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Form **990**

Department of the Treasury Internal Revenue

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

2008
Open to Public Inspection

Serv									
A Fo	or the	2008 ca	alendar yea	nr, or tax year beginning 0	7-01-2008	and ending 06-30-2009		D Employer id	lentification number
_		applicable	Please	C Name of organization Carthage College					
Ad	dress cl	hange	use IRS label or	Doing Business As				37-06614 E Telephone n	
┌ Na	me cha	ange	print or type. See	Bolling Business As				•	
┌ Inı	tıal retu	ırn	Specific	Number and street (or P O	box if mail is no	ot delivered to street address	s) Room/suite	(262) 551	
Г те	mınatı	on	Instruc- tions.	2001 Alford Park Dr				G Gross receip	ots \$ 95,446,450
┌ Am	nended	return		City or town, state or count	ry, and ZIP + 4				
Ap	plication	n pending		Kenosha, WI 53140					
,			F No.		-1 Office	ī			
				me and address of Principa AM ABT	ai O ilicer		H(a) Is this affiliat	s a group retur	n for
				Alford Park Dr			amma		, 105 , 110
	v-even	npt status		ha, WI 53140 :)(3) ◀ (insert no)	7/2)/1) or \Box	F27		affiliates includ	
1 10	ix-exem	iipt status	J 501(c	(Insert no) 494	7(a)(1) or 1	527			t See instructions)
J W	eb sit	e: 🟲 ww	w carthage	edu			H(c) Group	Exemption N	umber 🟲
			<u> </u>		•		T		• • • • • • • • • • • • • • • • • • • •
К Тур	e of on	ganization	I ✓ Corpora	tion trust association	other F		L Year of For	mation 1847 N	State of legal domicile WI
		_							
Pa	rt I		mary						
	1			ne organization's mission o	_				
క				ool of liberal arts and scie ran Church of America	nces providi	ng students with a colle	ge education	Carthage is a	affiliated with the
뎔		Evalige	iicai Lutile	ran Church of America					
Governance	2	Check	this box 🗀	if the organization discon	tinued its op	erations or disposed of	more than 2!	5% of its asse	ts
<u>ලි</u>	3		,	members of the governing					24
	4			ndent voting members of t					24
<u>e</u> 8	5			mployees (Part V, line 2a)			,		1,785
Ĭ	6			olunteers (estimate if nece				6	0
Activities &				ated business revenue from			_	7a	933,078
•				iness taxable income from			•	7b	0
	-					.,	Prio	r Year	Current Year
	8	Contr	butions an	d grants (Part VIII, line 1	h)		1.110	8,489,567	2,567,189
≘	9			revenue (Part VIII, line 2	•			72,588,060	80,041,293
Rayenue	10	_		me (Part VIII, column (A)				1,314,489	1,340,586
æ	11			Part VIII, column (A), line				1,011,100	642,320
	12		•	dd lines 8 through 11 (mu					
		12)			·			82,392,116	84,591,388
	13	Grant	s and simil	ar amounts paid (Part IX,	column (A), l	ınes 1-3)		23,543,205	24,570,668
	14	Benef	ts paid to o	or for members (Part IX, c	olumn (A), lii	ne 4)			0
ø	15		es, other c	ompensation, employee be	enefits (Part	IX, column (A), lines 5	-	25 220 673	20 250 020
Expenses	1.5-	10)			(4) 1	4.4		25,230,673	29,258,828
क	16a			draising fees (Part IX, colu	,	·			0
五	b	•	-	penses, Part IX, column (D), lin	<u>-</u>	,			
	17		•	(Part IX, column (A), lines	•	•		26,206,277	24,371,455
	18			-add lines 13-17 (must e		line 25, column (A))		74,980,155	78,200,951
	19	Reven	ue less ex	penses Subtract line 18 f	rom line 12			7,411,961	6,390,437
Not Assets or Fund Balances							Beginnii	ng of Year	End of Year
10 kg	20	Total	assets (Pa	rt X, line 16)			1	.71,116,097	162,687,224
A A	21	Total	liabilities (Part X, line 26)				57,472,357	53,298,344
žŽ	22	Netas	sets or fur	nd balances Subtract line	21 from line	20	1	.13,643,740	109,388,880
Pa	rt II	Sign	ature Bl	ock					
				егјигу, I declare that I have exa					
Plea		and bei	ier, it is true,	correct, and complete Declarat	ion of preparer	(other than officer) is based	1		rer nas any knowledge
Sign		Sign	ature of office	 er			2009- Date	12-23	
Her		[
			LIAM ABT VP (e or print nam	OF ADMINISTRATION & BUSINES ne and title	55				
		<u> f </u>				Date		Preparer's DTI	N (See Gen Inst)
Do:	d	I	parer's nature	awrence H Mohr CPA			Check If self-	r repaier s r II	(OCC OCH THAC)
Pai		-	iatule 🚩 🖁				empolyed 🕨 🦵		
Use	pare	Firr	n's name (or						
Onl		ıf s	elf-employed Iress, and ZIP), 2 + 4				EIN Þ	
J.11	,		,	Baker Tilly Virchow Krau	se LLP				
				225 SOUTH SIXTH STREE	T STE 2300			Phone no	(612) 876-4500

Part III Statement of Program Service Accomplishments (See the instructions.)

1 See A	Briefly describe the organizand ditional Data Table	ation's mission				
2	Did the organization und the prior Form 990 or 99 If "Yes," describe these	0-EZ?		rvices during the year	r which were not listed on	┌ Yes ┌ No
3	Did the organization cea	se conducting or m	nake sıgnıfıcant	changes in how it cor	nducts any program	┌ Yes ┌ No
4		rpose achievement 4) organizations an	s for each of th d 4947(a)(1) t	rusts are required to r	largest program services report the amount of grant ed	
4a	hosts the joint Executive MB	A and Master of Social the Fall Semester and	Work degrees awa 2,533 FTE studen	arded by Loyola University		f Education degree Carthage also enrollment was 2,636 full time
4b	(Code) (Expenses \$	31,909,149	ıncludıng grants of \$) (Revenue s	23,421,638)
-	Student Services Carthage dimensions of students' lives encourages involvement and	boasts a long-standing The College offers a d service (over 90 stude re students to test their	commitment to eccurriculum that cha ent organizations), r own limits and ex	ducating the whole person allenges students to think of a community of faith that opress their individuality. The	by nourishing the intellectual, specifically and express themselves nutures spiritual growth and de	piritual, emotional, social and physicals offectively, a campus life that evelops moral responsibility, and coart Hedberg Library unites books,
4c		ed students lived on-ca	impus and particip			tudents, faculty and staff Of the tota side in campus housing in the 2008-
	(Code) (Expenses \$	244,440	including grants of \$) (Revenue s	244,440)
4d	Other program services	•	edule O) uding grants of	- ¢) (Revenue \$)
4e	Total program service		64,960,10	•	, Line 25, column (B).	,

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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
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		N o
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νο
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where 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		No
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		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21, 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		Νο
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		Νo
Ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		Νο
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>	17		N o
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Νο
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Νο
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νο
25a	Section $501(c)(3)$ and $501(c)(4)$ 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		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		Νο
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
		28a		Νo
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		No
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		Νo
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	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		Νο
37	Did the organization conduct more than 5 percent 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		Νo

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliano	e				
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal					
	of U.S. Information Returns. Enter -0- if not applicable					
		1a	168			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments t	to ven	dors and reportable			
	gaming (gambling) winnings to prize winners?			1c		
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this					
_	return	2a	1,785			
b	If at least one is reported in 2a, did the organization file all required federal employs Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this	s retui	rn.	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during return?	g the	year covered by this	За	Yes	
Ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Sch	edule	0	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a sover, a financial account in a foreign country (such as a bank account, securities acaccount)?			4a		N o
b	If "Yes," enter the name of the foreign country					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , ReFinancial Accounts.	eport o	f Foreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time duri	ng the	tax year?	5a		Νο
ь	Did any taxable party notify the organization that it was or is a party to a prohibited	tax sh	nelter transaction?	5b		Νο
	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exemp</i>			- 55		
·	Tax Shelter Transaction?	•	· · ·	5с		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		Νο
b	If "Yes," did the organization include with every solicitation an express statement the were not tax deductible?	hat su	ch contributions or gifts	6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization provide goods or services in exchange for any quid pro quo con more?	trıbut	ion of \$75 or	7a		No
ь	If "Yes," did the organization notify the donor of the value of the goods or services p	rovide	d?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal prope	rty for	which it was required to			
_	file Form 8282?	1		7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay benefit contract?	y prem	nums on a personal	7e		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a pers	onal b	enefit contract?	7f		No
a	For all contributions of qualified intellectual property, did the organization file Form			7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization f			- 9		
	required?			7h		
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds a supporting organizations. Did the supporting organization, or a fund maintained by a excess business holdings at any time during the year?			8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		
ь	Did the organization make a distribution to a donor, donor advisor, or related person			9b		
10	Section 501(c)(7) organizations. Enter					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations Enter					
	Gross income from members or shareholders	 11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	-				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in	n lieu d	of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

Section A. Governing Body and Management

No

Νo

Νo

Νo

Νo

Νo

Νo

Yes

Yes

3

4

5

6

7a

7Ь

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below processes, or changes in Schedule O. See instructions.	ı, desc	rıbe t	he cı	rcui	nsta	ınces,
.a	Enter the number of voting members of the governing body	1a					24
b	Enter the number of voting members that are independent	1b					24
2	Did any officer, director, trustee, or key employee have a family relationship or a but other officer, director, trustee, or key employee?	siness	rela	tions •	hıp •	with •	any

•	Did the organization delegate control over management duties customarily performed by or under the direct
	supervision of officers, directors or trustees, or key employees to a management company or other person? .
Ļ	Did the organization make any significant changes to its organizational documents since the prior Form 990 was

	med		
5	Did the organization become aware during the year of a material diversion of the organization's assets?		
6	Does the organization have members or stockholders?		

· · · · · · · · · · · · · · · · · · ·
Does the organization have members, stockholders, or other persons who may elect one or more members of the
governing body?
Are any decisions of the governing body subject to approval by members, stockholders, or other persons?

D	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	•
	Did the organization contemporaneously document the meetings held or written actions undertaken during t	:he
	year by the following	

	year by the following		•		•			-						•	
а	the governing body?		_												

ь	each committee with authority to act on behalf of the governing body?	•	•	•	•	•	•	•	•	•	•	•
9a	Does the organization have local chapters, branches, or affiliates? .											

b	If "Yes," does the organization have written policies and procedures governing the activities of suc	h c	hap	ter	s,
	affiliates, and branches to ensure their operations are consistent with those of the organization?				

10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations
	must describe in Schedule O the process, if any, the organization uses to review the Form 990

11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached	at
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	•

8a	Yes	
8b	Yes	
9a		Νo
9b		
10	Yes	
11		No

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed WI
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website. I another's website. I upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

David Missurelli 2001 ALFORD PARK DRIVE KENOSHA, WI 53140 (262) 551-6200

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

- * List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- * 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- * List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

The check this box in the organization and i	(B) A verage hours per week	(C) Position (check all that apply)							(-)	(F)
(A) Name and Title		Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
							-			

Part VII Continued

		(C) Position (check all that apply)					(E)	(F)		
(A) Name and Title	(B) Average hours per week	Officer Institutional Trustee Individual Trustee or Prector		Former Highest compensated employee Key employee		Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations	
			-							
							<u> </u>			
			+				\vdash			
			₩				\vdash			
			+							
1b Total							-	2,274,019)	365,245

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►18

			Yes	No		
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee					
	on line 1a? If "Yes," complete Schedule J for such individual	3	Yes			
For any individual listed online 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						
	ındıvıdual	4	Yes			
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services					
	rendered to the organization? If "Yes," complete Schedule J for such person	5		Νo		

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

\$100,000 of compensation from the organization				
(A) Name and business address	(B) Description of services	(C) Compensation		
Camosy Construction Co Inc PO BOX 427 KENOSHA, WI 53141	CONSTRUCTION	12,581,555		
SODEXHO 4880 Paysphere Circle CHICAGO, IL 60674	FOOD SERVICE	3,752,381		
GLAHIT TRUST 10 S RIVERSIDE PLAZA SUITE 1844 CHICAGO, IL 60606	INSURANCE	2,382,539		
Barnes & Noble 120 Mountain View Blvd Basking Ridge, NJ 07920	Books and Supplies	900,812		
Burt Hill PO Box 360248M Pittsburgh, PA 15251	Architect	742,998		
Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization				

Form 99 Part VIII	t :	Statement o	f Revenue					Page 9
VIII					(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
	1a	Federated car	mpaigns 1a	·		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
ants	b	Membership d	lues					
g.g.	С	Fundraising e	vents					
<u>#</u>	d	Related organ	1c izations					
E ST	e	Government gran	nts (contributions) 1e	280,577				
e e	f	All other contribu similar amounts i	tions, gifts, grants, and not included above	2,286,612				
Contributions, gifts, grants and other similar amounts	g	Noncash cont	1f ributions included in					
9 G		lines 1a-1f \$			2,567,189			
	h	lotal (Add lin	es 1a-1f) . . .	<u></u>	2,307,189			
an	2a	TUITION AND FE	ES	Business Code 611,710	66,374,214	66,374,214		
Program Serwce Revenue	ь	AUX ENTERPRIS		611,710	13,667,079	12,734,001	933,078	
ъ. Щ	С							
ervic	d							
Ø E	e							
<u>2</u>	f	All other prog	ram service revenue					
Š	g	Total. Add line ▶ \$ 80,041,29	es 2a-2f					
	3		ıcome (ıncludıng dıvı	dends, ınterest				
		other similar a	amounts)		1,860,813			1,860,813
	4	Income from inve	estment of tax-exempt b	ond proceeds				
	5	Royalties .						
			(ı) Real	(II) Personal				
	6a b	Gross Rents Less rental						
	c	expenses Rental income						
	d	or (loss) Net rental inc	ome or (loss)					
	<u> </u>	- Tractical inc	(ı) Securities	(II) O ther				
	7a	Gross amount	10,328,242	6,593				
		from sales of assets other than inventory						
	ь	Less cost or other basis and	10,826,806	28,256				
	c	sales expenses Gain or (loss)	-498,564	-21,663				
	d	Net gain or (lo			-520,227			-520,227
	8a		from fundraising	<u>; </u>				
		events (not in						
ne			 ns reported on line					
₽		1c) See Part <i>Attach Schedui</i>	IV , line 18 <i>le G if total exceeds</i>					
æ			a					
Other Revenue	b c		xpensesb (loss) from fundrais					
Ò	9a	Gross income						
	Ju		e part IV , line 19 dule G if total					
	ь	Less directe	xpensesb					
	С	Net income or	(loss) from gaming	activities •-				
	10a		f inventory, less					
		returns and al	lowances .					
	ь	Less cost of	goods sold b					
	С	Net income or	(loss) from sales of	inventory				
	11-	Miscellaneou		Business Code 900,099	642,320	642,320		
	11a b	Other sources	5	900,099	042,320	042,320		
	c							
		All other reve	nue					
	d e		es 11a-11d					
	12	Total Povenii	e. Add lines 1h, 2g, 3	\$ 642,320	84,591,388	79,750,535	933,078	1,340,586
		8c, 9c. 10c. and 1		3, 4, 5, 6a, 7a, •	- 1,222,300	,	223,0.0	2,2 70,500

Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) orgall other organizations must complete column (A) but are not re		plete columns	(B), (C), and (D)	
Do r	not include amounts reported on lines 6b, 7b, 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 governments and organizations in the U S See Part IV, line 21		·		· ·
2	Grants and other assistance to individuals in the U S See Part IV, line 22	24,570,668	24,570,668		
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	2,021,988	1,339,376	291,639	390,973
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	20,274,257	15,467,555		251,137
8	Pension plan contributions (include section $401(k)$ and section $403(b)$ employer contributions)	1,968,323	1,483,724	427,913	56,686
9	Other employee benefits	3,477,101	2,621,042	755,922	100,137
10	Payroll taxes	1,517,159	1,143,636	329,830	43,693
11	Fees for services (non-employees)				
а	Management				
b	Legal	44,891	33,839	9,759	1,293
c	Accounting	120,433	90,783	26,182	3,468
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	43,597		43,597	
g	Other	6,525,792	4,919,149	1,418,707	187,936
12	Advertising and promotion	512,324	386,191	111,379	14,754
13	Office expenses	3,643,321	2,746,339	792,058	104,924
14	Information technology	643,906	485,377	139,985	18,544
15	Royalties				
16	Occupancy	3,434,820	2,586,216	749,339	99,265
17	Travel	1,815,173	1,368,279	394,619	52,275
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings	222,482	167,707	48,368	6,407
20	Interest	1,634,166	1,231,836	355,268	47,062
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,850,645	2,902,620	837,130	110,895
23	Insurance	491,986	370,859	106,958	14,169
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	General Institutional	1,387,919	1,044,913	303,324	39,682
ь					·
c					
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	78,200,951	64,960,109	11,697,542	1,543,300
26	Joint Costs. Check if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation		2.,,200,200	22,507,7012	2,5.5,550

Part X	Ralance	Shoot
	BAIAIICE	311661

					(A) Beginning of year		(B End of	
	1	Cash—non-interest-bearing			beginning or year	1	Liid Oi	year
	2	Savings and temporary cash investments			23,947,883		1:	3,568,331
	3	Pledges and grants receivable, net			108,865	+		79,696
	4	Accounts receivable, net			2,439,677	4		1,903,606
	5	Receivables from current and former officers, directors, trustee other related parties Complete Part II of Schedule L	s, key			5		
	6	Receivables from other disqualified persons (as defined under spersons described in section 4958(c)(3)(B) Complete Part II of	ectioi	n 4958(f)(1)) and		6		
	7	Notes and loans receivable, net			2,637,624	7		2,609,089
	8	Inventories for sale or use			35,362	8		29,550
22	9	Prepaid expenses and deferred charges			600,615	9		486,811
ssets	10a	Land, buildings, and equipment cost basis	140-	149,442,866				
⋖	١.		10a	149,442,000	-			
	b	Less accumulated depreciation <i>Complete Part VI of Schedule D</i>	10b		· · · · · · · · · · · · · · · · · · ·			4,412,625
	11	Investments—publicly traded securities			47,683,113	11	3	7,638,715
	12	Investments—other securities See Part IV, line 11 $\it Complete B$ $\it Schedule D$	Part VI	I of	6,900	12		6,900
	13	Investments—program-related See Part IV, line 11 $\it Complete$ of $\it Schedule D$.	II		13			
	14	Intangible assets			14			
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D		7,196,856	15		1,951,901	
	16	Total assets. Add lines 1 through 15 (must equal line 34)			171,116,097	16	16	2,687,224
	17	Accounts payable and accrued expenses .			7,566,926	17		4,886,812
	18	Grants payable			2,620,769	18	:	2,647,993
	19	Deferred revenue	7,598,216	19	ı	6,672,115		
	20	Tax-exempt bond liabilities			36,873,156	20	3	6,658,525
<u>ŏ</u>	21	Escrow account liability Complete Part IV of Schedule D		21				
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
ï		persons Complete Part II of Schedule L				22		
	23	Secured mortgages and notes payable to unrelated third partie	s .	•		23		
	24	Unsecured notes and loans payable				24		
	25	Other liabilities Complete Part X of Schedule D			2,813,290	25		2,432,899
	26	Total liabilities. Add lines 17 through 25			57,472,357	26	5	3,298,344
S D O		Organizations that follow SFAS 117, check here ► ✓ and com through 29, and lines 33 and 34.	plet e	lines 27				
la D	27	Unrestricted net assets			76,750,524	27	7	9,261,252
Balance	28	Temporarily restricted net assets			11,076,573	28	:	3,899,109
됟	29	Permanently restricted net assets			25,816,643	29	2	6,228,519
r Fund		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.						
S Of	30	Capital stock or trust principal, or current funds				30		
ě	31	Paid-in or capital surplus, or land, building or equipment fund				31		
Assets	32	Retained earnings, endowment, accumulated income, or other f				32		
Net	33	Total net assets or fund balances			113,643,740	33	10	9,388,880
z —	34	Total liabilities and net assets/fund balances			171,116,097	34	16	2,687,224
Рa	rt XI	Financial Statements and Reporting						
							Yes	No

Dart YT	Financial	Statements	and Reporting

1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νο
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits?	3b	Yes	_

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts.

Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Name of the organization Employer identification number Carthage College 37-0661496 Reason for Public Charity Status (to be completed by all organizations) (See Instructions) The organization is not a private foundation because it is (Please check only one organization) A church, convention of churches, or association of churches described in Section 170(b)(1)(A)(i). 1 2 $\overline{\mathbf{v}}$ A school described in **Section 170(b)(1)(A)(ii).** (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in Section 170(b)(1)(A)(iii). (Attach Schedule H) A medical research organization operated in conjunction with a hospital described in Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in Section 170(b)(1)(A)(iv). (Complete Part II) 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) A community trust described in Section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% 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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See Section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See Section 509(a)(4). (See instructions.) 11 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 that describes the type of supporting organization and complete lines 11e through 11h **b** Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) No and (III) below, the governing body of the the supported organization? 11q(i) (ii) a family member of a person described in (i) above? 11g(ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the organizations the organization supports h (ii) EIN (v) Did you notify (vii) A mount of (i) Name of (iii) Type of organization (iv) Is the (vi) Is the Supported (described on lines 1-9 organization in the organization organization in support? Organization above or IRC section in col (i) of your col (i) organized col (i) listed in in the US? (See Instructions)) your governing support? document? Yes Yes No Yes No

Total

Part II	Support Schedule for Organizations Described in IRC 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.)

Pι	ıblic Support		, ,	,				
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not							
	include any "unusual grants ")							
2	Tax revenues levied for the organization's							
	benefit and either paid to or expended on							
_	its behalf The value of services or facilities					 		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					1		
5	The portion of total contribution by each							
5	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	· (f)							
6	Public Support subtract line 5 from line							
	4							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts from line 4							
8	Gross income from interest, dividends,							
	payments received on securities loans,							
	rents, royalties and income from similar							
_	sources							
9	Net income from unrelated business							
	activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss							
10	from the sale of capital assets (Explain in							
	Part IV)							
11	Total Support (Add lines 7 through 10)							
12	Gross receipts from related activities, etc	(See instructio	ns)		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and stop here		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	▶ □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 School	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.		this box	
	and stop here. The organization qualifies a				,			▶ □
b	33 1/3% Test - 2007. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this							
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				▶ □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							► □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		•					_
4.0	the organization meets the "facts and circu							n ▶
18	Private Foundation. If the organization did	not check the b	oux on line 13, 1	oa, 160, 1/a or	1/D, check this	oox an	u see	▶ □
	ınstructions							F-1

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services performed,						
	or facilities furnished in any activity that						
	is related to the organization's tax-						
	exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under						
	section 513						
4	Tax revenues levied for the						
	organization'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 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
С	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 1975		+				
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income Do not include gain or loss						
	from the sale of capital assets						
	(Explain in Part IV)						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶ □
	manufaction of Dublic Compact Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (ne 13 column /f	<u> </u>	17	
	-			-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

▶□

Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

Aggregate Grants from (during year)

Total number of conservation easements

Aggregate value at end of year

DLN: 93493357001059

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

4

Department of the Treasurv Internal Revenue Service

Supplemental Financial Statements

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Name of the organization **Employer identification number** Carthage College 37-0661496 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate Contributions to (during year)

Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

┌ No

Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1	Purpose(s) of conservation easements held by the organization	n (check all that apply)
	Preservation of land for public use (e g , recreation or plea	sure) Γ Preservation of an historically importantly land area
	Protection of natural habitat	Preservation of certified historic structure
	Preservation of open space	

- Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year
- Total acreage restricted by conservation easements
- Number of conservation easements on a certified historic structure included in (a)
- Number of conservation easements included in (c) acquired after 8/17/06

- Held at the End of the Year 2a 2b 2c 2d
- Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🕨
- Number of states where property subject to conservation easement is located
- Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds?

- Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year
- 7 A mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶\$
- Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?

In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
- If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
 - (i) Revenues included in Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

230,349

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

Revenues included in Form 990, Part VIII, line 1

-\$

Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2008

Part:	••• Organizations Maintaining Co	llections of Art	<u>, His</u>	tori	<u>cal Tre</u>	asure	es, or Othe	<u>er Simila</u>	r Asse	ets (co	ontinued)
	Using the organization's accession and other tems (check all that apply)	r records, check any	ofth	ne foll	owing tha	at are a	a sıgnıfıcant ı	use of its co	ollectio	n	
a J	▼ Public exhibition		d	<u> </u>	Loan or	excha	nge programs	3			
ь	▼ Scholarly research		e	Γ	Other						
c F	✓ Preservation for future generations										
	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV										
	During the year, did the organization solicit of assets to be sold to raise funds rather than t							nılar	Г	Yes	✓ No
Part		Arrangements.	Com	plete	if the o	organı		vered "Ye	s" to F	orm 9	90,
	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other interme	dıary	for c	ontributio	ons or	other assets	not	Г	Yes	┌ No
b I	If "Yes," explain why in Part XIV and comple	ete the following tabl	е								
								A mou	ınt		
С	Beginning balance						1c				
d ,	Additions during the year						1d				
e	Distributions during the year						1e				
f	Ending balance						1f				
2a [Did the organization include an amount on Fo	orm 990, Part X, line	21?						Γ	Yes	┌ No
b I	If "Yes," explain the arrangement in Part XIV	1									
Part	Endowment Funds. Complete										
		(a)Current Year	(b)Prior	Year	(c)Two	Years Back (d	Three Years	Back (e	:)Four Y	ears Back
	Beginning of year balance	43,333,302									
	Contributions	446,816									
	Investment earnings or losses	-9,109,456									
	Grants or scholarships	-1,110,854									
i	Other expenditures for facilities and programs	1,245									
f /	Administrative expenses										
g i	End of year balance	33,561,053									
2 F	Provide the estimated percentage of the yea	r end balance held a	S								
a E	Board designated or quasi-endowment 🕨	22 000 %									
Ь	Permanent endowment 🕨 78 000 %										
c 7	Term endowment ► 0 %										
	Are there endowment funds not in the posses	ssion of the organiza	tion	that a	re held a	and adr	nınıstered for	the			
	organization by									Yes	No
	(i) unrelated organizations			•		• •			3a(i)	-	No
	(ii) related organizations				ulo D2				3a(ii) 3b	<u> </u>	No I
	Describe in Part XIV the intended uses of th	•							30		<u> </u>
Part						0. Pari	t X. line 10.				
	Description of investment	-, <u></u>		(a)	Cost or oth	ner (b	Cost or other basis (other)	(c) Depred	iation	(d) Bo	ok value
12 12	and			1			487,000	I			487,000
				-		_	· · · · · · · · · · · · · · · · · · ·	1	10 953		
	uildings		•	-		-	102,373,466	•	40,852	8	32,732,614
	easehold improvements		•				9,514,742	<u> </u>	28,566		6,286,176
	quipment		•			_	35,163,667	· ·	78,502		.3,485,165
	ther	orm 000 Part V salva	• • (P)	1 11	10(-))		1,903,991	48	32,321		1,421,670
iutal.	Aud illes ta-te (Column (a) Snoula equal Fo	ини ээо, Part X, COlUM	111 (B)	i, iine	10(C).) .	• •	<u> </u>	· · •		10	4,412,625

Part VII Investments—Other Securities. See	Form 990, Part X, line 1	2	
(a) Description of security or cateory (including name of security)	(b)Book value		d of valuation year market value
Financial derivatives and other financial products			
Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12) ▶			
Part VIII Investments—Program Related. Se	ee Form 990, Part X, line		
(a) Description of investment type	(b) Book value		d of valuation year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) ▶			
Part IX Other Assets. See Form 990, Part X, I			
(a) Descr	ıptıon		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line	15.)		
Part X Other Liabilities. See Form 990, Part			
(a) Description of Liability	(b) A mount		
Federal Income Taxes			
ANNUITIES PAYABLE	1,680,140		
DEPOSITS HELD IN CUSTODY FOR OTHERS	204,991		
ASSET RETIREMENT OBLIGATION	547,768		
-			
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	2,432,899		

Pai	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemer	าts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	84,591,388
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	78,200,951
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	6,390,437
4	Net unrealized gains (losses) on investments	4	-10,146,049
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-499,248
9	Total adjustments (net) Add lines 4 - 8	9	-10,645,297
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-4,254,860
Par	t XIII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	
1	Total revenue, gains, and other support per audited financial statements	1	49,365,489
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities 2b 12,000		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	-10,633,297
3	Subtract line 2e from line 1	3	59,998,786
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 43,597		
b	Other (Describe in Part XIV) 4b 24,549,005		
c	Add lines 4a and 4b	4c	24,592,602
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	84,591,388
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	53,620,349
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities	-	
Ь	Prior year adjustments		
c	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV)		
е -	Add lines 2a through 2d	2e	33,663
3	Subtract line 2e from line 1	3	53,586,686
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 43,597		
b	Other (Describe in Part XIV)	_	
с -	Add lines 4a and 4b	4c	24,614,265
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	78,200,951

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Ident if ier	Return Reference	Explanation
Part III, Line 4		The collection relates to items from the Civil War and is used primarily for educational purposes
Part V, Line 4	Description of Intended Use of Endowment Funds	The endowment funds are used to fund scholarships, educational projects, and other various purposes

Part XIV Supplemental	Information(continued)	
Ident if ier	Return Reference	Explanation
Part III, Line 4		The collection relates to items from the Civil War and is used primarily for educational purposes
Part V, Line 4	Description of Intended Use of Endowment Funds	The endowment funds are used to fund scholarships, educational projects, and other various purposes

SCHEDULE E (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Carthage College

Name of the organization

Schools

Attach to Form 990 or Form 990-EZ. To be completed by organizations that answer "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48. OMB No 1545-0047

Employer identification number

	37-0661496		T 1	
			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,			
	other governing instrument, or in a resolution of its governing body?	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions,	_		
_	programs, and scholarships?	2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way			
	that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No,"			
	please explain	3	Yes	
	THE COLLEGE PUBLISHES ITS NONDISCRIMINATORY POLICY IN THE KENOSHA DAILY NEWS AND RACINE JOURNAL TIMES AT VARIOUS POINTS THROUGHOUT THE YEAR THE COLLEGE FOLLOWS A NONDISCRIMINATORY POLICY REGRADING ALL PROGRAMS ENROLLMENT OF STUDENTS IS WITHOUT DISCRIMINATION AS TO RACE, RELIGION, SEX, COLOR, OR NATIONAL ORIGIN AND IS PUBLISHED IN THE COLLEGE'S CATALOG AND RECRUITING INFORMATION RECRUITMENT PROCEDURES ARE DESIGNED AND CARRIED OUT TO REACH ALL RACIAL SEGMENTS IN THE GEOGRAPHIC AREA SERVED			
4	Does the organization maintain the following?			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
	with student admissions, programs, and scholarships?	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)			
5	Does the organization discriminate by race in any way with respect to	-		
а	Students' rights or privileges?	5a		No
b	Admissions policies?	5b		No
c	Employment of faculty or administrative staff?	5с		Νο
4	Scholarships or other financial assistance?	l		
u	Scholarships of other infancial assistance.	5d		No
е	Educational policies?	5e		Νο
f	Use of facilities?	5f		No
-	Athletic programs?	<u>_</u>		
y	Admedic programs?	5g		No
h	Other extracurricular activities?	5h		No
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
		-		
6-	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Yes	
	Has the organization receive any infancial and or assistance from a governmental agency?	6b	162	No
_	If you answered "Yes" to either 6a or b, please explain using an attached statement 🎜			
7	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05			
	of Rev Proc 75-50, 1975-2 CB 587, covering racial nondiscrimination? If "No," attach an explanation	7	Yes	

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DLN: 93493357001059

OMB No 1545-0047

2008

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

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

Open to Public **Inspection**

Name of the organization						Employer identif	fication number
Carthage College						37-0661496	
Part I General Inform	mation on Gra	nts and Assistanc	е			•	
Does the organization ma the selection criteria use Describe in Part IV the or	d to award the gra rganization's proc	nts or assistance? . . edures for monitoring th	e use of grant funds ın t	he United States			
Part II Grants and Otl Form 990, Part I Part IV and Scho needed	IV, line 21 for ai edule I-1 if addi	ny recipient that rec tional space is	and Organizations erved more than \$5,0	in the United Sta	tes. Complete if the o	rganization answere eived more than \$5, . ► □	d "Yes" on 000. Use
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
·		1					1

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV , appraisal, other)	(f)Description of non-cash assistance
Scholarships and grants provided as financial aid to students - See College for detailed list	2265	24,570,668			

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

See Additional Data Table		
Ident if ier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 Carthage College offers scholarships and grants to qualified students to help reduce their out-of- pocket tuition costs Students receiving financial assistance of this form must meet specific criteria such as academic achievement, financial need and other similar standards whether put in place by the College or by donors of restricted funds

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Schedule J

Compensation Information

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

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

2008
Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

Name of the organization
Carthage College

37-0661496

Pa	rt I Questions Regarding Compensatio	n				
					Yes	Νo
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part II					
	First class or charter travel	굣	Housing allowance or residence for personal use			
	Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Г	Health or social club dues or initiation fees			
	Discretionary spending account	<u>~</u>	Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a w provision of all the expenses described above? If "N			1b	Yes	
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executive			2	Yes	
3	Indicate which, if any, of the following the organizationganization's CEO/Executive Director Check all t		·			
	✓ Compensation committee	<u> </u>	Written employment contract			
	Independent compensation consultant	고	Compensation survey or study			
	Form 990 of other organizations	<u>~</u>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990,	Part VI	I, Section A, line 1a			
а	Receive a severance payment or change of control	payment	t?	4a		Νo
b	Participate in, or receive payment from, a suppleme	ntal non	qualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-b	ased co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pi	rovide th	ne applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must co	mplete	lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of	line 1a	, did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of	line 1a,	, did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes,"		, ,	7		No
8	Were any amounts reported in Form 990, Part VII, subject to the initial contract exception described in Part III		·	g		No.

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
William Abt	(E)	164,000			36,828		200,828	
F Gregory Campbell	(I)	275,000			98,110	33,029	406,139	
Kurt Piepenburg	(1) (11)	164,000			20,828		184,828	
Eugene Engeldinger	(I) (II)	126,000			16,002		142,002	
James Unglaube	(ı) (ıı)	126,923			11,113		138,036	
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Return Reference	Explanation
-		
	·	

Software ID:

Software Version:

EIN: 37-0661496

Name: Carthage College

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Ret urn Reference	Explanation
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Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

2008

Open to Public **Inspection**

Department of the Treasury Internal Revenue Service Name of the organization

To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O.

Employer identification number

Car	thage College									37-066:	1496			
P	art I Bond Issues (Required	for 2008)												
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date	Issued	(e) Issue	e Price	(f) Des	(f) Description of Purpose		of Purpose (g) Defo		Beh	On alf of suer
											Yes	No	Yes	No
A	Wisconsin Health and Educational Facilities Authority	39-1337855		10-11-	2007	7,1	000,000	Student Hou	nt Housing			х		X
Pa	Proceeds (Optional for	2008)												1
1	Total Proceeds of Issue			•	<u> </u>	E	В)	+	E	
2	Gross Proceeds in Reserve Funds													
3	Proceeds in Refunding or Defeasance Escrows											1		
4	Other Unspent Proceeds											1		
5	Issuance Costs from Proceeds													
6	Working Capital Expenditures from Proceeds													
7	Capital Expenditures from Proceed	ds												
8	Year of Substantial Completion													
				Yes	No	Yes	No	Yes	No	Yes	No	Ye	s	No
9	Were the bonds issued as part of a	a current refunding iss	sue?											
10	Were the bonds issued as part of a	an advance refunding	ıssue?											
11	Has the final allocation of proceed	ls been made?												
12	Does the organization maintain ad final allocation of proceeds?	lequate books and rec	ords to support the											
Pa	rt IIII Private Business Use	(Optional for 2008)							1				
				Yes	A No	Yes	B No	Yes	No	Yes) No	Ye:	E	No
1	Was the organization a partner in a which owned property financed by		mber of an LLC,	165	140	Tes	NO	ies	140	1 es	140	1 6		110
2	Are there any lease arrangements which may result in private busine		nanced property											
For	Paperwork Reduction Act Notice, see the	e Instructions for Form	ı 990.			Cat No 501	L93E			S	chedule K	(Form 99	0) 2008	3

Schedule K	(Form 990) 20	800	
Part III	Private Bu	siness Use	(Continued)

			A		В		C		D		E
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?										
3b	Are there any research agreements with respect to the financed property which may result in private business use?										
3с	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
4	Enter the percentage of financed property used in a private business use by entities other than a 501(c)(3) organization or a state or local government										
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 501(c)(3) organization, or a state or local government										
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										
Pai	rt IV Arbitrage (Optional for 2008)										
		ı	Α	E	3	(<u>c</u>	ı	<u> </u>	ı	Ε
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T been filed wth respect to the bond issue?										
2	Is the bond issue a variable rate issue?										
3a	Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?										
ь	Name of provider										
С	Term of hedge										
4a	Were gross proceeds invested in a GIC?										
ь	Name of provider										
С	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5											
	Were any gross proceeds invested beyond an available temporary period?										

SCHEDULE M (Form 990)

Non-Cash Contributions

Department of the Treasury Internal Revenue

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990

Open to Public Inspection

OMB No 1545-0047

	e of the organization age College	Employer identification number							
					37-0661496				
Pa	rt I Types of Property	(a) Check ıf applıcable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d Method of de reven	etermı	nıng		
1	Art—Works of art								
2	Art—Historical treasures .								
3	Art—Fractional interests								
4	Books and publications								
5	Clothing and household								
6	goods								
7	Boats and planes								
-	Intellectual property								
	Securities—Publicly traded .	X	5	51.167	Fair market value				
	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								
17	Real estate—Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies .								
	Taxidermy								
	Scientific specimens								
	Archeological artifacts								
	Hotel Costs								
25	Other (describe <u>for Choir Trip</u>)	Х	1	1,845	Fair Market Value				
	Plumbing		_						
26	Other (describe <u>Equipment</u>) Archeological	X	1	12,562	Fair Market Value				
27	Other (describe Equipment)	x	1	500	 Fair Market Value				
	Insurance		_						
28	Other (describe <u>Premiums</u>)	X	1	415	Fair Market Value				
	Athletic	×	1	044	Fair Market Value				
	Other (describe <u>Equipment</u>) Other (describe <u>Banner</u>)	$\frac{\hat{x}}{x}$	1		Fair Market Value				
29	Number of Forms 8283 received	by the org	anızatıon durıng the tax yea		29				
	which the organization complete Acknowledgement	• • •	• •				Yes	No	
30a	During the year, did the organization hold for at least three years from the date of								
	for the entire holding period? .					30a		No	
b	b If "Yes", describe the arrangement in Part II								
31	Does the organization have a gif			eview of any non-standard	contributions?	31	Yes		
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?								
b	If "Yes", describe in Part II								
33	If the organization did not report checked, describe in Part II	: revenues i	n Column (c) for a type of p	roperty for which Column (a	a) is				
	checked, describe in rait II								

Part II Supplemental Information. Complete this part to provide the information required by Part I, lines 30 32b, and 33. Also complete this part for any additional information.									
Identifier	ReturnReference	Explanation							
240111111	Notal III Colored	Explanation							
	1	1							

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Name of the organization Carthage College Employer identification number

37-0661496

Identifier Reference		Explanation
Form 990, Part III, line 4d	Other Program Services	Public Service events consist of music and/or comedy concerts, business coalition lunches and family fun nights which provide entertainment/activities that are open to the general public. Different events are held throughout the entire academic year. Expenses \$ 244440 including grants of \$ 0. Revenue \$ 244440.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 4		The bylaw's were amended to add an audit committee and a college relations committee and to change the name of the strategic goals committee to the strategic planning committee

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		Prior to submission to the IRS, the Form 990 is reviewed and approved by the Audit Committee of the College

ldentifier	Return Reference Explanation						
Form 990, Part VI, Section B, line 12c		All payments are reviewed by the Business Office to insure there are no conflicts. All employees and Board of Trustees are covered by the policy. Determinations as to whether conflicts exist are made by the Controller and Vice President for Administration and Business. No conflicts have arisen to date					

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		Compensation is reviewed and approved by the Carthage College Executive Committee. The committee is comprised of members of the Board of Trustees, the College attorney and the College President and Treasurer. This review is performed annually by the Committee and done for all officers of the College.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		The Carthage College governing documents, conflict of interest policy and financial statements are internal documents and are not made available to the public

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DLN: 93493357001059

OMB No 1545-0172

Department of the Treasury Internal Revenue

Depreciation and Amortization (Including Information on Listed Property)

Attachment

Service See separate instructions. ► Attach to your tax return. Sequence No 67 Identifying number Business or activity to which this form relates Name(s) shown on return Carthage College Form 990 Page 10 37-0661496 Part I Election To Expense Certain Property Under Section 179 **Note:** If you have any listed property, complete Part V before you complete Part I. 250,000 **1** Maximum amount See the instructions for a higher limit for certain businesses 1 2 Total cost of section 179 property placed in service (see instructions) 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 800,000 4 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions (b) Cost (business use (a) Description of property (c) Elected cost only) 7 Listed property Enter the amount from line 29 8 **8** Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 9 Tentative deduction Enter the smaller of line 5 or line 8 9 **10** Carryover of disallowed deduction from line 13 of your 2007 Form 4562 10 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2009 Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the 14 tax year (see instructions) 15 Property subject to section 168(f)(1) election 15 **16** Other depreciation (including ACRS) MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2008 18 If you are electing to group any assets placed in service during the tax year into one or more Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System (c) Basis for (b) Month and depreciation (a) Classification of (d) Recovery (a)Depreciation year placed in (business/investment (e) Convention (f) Method property period deduction service use only—see instructions) 19a 3-year property **b** 5-year property **c** 7 - year property d 10-year property e 15-year property f 20-year property S/L g 25-year property 25 yrs h Residential rental 27 5 yrs ММ S/L property 27 5 yrs ΜМ S/L i Nonresidential real 39 yrs ΜМ S/L property ΜМ S/L Section C—Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System 20a Class life **b** 12-year S/L S/L **c** 40-year **Summary** (See instructions) Part IV 21 Listed property Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here 22 0 and on the appropriate lines of your return Partnerships and S corporations—see instr 23 For assets shown above and placed in service during the current year, enter the 23 portion of the basis attributable to section 263A costs

Form 4562 (2008) Page 2 Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and Part V property used for entertainment, recreation, or amusement.) **Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No (c) (i) (e) (b) Business/ (d) (h) (a) (g) Basis for depreciation Flected Type of property (list Date placed in investment Cost or other Recovery Method/ Depreciation/ section 179 (business/investment Convention deduction vehicles first) service basis use period cost use only) percentage 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25 26 Property used more than 50% in a qualified business use % % 27 Property used 50% or less in a qualified business use S/L -% S/L -28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 28 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 Section B—Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles (a) (b) (c) (d) (e) (f) 30 Total business/investment miles driven during the Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 1 Vehicle 5 Vehicle 6 year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32 34 Was the vehicle available for personal use Yes No Yes No Yes No Yes No Yes No Yes No during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? **36** Is another vehicle available for personal use? Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions) 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your Yes No **38** Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners . . . 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? _ 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions) . . . Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles Part VI **Amortization** (b) (e) (d) (f) (c) (a) Date A mortization A mortizable Code A mortization for Description of costs amortization period or

amount section this year beains percentage 42 A mortization of costs that begins during your 2008 tax year (see instructions) 43 A mortization of costs that began before your 2008 tax year 43 44 Total. Add amounts in column (f) See the instructions for where to report 44

		Posit	(C tion (hat a	ched		I			(5)	(F)	
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations	
Todd Kelley , VP for Lıbrary & Informa	40 00			Х				10,385	0	0	
Glenn Miller , VP for College Relations	40 00			Х				43,474	0	5,266	
Louise Paskey , Dean of Students	40 00			Х				16,598	0	0	
Robert Rosen , Associate VP for Communi	40 00			х				130,000	0	16,510	
Judy Schaumberg , Acting Dean of the Colle	40 00			х				113,845	0	0	
Rev Harvard Stephens , Dean of the Chapel	40 00			х				85,650	0	10,878	
Michael West , Associate VP for Adult E	40 00			Х				82,500	0	10,478	
Douglas Arion , Dist Prof of Entreprene	40 00					Х		114,450	0	13,538	
William Hoare , VP for Business	40 00					Х		111,300	0	14,135	
Mark Mahoney , Chair Computer Science	40 00					Х		111,044	0	10,808	
Leonard Schulze , Chair of Fine Arts	40 00					Х		109,150	0	10,973	
Arthur Cyr-Clausen , Dist Prof of Politics a	40 00					x		108,200	0	13,678	
Rev Paul Stumme-Diers , Former Trustee	1 00						х	0	0	0	
Kurt Piepenburg , Former A cademic Dean	40 00						х	164,000	0	20,828	
Eugene Engeldinger , Former VP for Academic I	40 00						х	126,000	0	16,002	
James Unglaube , Former VP for College Re	40 00						х	126,923	0	11,113	

Software ID: Software Version:

EIN: 37-0661496
Name: Carthage College

Form 990, Part VII - Section Aaa

		Posit t	(C tion (hat a	chec		I			(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
Ross Anderson , Trustee	1 00	Х						0	0	0
Mark Barmak , Secretary/Trustee	1 00	Х						0	0	0
Mary Bishop , Trustee	1 00	Х						0	0	0
Steven Chapman , Trustee	1 00	Х						0	0	0
Richard Christman , Trustee	1 00	Х						0	0	0
Robert Cornog , Vice Chairman/Trustee	1 00	Х						0	0	0
W Craig Deaton , Trustee	1 00	Х						0	0	0
John Gorton , Trustee	1 00	Х						0	0	0
Jeff Hamar , Trustee	1 00	Х						0	0	0
Hoyt Harper , Trustee	1 00	Х						0	0	0
William Kelley , Trustee	1 00	Х						0	0	0
Thomas Kieso , Trustee	1 00	Х						0	0	0
James Klauser , Trustee	1 00	Х						0	0	0
Thomas Lentz , Trustee	1 00	Х						0	0	0
Dean Matthews , Trustee	1 00	Х						0	0	0
Marılyn Olson , Trustee	1 00	Х						0	0	0
Gordon Postlewaite , Trustee	1 00	Х						0	0	0
Loren Semler , Trustee	1 00	Х						0	0	0
John Sladek , Trustee	1 00	Х						0	0	0
Edward Smeds , Chairman/Trustee	1 00	Х						0	0	0
Catherine Lowry Straz , Trustee	1 00	Х						0	0	0
Debra Waller , Trustee	1 00	Х						0	0	0
June Waller , Trustee	1 00	Х						0	0	0
Gary Wilson , Trustee	1 00	Х						0	0	0
William Abt , VP for Administration &	40 00			Х				164,000	0	36,828
Bradley Andrews , VP for Enrollment & Stud	40 00			х				126,538	0	16,083
John Antaramıan , Vısıtıng Professor	40 00			Х				42,462	0	0
Robert Bonn , Athletic Director	40 00			Х				120,000	0	15,240
F Gregory Campbell , President	40 00			Х				275,000	0	131,139
Paul Hegland , Special Assistant to the	40 00			Х				92,500	0	11,748
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