundraising expenses (Part IX, column (D), line 25)	79,297.		TREE !	
ũ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		66,982,	365.	63,549,425.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		196,383,	289.	199,426,933.
	19	Revenue less expenses. Subtract line 18 from line 12		42,818,	280.	40,840,937.
P S			В	eginning of Current		End of Year
set	20	Total assets (Part X, line 16)		1,437,200,	_	1,414,260,160.
Net Assets Fund Balanc	21	Total liabilities (Part X, line 26)		189,893,		180,462,090.
켷	22	Net assets or fund balances. Subtract line 21 from line 20		1,247,306,	589.	1,233,798,070.
_		Signature Block				1 1 1 1 1 W X 11 1
		alties of perjury, I declare that I have examined this return, including accompanying sche				knowledge and belief, it is
rue,	corre	t, and complete. Declaration of preparer (other than officer) is based on all information.	of which prepare	r nas any knowledge	Э.	-
~ !		Signature of officer	ų.	Date		
Sign		ERIC RUNESTAD, VP & TREASURER 4/1/4 //////		2/22	121	
Here		Type or print name and title		2100	121	
	_	Print/Type preparer's name Preparer's signature		Date 0	heck	PTIN
aid		KAREN GRIES KAREN GRIES		12 /0 C / D1	elf-employe	
repa	ırer	Firm's name CLIFTONLARSONALLEN LLP		Firm's E		41-0746749
Jse (Firm's address 220 S 6TH STREET, SUITE 300		1111113		
		MINNEAPOLIS, MN 55402		Phone r	0.612	-376-4500
Jav	the IF	RS discuss this return with the preparer shown above? (see instructions)		1		X Yes No

Form 990 (2019) CARLETON COLLEGE
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	_1_	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		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 donor-restricted endowments		v	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	COMP.
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X	133		
	as applicable.	1	DOM:	100
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		v	
	Part VI	11a	X	-
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total		v	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	х	_
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		-
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			x
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	<u> </u>
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	A	_
I	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	
12-	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete	111		
128		12a	х	
	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
D		12b		x
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	х	
100	Did the organization maintain an office, employees, or agents outside of the United States?	14a	х	
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	170		
J	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	х	
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to		-	
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
7	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
8	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
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		х
0a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
1	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	х	
			000	

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Form 990 (2019) CARLETON COLLEGE

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	_
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
04-	Schedule J	23	Х	_
24 a	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	24a	x	
h	Schedule K. If "No," go to line 25a	24b	-	x
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
_	any tax-exempt bonds?	24c		х
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		х
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			x
~~	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		_
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	TANK.		
	instructions, for applicable filing thresholds, conditions, and exceptions):	1,145	-16	1
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	-
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation		"	
04	contributions? If "Yes," complete Schedule M	30	Х	x
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	-	<u> </u>
32		32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	UZ		
-	sections 301.7701-2 and 301.7701-3? If "Yes." complete Schedule R. Part I	33	x	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	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	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	x	
Par		1 30		
	Check if Schedule O contains a response or note to any line in this Part V			X
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	000	(05:=:
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Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	500	1163	HER.
	filed for the calendar year ending with or within the year covered by this return 2a 298:	THE SE	17. 15	100
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)		1344	11.5
За	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 on 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 O			-
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	136		1.3
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a	_	Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	10.43	100	186.1
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		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c	Х	
d	If "Yes," indicate the number of Forms 8282 filed during the year	1139		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	_	_
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	_7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	15-574	121	
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	200		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	-	-
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:		P.S.O.	
	Initiation fees and capital contributions included on Part VIII, line 12	130	1	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		10	
11	Section 501(c)(12) organizations. Enter:			200
	Gross income from members or shareholders	100		
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)	-35	100	1751
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	E I I I	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	100		180
	Section 501(c)(29) qualified nonprofit health insurance issuers.			100
	Is the organization licensed to issue qualified health plans in more than one state?	13a	la rea	NT CO.
	Note: See the instructions for additional information the organization must report on Schedule O.			
	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	-		
	Enter the amount of reserves on hand	the state		х
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	_	^
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	1		x
	excess parachute payment(s) during the year?	15		A
	If "Yes," see instructions and file Form 4720, Schedule N.	40		x
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		-
	If "Yes," complete Form 4720, Schedule O.	Form	990	(2019)

Form 990 (2019) CARLETON COLLEGE

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

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.	740 76	арона	
	Check if Schedule O contains a response or note to any line in this Part VI		0000	Х
Sec	tion A. Governing Body and Management			
	N A		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 12 13	SIN		
	If there are material differences in voting rights among members of the governing body, or if the governing	1919		
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			10.5
b	Enter the number of voting members included on line 1a, above, who are independent 1b 31		102	177
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	15.9	546	
	officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, 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:	play	-74	
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 on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	1		1100
	(This desired by regarded information about pointies not required by are informal noteine desir.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	Mark.	NETS	3
12a		12a	ж	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х	
	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	7		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	200	ry po	PR -
а	The organization's CEO, Executive Director, or top management official	15a	х	
	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).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		196	
	taxable entity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	1911		100
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	1.54	711.8	10
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed CA, MN, NH, WA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)	s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.	-,		
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	ERIC RUNESTAD - 507-222-4000			
	ONE NORTH COLLEGE STREET, NORTHFIELD, MN 55057			

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

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

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

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

Check this box if neither the organization n	or any related	orga	aniza	tion	con	nper	sate	ed any current officer, d	rector, or trustee.	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(dd	not c	Pos heck	more	than (one	Reportable	Reportable	Estimated
	hours per	box	c, unle	ss pe	rson	s both	nan	compensation	compensation	amount of
	week	-	I		1	1	T	from	from related	other
	(list any hours for	direct				_		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	trustee or directo	stee			nsate		(W-2/1099-MISC)	(** 27 1000 141100)	organization
	organizations	trust	al tru)yee	эшре		(and related
	below	Individual	Institutional trustee	13	Key employee	Highest compensated employee	ner			organizations
	line)	ig.	Insti	Officer	Key	語	Former			
(1) KELSEY DESHLER	60.00									
CHIEF INVESTMENT OFFICER	0.00		_		_	х		662,584.	0.	61,949.
(2) STEVEN G. POSKANZER	60.00									
PRESIDENT	0.00	Х	_	Х				501,366.	0.	109,975.
(3) THOMAS BONNER	60.00	1								
VP FOR EXTERNAL RELATIONS	0.00	_	_	X		_		348,313.	0.	60,211.
(4) FREDERICK A. ROGERS	60,00	1						250 660		
VP AND TREASURER	0.00	-	-	X		_		352,662.	0.	48,766.
(5) TIMOTHY GRIFFETH	40.00	1						240 260		F2 026
DIRECTOR OF INVESTMENTS	0.00	\vdash	\vdash		_	х		342,367.	0.	53,836.
(6) BEVERLY NAGEL	60.00	-						204 466		44 720
DEAN OF THE COLLEGE	0.00		H	Х				324,466.	0.	41,732.
(7) CAROLYN H. LIVINGSTON	60,00	ł						102 569	0	76 606
(8) ELISE ESLINGER	0.00				х		-	193,568.	0.	76,606.
CHIEF OF STAFF	0.00					х		105 226	0.	46 200
(9) JULIE J NEIWORTH	40.00		\vdash			•		195,236.	0.	46,200.
PROFESSOR OF NATURAL SCIENCES AND PS	0.00					x		195,152.	0.	35,084.
(10) MARK MCKONE	40.00			-		•		193,132.	٠,	33,004.
PROFESSOR OF BIOLOGY	0,00					x		192,466.	0.	17,231.
(11) ART D. RODRIGUEZ	60.00		Н			-		152,100.	· · · · · · · · · · · · · · · · · · ·	17,231,
VP AND DEAN OF ADMISSIONS AND FINANC	0.00				x			164,605.	0.	28,738.
(12) WALLACE R. WEITZ	8.00				_		\dashv			20,1101
CHAIR	0.00	х						0.	0.	0.
(13) CAROL BARNETT	8.00									
VICE CHAIR	0.00	х						0.	0.	0.
(14) CATHY PAGLIA	8.00									
VICE CHAIR	0.00	x						0.	0.	0.
(15) MCKAY BARRA	5.00									
TRUSTEE	0.00	х						0.	0.	0.
(16) ALAN BAUER	5.00									
TRUSTEE	0,00	х						0.	0.	0.
(17) LILA CONLEE	5.00									
TRUSTEE	0.00	х						0.	0.	0.

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STEPHEN J. DAVIS	Part VII Section A. Officers, Directors (A)	(B)			(0	;)			(D)	(E)		(F)	
Treated organizations Delay Dela	Name and title	hours per week	box	not c	heck r	nore son k	than c	an	compensation	compensation		nount	of
18 MILLIAM C. CRAINE 5,00 0 0 0 0 0 0 0 0 0		hours for related organizations below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization		fi org an	om th anizat d relat	e tion ted
REUSTEE	(18) WILLIAM C. CRAINE	5.00											
RUSTEE	TRUSTEE	0.00	х						0.	0,			0
RRUSTEE	(19) STEPHEN J. DAVIS	5.00											
RUSTEE	TRUSTEE	0.00	х						0.	0.			0
REMSTEE	(20) ARNOLD W. DONALD	5.00											
RUSTEE	TRUSTEE	0.00	x						0.	0.			0,
Carrestage	(21) HERBERT A. FRITCH	5.00											
CRUSTEE	TRUSTEE	0,00	х						0.	0.			0
Catherine L. Gunsbury 5.00 x 0.00 x 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	(22) LIA GORE	5.00											
TRUSTEE 0.00 x 0.00 0.00 0.00 0.00 0.00 0.00	TRUSTEE	0.00	x						0.	0.			0,
Care	(23) CATHERINE L. GUNSBURY	5.00											
TRUSTEE 0.00 x 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	TRUSTEE	0.00	х						0.	0.			0.
TRUSTEE 0,00 x 0, 0 0 0 0 0 0 0 0 0	(24) JOHN F. HARRIS	5.00											
PRUSTEE 0,00 x 0, 0, 0, 0 0	TRUSTEE	0.00	x						0.	0.			0
Subtotal	(25) MICHAEL J. HASENSTAB	5.00											
Total from continuation sheets to Part VII, Section A Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization from the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization is a such and the compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Total number of 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 Total number of individual listed on line 1a receive or accrue compensation from any unrelated organization or individual for services	TRUSTEE	0.00	х						0.	0.			0
Subtotal Total from continuation sheets to Part VII, Section A Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization list any former officer, director, trustee, key employee, or highest compensated employee on 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	(26) PAMELA KIECKER ROYALL	5.00											
Total from continuation sheets to Part VII, Section A Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization individual of yes line 12 in 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 or services individual or services individual for services individual or services i	RUSTEE	0.00	х							0.	,		0
Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes No Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on 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	1b Subtotal							•	3,472,785.	0.		580,	328
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from any unrelated employee on line 12 including the second provided above) who received more than \$100,000 of reportable compensation from any unrelated employee on line 12 including the second provided employee on line 13 including the second provided employee on line 14 including the second p	c Total from continuation sheets to F	Part VII, Section A						•	0.	0.			0
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes No Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on 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	d Total (add lines 1b and 1c)							>	3,472,785.	0.		580,	328
Tyes No. 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services	2 Total number of individuals (including	but not limited to th	ose	liste	d ab	ove	wh	o re	ceived more than \$100,0	000 of reportable			
Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on 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	compensation from the organization	<u> </u>						_					17:
line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services												Yes	No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services		.5		-	1.5			_				T-OFFICE A	
and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual											3	V-O	A
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services													
											4	A	-
The state of the s	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					-					1		

Section B. Independent Contractors

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

(C) Compensation	(B) Description of services
38,498,734	GENERAL CONTRACTOR
9,886,871.	DINING SERVICES
5,199,590.	GENERAL CONTRACTOR
2,091,802	GENERAL CONTRACTOR
1,118,108,	GENERAL CONTRACTOR
	GENERAL CONTRACTOR those listed above) who received m

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 CARLETON		4							41-06947	147
Part VII Section A. Officers, Director	s, Trustees, Key Er	nplo	yee	s, a	nd F	ligh	est	Compensated Employe		
(A) Name and title	(B) Average hours	/0	heck	Pos	C) ition		di A	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	stee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(27) RICHARD R. KRACUM	5.00									
TRUSTEE	0.00	x						0.	0.	0
(28) KARL C. KWOK	5.00									
TRUSTEE	0.00	x						0.	0.	0
(29) LARNZELL MARTIN, JR.	5.00									
TRUSTEE	0.00	х						0.	0.	0
(30) TRACE H. MCCREARY	5.00									
TRUSTEE	0.00	X		_				0.	0.	0
(31) LAIRD MCCULLOCH	5.00									
TRUSTEE	0.00	Х					_	0.	0.	0
(32) JENINNE C. MCGEE	5.00									
TRUSTEE	0.00	Х						0.	0.	0
(33) STEVEN C. PARRISH	5.00									
TRUSTEE	0.00	Х					_	0.	0.	0
(34) ROLF S. PETERS	5.00									
TRUSTEE	0.00	Х	Щ					0.	0.	0
(35) NICHOLAS J. PUZAK	5.00							_ 1	_	
FRUSTEE	0.00	х		_	_			0.	0.	0
(36) LISE N. REVERS	5,00								_	776
TRUSTEE	0.00	х	-					0.	0.	0
(37) DAVID B. SMITH, JR.	5,00								•	
TRUSTEE	0.00	Х		_				0.	0.	0
(38) FRANCES L. SPANGLER	5.00									
TRUSTEE	0.00	х		_	-1		_	0.	0.	0
(39) ALISON M. VON KLEMPERER	5.00									
TRUSTEE	0.00 5.00	Х	\dashv	-	-	_		0.	0.	0
(40) JUSTIN B. WENDER		v						0.	0.	0
PRUSTEE	0.00 5.00	^	\dashv		\dashv		-	0.	0.	0
RUSTEE		х						0.	0.	
42) JOHN L. YOUNGBLOOD	5.00	_	\dashv		-	-		0.	U.	0
RUSTEE	0.00	х						0.	0.	0
Total to Part VII, Section A, line 1c		· · · · · · · · · · · · · · · · · · ·								

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CARLETON COLLEGE

Form 990 (2019) CARLETON CO Part VIII Statement of Revenue

_			Check if Schedule O	cont	ains a i	response	or note to any lin	e in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
9 0		l a	Federated campaigns			1a		100000000000000000000000000000000000000			30010113 0 12 0 14
Contributions, Gifts, Grants and Other Similar Amounts	3					1b					
Q G			Fundraising events		250000000000000000000000000000000000000	1c					STATE OF STA
rts,			B 1 1 1 1 11			1d					
nia			Government grants (cont		ions)	1e	5,414,184.				
Sin			All other contributions, gifts,		100	10					
E E			similar amounts not included			1f	46,301,784.				
100		а	Noncash contributions included in		190000	1g \$	21,581,312.				
S B		h	Total. Add lines 1a-1f				1997	51,715,968.			
-			Total Tital III o Ta Ti				Business Code	THE WATER			
	2	a	TUITION AND FEES				611710	115,746,003.	115,746,003.		
Š	1	b	ROOM AND BOARD				611710	17,562,472.	17,562,472.		
Program Service Revenue		C	SUMMER TEACHING INS	TIT			611310	947,204.	947,204.		
an an		d									
Pag		е									
F		f	All other program service	reve	nue						4
			Total. Add lines 2a-2f				D	134,255,679.			
	3		Investment income (include	ding	divider	nds, intere	est, and				
			other similar amounts)					16,474,856.			16,474,856.
	4		Income from investment of								
	5		Royalties					74,396.			74,396.
					(i)	Real	(ii) Personal				
	6	а	Gross rents	6a	3	72,069.					
		b	Less: rental expenses	6b	5	58,563.					
		C	Rental income or (loss)	6c	-1	86,494.					
		d	Net rental income or (loss)	,,,,,,,,,,,,		>	-186,494.		8,405.	-194,899.
	7	а	Gross amount from sales of		(i) Se	ecurities	(ii) Other				
			assets other than inventory	7a	79,1	93,673.	56,025.				- modern
		b	Less: cost or other basis								
9			and sales expenses			28,831.					
S		C	Gain or (loss)	7c	38,6	64,842.	-2,865,734.				I I STORE OF BUILDING
Re		d	Net gain or (loss)			<u></u>		35,799,108.			35,799,108.
Other Revenue	8	a	Gross income from fundraisi	ng ev	ents (n	ot					
ᅙ			including \$			of					
			contributions reported on	line	1c). Se	e				Service Service	
			Part IV, line 18			8a			Tom Table Zan-Su	A Marilla Sil	
		b	Less: direct expenses			8b		SEARLA SILVE			
		C	Net income or (loss) from	fund	Iraising	events	,)				
	9	a	Gross income from gamin	g ac	tivities.	See					
			Part IV, line 19	*****		9a					
		b	Less: direct expenses	,,,,,,,,,,,,		9b					Carlos de la companya della companya de la companya de la companya della companya
			Net income or (loss) from	-			, D				
	10	а	Gross sales of inventory, I								
			and allowances			102			the state of the s		1 B 31 00
		b	Less: cost of goods sold	****		10b	<u> </u>				
-		C	Net income or (loss) from	sales	of inv	entory	>				
2							Business Code				
eon ee	11	_	OTHER REVENUE				900099	1,859,770.			1,859,770.
an		-	WIND TURBINE	_			221000	137,376.		137,376.	
Sev		_	INSURANCE RECOVERIE				900099	137,211.			137,211.
Miscellaneous Revenue			All other revenue			******					
			Total. Add lines 11a-11d			*******		2,134,357.	174 657 653	117 705	F4 450 445
	12		Total revenue. See instruction	ns	********	*******		240,267,870.	134,255,679.	145,781.	54,150,442.

932009 01-20-20

Form 990 (2019) CARLETON COLLEGE Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a respons not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	132,555.	132,555.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	47,177,552.	47,177,552.		
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	3,700,830.	588,042.	2,538,362.	574,426
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	62,971,668.	54,854,851.	4,589,529.	3,527,288
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	5,967,799.	4,934,764.	630,976.	402,059
	Other employee benefits	11,418,805.	9,628,565.	1,044,822.	745,418
10	Payroll taxes	4,508,299.	3,787,647.	443,379.	277,273
	Fees for services (nonemployees):				
а	Management				
b	Legal	151,848.		151,848.	
C	Accounting	93,946.		93,946.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	8,400,731.		8,400,731.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	2,536,025.	1,728,686.	529,169.	278,170
12	Advertising and promotion	59,164.	9,185.	49,979.	
13	Office expenses	7,344,889.	6,579,346.	444,947.	320,596
	Information technology	1,787,913.	1,695,698.	17,298.	74,917.
15	Royalties				
16	Occupancy	4,743,279.	4,743,279.		
	Travel	7,132,494.	6,479,630.	350,325.	302,539.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	889,542.	633,837.	120,318.	135,387,
20	Interest	5,544,386.	5,544,386.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	12,323,937.	12,197,018.	126,919.	
23	Insurance	995,456.	559,768.	435,688.	
i	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
	STUDENT DINING SERVICES	6,329,307.	6,329,307.		
b i	MISCELLANEOUS EXPENSES	3,609,081.	3,048,591.	547,797.	12,693.
c i	MEMBERSHIP FEES	1,607,427.	947,677.	631,219.	28,531.
ď					
e /	All other expenses				
25 1	Total functional expenses. Add lines 1 through 24e	199,426,933.	171,600,384.	21,147,252.	6,679,297.
	Joint costs. Complete this line only if the organization				
	eported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)		1	1	

932010 01-20-20

Form 990 (2019)
Part X | Balance Sheet

		Check if Schedule O contains a response or	note to any lin	e in this Part X		Т	
					(A) Beginning of year		(B) End of year
	1					1	
	2	Savings and temporary cash investments			169,442,154.	2	105,562,653
	3	Pledges and grants receivable, net			23,832,652.	3	17,581,350
	4	Accordance that are the contract of the contract			2,222,260.	4	2,174,721
	5	Loans and other receivables from any curren	t or former offi	icer, director,			
		trustee, key employee, creator or founder, su	bstantial cont	ributor, or 35%	Carlotte and the second	199	
		controlled entity or family member of any of t	hese persons			5	THE RESERVE TO SERVE
	6	Loans and other receivables from other disqu	STATE OF STATE OF STATE AND	545			
		under section 4958(f)(1)), and persons descri				6	
12	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			572,421.	8	542,75
₹	9	D			2,501,593.	9	1,638,343
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		525,040,178.		184	
- 1	b	Less: accumulated depreciation		187,266,999.	314,226,628.	10c	337,773,179
-	11	Investments - publicly traded securities			341,820,664.	11	370,875,02
	12	Investments - other securities. See Part IV, lin			563,987,108.	12	561,569,28
- 1	13	Investments - program-related. See Part IV, li	ne 11		4,956,665.	13	3,880,58
-	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			13,637,912.	15	12,662,26
_	16	Total assets. Add lines 1 through 15 (must e			1,437,200,057.	16	1,414,260,16
	17	Accounts payable and accrued expenses		19,958,426.	17	19,860,27	
	18	Grants payable		18			
	19	Deferred revenue	4,594,208.	19	6,616,97		
	20	Tax-exempt bond liabilities			138,619,834.	20	128,569,51
	21	Escrow or custodial account liability. Comple	te Part IV of S	chedule D	3,592,920.	21	2,206,25
2	22	Loans and other payables to any current or for	ormer officer, o	director,		200	
		trustee, key employee, creator or founder, su	bstantial conti	ributor, or 35%		300	ST THESE WAS SERVED
Labilities		controlled entity or family member of any of t	nese persons			22	
۱ -	23	Secured mortgages and notes payable to un	elated third pa	arties		23	
	24	Unsecured notes and loans payable to unrela	ted third parti	es		24	
-	25	Other liabilities (including federal income tax,	payables to re	elated third			
-		parties, and other liabilities not included on li	nes 17-24). Co	mplete Part X			
- 1		of Schedule D			23,128,080.	25	23,209,05
4	26	Total liabilities. Add lines 17 through 25			189,893,468.	26	180,462,09
.		Organizations that follow FASB ASC 958, o	heck here 🕨	X			
ا ڏا		and complete lines 27, 28, 32, and 33.		1		E-1000	1000
	27	Net assets without donor restrictions		556,232,598.	27	596,503,60	
2	28	Net assets with donor restrictions	691,073,991.	28	637,294,464		
		Organizations that do not follow FASB ASC					
		and complete lines 29 through 33.		8			
2	29	Capital stock or trust principal, or current fun				29	
2	30	Paid-in or capital surplus, or land, building, or	equipment fu	nd		30	
net Assets of Luild Dalances	31	Retained earnings, endowment, accumulated				31	
	32	Total net assets or fund balances	*************		1,247,306,589.	32	1,233,798,07
	33	Total liabilities and net assets/fund balances			1,437,200,057.	33	1,414,260,16

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

CARLETON COLLEGE 41-0694747 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 X A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I. Type III. Type III. functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (iv) is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions)) Total

Schedule A (Form 990 or 990-EZ) 2019 CARLETON COLLEGE 41-069474 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	40,592,157.	59,994,718.	53,399,185.	45,784,488.	51,715,968.	251,486,516.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	11					
4		40,592,157.	59,994,718.	53,399,185.	45,784,488.	51,715,968.	251,486,516.
	The portion of total contributions		AND ADDRESS	ACULTA MINEYO	and the Residence		
	by each person (other than a	(S. Definite)		as a strain fact of			
	governmental unit or publicly						
	supported organization) included	The second of					
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	and unang (6)						28,861,682.
6	Public support. Subtract line 5 from line 4.						222,624,834.
	ction B. Total Support					- Value Wasser (etc.)	
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4	40,592,157.	59,994,718.	53,399,185.	45,784,488.	51,715,968.	251,486,516.
	Gross income from interest,						
-	dividends, payments received on	1		1			
	securities loans, rents, royalties,					Ni Ni	
	and income from similar sources	8,823,217.	10,080,664.	11,224,665.	15,504,330.	16,995,717.	62,628,593.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital			- 1			
	assets (Explain in Part VI.)			2,725,350.	2,594,045.	1,922,585.	7,241,980.
11	Total support. Add lines 7 through 10	OF THE PARTY	S 82 18 19 1				321,357,089.
	Gross receipts from related activities,	eta (see instructio	ne)			12	660,155,393.
	First five years. If the Form 990 is for			fourth or fifth tax	vear as a section		,,
13	organization, check this box and stop	Sales Control of the	mat, second, ama				▶ □
Sec	tion C. Computation of Public		centage				
14	Public support percentage for 2019 (lin	ne 6, column (f) div	ided by line 11, co	lumn (f))		14	69.28 %
	Public support percentage from 2018					15	70.84 %
	33 1/3% support test - 2019. If the or					ore, check this box	
	stop here. The organization qualifies a						N V
b	b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
-	and stop here. The organization qualif	_		-		******	
17a	10% -facts-and-circumstances test -			******************			
	and if the organization meets the "facts						
	meets the "facts-and-circumstances" to						
	10% -facts-and-circumstances test -						
	more, and if the organization meets the						
	organization meets the "facts-and-circu						
	Private foundation. If the organization						
	Three Identification in the Organization	did not blieck a D	on off mile to, fod,	100, 174, 01 170,			or 990-FZ) 2019

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Schedule A (Form 990 or 990-EZ) 2019 CARLETON COLLEGE Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and	(C. X)			- · · · · · · · · · · · · · · · · · · ·		
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3			 		+	†	
3	are not an unrelated trade or bus-						
	inges under section 513						
4	immini.				+	+	
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
_	or expended on its behalf					-	
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5				ļ		
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
Ŀ	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						
	Public support. (Subtract line 7c from line 6.)	E-1-1-19				21/2011/01	
	ction B. Total Support						*
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6						
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
Ь	Unrelated business taxable income						
~	(less section 511 taxes) from businesses						
	acquired offer June 20, 1075						
7.0	10001000000				†		-
	Add lines 10a and 10b 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.)			4	<u> </u>		
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization's	s first, second, third	d, fourth, or fifth ta	ax year as a section	on 501(c)(3) organiz	ation,
							▶□
Sec	tion C. Computation of Public	Support Per	rcentage				
15	Public support percentage for 2019 (lin	ne 8, column (f), d	livided by line 13, o	column (f))		15	%
	Public support percentage from 2018					16	%
Sec	tion D. Computation of Invest	ment Income	e Percentage			V	
17	Investment income percentage for 20	19 (line 10c, colur	mn (f), divided by lir	ne 13, column (f))		17	%
18	Investment income percentage from 2	018 Schedule A,	Part III, line 17		***************************************	18	%
19a	33 1/3% support tests - 2019. If the	organization did r				33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box and	d stop here. The	organization qualit	ies as a publicly s	supported organiz	ation	▶□
b	33 1/3% support tests - 2018. If the	organization did r	not check a box on	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, chec						▶ □
	Private foundation. If the organization						▶□

Page 4

Part IV Supporting Organizations

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

Section A. All Supporting Organization	on	ns
----------------------------------------	----	----

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

College Control	Yes	No
1		
2	CHOLING	1000
	(de	
3a		
3b		
3c) ESG.	100
		19
4a	(5)50	
		18
4b		7075
4c	La In G	
	23.9	
5a) E (
Ja		177
5b		
5c		HERE
6		
7	1	
145		211
8	(0.92	20.0
9a		
Qh		
9b		
9c		
10a		
	- 1	

Sch	edule A (Form 990 or 990-EZ) 2019 CARLETON COLLEGE	41-0694747	Pa	ige 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		41	
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	275.81	Paris	il.
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	17/16/00	MIS	
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	100		
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	11142 (18)		400
	controlled the organization's activities. If the organization had more than one supported organization,			R HE
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	1000		Series.
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	11		
2	Did the organization operate for the benefit of any supported organization other than the supported	15 (159)		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	CHESS!	Short	
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	Director and		12.0
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
		-	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	Opposite the second		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	E FALL	1992	
	or management of the supporting organization was vested in the same persons that controlled or managed		V 550	Sin
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	27.23		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	1317	FIRE	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	VIII 2012		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	_ 1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	0.00	FIBRO	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	05-01	South	No.
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	10 10 10		
	significant voice in the organization's investment policies and in directing the use of the organization's	1145-2011		1
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	1000	HC.	200
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instr	ructions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity	(see instructions)	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	11.25	3.77	F 65 T
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	100.00	1	
	those supported organizations and explain how these activities directly furthered their exempt purposes,	6.5.4		15.0
	how the organization was responsive to those supported organizations, and how the organization determined	1000	10.0	Š× =
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	DYTES	11,04	113
	reasons for the organization's position that its supported organization(s) would have engaged in these	1,651,632	18	
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	7.E -	16	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	1 12		
2000	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

932025 09-25-19

Schedule A (Form 990 or 990-EZ) 2019

3

7

4 Enter greater of line 2 or line 3.

instructions).

5 Income tax imposed in prior year

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Minimum asset amount for prior year (from Section B, line 8, Column A)

6 Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions)

2

3

4

5

Pa	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued)	
Sect	ion D - Distributions		,	Current Year
1	Amounts paid to supported organizations to accomplish exer			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	× ·		
4	Amounts paid to acquire exempt-use assets			
_ 5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
-	(provide details in Part VI). See instructions.		- 12	
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
_ a	From 2014			
b	From 2015			
C	From 2016			
d	From 2017			
	From 2018			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
	Carryover from 2014 not applied (see instructions)			
i_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			saturate desentation unit
	Applied to 2019 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater	PART OF ACTION AND ACTION ACTION AND ACTION ACTION ACTION AND ACTION AC		
	,			
6	than zero, explain in Part VI . See instructions. Remaining underdistributions for 2019. Subtract lines 3h			
0	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j	ALIFE TO BRIDGE THE		
•	and 4c.	The state of the s		
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
-	Excess from 2017	The second second second		
	Excess from 2018			
	Excess from 2019			
_				

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 CARLETON COLLEGE	41-0694747	Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17. Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; P Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any ad (See instructions.)	nes 1 and 2; Part IV, Section Part V, Section B, line 1e; Pa	n C,
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:		
OTHER REVENUE		
2017 AMOUNT: \$ 2,725,350.		
2018 AMOUNT: \$ 2,594,045.		
2019 AMOUNT: \$ 1,922,585.		

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Employer identification number

2019

CARLETON COLLEGE 41-0694747 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of 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. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF). LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2019) Name of organization

Employer identification number

CARLETON COLLEGE

41-0694747

-	Contributors		1-0094747
(a) No.	Contributors (see instructions). Use duplicate copies of Part I if additions (b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$7,050,314.	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		\$5,000,095.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$3,578,175.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$3,325,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$3,100,532.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$	Person Payrolf Noncash X (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

41-0694747

CARLETON	COLLEGE	4	1-0694747
Part I	Contributors (see instructions). Use duplicate copies of Part I is	f 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
8		\$\$.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$\$.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$\$	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	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	SECURITIES		06/00/00
(a)		\$\$ 7,050,314.	06/30/20
No. from Part I	(b) Description of noncash property given	FMV (or estimate) (See instructions.)	(d) Date received
2	SECURITIES		
		\$\$	09/03/19
(a) No. from Part i	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3	SECURITIES	_	
_		\$\$	05/05/20
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
6	REAL ESTATE	=	
		\$\$	12/04/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
10	SECURITIES	_	
		\$\$.	05/12/20
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Name of or				Employer identification number
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, of Use duplicate copies of Part III if additional series.	through (e) and the following line haritable, etc., contributions of \$1,000	entry For organizations	A CONTRACTOR OF THE CONTRACTOR
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
		(e) Transfer of		
	Transferee's name, address, an	d ZIP + 4	Relationship of tra	ansferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor			ansferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
	Transferee's name, address, an	(e) Transfer of		ansferor to transferee
(a) No.				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of tra			ansferor to transferee

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

Complete if the organization is described below.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019
Open to Public

Inspection

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

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

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

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

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

		01(c)(4), (5), or (6) organiza	tions: Complete Part III			
	me of orga		tions. complete r ait in.		Em	ployer identification number
		CARLETON C	OLLEGE			41-0694747
P	art I-A	Complete if the org	ganization is exempt und	der section 501(c)	or is a section 527 of	rganization.
	Political	campaign activity expendit	zation's direct and indirect politi tures ign activities		>	\$0.
P	art I-B	Complete if the ord	ganization is exempt und	der section 501(c)	(3)	
_			incurred by the organization un			\$ 0.
			incurred by organization manage			*
			on 4955 tax, did it file Form 4720			Ψ
		describe in Part IV.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	*****************************		
_	art I-C	Complete if the org	janization is exempt und	ler section 501(c)	, except section 501	(c)(3).
1	Enter the	amount directly expended	d by the filing organization for se	ection 527 exempt fund	ction activities	\$
			nization's funds contributed to o			
	exempt	function activities			>	\$
3			s. Add lines 1 and 2. Enter here			·
	line 17b				>	\$
4			1120-POL for this year?			
5			nployer identification number (E			
	made pa	yments. For each organiza	tion listed, enter the amount pa	id from the filing organi	ization's funds. Also enter t	he amount of political
			omptly and directly delivered to			ate segregated fund or a
	political	action committee (PAC). If	additional space is needed, pro	vide information in Part	t IV.	_
		(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter 0	contributions received and
	8					

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

Schedule C (Form 990 or 990-EZ) 2019

LHA

932041 11-26-19

Schedule C (Form 990 or 990-EZ) 2019

c Total lobbying expenditures

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

f Grassroots lobbying expenditures

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

For	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)	(b)
	e lobbying activity.	Yes	No	Amo	unt
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:				
9	Volunteers?	x	1		
h	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		х		
	Media advertisements?		х	2 2 2 2 2 2 2	
d	Mailings to members, legislators, or the public?	х			
	Publications, or published or broadcast statements?	х			
f		х		:	101,846
g		х			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	х			
i	Other activities?		х		
j	Total. Add lines 1c through 1i				101,846.
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		х	The second	
	If "Yes," enter the amount of any tax incurred under section 4912		1 = 11W		
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	n 501(c)(5	i), or sect	ion	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the				
Par	till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."		The second secon		3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic				
_	expenses for which the section 527(f) tax was paid).	Jul	1,000		
а	Current year		2a		
b	Carryover from last year				
c	Total				
3	A				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc		is in		
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p				
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
Par	IV Supplemental Information				
rovi	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-A	A, lines 1 and	2 (see	
nstru	ctions); and Part II-B, line 1. Also, complete this part for any additional information.				
ART	II-B, LINE 1, LOBBYING ACTIVITIES:				
OLL	EGE RELATIONS OCCASIONALLY CONTACT LEGISLATORS TO EXPRESS THE				
OLL	EGE'S VIEWS ON PENDING LEGISLATION WHICH WOULD AFFECT THE COLLEGE.				
OST	S INCURRED IN CONNECTION WITH THESE ACTIVITIES ARE INSIGNIFICANT				
ND I	NO SEPARATE ACCOUNT IS MADE FOR THESE COSTS. IN ADDITION, STUDENTS				
ART	CIPATE IN A VOLUNTEER ACTIVITY SPONSORED BY THE MINNESOTA PRIVATE				
		Cohodul	o C /Form O	00 000	EZ) 2016

Schedule C (Form 990 or 990-EZ) 2019

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

Employer identification number

Pa	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds or	r Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6. (a) Donor advised funds	(b) Funds and other accounts
		(a) Donor advised lunds	(b) Furius and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in ware the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		
•	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpose co	nferring
	impermissible private benefit?		
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Pa	rt IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recreated	tion 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 qualif	ied 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
а	Total number of conservation easements		2a
b			1 1
c	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a		V.=V.
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele		
	year▶	CONTROLOGY DESCRIPTION OF THE STATE OF THE S	•
4	Number of states where property subject to conservation eas	ement is located	
5	Does the organization have a written policy regarding the peri		
•	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, I		
•	Starr and volunteer riours devoted to morntoring, inspecting, i	manding of violations, and emoleting conserv	vacion easomettis during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation	n easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense sta	atement and
	balance sheet, and include, if applicable, the text of the footne		
	organization's accounting for conservation easements.	_	
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Othe	er Similar Assets.
	Complete if the organization answered "Yes" on Form		
10	If the organization elected, as permitted under FASB ASC 958		halance sheet works
Id	of art, historical treasures, or other similar assets held for pub		
	service, provide in Part XIII the text of the footnote to its finan-		lerance of public
_	30 A S S S S S S S S S S S S S S S S S S		and about works of
D	If the organization elected, as permitted under FASB ASC 958	A 10-10-10-10-10-10-10-10-10-10-10-10-10-1	
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in further	arice of public service,
	provide the following amounts relating to these items:		100 000
	(i) Revenue included on Form 990, Part VIII, line 1		100 000
2	If the organization received or held works of art, historical trea		ain, provide
	the following amounts required to be reported under FASB AS		
	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
_HA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.	Schedule D (Form 990) 2019

932051 10-02-19

	edule D (Form 990) 2019 CARLETON CO					41-069		Page 2
Pa	rt III Organizations Maintaining C						(contin	ued)
3	Using the organization's acquisition, accessi	on, and other records	s, check any of the f	ollowing that make	significa	nt use of its		
	collection items (check all that apply):							
а	X Public exhibition	d		hange program				
b	X Scholarly research	е	Other					
C	X Preservation for future generations							
4	Provide a description of the organization's co				3 200		XIII.	
5	During the year, did the organization solicit o						7.4	V
Da	to be sold to raise funds rather than to be mart IV Escrow and Custodial Arran						Yes	X No
1 6	reported an amount on Form 990, Pal		ete ii the organizatio	n answered Yes o	n Form :	990, Part IV,	line 9, or	
12	Is the organization an agent, trustee, custodi		any for contributions	or other assets not	include	d		
ıa	on Form 990, Part X?						Yes	X No
h	If "Yes," explain the arrangement in Part XIII						162	[] 140
	Too, oxplain the arrangement in the xim	and complete the lon	owing table.				Amount	
C	Beginning balance				1	c		
	Additions during the year							
	Distributions during the year							
f	Ending balance							
2a	Did the organization include an amount on Fo					X	Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII.							X
Pai	t V Endowment Funds. Complete i	f the organization an	swered "Yes" on Fo	rm 990, Part IV, line	10.			
		(a) Current year	(b) Prior year	(c) Two years back	(d) Thr	ee years back		years back
1a	Beginning of year balance	907,276,053.	894,233,503.	837,308,012.	739	,622,548.	784,	690,360.
b	Contributions	23,090,538.	29,076,410.	29,763,471.	_	,968,061.	+	573,357.
	Net investment earnings, gains, and losses	-2,606,087.	32,053,614.		+	,876,006.	+	371,797.
	Grants or scholarships	11,188,431.	10,756,962.	9,673,465.	9	,133,556.	9,	135,660.
е	Other expenditures for facilities							
	and programs	31,625,670.	30,048,391.		+	,960,493.		138,149.
f	Administrative expenses	7,670,178.	7,282,121.		+	,064,554.	 	995,563.
g	End of year balance	877,276,225.	907,276,053.		837	,308,012.	739,	622,548.
2	Provide the estimated percentage of the curr	ent year end balance 35.52) held as:				
	Board designated or quasi-endowment ► Permanent endowment ► 31.20		_%					
		% %						
G	The percentages on lines 2a, 2b, and 2c shou							
32	Are there endowment funds not in the posses	5	tion that are held an	nd administered for t	he orga	nization		
ou	by:	ssion of the organiza	tion that are neid an	a administered for t	ine organ	IIIZALIOII	Г	Yes No
	(i) Unrelated organizations						3a(i)	X X
	(ii) Related organizations						3a(ii)	х
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R?				3b	
4	Describe in Part XIII the intended uses of the							
Par	t VI Land, Buildings, and Equipm							
	Complete if the organization answered	d "Yes" on Form 990	Part IV, line 11a. S	ee Form 990, Part X	, line 10			
	Description of property	(a) Cost or ot	her (b) Cost	or other (c)	Accumu	lated	(d) Bool	c value
		basis (investm	ient) basis ((other) d	epreciat	ion		
1a	Land		3	,785,214.	eta Mi	400	3,	785,214.
b	Buildings		392	,708,469.	109,99	5,574.	282,	712,895.
C	Leasehold improvements				77,			
	Equipment			,267,892.	77,27	1,425.		996,467.
_	Other			,278,603.				278,603.
Total	. Add lines 1a through 1e. (Column (d) must ed	qual Form 990, Part X	(, column (B), line 10	Oc.)			337,	773,179.

Schedule D (Form 990) 2019

PA	Investments - Other Securities.	
Par VIII	Investments - Other Securities	
I CTI P G HT	investments - Culei decultues.	

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives Closely held equity interests		
3) Other		
(A) PRIVATE EQUITY	152,933,674.	END-OF-YEAR MARKET VALUE
(B) HEDGE FUNDS	236,226,562.	END-OF-YEAR MARKET VALUE
(C) REAL ASSETS	115,610,067.	END-OF-YEAR MARKET VALUE
(D) PLANNED GIFT AGREEMENTS AND OTHER	56,798,977.	END-OF-YEAR MARKET VALUE
(E)		
(F)		
(G)		
(H)		
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	561,569,280.	
Part VIII Investments - Program Related. Complete if the organization answered "Yes" or	Form 990 Part IV line 11	o See Form 900 Part V line 13
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		

(4) (5) (6) (7) (8) (9)

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)

Part IX Other Assets.

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

1

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

Part X Other Liabilities.

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	ANNUITIES PAYABLE	20,093,355.
(3)	ASSET RETIREMENT OBLIGATION	3,115,702.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
otal.	(Column (b) must equal Form 990, Part X, col. (B) line 25,)	23,209,057.

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

Schedule D (Form 990) 2019

Pa	t XI Reconciliation of Revenue per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		Revenue per Re	turn.	i age
1	Table and the second of the se			1	130,898,694
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		anioninomonomico.	200	
a	Net unrealized gains (losses) on investments	2a	-53,565,549.		
b	Donated services and use of facilities				
C	Recoveries of prior year grants			15.7	
d	Other (Describe in Part XIII.)		-225,344.	=3.7a	
е	Add lines 2a through 2d			2e	-53,790,893
3	Subtract line 2e from line 1			3	184,689,587
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			4	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	8,400,731.		
b	Other (Describe in Part XIII.)	4b	47,177,552.	194	
C	Add lines 4a and 4b			4c	55,578,283
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	240,267,870
Pai	t XII Reconciliation of Expenses per Audited Financial Statem	ents With	Expenses per F	łeturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Total expenses and losses per audited financial statements			1	144,407,213
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	. 2a			
b	Prior year adjustments	2b			
C	Other losses				
ď	Other (Describe in Part XIII.)		558,563.	7 100	
е	Add lines 2a through 2d			2e	558,563
3	Subtract line 2e from line 1			3	143,848,650
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	9 1		S.T.	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	8,400,731.	Edgil	
b	Other (Describe in Part XIII.)	4b	47,177,552.	172	
C	Add lines 4a and 4b			4c	55,578,283
Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.) t XIII Supplemental Information. The descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P			5 ; Part X,	199,426,933 line 2; Part XI,
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add	ditional inform	nation.		
	III, LINE 4: ETON'S ART COLLECTION IS FOR STUDENT RESEARCH AND STUDY INCLU	JDING			
OLL	EGE ARCHIVES OF INSTITUTIONALLY SIGNIFICANT TREASURES AND LIE	BRARY			
OLL	ECTIONS,				
ART	IV, LINE 2B:				
HE	COLLEGE REPORTS ON FORM 990, PART X, LINE 21 AMOUNTS HELD FOR	THE			
ERK	NS LOAN PROGRAM THAT ARE REFUNDABLE TO THE GOVERNMENT AND RE	PORTED AS			
LI	BILITY ON THE COLLEGE'S FINANCIAL STATEMENTS.				
ART	V, LINE 4:				
	MENT FUNDS ARE TO SUPPORT GRANTS TO STUDENTS AND THE PROGRAM	SERVICES			
20054				Sahadu	lo D (Form 990) 201

Schedule D (Form 990) 2019 CARLETON COLLEGE Part XIII Supplemental Information (continued)	41-0694747	Page 5
OF THE COLLEGE.		
THE COMMENT.		
PART X, LINE 2:		
THE COLLEGE QUALIFIES AS A TAX-EXEMPT NONPROFIT ORGANIZATION UNDER SECTION		
501(C)(3) OF THE INTERNAL REVENUE CODE AND SIMILAR STATUTES OF MINNESOTA		
LAW. THE COLLEGE IS SUBJECT TO FEDERAL INCOME TAX ONLY ON NET UNRELATED		
BUSINESS INCOME UNDER THE PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL		
REVENUE CODE. THE COLLEGE HAS EVALUATED ITS TAX POSITIONS AND DETERMINED		
IT HAS NO UNCERTAIN TAX POSITIONS AND HAS RECORDED NO OBLIGATION FOR		
UNRELATED BUSINESS INCOME TAX. NO PROVISIONS FOR FEDERAL OR STATE INCOME		
TAXES ARE REQUIRED AS OF JUNE 30, 2020.		
PART XI, LINE 2D - OTHER ADJUSTMENTS:		
UNREALIZED GAIN ON INTEREST RATE SWAP 134,718.		
NET CHANGE IN ANNUITY & LIFE INCOME FUNDS -918,625.		
RENTAL EXPENSES 558,563.		
TOTAL TO SCHEDULE D, PART XI, LINE 2D -225,344.		
PART XI, LINE 4B - OTHER ADJUSTMENTS:		
GRANTS TO STUDENTS 47,177,552.		
PART XII, LINE 2D - OTHER ADJUSTMENTS:		
RENTAL EXPENSES 558,563.		
PART XII, LINE 4B - OTHER ADJUSTMENTS:		
GRANTS TO STUDENTS 47,177,552.		

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Part I

Schools

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

Attach to Form 990 or Form 990-EZ.

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

2019
Open to Public

Inspection

Name of the organization

CARLETON COLLEGE

Employer identification number 41-0694747

			YES	NC
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,			
	other governing instrument, or in a resolution of its governing body?	1	х	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,			186
	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	ж	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the	722		1,0
	period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes			18
	the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain.			20
	If you need more space, use Part II	3	х	
	THE COLLEGE USES PAPER AND BROADCAST MEDIA IN SOLICITATION OF	The state of		100
	STUDENTS, WE PUBLICIZE OUR NONDISCRIMINATORY POLICY IN ALL	3.74		
	PRINTED BROCHURES, MAGAZINES, APPLICATION MATERIAL AND			
	WEBSITE INFORMATION.			
ı	Does the organization maintain the following?			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	х	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	x	
	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student	70		
	admissions, programs, and scholarships?	4c	x	
ч	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	х	\vdash
u	If you answered "No" to any of the above, please explain. If you need more space, use Part II.	40	5 10	
		1	0.0573	18
i	Does the organization discriminate by race in any way with respect to:			
	Does the organization discriminate by race in any way with respect to: Students' rights or privileges?	5a		x
b	Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies?	5a 5b		-
b C	Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff?			х
b C	Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff?	5b		x
b c d	Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance?	5b 5c		x x
b c d e	Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies?	5b 5c 5d		x x x
b c d e f	Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities?	5b 5c 5d 5e		x x x x
b d e f	Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs?	5b 5c 5d 5e 5f		x x x x
b d e f	Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities?	5b 5c 5d 5e 5f 5g		x x x x
b d e f	Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities?	5b 5c 5d 5e 5f 5g		x x x x
b c d e f g h	Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities?	5b 5c 5d 5e 5f 5g	x	x x x x
b c d e f g h	Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	5b 5c 5d 5e 5f 5g 5h	x	X X X X X X
b c d e f g h	Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	5b 5c 5d 5e 5f 5g 5h	x	x x x x x x x x x x
b d e f g h	Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. Does the organization receive any financial aid or assistance from a governmental agency? Has the organization's right to such aid ever been revoked or suspended?	5b 5c 5d 5e 5f 5g 5h	X	x x x x x

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

Schedule E (Form 990 or 990-EZ) 2019

Schedule E (Form 990 or 990-EZ) 2019 CARLETON COLLEGE	41-0694747	Page 2
Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7,	as applicable.	
Also provide any other additional information.		
LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:		
CARLETON COLLEGE PARTICIPATES IN THE FEDERAL STUDENT FINANCIAL AID PROGRAM		
ADMINISTERED THROUGH THE U.S. DEPARTMENT OF EDUCATION, CARLETON STUDENTS		
RECEIVE FUNDING FROM CAMPUS-BASED PROGRAMS (PERKINS, SEOG, AND FEDERAL		
NAME OF THE PARTY		
WORK STUDY) AS WELL AS FEDERAL PELL GRANTS AND FEDERAL STUDENT LOANS. IN		
HORR STODI / RO WELL AS FEDERAL FELL GRANTS AND FEDERAL STODERT LOANS, IN		
ADDITION CARLEGOV COUNTY OF DECETIVE STRUCK DOOR OUT WITHOUT COUNTY		
ADDITION, CARLETON STUDENTS RECEIVE FUNDING FROM THE MINNESOTA STATE		
GRANT, WORK-STUDY AND SELF LOAN PROGRAMS ADMINISTERED THROUGH THE		
MINNESOTA OFFICE OF HIGHER EDUCATION.		

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

Attach to Form 990.

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

Inspection **Employer identification number**

CARLETON COLLEGE 41-0694747 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	an be duplicated if additional space is n (d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
		in the region			1
CENTRAL AMERICA &	0	0	INVESTMENTS	N/A	234,788,996.
SUB-SAHARAN AFRICA	0	0	INVESTMENTS	N/A	10,310,104.
NORTH AMERICA	0	0	INVESTMENTS	N/A	4,137,327.
EUROPE	0	0	INVESTMENTS	N/A	26,813,232.
SOUTH ASIA	0	0	PROGRAM SERVICES	OCS - BUDDHIST STUDIES IN BODH GAYA	383,690.
EAST ASIA & THE PACIFIC	o	0	100 100 100 100 100 100 100 100 100 100	OCS - GEOLOGY IN NEW ZEALAND	391,998.
EUROPE	0	0		OCS - SPORT AND GLOBALIZATION IN LONDON AND SEVILLE	365,239.
EUROPE	0	0	PROGRAM SERVICES	OCS - HISTORY OF COMPUTING IN ENGLAND	351 022
	0	0	FROGRAM SERVICES	COMPOSING IN ENGLAND	351,022, 277,541,608,
3 a Subtotal b Total from continuation sheets to Part I	0	0			1,923,658
c Totals (add lines 3a and 3b)	0	0			279,465,266.

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

Schedule F (Form 990) 2019

Part I Continuat	carleton col		. (Schedule F (Form 990), Part I, line	41-0694747	Page 1
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE	0	0	PROGRAM SERVICES	OCS - ART HISTORY IN EUROPE	334,531.
EUROPE	0	0	PROGRAM SERVICES	OCS - COMPARATIVE WOMEN'S AND GENDER STUDIES IN EUROPE	281,257.
EUROPE	0	0	PROGRAM SERVICES	OCS - ECONOMICS AND EUROPEAN STUDIES IN CAMBRIDGE	275,476.
EAST ASIA & THE PACIFIC	0	0	PROGRAM SERVICES	OCS - POLITICAL ECONOMY AND ECOLOGY IN SOUTHEAST ASIA	271,557.
EUROPE	0	0	PROGRAM SERVICES	OCS - IRISH STUDIES IN IRELAND	213,239.
EUROPE	0	0	PROGRAM SERVICES	OCS - GERMAN STUDIES IN BERLIN	194,506.
EUROPE	0	0	PROGRAM SERVICES	OCS - ENGLISH LITERATURE AND THEATER IN LONDON	183,608.
EUROPE	0	0	PROGRAM SERVICES	OCS - SPANISH STUDIES IN	169,484.
					1,923,658.

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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV appraisal, other)
by the IRS, or for which	ch the grantee or cou	insel has provided a sec	I recognized as charities by the tion 501(c)(3) equivalency lette	r				I.

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

Part III can be duplicated if additional space is needed.

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

Schedule F (Form 990) 2019 CARLETON COLLEGE Part IV Foreign Forms

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

Schedule F (Form 990) 2019

SCHEDULE I (Form 990)

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

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

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990. ► Go to www.irs.gov/Form990 for the latest information. Inspection

Name of the organization CARLETON COLLE	EGE						Employer identification number 41-0694747
Part I General Information on Grants as	nd Assistance						
Does the organization maintain records to criteria used to award the grants or assis Describe in Part IV the organization's pro-	tance?						
Part II Grants and Other Assistance to I				12.	anization answered "\	es" on Form 990, Part	IV, line 21, for any
recipient that received more than \$ 1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
CITY OF NORTHFIELD 801 WASHINGTON STREET NORTHFIELD, MN 55057	41-6005424	GOVT ENTITY	80,000.	0.	N/A	N/A	COMMUNITY ENGAGEMENT
FLORIDA A & M UNIVERSITY 1700 LEE HALL DR., RM 201 TALLAHASSEE, FL 32307	59-0977035	501(C)(3)	18,150.	0.	N/A	N/A	NSF SUBAWARD - STEP CENTER: INTEGRATE: INTERDISCIPLINARY TEACHING OF GEOSCIENCE
WILLIAMS COLLEGE 880 MAIN STREET, HOPKINS HALL WILLIAMSTOWN, MA 01267	04-2104847	501(C)(3)	15,721.	0.	N/A	N/A	NSF SUBAWARD - QUANTITATIVE SKILL BUILDING: EXPLORING, ADAPTATION AND ADOPTION
REGENTS OF UNIVERSITY OF CALIFORNIA - 9500 GILMAN DRIVE - LA JOLLA, CA 92093	95-6006144	501(C)(3)	18,684.	0.	N/A	N/A	NSF SUBAWARD - DEVELOPMENT OF NOVEL AUGMENTED REALITY TOOL FOR TEACHING MOLECULAR
	33 000144		25,304.				
2 Enter total number of section 501(c)(3) at			ne line 1 table	••••••			4.

Part III Grants and Other Assistance to Domestic Individuals. Part III can be duplicated if additional space is needed.	Complete if the	organization answe	ered "Yes" on Form 9	90, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
STUDENT SCHOLARSHIPS	1789	47,177,552.	0.	N/A	N/A
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	dditional information.	
PART I, LINE 2:					
GRANTS TO ORGANIZATIONS REQUIRE QUARTERLY PROGRAM I	REPORTING INC	CLUDING A			
NARRATIVE AND FINANCIAL SUMMARY THAT IS REVIEWED BY	Y THE PROGRAM	d DIRECTOR.			
SCHOLARSHIPS AND GRANTS FOR STUDENTS ARE APPLIED D	IRECTLY TO A	STUDENT'S			
COLLEGE ACCOUNT AND APPLIED TO TUITION, FEES, ROOM	AND BOARD.	ALL FINANCIAL			
AID IS SUBJECT TO REVISION BASED ON CHANGES IN FAM.	ILY CONTRIBUT	TION AND/OR			
CREDIT LOAD. SATISFACTORY ACADEMIC PROGRESS MUST B	E MAINTAINED	ACCORDING TO			
STANDARDS PRESCRIBED BY THE COLLEGE, ANNUAL RENEWA	L OF FINANCIA	AL AID IS			Schedule I (Form 990) (2019)

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

SCHEDULE J (Form 990)

Compensation Information

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury Internal Revenue Service

CARLETON COLLEGE

Employer identification number 41-0694747

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,		3-10	
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		7	
	First-class or charter travel **Mark Housing allowance or residence for personal use**	SW Z		1
	Travel for companions Payments for business use of personal residence	7 - 65 7 - 67	YL COL	
	Tax indemnification and gross-up payments X Health or social club dues or initiation fees		2.7	2
	Discretionary spending account X Personal services (such as maid, chauffeur, chef)	Lin's	- 2	
				A Time
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			188
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	X	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,	13311		
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	Х	
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee Written employment contract			
	X Independent compensation consultant X Compensation survey or study		1.5	
	Form 990 of other organizations X Approval by the board or compensation committee			57
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			3
	organization or a related organization:			BIST.
а	Receive a severance payment or change-of-control payment?	4a		х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
				11641
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:	EVE		515
а	The organization?	5a		х
b	Any related organization?	5b		х
	If "Yes" on line 5a or 5b, describe in Part III.		1	
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			NI har
a	The organization?	6a		х
b	Any related organization?	6b		х
	If "Yes" on line 6a or 6b, describe in Part III.			100
	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	in a	13.3	THE REAL PROPERTY.
	not described on lines 5 and 6? If "Yes," describe in Part III	7	Х	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the		-14	
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		х
	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2019

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

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

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

		(B) Breakdown of	W-2 and/or 1099-Mis	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) KELSEY DESHLER	(i)	341,942.	312,500.	8,142.	28,000.	33,949.	724,533.	0.
CHIEF INVESTMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) STEVEN G. POSKANZER	(i)	475,779.	0.	25,587.	28,000.	81,975.	611,341.	0.
PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) THOMAS BONNER	(i)	337,848.	0.	10,465.	28,000.	32,211.	408,524.	0.
VP FOR EXTERNAL RELATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) FREDERICK A. ROGERS	(i)	313,825.	0.	38,837.	28,000.	20,766.	401,428.	0.
VP AND TREASURER	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) TIMOTHY GRIFFETH	(i)	246,261.	80,000.	16,106.	25,500.	28,336.	396,203.	0.
DIRECTOR OF INVESTMENTS	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) BEVERLY NAGEL	(i)	316,170.	0.	8,296.	28,000.	13,732.	366,198.	0.
DEAN OF THE COLLEGE	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) CAROLYN H. LIVINGSTON	(i)	193,028.	0.	540.	20,952.	55,654.	270,174.	0.
VP FOR STUDENT LIFE AND DEAN OF STUD	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) ELISE ESLINGER	(i)	193,030.	0.	2,206.	20,375.	25,825.	241,436.	0.
CHIEF OF STAFF	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) JULIE J NEIWORTH	(i)	156,524.	0.	38,628.	16,173.	18,911.	230,236.	0.
PROFESSOR OF NATURAL SCIENCES AND PS	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) MARK MCKONE	(i)	169,900.	0.	22,566.	16,990.	241.	209,697.	0.
PROFESSOR OF BIOLOGY	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) ART D. RODRIGUEZ	(i)	124,252.	0.	40,353.	13,000.	15,738.	193,343.	0.
VP AND DEAN OF ADMISSIONS AND FINANC	(ii)	0.	0.	0.	0.	0.	0,	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
-	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 1A:

STEVEN POSKANZER: RESIDENCE FOR PERSONAL USE AND HOUSE CLEANING SERVICE

NOT INCLUDED IN TAXABLE INCOME AS THE HOUSING ASSIGNMENT IS REQUIRED BY THE

COLLEGE AS A CONDITION OF EMPLOYMENT.

STEVEN POSKANZER: SOCIAL CLUB DUES AND GROSS UP OF LEGAL REIMBURSEMENT

INCLUDED IN TAXABLE COMPENSATION.

FREDERICK A. ROGERS: HOUSING ALLOWANCE, INCLUDED IN TAXABLE COMPENSATION.

CAROLYN LIVINGSTON: RESIDENCE FOR PERSONAL USE, NOT INCLUDED IN TAXABLE

INCOME AS THE HOUSING ASSIGNMENT IS REQUIRED BY THE COLLEGE AS A CONDITION

OF EMPLOYMENT.

PART I, LINE 7:

KELSEY DESHLER RECEIVED A BONUS IN CALENDAR YEAR 2019 IN THE AMOUNT OF

\$312,500 THAT WAS BASED ON BOTH THE 2018 AND 2019 INCENTIVE PLANS.

Schedule J (Form 990) 2019

SCHEDULE K (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

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

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

2019 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 # (d) Date issued (e) Issue price (f) Description of purpose (g) Defeased (h) On behalf (i) Pooled of issuer financing Yes No Yes No Yes No MN HIGHER EDUCATION FACILITIES A AUTHORITY SERIES 2017 41-0988525 60416H3W2 X 05/24/17 124,900,000. SEE PART VI X K C Part II **Proceeds** В C D 23,300,300. Amount of bonds retired 2 Amount of bonds legally defeased 3 Total proceeds of issue . 139,670,300. 4 Gross proceeds in reserve funds 5 Capitalized interest from proceeds 6 Proceeds in refunding escrows 756,612. 7 Issuance costs from proceeds 8 Credit enhancement from proceeds 9 Working capital expenditures from proceeds 70,000,000. Capital expenditures from proceeds 45,913,688. Other spent proceeds 11 12 Other unspent proceeds 13 Year of substantial completion No Yes No Yes No Yes No Yes 14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, X if issued prior to 2018, a current refunding issue)? 15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if X issued prior to 2018, an advance refunding issue)? X 16 Has the final allocation of proceeds been made? Does the organization maintain adequate books and records to support the X final allocation of proceeds?

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

Schedule K (Form 990) 2019

Par	III Private Business Use									
			A		В		(D	
1	Was the organization a partner in a partnership, or a member of an LLC,	Yes	No		Yes	No	Yes	No	Yes	No
	which owned property financed by tax-exempt bonds?		х							
2	Are there any lease arrangements that may result in private business use of									
	bond-financed property?		х							
3a	Are there any management or service contracts that may result in private									
	business use of bond-financed property?	x								
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside									
	counsel to review any management or service contracts relating to the financed property?	Х								
C	Are there any research agreements that may result in private business use of									
	bond-financed property?		х							
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside									
	counsel to review any research agreements relating to the financed property?									
4	Enter the percentage of financed property used in a private business use by								=1/-	
	entities other than a section 501(c)(3) organization or a state or local government		.00	%		%		%		%
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	%		%		%		%
6	Total of lines 4 and 5		.00	%		%		%		%
7	The second side of the state of	X								
8a	Has there been a sale or disposition of any of the bond-financed property to a non-									
	governmental person other than a 501(c)(3) organization since the bonds were issued?		х							
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed									
	of			%		%		%		%
C	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections									
	1.141-12 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?		х							
Par	t IV Arbitrage									
			A			3	(2)
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No		Yes	No	Yes	No	Yes	No
_	Penalty in Lieu of Arbitrage Rebate?		Х							
2	If "No" to line 1, did the following apply?		,							
a	Rebate not due yet?		Х							
	Exception to rebate?	х								
_ c	No rebate due?	X								
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was									
	performed		т					r		
3	Is the bond issue a variable rate issue?	H.	Х							

		1	E	3)	D	
4a Has the organization or the governmental issuer entered into a qualified	Yes	No	Yes	No	Yes	No	Yes	No
hedge with respect to the bond issue?		x						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
a Were gross proceeds invested in a guaranteed investment contract (GIC)?		х						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
Were any gross proceeds invested beyond an available temporary period?		Х						
Has the organization established written procedures to monitor the requirements of								
section 148?	х							
art V Procedures To Undertake Corrective Action								
		1		3)
Has the organization established written procedures to ensure that violations of	Yes	No	Yes	No	Yes	No	Yes	N
federal tax requirements are timely identified and corrected through the voluntary	1							
closing agreement program if self-remediation isn't available under applicable								
regulations?	X							
regulations?			-					
art VI Supplemental Information. Provide additional information for responses to question		K. See instr	uctions					
art VI Supplemental Information. Provide additional information for responses to question HEDULE K, PART I, BOND ISSUES, COLUMN (F)		K. See instr	uctions					
art VI Supplemental Information. Provide additional information for responses to question HEDULE K, PART I, BOND ISSUES, COLUMN (F) .) DESCRIPTION OF PURPOSE: WEITZ CENTER MUSIC ADDITION, SCIENCE		K. See instr	uctions					
art VI Supplemental Information. Provide additional information for responses to question HEDULE K, PART I, BOND ISSUES, COLUMN (F)		K. See instr	uctions					
art VI Supplemental Information. Provide additional information for responses to question HEDULE K, PART I, BOND ISSUES, COLUMN (F) .) DESCRIPTION OF PURPOSE: WEITZ CENTER MUSIC ADDITION, SCIENCE		K. See instr	uctions					
art VI Supplemental Information. Provide additional information for responses to question HEDULE K, PART I, BOND ISSUES, COLUMN (F) .) DESCRIPTION OF PURPOSE: WEITZ CENTER MUSIC ADDITION, SCIENCE		K. See instr	uctions					
art VI Supplemental Information. Provide additional information for responses to question HEDULE K, PART I, BOND ISSUES, COLUMN (F)) DESCRIPTION OF PURPOSE: WEITZ CENTER MUSIC ADDITION, SCIENCE		K. See instr	uctions					
Art VI Supplemental Information. Provide additional information for responses to question HEDULE K, PART I, BOND ISSUES, COLUMN (F) DESCRIPTION OF PURPOSE: WEITZ CENTER MUSIC ADDITION, SCIENCE		K. See instr	uctions					
art VI Supplemental Information. Provide additional information for responses to question HEDULE K, PART I, BOND ISSUES, COLUMN (F)) DESCRIPTION OF PURPOSE: WEITZ CENTER MUSIC ADDITION, SCIENCE		K. See instr	uctions					
art VI Supplemental Information. Provide additional information for responses to question HEDULE K, PART I, BOND ISSUES, COLUMN (F)) DESCRIPTION OF PURPOSE: WEITZ CENTER MUSIC ADDITION, SCIENCE		K. See instr	uctions					
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art VI Supplemental Information. Provide additional information for responses to question HEDULE K, PART I, BOND ISSUES, COLUMN (F)) DESCRIPTION OF PURPOSE: WEITZ CENTER MUSIC ADDITION, SCIENCE		K. See instr	uctions					
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art VI Supplemental Information. Provide additional information for responses to question HEDULE K, PART I, BOND ISSUES, COLUMN (F) .) DESCRIPTION OF PURPOSE: WEITZ CENTER MUSIC ADDITION, SCIENCE		K. See instr	uctions					
art VI Supplemental Information. Provide additional information for responses to question HEDULE K, PART I, BOND ISSUES, COLUMN (F)) DESCRIPTION OF PURPOSE: WEITZ CENTER MUSIC ADDITION, SCIENCE		K. See instr	uctions					
art VI Supplemental Information. Provide additional information for responses to question HEDULE K, PART I, BOND ISSUES, COLUMN (F)) DESCRIPTION OF PURPOSE: WEITZ CENTER MUSIC ADDITION, SCIENCE		K. See instr	uctions					
art VI Supplemental Information. Provide additional information for responses to question HEDULE K, PART I, BOND ISSUES, COLUMN (F)) DESCRIPTION OF PURPOSE: WEITZ CENTER MUSIC ADDITION, SCIENCE		K. See instr	uctions					
art VI Supplemental Information. Provide additional information for responses to question HEDULE K, PART I, BOND ISSUES, COLUMN (F) .) DESCRIPTION OF PURPOSE: WEITZ CENTER MUSIC ADDITION, SCIENCE		K. See instr	uctions					

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.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

CARLETON COLLEGE

Employer identification number 41-0694747

Pa	art I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of det noncash contribut		_	s
1	Art - Works of art	х	1	100,000.	APPRAISAL			
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	х	139	19,011,312.	FMV			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution - Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial	х	1	2,470,000.	APPRAISAL			
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other • ()							
26	Other ()							
27	Other ()							
28	Other (
29	Number of Forms 8283 received by the organiz	ation during	the tax year for co	ontributions				
	for which the organization completed Form 828	3, Part IV, D	onee Acknowledg	ement 29			1	
			-				Yes	No
30a	During the year, did the organization receive by	contribution	n any property rep	orted in Part I, lines 1 throug	h 28, that it	361	100	184
	must hold for at least three years from the date	of the initial	contribution, and	which isn't required to be us	sed for			
	exempt purposes for the entire holding period?					30a		х
b	If "Yes," describe the arrangement in Part II.					33		7
31	Does the organization have a gift acceptance p	olicy that re	guires the review o	of any nonstandard contribut	ions?	31	х	
	Does the organization hire or use third parties of		2		***************************************			
	contributions?			• •		32a	x	
b	If "Yes," describe in Part II.	***************************************	***************************************				7.5	IK.
	If the organization didn't report an amount in co	olumn (c) for	a type of property	for which column (a) is chec	ked.		Part I	12
	describe in Part II.	e perduce Mark 1550	and the same property	n tee neconstil > Potostilicotes VIV		He.		11
НА	For Panerwork Reduction Act Notice see t	he Instructi	ons for Form 990		Schedule M	/Form	990)	2019

Schedule M (Form 990) 2019 CARLETON COLLEGE	41-0694747	Page 2
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, an is reporting in Part I, column (b), the number of contributions, the number of items received, or a this part for any additional information.	d 33, and whether the organi combination of both. Also co	zation
SCHEDULE M, PART I, COLUMN (B):		
THE COLLEGE REPORTS THE NUMBER OF CONTRIBUTORS ON PART I, COLUMN (B).		
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.		
		_

Schedule M (Form 990) 2019

932142 09-27-19

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

CARLETON COLLEGE	41-0694/4/
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	
CARLETON COLLEGE IS A PRIVATE LIBERAL ARTS COLLEGE, LOCATED IN	
NORTHFIELD, MINNESOTA, BEST KNOWN FOR ITS ACADEMIC EXCELLENCE AND WARM,	
WELCOMING CAMPUS COMMUNITY, CARLETON OFFERS 33 MAJORS AND 37 MINORS IN	
THE ARTS, HUMANITIES, NATURAL SCIENCES, MATHMATICS, 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:	
STUDENT SERVICES PROGRAMS - PROGRAMS DESIGNED TO SUPPORT THE CARLETON	
COLLEGE STUDENT LIFE EXPERIENCE INCLUDING CO-CURRICULAR AND	
RECREATIONAL OPPORTUNITIES (1,996 STUDENTS)	
EXPENSES \$ 16,631,271. INCLUDING GRANTS OF \$ 80,000. REVENUE \$ 0.	
RESEARCH - FACULTY AND STUDENT RESEARCH TO ENHANCE THE ACADEMIC	
INSTRUCTIONAL EXPERIENCE.	
EXPENSES \$ 4,722,910. INCLUDING GRANTS OF \$ 52,555. REVENUE \$ 0.	
SUMMER ACADEMIC PROGRAMS - PROGRAMS FOR HIGH SCHOOL STUDENTS AND	
NORKSHOPS FOR TEACHERS OF ADVANCED PLACEMENT ENRICHED OR ACCELERATED	
CLASSES IN GRADES 7-12 TO DEVELOP SKILLS FOR RIGOROUS ACADEMIC PROGRAMS	
.HA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.	ichedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization CARLETON COLLEGE	Employer identification number 41-0694747
(905 ATTENDEES).	
EXPENSES \$ 1,033,262. INCLUDING GRANTS OF \$ 66,096. REVENUE \$ 947,204.	
FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:	
FRANCE, NEW ZEALAND, SPAIN, INDIA,	
ETHIOPIA	
FORM 990, PART VI, SECTION A, LINE 1:	
THE COLLEGE'S EXECUTIVE COMMITTEE INCLUDES THE CHAIR OF EACH BOARD	
COMMITTEE AND THE PRESIDENT, BETWEEN MEETINGS OF THE BOARD OF TRUSTEES, THE	
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	
WITH A PRIOR ACT OF THE BOARD OF TRUSTEES, ALTER BYLAWS, REMOVE OR APPOINT	
THE PRESIDENT OF THE COLLEGE, OR TAKE ANY ACTION WHICH HAS BEEN RESERVED	
FOR THE BOARD.	
FORM 990, PART VI, SECTION B, LINE 11B:	
MANAGEMENT PRESENTED THE FORM IN ITS ENTIRETY TO THE AUDIT COMMITTEE OF THE	
BOARD OF TRUSTEES FOR THEIR REVIEW PRIOR TO SUBMITTING IT TO THE IRS. THE	
FORM 990 IS ALSO INCLUDED ON THE BOARD OF TRUSTEES' WEBSITE AND PROVIDED	
WITH THE BOARD MATERIALS FOR ALL BOARD MEMBERS TO REFERENCE.	
FORM 990, PART VI, SECTION B, LINE 12C:	
OFFICERS, TRUSTEES, AND KEY EMPLOYEES ARE REQUIRED TO ANNUALLY DISCLOSE	
INTERESTS THAT COULD GIVE RISE TO CONFLICTS, SUCH INTERESTS INCLUDE A LIST	
OF FAMILY MEMBERS, SUBSTANTIAL BUSINESS OR INVESTMENT HOLDINGS AND OTHER	
TRANSACTIONS OR AFFILIATIONS WITH BUSINESSES OR OTHER ORGANIZATIONS.	

Name of the organization CARLETON COLLEGE	Employer identification number 41-0694747
SUBMITS SALARY RECOMMENDATIONS FOR THE VICE PRESIDENTS, THE CHAIR OF	THE
INVESTMENT COMMITTEE SUBMITS RECOMMENDATIONS FOR THE CHIEF INVESTMENT	7
OFFICER, & THE CHIEF INVESTMENT OFFICER SUBMITS RECOMMENDATIONS FOR	PHE
DIRECTOR OF INVESTMENTS TO BOTH THE HUMAN RESOURCES SUBCOMMITTEE AND	THE
EXECUTIVE COMMITTEE FOR APPROVAL, THE LAST REVIEW OF ALL EXECUTIVE	
POSITIONS TOOK PLACE IN MAY 2020. EVERY THIRD YEAR THE COLLEGE USES A	AN
INDEPENDENT COMPENSATION CONSULTANT TO CONDUCT THE REVIEW. THE INDEPE	ENDENT
REVIEW WAS WAS COMPLETED IN MAY 2020.	
FORM 990, PART VI, SECTION C, LINE 19:	
CARLETON'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINA	MCIAL
STATEMENTS ARE AVAILABLE ON THE COLLEGE'S WEBSITE AND ARE AVAILABLE U	PON
REQUEST.	

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
UNREALIZED GAIN ON INTEREST RATE SWAP	4,718.
NET CHANGE IN ANNUITY & LIFE INCOME FUNDS -91	8,625.
TOTAL TO FORM 990, PART XI, LINE 9 -78	13,907.

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

Name of the organization

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

2019

Open to Public Inspection

Employer identification number

CARLETON COLLEGE							41	1-0694747		
Part I Identification of Disregarded Entities. Comp	plete if the organization answered "	Yes" on Form 990, Part IV, line 3	3.							
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	or Total inco	me		(e) ear asset	s	Direct co	f) ontrolling tity	
TRILLIUM HOLDINGS, LLC - 84-3562610										
ONE NORTH COLLEGE STREET										
NORTHFIELD, MN 55057	CHARITABLE GIFT	MINNESOTA		0.		C	CAL	RLETON COL	LEGE	
Part II Identification of Related Tax-Exempt Organ organizations during the tax year.	izations. Complete if the organizat	tion answered "Yes" on Form 99	0, Part IV, line 34, I	pecaus	e it had o	ne or mo	re rela	ated tax-exen	npt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	1000 1000	(e) olic charit is (if secti	,	irect c	(f) controlling ntity	contr	rolled
				5	01(c)(3))				Yes	No
PATRICIA V. DAMON SCHOLARSHIP FUND -										
68-6229419, 230 FRONT ST N, LACROSSE, WI										
54601	TRUST	WISCONSIN	501(C)(3)	LINE	12B, I	I CARL	ETON	COLLEGE	х	
S. EUGENE BAILEY SCHOLARSHIP TRUST -										
41-6439914, PO BOX 64713, ST. PAUL, MN										
55164	TRUST	MINNESOTA	501(C)(3)	PF		CARL	ETON	COLLEGE	Х	-
	_									
			-	-						(g) 1 512(b)(13) 1 trivilled 1 ntity? No
	_									
	-									
							_			

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

Schedule R (Form 990) 2019

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)		h)	(i)	(i)	(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 itions?	Code V-UBI amount in bcx 20 of Schedule	General or managing partner?	Percentage ownership
		country)		sections 512-514)		assets	Yes No	No	K-1 (Form 1065)	5) Yes No	
	-										
	+										
							+	-		+	
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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 country)	(d) Direct controll ng 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) ction (b)(^3) brolled tity?
CHARITABLE REMAINDER TRUSTS (53)								1.00	
ONE NORTH COLLEGE STREET	CHARITABLE REMAINDER		CARLETON						
NORTHFIELD, MN 55057	TRUSTS	MN	COLLEGE	TRUST				x	
					· ·				

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

	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1	During the tax year, did the organization engage in any of the following transaction	s with one or more re	elated organizations listed in	Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entit	у		***************************************	1a		X
b	Gift, grant, or capital contribution to related organization(s)				1b		X
C	Giff, grant, or capital contribution from related organization(s)				1c		х
d	Loans or loan guarantees to or for related organization(s)				1d		X
е	Loans or loan guarantees by related organization(s)			***************************************	1e		х
					1000	1980	Malie.
f	Dividends from related organization(s)	***************************************		***************************************	1f		Х
g	Sale of assets to related organization(s)	***************************************			1g		X
h	Purchase of assets from related organization(s)	*************************			1h		X
i	Exchange of assets with related organization(s)				1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)				1j_		X
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		x
i	Performance of services or membership or fundraising solicitations for related orga	anization(s)			11		X
	Performance of services or membership or fundraising solicitations by related orga						Х
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization	ion(s)			1n		X
	Observe of a state of the state						Х
	The state of the s				11199		
p	Reimbursement paid to related organization(s) for expenses		******************************		1p		x
q	Reimbursement paid by related organization(s) for expenses		***************************************		10		x
r	Other transfer of cash or property to related organization(s)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	*******************************		1r		X
s	Other transfer of cash or property from related organization(s)				1s	х	
2	If the answer to any of the above is "Yes," see the instructions for information on v	vho must complete th	nis line, including covered re	elationships and transaction thresholds.			
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amo	ount involved		
1) (CHARITABLE REMAINDER TRUSTS	S	318,850.	FMV AT DATE OF DEATH			
2)	S. EUGENE BAILEY SCHOLARSHIP TRUST	s	187,751.	FMV			
3)	PATRICIA V. DAMON SCHOLARSHIP FUND	s	102,000.	FMV			
4)							
5)							
6)							

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

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	()	1)	(i)	(j)	(k)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are partner 501(c orgs	s sec)(3) No	Share of total income	Share of end-of-year assets	Dispr tion alloca Yes	opor- nate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part Yes	aging ner?	Percentage ownership
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Schedule R (Form 990) 2019 CARLETON COLLEGE	41-0694747	Page
Part VII Supplemental Information		
Provide additional information for responses to questions on Schedule R. See instructions.		
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