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DLN: 93493072000124

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

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

Open to Public

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LLEGE EDUCATION
net assets
3 26
4 26
5 2,134 6 22
7a 1,077,267
7b 0
Current Year
3,528,591
105,959,681 79 1,609,320
34 -651
111,096,941
37,766,582
0 0
35,136,700
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21 27,988,631
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45 45,800,763 06 179,873,471
70 173,073,171
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PTIN P00447603
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May the IRS discuss this return with the preparer shown above? (see instructions)

✓ Yes ☐ No

Par	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III	<u>.</u> .চ
1	Briefly describe the organization's mission	
SEE	NG TRUTH, BUILDING STRENGTH, INSPIRING SERVICE - TO GETHER	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	
	If "Yes," describe these new services on Schedule O	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	
	If "Yes," describe these changes on Schedule O	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported	
4a	(Code) (Expenses \$ 21,735,779 including grants of \$) (Revenue \$ 87,315,276)	
	INSTRUCTION CARTHAGE COLLEGE AWARDS THE BACHELOR OF ARTS DEGREES WITH MAJORS IN MORE THAN 40 SUBJECT AREAS AND THE MASTER OF EDUCATION DEGREE CARTHAGE ALSO HOSTS A JOINT MASTER OF SOCIAL WORK DEGREE AWARDED BY LOYOLA UNIVERSITY THE 2012-2013 ACADEMIC YEAR ENROLLMENT WAS 2,751 FULL TIME EQUIVALENT (FTE) STUDENTS IN THE FALL SEMESTER AND 2605 FTE STUDENTS ENROLLED IN THE SPRING SEMESTER OF TOTAL NUMBER OF STUDENTS ENROLLED IN 2012-2013 ACADEMIC YEAR, 564 MET THE REQUIREMENTS OF GRADUATION	
	(C. L	
4b	(Code) (Expenses \$ 42,291,537 including grants of \$ 37,766,582) (Revenue \$ 582,547) STUDENT SERVICES CARTHAGE BOASTS A LONG-STANDING COMMITMENT TO EDUCATING THE WHOLE PERSON BY NOURISHING THE INTELLECTUAL, SPIRITUAL	
	EMOTIONAL, SOCIAL AND PHYSICAL DIMENSIONS OF STUDENTS LIVES THE COLLEGE OFFERS A CURRICULUM THAT CHALLENGES STUDENTS TO THINK CRITIC. AND EXPRESS THEMSELVES EFFECTIVELY, A CAMPUS LIFE THAT ENCOURAGES INVOLVEMENT AND SERVICE (OVER 90 STUDENT ORGANIZATIONS), A COMMUNI OF FAITH THAT NURTURES SPIRITUAL GROWTH AND DEVELOP MORAL RESPONSIBILITY, AND CO-CURRICULAR ACTIVITIES THAT INSPIRE STUDENTS TO TEST T OWN LIMITS AND EXPRESS THEIR INDIVIDUALITY THE AWARD WINNING STATE-OF-THE-ART HEDBERG LIBRARY UNITES BOOKS, PERIODICALS, ACADEMIC COMPUTING, NETWORK DATA PORTS AND MULTIMEDIA RESOURCES	aílly Ty
4c	(Code) (Expenses \$ 8,743,073 including grants of \$) (Revenue \$ 16,984,591) AUXILIARY ENTERPRISES AT CARTHAGE COLLEGE ARE COMPRISED OF 13 RESIDENCE HALLS ON CAMPUS, 9 DINING VENUES, AND A BOOKSTORE FOR STUDENT FACULTY AND STAFF OF THE TOTAL STUDENT BODY, 70 45% OF ENROLLED STUDENTS LIVED ON-CAMPUS AND PARTICIPATED IN THE RESIDENT STUDENT BODY 1,759 STUDENTS RESIDED IN CAMPUS HOUSING DURING THE 2012-2013 ACADEMIC YEAR	
	(Code) (Expenses \$ 13,677,327 including grants of \$) (Revenue \$)	
	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	
4d	Other program services (Describe in Schedule O)	
	(Expenses \$ 13,677,327 including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 86,447,716	

Part IV	Checkli	st 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 (see instructions)? 🕏	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		No
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? <i>If</i> "Yes," complete Schedule C, Part II	4		No
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		No
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 1	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		No
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 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^{\square}	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school 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 United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		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, Parts II and IV	15		No
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, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States 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 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	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 lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
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		No
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	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		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest 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, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? <i>If</i> "Yes," complete Schedule L, Part <i>IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M \footnote{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? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
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	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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 $2 \cdot$	35b		
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		No
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		No
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	Yes	

Par	Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response to any question in this Part V	•	 Yes	l
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 135		103	140
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c		
	Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
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		No
b	If "Yes," enter the name of the foreign country			
	See Instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b		.,,
С	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		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	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	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
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 and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9a 9b		
.0	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
.2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		_	
L3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	[
.4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
h	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		

Form 990 (2012) Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management

					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		26		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O					
b	Enter the number of voting members included in line 1a, above, who are independent	1b		26		
2	Did any officer, director, trustee, or key employee have a family relationship or a but other officer, director, trustee, or key employee?			1y 2		No
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management co			. з		No
4	Did the organization make any significant changes to its governing documents since filed?	e the p	orior Form 990 was	4	Yes	
5	Did the organization become aware during the year of a significant diversion of the o	rganız	ation's assets? .	5		No
6	Did the organization have members or stockholders?			. 6		No
7a	Did the organization have members, stockholders, or other persons who had the powering more members of the governing body?			or 7 a		No
b	Are any governance decisions of the organization reserved to (or subject to approve or persons other than the governing body?			ers, 7 b)	No
8	Did the organization contemporaneously document the meetings held or written activear by the following	ions ui	ndertaken during the	•		
а	The governing body?			. 8a	Yes	
b	Each committee with authority to act on behalf of the governing body?			. 8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, organization's mailing address? <i>If</i> "Yes," provide the names and addresses in Schedule					No
$\overline{}$						
Se	ection B. Policies (This Section B requests information about policies not	requi	ired by the Intern	<u>al Reve</u>	<u>nue Co</u>	<u>de.)</u>
Se	ection B. Policies (This Section B requests information about policies not	requi	ired by the Intern	al Reve	nue Co Yes	
	Did the organization have local chapters, branches, or affiliates?	requi	ired by the Intern	al Reve	Yes	
10a			of such chapters,		Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	tivities	of such chapters, xempt purposes?	10	Yes	No
10a b 11a	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization that the organization provided a complete copy of this Form 990 to all members of its	tivities ion's e ts gov	s of such chapters, xempt purposes? erning body before fi	10a	Yes	No No
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	tivities ion's e ts gov Form 9	of such chapters, xempt purposes? erning body before f	10a	Yes	No No
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form?	tivities ion's e ts gov Form S	s of such chapters, xempt purposes? erning body before fi 	100 100 110 110 110 110 110 110 110 110	Yes a b	No No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	tivities ion's e ts gov Form S	s of such chapters, xempt purposes? erning body before fi 	100 110 110 110 110 110 110 110 110 110	Yes A Yes Yes Yes	No No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	tivities ion's e ts gov Form 9 Illy inte	s of such chapters, xempt purposes? erning body before for the second se	100 100 110 110 110 110 110 110 110 110	Yes A Yes Yes Yes Yes	No No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization Has the organization provided a complete copy of this Form 990 to all members of it the form? Describe in Schedule O the process, if any, used by the organization to review this fold the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done.	tivities ion's e ts gov Form 9 Ily inte	s of such chapters, xempt purposes? erning body before find the second s	100 101 112 112 112 112 112 112 112 112	Yes A Yes Yes Yes Yes Yes Yes	No No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form? Describe in Schedule O the process, if any, used by the organization to review this Ford the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done. Did the organization have a written whistleblower policy?	tivities ion's e ts gov . Form 9 . Illy inte . n the p	s of such chapters, xempt purposes? erning body before find the second s	100 100 110 110 110 110 110 110 110 110	Yes A Yes Yes Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of the form? Describe in Schedule O the process, if any, used by the organization to review this fold the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a rev	tivities ion's e ts gov Form 9 Illy inte 	s of such chapters, xempt purposes? erning body before for the second se	100 100 110 110 110 110 110 110 110 110	Yes A Yes Yes Yes Yes Yes Yes Yes Yes	No No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization Has the organization provided a complete copy of this Form 990 to all members of it the form? Describe in Schedule O the process, if any, used by the organization to review this fold the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the	tivities ion's e ts gov . Form 9 . Ily inte . n the p . //iew ar	s of such chapters, xempt purposes? erning body before find the second s	100 101 112 112 112 112 112 113 114 115 115 115 115 115 115 115 115 115	Yes A Yes Yes Yes Yes Yes Yes Yes Yes	No No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	tivities ion's e ts gov . Form 9 . Ily inte . n the p . //iew ar	s of such chapters, xempt purposes? erning body before find the second s	100 101 110 111 120 e 121 131 141 150 150	Yes A Yes Yes Yes Yes Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization Has the organization provided a complete copy of this Form 990 to all members of it the form? Describe in Schedule O the process, if any, used by the organization to review this form the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	tivities ion's e ts gov Form S illy inte n the p view ar he deli	s of such chapters, xempt purposes? erning body before for the second se	100 101 112 112 112 113 114 115 115 115 115 115 115 115 115 115	Yes A Yes Yes Yes Yes Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	tivities ion's e ts gov Form S Illy inte on the p view ar he deli or sim izatior e step	s of such chapters, xempt purposes? erning body before for the second se	100 101 101 112 12 12 12 13 14 15 15 16 16	Yes A Yes Yes Yes Yes Yes Yes Yes Yes	No No

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed►WI
- 18 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 made these available. Check all that apply Own website Another's website Upon request Other (explain in Schedule O)
- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►WILLIAM ABT 2001 ALFORD PARK DRIVE KENOSHA, WI (262) 551-6200

Form	990	(2012)	
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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 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, 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

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

	1	1								
(A) Name and Title	(B) A verage hours per week (list any hours	more t perso and	han o	one l both ector	box, an o	officer stee)		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations
See Additional Data Table										
	•	•	•							Form 990 (2012)

Part VIII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

			1							<u> </u>	_		
	(A) Name and Title	(B) A verage hours per week (list any hours	more t	tion (han d n is	one l both	oox, an	heck unless officer stee)		(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	0	(F) Estima mount of compens from t	fother ation he
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)		ganızatı relate organıza	d
1b	Sub-Total		· .	٠.	_	<u>. </u>		 					
c	Total from continuation sheet	s to Part VII, S	ection A	١.			•	Þ					
d	Total (add lines 1b and 1c) .							►	2,707,840	()		463,317
2	Total number of individuals (in \$100,000 of reportable compe	_					d abov	e) w	ho received more th	an			
												Yes	No
3	Did the organization list any fo on line 1a? <i>If</i> " <i>Yes,"</i> complete S					key •	emplo	yee, •	or highest compen	sated employee	3	Yes	
4	For any individual listed on line organization and related organ individual	ızatıons greater									4	Yes	
5	Did any person listed on line 1	a receive or acc	crue cor	npen	satio	on fr	om any	unr/	elated organization	or individual for			
	services rendered to the organ	nization? <i>If "Yes</i>	," compl	ete S	ched	ule 3	for su	ch pe	erson	[5		No
	ection B. Independent Co	ntractors											
1	Complete this table for your fiv		ensate	d ınde	epen	den	t contr	acto	rs that received mo	re than \$100,000	of		
	compensation from the organiz											av vear	

(A) Name and business address	(B) Description of services	(C) Compensation
SODEXOINC 4880 PAYSPHERE CIR CHICAGO IL 60674	FOOD SERVICE	5,331,670
RILEY CONSTRUCTION CORPORATION 5301 99TH AVENUE KENOSHA WI 53143	CONSTRUCTION	3,067,296
CAMOSY CONSTRUCTION 12795 120TH AVE KENOSHA WI 53142	CONSTRUCTION	2,160,578
STANTEC INC 13980 COLLECTIONS CENTER DR CHICAGO IL 60693	CONSULTING	999,186
ALLIED BARTON SECURITY SERVICES 111 EAST KILBOURN AVE STE 1875 MILWAUKEE WI 53202	SECURITY	943,727
Total number of independent contractors (including but not limited to these listed of	avalueba raaawad maara than	

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization >39

		Check if Schedi	uic o contums a respon	nse to any question i	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
, v	1a	Federated cam	paigns 1a					
unt ant	b	Membership du	ıes 1b					
ا آھ ج ا	С	Fundraising ev	ents 1c	61,560				
its,	d	Related organiz	zations 1d					
ই ∺ এ ৯.৮	e	Government grant	s (contributions) 1e	471,026				
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contribute similar amounts no	ons, gifts, grants, and 1f ot included above	2,996,005				
<u> </u>	g	Noncash contributi 1a-1f \$	ions included in lines	1,239,407	į			
and	h	Total. Add line:	s 1 a - 1 f		3,528,591			
ه د				Business Code				
anu e	2a	TUITION AND FEES	S	611710	87,315,276	87,315,276		
ek Ek	ь	AUX ENTERPRISE		611710	18,061,858	16,984,591	1,077,267	
e l	С	ATHLETIC DEPT IN	NCOME	611710	445,056	445,056	<u> </u>	
er vi	d	OTHER STUDENT S	SERVICES	611710	137,491	137,491		
ري د	e							
Program Service Revenue	f	All other progra	am service revenue					
Ě	g	Total. Add lines	s 2a-2f		105,959,681			
	3		ome (including dividen		1,616,861			1,616,86
	4		ar amounts) stment of tax-exempt bond					_,,
	5			· · · · · · · · · · · · · · · · · · ·				
		•	(ı) Real	(II) Personal				
	6a	Gross rents						
	ь	Less rental expenses						
	С	Rental income or (loss)						
	d	, ,	me or (loss)					
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	92,283					
	ь	than inventory						
	ט	Less cost or	00.034					
		other basis and sales expenses	99,824					
	С	other basis and sales expenses Gain or (loss)	-7,541		7 541			7.54
	c d	other basis and sales expenses Gain or (loss) Net gain or (los	-7,541		-7,541			-7,54
Kevenue	С	other basis and sales expenses Gain or (loss) Net gain or (los Gross income fevents (not inc \$	-7,541 ss)		-7,541			-7,54
ner nevenue	c d	other basis and sales expenses Gain or (loss) Net gain or (los Gross income fevents (not inc for contributions See Part IV, Iir	-7,541 ss)	36,995	-7,541			-7,54
Omer nevenue	c d 8a	other basis and sales expenses Gain or (loss) Net gain or (loss) Gross income fevents (not inc \$ 61 of contributions See Part IV, line Less direct ex	-7,541 ss)	36,995 37,646	-7,541			-7,54
Omer nevenue	c d 8a b	other basis and sales expenses Gain or (loss) Net gain or (loss) Ret gain or (loss) Gross income fevents (not income fevents (not income fevents) See Part IV, lin Less direct ex Net income or income fevents income fevents	-7,541 from fundraising sluding,560 s reported on line 1c) ne 18 a spenses b (loss) from fundraising from gaming activities ne 19	36,995 37,646				
Omer nevenue	c d 8a b c 9a	other basis and sales expenses Gain or (loss) Net gain or (loss) Net gain or (loss) Gross income fevents (not income fevents (not income fevents) See Part IV, line Less direct ex Net income or fevents income fevents (not income fevents) Less direct ex Less direct ex	-7,541 from fundraising luding,560 s reported on line 1c) ne 18 a repenses b (loss) from fundraising of from gaming activities ne 19 a repenses b	36,995 37,646 events . ▶				
Other Revenue	c d 8a b c 9a b	other basis and sales expenses Gain or (loss) Net gain or (loss) Net gain or (loss) Gross income fevents (not inc. \$ 61 of contributions See Part IV, line Less direct ex Net income or Gross income for See Part IV, line Less direct ex Net income or Gross sales of Gross sales of	-7,541 ss)	36,995 37,646 events . ▶				
Omer revenue	c d 8a b c 9a b	other basis and sales expenses Gain or (loss) Net gain or (loss) Net gain or (loss) Gross income fevents (not inc. \$ 61 of contributions See Part IV, line Less direct ex Net income or Gross income fevents direct ex Net income or Gross sales of returns and allosses.	-7,541 from fundraising fluding,560 s reported on line 1c) ne 18 a penses b (loss) from fundraising of from gaming activities ne 19 a penses b (loss) from gaming activities ne 19 a penses b (loss) from gaming activities ne 19 a penses a b (loss) from gaming activities ne 19	36,995 37,646 events . ▶				
omer nevenue	c d 8a b c 9a b c	other basis and sales expenses Gain or (loss) Net gain or (loss) Net gain or (loss) Gross income fevents (not inc. \$ 61 of contributions See Part IV, line Less direct ex. Net income or Gross income fevents direct ex. Net income or Gross sales of returns and allowed the sales cost of general sales.	-7,541 ss)	36,995 37,646 events ▶				
	c d 8a b c 9a b c 10a	other basis and sales expenses Gain or (loss) Net gain or (loss) Net gain or (loss) Gross income fevents (not inc.) \$ 61 of contributions See Part IV, line Less direct ex Net income or or Gross income for See Part IV, line Less direct ex Net income or or Gross sales of returns and allow Less cost of government or	-7,541 ss)	36,995 37,646 events				
enier nevenue	c d 8a b c 9a b c	other basis and sales expenses Gain or (loss) Net gain or (loss) Net gain or (loss) Gross income fevents (not inc. \$ 61 of contributions See Part IV, line Less direct ex. Net income or Gross income fevents direct ex. Net income or Gross sales of returns and allowed the sales cost of general sales.	-7,541 ss)	36,995 37,646 events ▶				
anie vevenue	c d 8a b c 9a b c 10a	other basis and sales expenses Gain or (loss) Net gain or (loss) Net gain or (loss) Gross income fevents (not inc.) \$ 61 of contributions See Part IV, line Less direct ex Net income or or Gross income for See Part IV, line Less direct ex Net income or or Gross sales of returns and allow Less cost of government or	-7,541 ss)	36,995 37,646 events				
omer nevenue	c d 8a 8b c 9a b c 10a b c	other basis and sales expenses Gain or (loss) Net gain or (loss) Net gain or (loss) Gross income fevents (not inc.) \$ 61 of contributions See Part IV, line Less direct ex Net income or or Gross income for See Part IV, line Less direct ex Net income or or Gross sales of returns and allow Less cost of government or	-7,541 ss)	36,995 37,646 events				
Omer nevenue	c d 8a 8b c 9a b c 10a b c 11a b c	other basis and sales expenses Gain or (loss) Net gain or (loss) Ret gain or (loss) Gross income fevents (not inc.) \$ 61 of contributions See Part IV, lin Less direct ex Net income or ince Gross income files and allow Less cost of given and allow Miscellaneous	-7,541 ss)	36,995 37,646 events				
enier nevelue	c d 8a 8b c 9a b c 10a b c	other basis and sales expenses Gain or (loss) Net gain or (loss) Ret gain or (loss) Ret gain or (loss) Gross income fevents (not inc. \$ 61 of contributions See Part IV, line Less direct ex Net income or Gross income fevents direct ex Net income or Gross sales of returns and alloss Less cost of generations and alloss Less cost of generations and alloss All other reventages	-7,541 ss)	36,995 37,646 events				

	Statement of Functional Expenses				
ectio	on 501(c)(3) and 501(c)(4) organizations must complete all columns Al				
	Check if Schedule O contains a response to any question in this Pa	nrt IX I			<u> </u>
	ot include amounts reported on lines 6b, o, 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 United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22	37,766,582	37,766,582		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	2,478,577	1,912,111	474,499	91,967
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	24,668,104	19,030,337	4,722,462	915,305
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,757,693	1,355,981	336,493	65,219
9	Other employee benefits	4,390,935	3,387,409	840,601	162,925
10	Payroll taxes	1,841,391	1,420,551	352,516	68,324
11	Fees for services (non-employees)				
а	Management				
b	Legal	78,490	60,552	15,026	2,91
c	Accounting	87,421	67,441	16,736	3,24
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	56,424		56,424	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on	7,687,399	5,959,525	1,478,883	249.00
12	Schedule O)		, ,		248,99
	Office expenses	403,878 3,963,617	311,574 3,057,753	77,318 758,795	14,986
					147,069
L4 	Information technology	601,246	463,834	115,103	22,309
L5	Royalties	2 272 472	2 251 242	760 707	1.17.04
L6 . –	Occupancy	3,972,470	3,061,840	762,787	147,843
L7 L8	Payments of travel or entertainment expenses for any federal, state, or local public officials	1,395,961	1,076,921	267,243	51,797
19	Conferences, conventions, and meetings	139,666	107,746	26,738	5,182
20	Interest	1,024,393	790,273	196,110	38,010
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4,765,163	3,676,110	912,243	176,810
23	Insurance	1,067,390	823,444	204,341	39,605
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				•
а	GENERAL INSTITUTIONAL	2,745,113	2,117,732	525,525	101,856
b					
c					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	100,891,913	86,447,716	12,139,843	2,304,354
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)	,	,,-	,,	_,,

Part X Balance Sheet

		Balance Sheet Check if Schedule O contains a response to any question in this Part X			
		, ,	(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		1	· .
	2	Savings and temporary cash investments	13,125,109	2	15,956,991
	3	Pledges and grants receivable, net	1,461,717	3	2,097,918
	4	Accounts receivable, net	3,425,788	4	3,964,543
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
Assets	6	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and contributing employers and sponsoring organizations of section $501(c)(9)$ voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
Š.	7	Notes and loans receivable, net	2,109,954		2,138,150
4	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	383,165	9	624,187
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 189,991,712	·		<u>'</u>
	ь	Less accumulated depreciation	127,367,469	10c	128,080,665
	11	Investments—publicly traded securities	59,008,128	11	70,065,985
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	1,604,321	15	2,745,795
	16	Total assets. Add lines 1 through 15 (must equal line 34)	208,485,651	16	225,674,234
	17	Accounts payable and accrued expenses	6,297,623	17	6,299,977
	18	Grants payable	2,700,783	18	2,691,521
	19	Deferred revenue	8,386,260	19	8,799,820
	20	Tax-exempt bond liabilities	25,250,000	20	24,000,000
ای	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
an II	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
유		persons Complete Part II of Schedule L		22	
=	23	Secured mortgages and notes payable to unrelated third parties		23	_
	24	Unsecured notes and loans payable to unrelated third parties	995,324	24	891,100
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule	3,250,655	25	3,118,345
	26	D	46,880,645	26	45,800,763
<u></u>	20	Organizations that follow SFAS 117 (ASC 958), check here ► ✓ and complete lines 27 through 29, and lines 33 and 34.	40,000,040	20	45,000,705
일	27	Unrestricted net assets	117,459,211	27	128,512,532
<u>88</u>	28	Temporarily restricted net assets	14,110,999	28	20,116,031
=	29	Permanently restricted net assets	30,034,796	29	31,244,908
or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check here ► ☐ and complete lines 30 through 34.			
ō	30	Capital stock or trust principal, or current funds		30	
₩ I	31	Paid-in or capital surplus, or land, building or equipment fund		31	
şş	32	Retained earnings, endowment, accumulated income, or other funds		32	
			161 605 006		179,873,471
	33	Total net assets or fund balances	161,605,006	33	179,073,471

Pai	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				৮
1	Total revenue (must equal Part VIII, column (A), line 12)			111.0	096,941
2	Total expenses (must equal Part IX, column (A), line 25)				
3	Revenue less expenses Subtract line 2 from line 1	2		100,8	391,913
		3		10,2	205,028
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		161,6	505,006
5	Net unrealized gains (losses) on investments	5		7 5	380,610
6	Donated services and use of facilities				700,010
7	Investment expenses	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			182,827
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,	•			<u> </u>
	column (B))	10		179,8	373,471
Par	t XII Financial Statements and Reporting				_
	Check if Schedule O contains a response to any question in this Part XII		• •	<u> </u>	. ᅜ
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revious a separate basis, consolidated basis, or both	ewed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	1
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep basis, consolidated basis, or both	arate			
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig audit, review, or compilation of its financial statements and selection of an independent accountant?	nt of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	ın			
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?	ne	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	required		Yes	
_	audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits				İ

Software ID: **Software Version:**

EIN: 37-0661496

Name: CARTHAGE COLLEGE

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Form 990, Part VII - Compensation of Compensated Employees, and Independent	Officers, Dir ndent Contra	ectors	,Tru	uste	es,	, Key	/ En	nployees, Highe	st	
(A) Name and Title	(B) Average hours per week (list any	Positio more unless an dire	than	onot one on i er an trust	box s bo d a tee)	, th	_	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related
	hours for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			organizations
ROSS ANDERSON TRUSTEE	1 00	х						0	0	0
MARK BARMAK SECRETARY	1 00	х		х				0	0	0
REV JEFF BARROW TRUSTEE	1 00	х						0	0	0
MARY BISHOP SECOND VICE CHAIR	1 00	х		х				0	0	0
THOMAS BOLGER 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
JOHN GORTON TRUSTEE	1 00	х						0	0	0
JEFF HAMAR FIRST VICE CHAIR	1 00	х		х				0	0	0
HOYT HARPER TRUSTEE	1 00	x						0	0	0
MARILYN HEDBERG TRUSTEE	1 00	х						0	0	0
WILLIAM KELLEY TRUSTEE	1 00	х						0	0	0
THOMAS KIESO TRUSTEE	1 00	×						0	0	0
JAMES KLAUSER TRUSTEE	1 00	х						0	0	0
THOMAS LENTZ TRUSTEE	1 00	х						0	0	0
WILLIAM MADDEN TRUSTEE	1 00	х						0	0	0
GINA FRIEBUS TRUSTEE	1 00	х						0	0	0
DEAN MATTHEWS TRUSTEE	1 00	х						0	0	0
REV WAYNE MILLER TRUSTEE	1 00	х						0	0	0
DENNIS MONROE TRUSTEE	1 00	х						0	0	0
ANDREW PALMEN TRUSTEE	1 00	х						0	0	0
NICHOLAS PINCHUK 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

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (B) (C) (D) (E) (F) Name and Title Position (do not check Reportable Reportable Estimated amount Average hours more than one box, compensation compensation of other unless person is both from the per from related compensation organization (Wan officer and a organizations (Wweek from the (list director/trustee) 2/1099-MISC) 2/1099-MISC) organization and related any Former Highest compensated employee ndividual trustaa or diliector Institutional hours organizations for employee related organızatıons below Trustee dotted line) 1 00 DAVID STRAZ Χ 0 0 0 TRUSTEE 1 00 DEBRA WALLER Х 0 0 Х 0 CHAIRMAN 1 00 JUNE WALLER 0 0 0 Х TRUSTEE 1 00 GARY WILSON Х 0 0 0 TRUSTEE 40 00 WILLIAM ABT Χ 200,291 0 22,227 SR VP & TREASURER 40 00 **BRADLEY ANDREWS** 0 Χ 166,073 37,167 SR VP 40 00 JOHN ANTARAMIAN Χ 63,521 0 27,114 VISTING PROFESSOR 40 00 ROBERT BONN Χ 132,125 0 35,881 ATHLETIC DIRECTOR 40 00 DEAN CLARK Χ 131,998 0 20,699 VICE PRESIDENT 40 00 PAUL HEGLAND 0 Х 99,937 32,740 DIRECTOR 40 00 ABIGAIL HEINRICHS Χ 64,833 0 14,967 REGISTRAR 40 00 TODD KELLEY Х 155,604 0 19,430 VICE PRESIDENT 40 00 ROSS LARSON 0 Х 83,760 82 **PASTOR** 40 00 LOUISE PASKEY Χ 72,158 0 7,186 DEAN OF STUDENTS 40 00 JASON RAMIREZ Х 59,088 0 17,321 ASSOCIATE VICE PRESIDENT 40 00 JULIO RIVERA Х 157,406 0 16.498 **PROVOST** 40 00 ROBERT ROSEN Х 0 150,291 23,838 ASSOCIATE VICE PRESIDENT 40 00 MICHAEL WEST Χ 90,404 0 34,823 ASSOCIATE VICE PRESIDENT 40 00 GREGORY WOODWARD Х 129,960 0 38,050 PRESIDENT 40 00 ARTHUR CYR 0 Х 127,084 20,681 PROFESSOR 40 00 STEVEN DOMIN Х 138,131 0 8,598 SOCCER COACH 40 00 WILLIAM HOARE Х 132,058 0 34,410 ASSOCIATE VICE PRESIDENT 40 00 KURT PIEPENBURG 14,629 139,278 0 Х PROFESSOR 40 00 JAMES UNGLAUBE 0 Х 124,200 0 40 00 GREGORY CAMPBELL 289,640 0 36,976 FORMER PRESIDENT

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493072000124

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury

Internal Revenue Service

CARTHAGE COLLEGE

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. ▶ See separate instructions.

Open to Public Inspection

									37-0661		
	t I			blic Charity Sta				•	<u> </u>	ınstructıon	s
The o	rganı	zatıon ıs	not a priva	te foundation becaus	seitis (Forl	ınes 1 thro	ugh 11, chec	k only one	box)		
1		A chur	ch, convent	ion of churches, or a	ssociation of	churches	described in s	ection 170	(b)(1)(A)(i).		
2	굣	A scho	ol described	d in section 170(b)(1	L)(A)(ii). (At	tach Sched	dule E)				
3		A hosp	ital or a cod	perative hospital se	rvice organiz	ation desc	rıbed ın sectio	on 170(b)(1)(A)(iii).		
4	Г			h organization opera	ted ın conjun	ction with a	a hospital des	cribed in s	ection 170(b)	(1)(A)(iii).	Enter the
5	_			ity, and state erated for the benefi	t of a college	or univers	ity owned or o	nerated by	/ a dovernme	ntal unit dec	cribed in
,	'	_	•	(A)(iv). (Complete P	=	: Of utilivers	ity owned or c	pperated by	a governine	itai uiiit ues	cribed iii
6	_			local government o	•	al unit dec	cribed in sect	ion 170(h)	(1)(4)(4)		
7	<u>'</u>			at normally receives	=					from the del	neral nublic
•	,			on 170(b)(1)(A)(vi).			s support nom	i a governii	nemear anne or	nom the gen	iciai pablic
8	Γ	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)									
9	Γ	An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross									
				rities related to its e	•	-					
		ıts sup	port from gr	oss investment inco	me and unre	lated busın	ess taxable ır	ncome (les	s section 511	. tax) from b	usinesses
		acquire	ed by the org	ganızatıon after June	30,1975 S	ee section	509(a)(2). (C	omplete P	art III)		
10		An organization organized and operated exclusively to test for public safety See section 509(a)(4).									
11	Г			ganized and operated							
				ly supported organız ıbes the type of supp						see section	509(a)(3). Cneck
				b Type II c						lon-function	ally integrated
e	Γ			ox, I certify that the							
				on managers and ot	her than one	or more pu	blicly support	ed organiz	ations descri	bed in section	on 509(a)(1) or
f			1509(a)(2)	received a vertea d		from the TI	2C that it is a	Tuna I Tu	no II or Tun	. III	ting organization
T			this box	received a written d	etermination	Irom the Ir	RS that it is a	Type I, Ty	pe II, or Typ	e III Suppor	ting organization,
g				2006, has the organ	ızatıon accep	ted any gif	t or contributi	ion from an	y of the		,
			ng persons?							,	
				rectly or indirectly o	•		_	persons d	escribed in (i		Yes No
				governing body of th		_	on /				g(i)
			•	er of a person descr	• •		phous?				g(ii)
h				lled entity of a person ng information about						110	y(iii)
"		FIOVICE	e the followi	ng mormation about	. the supporte	eu organiza	tion(s)				
(i) Nan	ne of	(ii) EIN	(iii) Type of	(iv) Is	the	(v) Did you	u notify	(vi) Is	the	(vii) A mount of
	uppoi			organization	organizati		the organi		organiza		monetary
or	ganiz	ation		(described on	col (i) lis		ın col (i)		col (i) or	_	support
				lines 1-9 above or IRC section	your gove docume	_	suppo	11.7	in the l) 5 '	
				(see	"""						
				instructions))	Yes	No	Yes	No	Yes	No	7
										1	
								1			
Total			İ	i	İ	İ	İ	1			

Sch	edule A (Form 990 or 990-EZ) 2012							Page 2
Pa	(Complete only if you o	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation faile	ed to q	
	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	ow, please com	<u>iplete Pa</u>	rt III.)	
	endar year (or fiscal year beginning					1		
	in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2	312	(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							
3	The value of services or facilities							
•	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3							
5	The portion of total contributions by each person (other than a							
	governmental unit or publicly							
	supported organization) included on							
	line 1 that exceeds 2% of the							
	amount shown on line 11, column							
6	(f) Public support. Subtract line 5 from							
	line 4							
S	ection B. Total Support							
Cal	endar year (or fiscal year beginning	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 20)12	(f) Total
_	in) ► A mounts from line 4		. ,		. ,	, ,		. ,
7 8	Gross income from interest,							
0	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar							
9	sources Net income from unrelated							
9	business activities, whether or not							
	the business is regularly carried							
	on							
10	Other income Do not include gain or loss from the sale of capital							
	assets (Explain in Part IV)							
11	Total support (Add lines 7 through							
4.0	10)		<u> </u>					
12	Gross receipts from related activitie					12		
13	First five years. If the Form 990 is this box and stop here							ization, check
	ection C. Computation of Pub				<u> </u>	<u> </u>		
14	Public support percentage for 2012			11, column (f))		14		
15	Public support percentage for 2011			, , , , , , ,		15		
	33 1/3% support test—2012. If the o	· ·	•	on line 13 and l	ine 14 is 33 1/20%		chack ti	nie hov
104	and stop here. The organization qua				me 1 1 13 33 1/3/0	or more,	JIICCK CI	► □
b	33 1/3% support test—2011. If the				and line 15 is 33	3 1/3% or n	nore, ch	eck this
	box and stop here. The organization						. 4 4	▶□
1/a	10%-facts-and-circumstances test- is 10% or more, and if the organizat							•
	in Part IV how the organization mee							
	organization				4	r	,	▶ □
b	10%-facts-and-circumstances test-							
	15 is 10% or more, and if the organ Explain in Part IV how the organizat							lv
	supported organization	ion meets the T	acts-ana-cncum:	stances test III	ic organization qu	uiiiiE5 45 i	a public	·y ▶□
18	Private foundation. If the organizat	on did not check	c a box on line 13	, 16a, 16b, 17a,	or 17b, check thi	s box and	see	·
	instructions							▶ ┌

Schedule A (Form 990 or 990-EZ) 2012 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt

	purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or						
	business under section 513			-			
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						
3	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2,						
<i>7</i> a	and 3 received from disqualified						
	persons						
b	Amounts included on lines 2 and 3						
_	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c						
	from line 6)						
_Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	in) ►	(u) 2000	(6) 2003	(6) 2010	(4) 2011	(6) 2012	(1) 10tai
9	A mounts from line 6						
10a	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 after						
	June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated						
11	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)			Librari Corretto con	6.01	E04(-)(2)	
14	First five years. If the Form 990 is for	or the organization	on's first, second	i, thira, fourth, or	ππη tax year as a	1 501(c)(3) org	anization, ►
	check this box and stop here	a Cunnaut Da					
	ction C. Computation of Public			1.2		T I	
15	Public support percentage for 2012			13, column (T))		15	
16	Public support percentage from 2011	L Schedule A, Pa	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	me Percenta	ge			
17	Investment income percentage for 20				nn (f))	17	
					. , ,		
18	Investment income percentage from					18	
19a	33 1/3% support tests—2012. If the o						ıd lıne 17 ıs not ▶□

33 1/3% support tests—2011. 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) 2012

DLN: 93493072000124

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

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

Open to Public Inspection

ntemal Revenue Service ► Attach to Form 990. ► See separate instructions.					Inspection					
Name of the organization CARTHAGE COLLEGE		ization		Emp	ployer identification number					
CA	KTHAGE CULLEGE			37-	0661496					
Pā		nizations Maintaining Donor Adv								
	organi	zation answered "Yes" to Form 990								
	Tatal mumahan a		(a) Donor advised funds		(b) Funds and other accounts					
	Total number a									
		tributions to (during year) nts from (during year)								
		ue at end of year								
		·								
	funds are the o	zation inform all donors and donor advisor organization's property, subject to the or	ganization's exclusive legal control?		☐ Yes ☐ No					
•	used only for c	zation inform all grantees, donors, and de charitable purposes and not for the benef ermissible private benefit?								
a		ervation Easements. Complete if	the organization answered "Yes" t	to Forr	n 990, Part IV, line 7.					
	Preservation	conservation easements held by the org on of land for public use (e g , recreation of natural habitat	or education)		rically important land area id historic structure					
	┌ Preservati	on of open space								
		s 2a through 2d ıf the organızatıon held a he last day of the tax year	qualified conservation contribution in	the forr	n of a conservation					
					Held at the End of the Year					
a	Total number of	of conservation easements		2a						
)	Total acreage	restricted by conservation easements		2b						
:	Number of con	iservation easements on a certified histo	oric structure included in (a)	2c						
i	Number of conservation easements included in (c) acquired after $8/17/06$, and not on a historic structure listed in the National Register									
		servation easements modified, transferr 	ed, released, extinguished, or terminat	ed by t	he organization during					
	Number of stat	tes where property subject to conservat	ion easement is located ►							
		nization have a written policy regarding t f the conservation easements it holds?	the periodic monitoring, inspection, han	dling o	f violations, and Yes No					
	Staff and volur	nteer hours devoted to monitoring, inspe	cting, and enforcing conservation ease	ments	during the year					
	•	penses incurred in monitoring, inspecting	, and enforcing conservation easement	s durın	g the year					
	Does each cor	nservation easement reported on line 2(of 10) (of 10)	d) above satisfy the requirements of sec	ction 1	70(h)(4)(B)(ı) Yes No					
	balance sheet	lescribe how the organization reports con , and include, if applicable, the text of the on's accounting for conservation easeme	e footnote to the organization's financia							
a i	rt IIII Organ Compl	nizations Maintaining Collection lete if the organization answered "Y	s of Art, Historical Treasures, es" to Form 990, Part IV, line 8.	or Ot	her Similar Assets.					
a	works of art, h	ition elected, as permitted under SFAS 1 istorical treasures, or other similar asse de, in Part XIII, the text of the footnote t	ts held for public exhibition, education,	or rese	earch in furtherance of public					
b	If the organiza works of art, h	ition elected, as permitted under SFAS 1 istorical treasures, or other similar asse de the following amounts relating to thes	16 (ASC 958), to report in its revenue ts held for public exhibition, education,	staten	nent and balance sheet					
	(i) Revenues i	included in Form 990, Part VIII, line 1			▶ \$					
	(ii) Assets inc	luded in Form 990, Part X			►\$230,349					
	If the organiza	ition received or held works of art, histor unts required to be reported under SFAS								
	Revenues incl	uded in Form 990, Part VIII, line 1			► \$					
ь		ed in Form 990, Part X			► \$					
-	Wasers Illeland	eu III I OIIII 330, Fail A			F P					

Par	Organizations Maintaining Co	ollections of Ar	t, HIS	toricai	ıre	asures, or o	tne	i Sillillai As	3612 (c	<u>continuea)</u>
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other reco	rds, ch	eck any	of the	e following that a	are a	significant use	of its	
а	Public exhibition		d	▽ Lo	an or	exchange progr	ams			
ь	Scholarly research		e	┌ ot	her					
С	Preservation for future generations			·						
4	Provide a description of the organization's c	alloctions and avail	aun hav	u thay fu	+hor	the organization	/c av	ampt purpose	ın	
4	Part XIII					_			111	
5	During the year, did the organization solicit assets to be sold to raise funds rather than	to be maintained as	part o	f the org	anıza	ation's collection	۱2		┌ Yes	√ No
Par	Part IV, line 9, or reported an air						d "Y	es" to Form 9	990,	
1a	Is the organization an agent, trustee, custo included on Form 990, Part X?					ons or other ass	ets r		┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	II and complete the	e follov	ving table	:	Г		Λ-	nount	
_	Danis and Islands					-	1_	AI	ilouit	
C C	Beginning balance					-	1c			
d	Additions during the year					_	1d			
e	Distributions during the year					-	1e			
f	Ending balance					L	1f			
2a	Did the organization include an amount on F	orm 990, Part X, Iır	ne 21?						│ Yes	☐ No
b	If "Yes," explain the arrangement in Part XI	II Check here if the	e expla	nation h	as be	en provided in P	art >	(III		<u> </u>
Pa	rt V Endowment Funds. Complete									
		(a)Current year	(b)	Prior year	_	(c)Two years back	_		(e)Four	years back
1a	Beginning of year balance	54,662,594		51,711,	_	39,118,944	-	33,561,053		43,333,302
Ь	Contributions	289,978		1,378,	44	1,442,518		489,912		446,816
С	Net investment earnings, gains, and losses	9,420,926		993,9	49	10,251,593	3	4,982,579		-9,109,456
d	Grants or scholarships									-1,110,854
e	Other expenditures for facilities	66.722		F70 :	0.4	909.663		95.400		1 245
	and programs	-66,723		-578,:	.04	-898,662		-85,400		1,245
f	Administrative expenses									
g	End of year balance	64,440,221		54,662,		51,711,717		39,118,944		33,561,053
2	Provide the estimated percentage of the cui	rent year end balar	ice (lin	e 1g, col	umn	(a)) held as				
а	Board designated or quasi-endowment 🕨	27 480 %								
b	Permanent endowment ► 45 590 %									
С	Temporarily restricted endowment ► 26	930 %								
	The percentages in lines 2a, 2b, and 2c sho	uld equal 100%								
За	Are there endowment funds not in the posse	ssion of the organiz	zation	that are I	neld a	and administered	d for	the		
	organization by								Yes	+
	-							3a		
	(i) unrelated organizations						•		_	No
h	(i) unrelated organizations							3a(ii)	No No
	(i) unrelated organizations	ons listed as require	 ed on S	chedule	R۶				ii)	
4	(i) unrelated organizations	ns listed as require he organization's ei	 ed on S ndowm	chedule ent funds	R?		•	3a(ii)	
4	(i) unrelated organizations	ns listed as require he organization's ei	 ed on S ndowm	chedule ent funds	R? : e 10 or oth). her (b) Cost or ot		3a(b	
4 Par	(i) unrelated organizations	ns listed as require he organization's ei	 ed on S ndowm	chedule ent funds irt X, lin (a) Cost	R? : e 10 or oth	(b)Cost or ot basis (othe	r)	(c) Accumulated	b	No ook value
Par	(i) unrelated organizations	ns listed as require he organization's ei	 ed on S ndowm	chedule ent funds irt X, lin (a) Cost	R? : e 10 or oth	her (b)Cost or ot basis (othe	r) ',000	(c) Accumulated depreciation	(d) B	No No ook value
Par	(i) unrelated organizations	ns listed as require he organization's ei	 ed on S ndowm	chedule ent funds irt X, lin (a) Cost	R? : e 10 or oth	(b)Cost or of basis (othe	r) 7,000 -,589	(c) Accumulated depreciation	(d) B	No ook value 487,000 97,766,466
Par 1a b	(i) unrelated organizations	ns listed as require he organization's ei	 ed on S ndowm	chedule ent funds irt X, lin (a) Cost	R? : e 10 or oth	(b)Cost or of basis (othe 487 126,354 14,258	r) 7,000 7,589 7,358	(c) Accumulated depreciation 28,588,12 3,579,19	(d) B	No 487,000 97,766,466 10,679,165
Par 1a b c	(i) unrelated organizations	ons listed as require he organization's ei	 ed on S ndowm	chedule ent funds irt X, lin (a) Cost	R? : e 10 or oth	(b)Cost or of basis (othe	7,000 ,589 ,358	(c) Accumulated depreciation	(d) B	No ook value 487,000 97,766,466

Part VIII Investments—Other Securities. See	Form 990, Part X, line 12	2.	
(a) Description of security or category	(b)Book value	(c) Metho	od of valuation
(including name of security)		Cost or end-o	f-year market value
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	•		
Part VIII Investments—Program Related. Se		13	
(a) Description of investment type	(b) Book value		od of valuation
	(-)		f-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, III			
(a) Descri	ption		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15	5.)		
Part X Other Liabilities. See Form 990, Part >			ı
1 (a) Description of liability	(b) Book value		
Federal income taxes			
	4 7 4 7 7 7		
ANNUITIES PAYABLE	1,746,769		
DEPOSITS HELD IN CUSTODY FOR OTHERS	206,700		
ASSET RETIREMENT OBLIGATION	568,549		
CAPITAL LEASE OBLIGATION	596,327		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	3,118,345		
	J,118,345		

Total revenue, gains, and other support per audited financial statements	880,610 12,000	81,387,018
a Net unrealized gains on investments		
h Donated services and use of facilities	12.000	
boliated services and use of facilities	12,000	
c Recoveries of prior year grants		
d Other (Describe in Part XIII) 2d	220,473	
e Add lines 2a through 2d	2e	8,113,083
3 Subtract line 2e from line 1	3	73,273,93!
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a Investment expenses not included on Form 990, Part VIII, line 7b . 4a	56,424	
b Other (Describe in Part XIII)	766,582	
c Add lines 4a and 4b	4c	37,823,006
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	111,096,941
Part XII Reconciliation of Expenses per Audited Financial Statements With E	xpenses per R	eturn
1 Total expenses and losses per audited financial statements	1	63,118,553
A mounts included on line 1 but not on Form 990, Part IX, line 25		
a Donated services and use of facilities	12,000	
b Prior year adjustments		
c Other losses		
d Other (Describe in Part XIII)	37,646	
e Add lines 2a through 2d	2e	49,646
3 Subtract line 2e from line 1	3	63,068,907
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a	56,424	
	,766,582	
c Add lines 4a and 4b	4c	37,823,006
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	100,891,913

Part XIII 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 IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
	PART III, LINE 4	THE COLLECTION RELATES TO ITEMS FROM THE CIVIL WAR AND IS USED PRIMARILY FOR EDUCATIONAL PURPOSES
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE ENDOWMENT FUNDS ARE USED TO FUND SCHOLARSHIPS, EDUCATIONAL PROJECTS, AND OTHER VARIOUS PURPOSES
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X, LINE 2	THE COLLEGE FOLLOWS THE ACCOUNTING STANDARDS FOR CONTINGENCIES IN EVALUATING UNCERTAIN TAX POSITIONS THIS GUIDANCE PRESCRIBES RECOGNITION THRESHOLD PRINCIPLES FOR THE FINANCIAL STATEMENT RECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN ON A TAX RETURN THAT ARE NOT CERTAIN TO BE REALIZED NO LIABILITY HAS BEEN RECOGNIZED BY THE COLLEGE FOR UNCERTAIN TAX POSITIONS AS OF JUNE 30, 2013 AND 2012 THE COLLEGE'S TAX RETURNS ARE SUBJECT TO REVIEW AND EXAMINATION BY FEDERAL AND STATE AUTHORITIES THE TAX RETURNS FOR FISCAL YEARS 2010 AND THEREAFTER ARE OPEN TO EXAMINATION BY FEDERAL AUTHORITIES THE TAX RETURNS FOR FISCAL YEARS 2009 AND THEREAFTER ARE OPEN TO EXAMINATION BY STATE OF WISCONSIN TAX AUTHORITIES
PART XI, LINE 2D - OTHER ADJUSTMENTS		FUNDRAISING EXPENSES 37,646 ADJUSTMENT OF ACTUARIAL LIABILITY FOR ANNUITIES PAYABLE 182,827
PART XI, LINE 4B - OTHER ADJUSTMENTS		SCHOLARSHIPS AND GRANTS TO STUDENTS 37,766,582
PART XII, LINE 2D - OTHER ADJUSTMENTS		FUNDRAISING EXPENSES 37,646
PART XII, LINE 4B - OTHER ADJUSTMENTS		SCHOLARSHIPS AND GRANTS TO STUDENTS 37,766,582

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DLN: 93493072000124

OMB No 1545-0047

2012

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Schools

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

► Attach to Form 990 or Form 990-EZ.

Open to Publ
Inspection

Name of the organization **Employer identification number** CARTHAGE COLLEGE 37-0661496 Part I YES NO 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 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 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II 3 Yes Does the organization maintain the following? a 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 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 4d Yes d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain If you need more space, use Part II Does the organization discriminate by race in any way with respect to a Students' rights or privileges? Νo 5a **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? Νo d Scholarships or other financial assistance? 5d Νo e Educational policies? 5e Νo f Use of facilities? 5f Νo g Athletic programs? 5g Νo 5h Νo h Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Part II 6a 6a Does the organization receive any financial aid or assistance from a governmental agency? Yes b Has the organization's right to such aid ever been revoked or suspended? Νo If you answered "Yes" to either line 6a or line 6b, explain on Part II 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 C B 587, covering racial nondiscrimination? If "No," explain on Part II

Yes

Part II Supplemental Information. Complete this part to provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also complete this part to provide any other additional information (see instructions)

Identifier	Return Reference	Explanation				
EXPLANATION OF NONDISCRIMINATORY POLICY PUBLICATION	SCHEDULE E, PART I, LINE 3	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 REGARDING 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				
EXPLANATION OF GOVERNMENT FINANCIAL ASSISTANCE	SCHEDULE E, PART I, LINE 6	THE COLLEGE RECEIVES FINANCIAL ASSISTANCE FROM THE U.S. GOVERNMENT IN CONNECTION WITH VARIOUS PROGRAMS SUCH AS THE PERKINS STUDENT LOAN PROGRAM, FEDERAL WORK STUDY PROGRAM, PELL GRANT PROGRAM, AND SUPPLEMENTAL EDUCATIONAL OPPORTUNITY GRANT PROGRAM STUDENTS ATTENDING CARTHAGE COLLEGE ALSO RECEIVE FINANCIAL ASSISTANCE FROM THE STATE OF WISCONSIN				

Schedule E (Form 990 or 990-EZ) 2012

DLN: 93493072000124

OMB No 1545-0047

SCHEDULE G (Form 990 or 990-EZ) **Supplemental Information Regarding Fundraising or Gaming Activities**

Open to Public

Department of the Treasury

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Form 990-EZ filers are not required to complete this part. Attach to Form 990 or Form 990-EZ. See separate instructions.

Internal Revenue Service Inspection Name of the organization **Employer identification number** CARTHAGE COLLEGE

37-0661496 Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations e Solicitation of non-government grants Internet and email solicitations f Solicitation of government grants Phone solicitations g | Special fundraising events In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (i) Name and address of (ii) Activity (iii) Did (iv) Gross receipts (v) A mount paid to (vi) Amount paid to ındıvıdual fundraiser have from activity (or retained by) (or retained by) or entity (fundraiser) custody or fundraiser listed in organization control of col (i) contributions? Yes No List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Sche	edule	G (Form 990 or 990-EZ) 2012				Page 2
Pa	rt II	Fundraising Events. Commore than \$15,000 of fundrevents with gross receipts g	aising event contribut			
			(a) Event #1 RED MEN/LADY	(b) Event #2	(c) O ther events	(d) Total events (add col (a) through col (c))
			REDS GOLF (event type)	(event type)	(total number)	
Revenue	1	Gross receipts	98,55	5		98,555
φ	2	Less Contributions	61,560	0		61,560
<u>~</u>	3	Gross income (line 1 minus line 2)	36,99	5		36,995
	4	Cash prizes				
မှာ	5	Noncash prizes				
ěL.	6	Rent/facility costs				
Expenses	7	Food and beverages .				<u> </u>
D D Legt	8	Entertainment				
Δ	9	Other direct expenses .	37,64	5		37,646
	10	Direct expense summary Add lir	nes 4 through 9 ın columr	n(d)		(37,646)
	11	Net income summary Combine li	ine 3, column (d), and line	e 10		-651
Par	t III	Gaming. Complete if the o \$15,000 on Form 990-EZ, li		"Yes" to Form 990, Pa	ort IV, line 19, or rep	orted more than
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
<u>~</u>	1	Gross revenue				
enses	2	Cash prizes				
Expen	3	Non-cash prizes				
Direct E	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	│ Yes	Г Yes Г No	┌ Yes	_
	7	Direct expense summary Add line	s 2 through 5 in column ((d)		
	8	Net gaming income summary Com	nbine lines 1 and 7 in colu	ımn (d)	🛌	
9		er the state(s) in which the organize				
a b		the organization licensed to operate				
10a b		re any of the organization's gaming Yes," explain	licenses revoked, susper	nded or terminated during	the tax year?	

70ES	the organization operate gaming	activities with nonlinelinders		· · I Yes I No
.2		neficiary or trustee of a trust or a men		
	formed to administer charitable of	gaming?		· · · · Fyes F No
.3	Indicate the percentage of gamir	ng activity operated in		
а	The organization's facility			13a
b	An outside facility			13b
.4	Enter the name and address of th	ne person who prepares the organizati	on's gaming/special events books	and records
	Name ►			
	Address 🟲			
	revenue?	ntract with a third party from whom the		
	amount of gaming revenue retain	ed by the third party 🟲 \$		
C	If "Yes," enter name and address	s of the third party		
	Name 🟲			
	Address ►			
.6	Gaming manager information			
	Name 🟲			
	Gaming manager compensation I	\$ \$		
	Description of services provided	>		
	☐ Director/officer	Employee	Independent contractor	
.7	Mandatory distributions			
а	Is the organization required unde	er state law to make charitable distrib	utions from the gaming proceeds to	
	retain the state gaming license?			Г _{Yes} Г _{No}
b	Enter the amount of distributions	required under state law distributed t	to other exempt organizations or sp	ent
		activities during the tax year 🟲 💲		
Par	columns (III) and (v), a	mation. Complete this part to pr and Part III, lines 9, 9b, 10b, 15b ditional information (see instructi	, 15c, 16, and 17b, as applical	
	Identifier	Return Reference	Explana	tion

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DLN: 93493072000124

OMB No 1545-0047

(Form 990)

Schedule I

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

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

on on Grants and					Employer identification	on number
on on Grants and						
on on Grants and					37-0661496	
	l Assistance					
ward the grants or as	sıstance [?]					▽Yes ┌ N
Assistance to Go	vernments and O	rganizations in the	United States. Com			es" to
(b) EIN	(c) IRC Code 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 grar or assistance
	ward the grants or as zation's procedures for Assistance to Gome 21, for any reciplosity (b) EIN	ward the grants or assistance?	ward the grants or assistance?	ward the grants or assistance? Assistance to Governments and Organizations in the United States. Come 21, for any recipient that received more than \$5,000. Part II can be duplicated section if applicable (b) EIN (c) IRC Code section if applicable (d) Amount of cash assistance (e) Amount of non-cash assistance	ward the grants or assistance? Assistance to Governments and Organizations in the United States. Complete if the organication's procedures for monitoring the use of grant funds in the United States. Complete if the organication of the United States. Complete if the organication of the United States. Complete if the organication of the United States. Complete if the organication of the United States. Complete if the organication of the United States. Complete if the organication of the United States. Complete if the organication of the United States. Complete if the organication of the United States. Complete if the organication of the United States. Complete if the Organication of the Organication of the Organication of the United States. Complete if the Organication of the Organication of the Organication of the Organication of the Organication of the Organication of the Organication of the Organication of the Organication of the Organication of the Organication of the Organication of the Organication of the O	Assistance to Governments and Organizations in the United States. Complete if the organization answered "Ye 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (b) EIN (c) IRC Code section if applicable (d) Amount of cash cash assistance section if applicable (f) Method of cash assistance (f) Method of cash cash assistance (hook, FMV, appraisal, other) (b) EIN (c) IRC Code section if applicable (d) Amount of cash assistance assistance (f) Method of cash cash assistance (hook, FMV, appraisal, other)

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Pa	art IV,	line 22
	Part III can be duplicated 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
(1) SCHOLARSHIPS AND GRANTS PROVIDED AS FINANCIAL AID TO STUDENTS	2590	37,766,582			

Part IV Supplemental Information.

Complete this part to provide the information required in Part I. line 2. Part III. column (b), and any other additional information

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	,	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

DLN: 93493072000124

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990,

Compensation Information

Part IV, question 23.

Open to Public Inspection

Internal Revenue Service	► Attach to Form 990. ► See separate instructions.	Inspection
Name of the organize CARTHAGE COLLEGE		Employer identification number 37-0661496
Part I Question	ons Regarding Compensation	

					Yes	No
1a	Check the appropriate box(es) if the organization provides 990, Part VII, Section A, line 1a Complete Part III to					
	First-class or charter travel	굣	Housing allowance or residence for personal use			
	Travel for companions	\sqcap	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	~	Health or social club dues or initiation fees			
	Discretionary spending account	굣	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the orga reimbursement or provision of all of the expenses desc			1b	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?					
3	Indicate which, if any, of the following the filing organiz organization's CEO/Executive Director Check all that used by a related organization to establish compensat	appl	y Do not check any boxes for methods			
	Compensation committee		Written employment contract			
	Independent compensation consultant	굣	·			
	Form 990 of other organizations	굣	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Pa or a related organization	rt V I	I, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control pa	ymer	nt?	4a		Νo
b	Participate in, or receive payment from, a supplementa	al nor	nqualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-bas	ed co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and prov	ıde tl	ne applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must	com	plete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, li compensation contingent on the revenues of	ne 1 a	a, 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, li compensation contingent on the net earnings of	ne 1a	a, 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, li payments not described in lines 5 and 6? If "Yes," des			7		No
8	Were any amounts reported in Form 990, Part VII, pai subject to the initial contract exception described in R in Part III			8		No
9	If "Yes" to line 8, did the organization also follow the r section 53 4958-6(c)?	ebutt	able presumption procedure described in Regulations	9		140
F	Consequent Deduction Act Notice con the Instructions for	- F	Cot No FOOFST Schodule	7 / =	000	204

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

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

Note. The sum of columns (B)(1)-(111) 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

(A) Name and Title	(B) Breakdown of	f W-2 and/or 1099-MI:	SC compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & ıncentıve compensatıon	(iii) Other reportable compensation				
See Additional Data Table							

Schedule J (Form 990) 2012

Part III Supplemental Information

Complete this part to 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

To complete the part of any additional members and							
Identifier	Return Reference	Explanation					
	,	F GREGORY CAMPBELL RECEIVED A HOUSING ALLOWANCE OF \$15,000 FROM THE ORGANIZATION GREGORY WOODWARD, ROBERT BONN, AND F GREGORY CAMPBELL HAD COUNTRY CLUB MEMBERSHIPS IN CALENDAR YEAR 2012 THAT WERE PAID BY THE ORGANIZATION RESPECTIVE COSTS WERE WOODWARD - \$2,267 BONN - \$3,200 CAMPBELL - \$1,107					
	,	WILLIAM ABT HAS A 457F PLAN FUNDED BY THE COLLEGE FOR CALENDAR YEAR 2012, THE TOTAL COLLEGE CONTRIBUTION WAS \$19,200, AND WITHDRAWALS FROM THE PLAN WERE \$0					

Schedule J (Form 990) 2012

Software ID: Software Version:

EIN: 37-0661496

Name: CARTHAGE COLLEGE

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Form 990, Schedule 3, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name	,	(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation reported in prior Form
		(i) Base Compensation	(ii) Bonus & ıncentıve compensatıon	(iii) O ther compensation	compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ
WILLIAM ABT	(I) (II)	'	0	22,500	20,000	2,227 0	222,518	0
BRADLEY ANDREWS	(I) (II)		0	0	16,850 0	20,317 0	203,240	0
ROBERT BONN	(I) (II)		0	0	14,165 0	21,716 0	168,006 0	0
DEAN CLARK	(I) (II)		0	0 0	13,460 0	7,239 0	152,697 0	0
TODD KELLEY	(I) (II)		0	0 0	15,770 0	3,660 0	175,034 0	0
JULIO RIVERA	(I) (II)		0	22,500	15,700 0	798 0	173,904 0	0
ROBERT ROSEN	(I) (II)		0	0 0	15,300 0	8,538 0	174,129 0	0
GREGORY WOODWARD	(I) (II)		0	0	13,500	24,550 0	168,010	0
WILLIAM HOARE	(I) (II)		0	0 0	13,125 0	21,285 0	166,468 0	0
KURT PIEPENBURG	(I) (II)		0	0 0	13,877 0	752 0	153,907 0	0 0
GREGORY CAMPBELL	(I) (II)) 267,140) 0	0	22,500	25,000 0	11,976 0	326,616 0	0

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Supplemental Information on Tax Exempt Bonds ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions,

> explanations, and any additional information in Part VI. ► Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

DLN: 93493072000124

Open to Public **Inspection**

Internal Revenue Service

Department of the Treasury

(Form 990)

Name of the organization **Employer identification number** CARTHAGE COLLEGE 37-0661496 Part I **Bond Issues** (h) On (i) Pool (g) Defeased behalf of financing (c) CUSIP # (f) Description of purpose (a) Issuer name (b) Issuer EIN (d) Date issued (e) Issue price ıssuer Yes No Yes No Yes No WISCONSIN HEALTH AND REFINANCE OF 1999 SERIES **EDUCATIONAL FACILITIES** 39-1337855 06-01-2012 6,250,000 Х Χ Χ BONDS Part II **Proceeds** В C D Α Amount of bonds retired Amount of bonds legally defeased 2 3 Total proceeds of issue 6,250,000 4 Gross proceeds in reserve funds 5 Capitalized interest from proceeds Proceeds in refunding escrows 6 Issuance costs from proceeds 7 Credit enhancement from proceeds 8 Working capital expenditures from proceeds 9 Capital expenditures from proceeds 10 Other spent proceeds 11 6,250,000 Other unspent proceeds 12 Year of substantial completion 13 2012 Yes No Yes No Yes No Yes No Were the bonds issued as part of a current refunding issue? Χ 14 Were the bonds issued as part of an advance refunding issue? 15 Х Has the final allocation of proceeds been made? Χ 16 Does the organization maintain adequate books and records to support the final 17 Χ allocation of proceeds? **Private Business Use** Part III C Α В D Yes No Yes No Yes No Yes No

property financed by tax-exempt bonds?

financed property?

2

Was the organization a partner in a partnership, or a member of an LLC, which owned

Are there any lease arrangements that may result in private business use of bond-

Χ

Χ

Sche	dule K (Form 990) 2012									Page 2	
Par	Private Business Use (Continued)		1			T			ı		
				Α		В		<u>c</u>		D	
3a	Are there any management or service contracts that may result in private of bond-financed property?	business use	Yes	No X	Yes	No	Yes	No	Yes	No	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or counsel to review any management or service contracts relating to the fina property?										
С	Are there any research agreements that may result in private business use financed property?	e of bond-		×							
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or counsel to review any research agreements relating to the financed proper										
4	Enter the percentage of financed property used in a private business use bother than a section $501(c)(3)$ organization or a state or local government			%				%		%	
5	unrelated trade or business activity carried on by your organization, another section 501 (c)(3) organization, or a state or local government ▶			%	%			%	%		
6	Total of lines 4 and 5			%		%		%		%	
7	Does the bond issue meet the private security or payment test?		Х								
8a	Has there been a sale or disposition of any of the bond financed property to nongovernmental person other than a 501(c)(3) organization since the bor issued?			х							
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or	disposed of		%		%		%		%	
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations 1 141-12 and 1 145-2?	sections									
9	Has the organization established written procedures to ensure that all none bonds of the issue are remediated in accordance with the requirements unconcept Regulations sections 1 141-12 and 1 145-2?		×								
Do	t IV Arbitrage										
Par	GIV Arbitrage	Α		В			С				
		Yes	No	Yes	_		Yes No		Yes	No	
1	Has the issuer filed Form 8038-T?		Х								
2	If "No" to line 1, did the following apply?				I						
а	Rebate not due yet?	×									
b	Exception to rebate?		Х								
С	No rebate due?		Х								
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed			•	•		•	•	•		
3	Is the bond issue a variable rate issue?	Х									
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		Х								
b	Name of provider										
С	Term of hedge										
d	Was the hedge superintegrated?										
e	Was a hedge terminated?										
					•		•	-			

Part IV Arbitrage (Continued)

Identifier

Return Reference

		A		В		C		D		
		Yes	No	Yes	No	Yes	No	Yes	No	
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х							
b	Name of provider									
С	Term of GIC									
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?									
6	Were any gross proceeds invested beyond an available temporary period?		х							
7	Has the organization established written procedures to monitor the requirements of section 148?	X								
Pa	rt V Procedures To Undertake Corrective Action									
		А		В	1	С		D		
		Yes	No	Yes	No	Yes	No	Yes	No	
1	Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	Х								
		•	•	•	•		•	•		
Pa	art VI Supplemental Information. Complete this part to pr	<u>ovide addition</u>	<u>ıal ınformatı</u>	on for respoi	nses to ques	tions on Sche	edule K (see	instructions)	١.	

Schedule K (Form 990) 2012

Explanation

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DLN: 93493072000124

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OMB No 1545-0047

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.

Inspection

	ne of the organization THAGE COLLEGE				Empl	oyer identificat	ion nu	mber	
AK	MAGE COLLEGE				37-0	661496			
Pa	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		(d) Method of de noncash contrib	etermi	_	ts
1	Art—Works of art								
2	Art—Historical treasures .								
3	Art—Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles				$oldsymbol{ol}}}}}}}}}}}}}}}}}}$				
7	Boats and planes				↓				
8	Intellectual property				↓				
	Securities—Publicly traded .	X	7	1,234,156	FAIF	R MARKET VAL	UE		
	Securities—Closely held stock .	•			—				
	Securities—Partnership, LLC, or trust interests				$oxed{oxed}$				
	Securities—Miscellaneous				—				
13	Qualified conservation contribution—Historic structures								
14	Qualified conservation contribution—Other								
15	Real estate—Residential .								
16	Real estate—Commercial								
17	Real estate—O ther								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies .								
	Taxıdermy				<u> </u>				
22	Historical artifacts				$oxed{oxed}$				
	Scientific specimens				↓				
24	Archeological artifacts				↓				
25	Other►(<u>TELESCOPE</u>)	X	1	1,500	FAIF	R MARKET VAL	UE		
	THEATER			700		. M A DIZET V A I			
26	Other►(<u>PROPS</u>) INSURANCE	X	1	700	FAIR	R MARKET VAL	UE		
27	Other • (PREMIUM)	×	1	415	FAIF	R MARKET VAL	UE		
	SPORTING								
	EVENT								
	Other►(<u>TICKETS</u>)	X	1		<u> FAC</u>	E VALUE			
29	Number of Forms 8283 received for which the organization comple				29			I I	
20-			- h.,	. who a war water of the Darwit T. I had a	. 1 20) +b-+ .+		Yes	No
JUZ	During the year, did the organiza								
	must hold for at least three year			on, and which is not require	d to b	e used			
	for exempt purposes for the enti				•		30a		No
1 31	b If "Yes," describe the arrangem Does the organization have a git			review of any non-standard	conti	ributions?	31	Yes	
	-	•		,		İ			
3 28	a Does the organization hire or us contributions?	e tnira part	ies or related organizations	to solicit, process, or sell	nonca	15N • •	32a		No
	If "Yes," describe in Part II								
33	If the organization did not report	t an amount	in column (c) for a type of	property for which column is	a) ic	checked '	ı	(I	i

describe in Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

number of terms received of a combination of bean rise complete and part for any additional information										
Identifier	Return Reference	Explanation								
METHOD FOR DETERMINING NUMBER OF CONTRIBUTIONS	······ -, ···· \- ,	THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS								

Schedule M (Form 990) (2012)

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DLN: 93493072000124

OMB No 1545-0047

2012

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

Supplemental Information to Form 990 or 990-EZ

Open to Public Inspection

Name of the organization CARTHAGE COLLEGE

Employer identification number

37-0661496

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 1	THE EXECUTIVE COMMITTEE IS COMPRISED OF 8 MEMBERS OF THE BOARD OF TRUSTEES, THE COLLEGE PRESIDENT, TREASURER AND ATTORNEY
	FORM 990, PART VI, SECTION A, LINE 4	BY LAWS WERE AMENDED IN MAY OF 2013 TO CHANGE QUORUM SIZE CONSTITUTION WAS ALSO AMENDED TO CHANGE THE RELIGIOUS AFFILIATION REQUIREMENTS OF THE PRESIDENT AND TO DETERMINE THE MAKEU P OF THE BOARD OF TRUSTEES
	FORM 990, PART VI, SECTION B, LINE 11	THE AUDIT COMMITTEE HAS BEEN GIVEN THE AUTHORITY TO REVIEW AND APPROVE THE FORM 990
	FORM 990, PART VI, SECTION B, LINE 12C	ALL PAYMENTS ARE REVIEWED BY THE BUSINESS OFFICE TO INSURE THERE ARE NO CONFLICTS ALL EMP LOYEES AND BOARD OF TRUSTEES ARE COVERED BY THE POLICY DETERMINATIONS AS TO WHETHER CONFL ICTS EXIST ARE MADE BY THE CONTROLLER AND VICE PRESIDENT FOR ADMINISTRATION AND BUSINESS NO CONFLICTS HAVE ARISEN TO DATE
	FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION IS REVIEWED AND APPROVED BY THE CARTHAGE COLLEGE EXECUTIVE COMMITTEE. THE COM MITTEE IS COMPRISED OF MEMBERS OF THE BOARD OF TRUSTEES, THE COLLEGE ATTORNEY AND THE COLL EGE PRESIDENT AND TREASURER. THIS REVIEW IS PERFORMED ANNUALLY BY THE COMMITTEE AND DONE F OR ALL OFFICERS OF THE COLLEGE.
	FORM 990, PART VI, SECTION C, LINE 19	THE CARTHAGE COLLEGE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEM ENTS ARE INTERNAL DOCUMENTS AND ARE NOT MADE AVAILABLE TO THE PUBLIC
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 9	ADJUSTMENT OF ACTUARIAL LIABILITY FOR ANNUITIES PAYABLE 182,827
	FORM 990, PART XII, LINE 2C	NEITHER THE OVERSIGHT PROCESS OF THE AUDIT OR THE SELECTION PROCESS OF THE INDEPENDENT ACCOUNTANT CHANGED DURING THE TAX YEAR

SCHEDULE R Related Org

(Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization CARTHAGE COLLEGE

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

DLN: 93493072000124

Open to Public

Inspection

Employer identification number

				37-06614	96			
Part I Identification of Disregarded Entities (Complet	e if the organizatio	n answered "Yes" t	o Form 990, Pa	rt IV, line 33.)				
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	Dir	(f) ect controlling entity		
		1						
Part II Identification of Related Tax-Exempt Organization or more related tax-exempt organizations during the	a tions (Complete i e tax year.)	f the organization a	answered "Yes"	to Form 990, P	art IV, I	ıne 34 because ı	t had or	ne
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	on Public charity : (if section 501(status (c)(3))	(f) Direct controlling entity	Section (13) co ent	ontrolle tity?
							Yes	NO
							\perp	
							+	
							+	
							+	
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(a) Name, address, and EIN of related organization		(b) Primary activity		(d) Direct controlli entity	ng income(re	lated, ed, from	ed, total income	(g) Share of end-of-year assets	(h) Disproprtionat r allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	x managing partner? 1		(k) Percentage ownership
					sections 514)				Yes	No	`	Yes	No	
Part IV Identification of Related Orgaline 34 because it had one or mo									swere	d "Ye	s" to Form	990,	Part	IV,
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Lega domi (state or count	al cile foreign		(d) Direct controlling entity	Type (C cor	(e) of entity rp, S corp, trust)	(f) Share of tota income		(g) re of en of-year assets	d- Percen owner	tage		(i) section 512 (b)(13) controlled entity?
(1) CHARITABLE REMAINDER ANNUITY TRUSTS (151)	CHARITABLE TRUST	W	I			T								Yes No
(2) CHARITABLE REMAINDER UNITRUST (1)	CHARITABLE TRUST	W.	I			Т								No

	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No
1 Du	ring the tax year, did the orgranization engage in any of the following transactions with one or more rela	ated organizations li	sted in Parts II-IV?				
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		No
b	Gift, grant, or capital contribution to related organization(s)				1b		No
C	Gift, grant, or capital contribution from related organization(s)				1c		No
d	Loans or loan guarantees to or for related organization(s)				1d		No
e	Loans or loan guarantees by related organization(s)				1e		No
	Dividends from related organization(s)				1f		No
g	Sale of assets to related organization(s)				1g		No
h	Purchase of assets from related organization(s)				1h		No_
i	xchange of assets with related organization(s)				1i		No_
j	ease of facilities, equipment, or other assets to related organization(s)				1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		No
I	erformance of services or membership or fundraising solicitations for related organization(s)				11		No
m Performance of services or membership or fundraising solicitations by related organization(s)							
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)							
0	Sharing of paid employees with related organization(s)				10		No
р	Reimbursement paid to related organization(s) for expenses				1 p		No
q	Reimbursement paid by related organization(s) for expenses				1q		No
r	Other transfer of cash or property to related organization(s)				1r		No
s	Other transfer of cash or property from related organization(s)				1s		No
2	f the answer to any of the above is "Yes," see the instructions for information on who must complete t	his line, including co	overed relationships	and transaction thresholds			
	(a)	(b)	(c)	(d)			
	Name of other organization	Transaction type (a-s)	Amount involved	Method of determining amo	ount in	ivolved	

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

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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 re	garding exclu	sion for ce		nent	partnerships				`	,		_	
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512- 514)	org	(e) all partners section 501(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
												1	

Additional Data Return to Form

Software ID:

Software Version:

EIN: 37-0661496

Name: CARTHAGE COLLEGE

Schedule R (Form 990) 2012

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Part VII Supplemental Information

Identifier Return Reference Explanation	Complete this part to provide additional information for responses to questions on Schedule R (see instructions)										
				Explanation							