		AMENDED F					
Form 990-T	Exempt Organi				ax Retu	ırn	OMB No 1545-0687
•		I proxy tax unde			']	700	2040
	For calendar year 2018 or other tax year b					019	2018
Department of the Treasury Internal Revenue Service	► Go to www.irs ► Do not enter SSN numbers	•		ons and the latest informa de public if your organiza)(3).	Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if address changed	Name of organization (Check box if name c	hanged	and see instructions.)		(Emp	loyer identification number ployees' trust, see uctions)
B Exempt under section	Print CARROLL COLLI	EGE				8	1-0231774
X 501(c)(3)	Number, street, and room o		k, see ir	nstructions.			lated business activity code instructions)
408(e) 220(e)	Type 1601 N BENTO	N AVE					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
408A 530(a) 529(a)	City or town, state or provin HELENA, MT	ce, country, and ZIP of 9625–0002	r foreig	n postal code		451	.211
C Book value of all assets at end of year	F Group exemption number	(See instructions.)	>				
124,355,6	86. G Check organization type	➤ X 501(c) corp	oration	501(c) trust	4	01(a) trust	Other trust
	organization's unrelated trades or bus		5		the only (or firs	-	
	BOOK STORE/MERCI				complete Parts		
describe the first in the b	lank space at the end of the previous	sentence, complete Pa	rts I an	d II, complete a Schedule	M for each add	litional trad	e or
business, then complete							47
	the corporation a subsidiary in an aff		nt-subs	idiary controlled group?		- [Y	es 🗶 No
	nd identifying number of the parent of the p			Tolophy	no number	106	447-4300
	Trade or Business Inco			(A) Income	(B) Expe		(C) Net
1a Gross receipts or sale	40.005		Τ	(x) moone	(0) 5.494	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(0)
b Less returns and allow		c Balance	1c	19,937.	i.		
2 Cost of goods sold (S		-	2	17,349.			,
3 Gross profit. Subtract	· · · · · · · · · · · · · · · · · · ·	(3	3	2,588.			2,588.
4 a Capital gain net incon		_	48				
	4797, Part II, line 17) (attach Form 4	797)	4b				
c Capital loss deduction	for trusts		4c				
5 Income (loss) from a	partnership or an S corporation (atta	ch statement)	5				
6 Rent income (Schedu	le C)		6	AMEN	DED		
7 Unrelated debt-finance	ed income (Schedule E)		7			'	ļ
	alties, and rents from a controlled org		8				–
	a section 501(c)(7), (9), or (17) orga	ınızatıon (Schedule G)	9			· · · · ·	
•	vity income (Schedule I)		10				
11 Advertising income (S	•		11		-		<u></u>
	structions; attach schedule)		12	2,588.			2,588.
13 Total. Combine lines Part II Deduction	ns Not Taken Elsewhere	(See instructions fo	13				2,300.
	contributions, deductions must b				ıncome)		
14 Compensation of off	icers, directors, and trustees (Schedu	ile K)				14	
15 Salaries and wages	,,	,	İ	RECEIVED	j	15	
16 Repairs and mainter	ance		[[The second secon	그 었]	16	
17 Bad debts			C133	MAR 1 3 2020	S-03(17	
18 Interest (attach sche	dule) (see instructions)		ပြ	MITTIN I O COMO	RS	18	
19 Taxes and licenses			-	00000111	l	19	
20 Charitable contributi	ons (See instructions for limitation ru	les)	↓ _	OGDEN, UT		20	
21 Depreciation (attach	Form 4562)			21			_
*	aimed on Schedule A and elsewhere o	n return		22a		22b	
23 Depletion						23	
	erred compensation plans					24	
25 Employee benefit pro	=					25	
26 Excess exempt expe	,					26	
27 Excess readership of	· ·					27	
28 Other deductions (at						28	
	dd lines 14 through 28 avable income before get operating li	nee dadustion Cubture	t line O	0 from line 12		29	2,588.
	axable income before net operating lo erating loss arising in tax years begir					30	2,300.
	erating loss arising in tax years begin axable income. Subtract line 31 from		ıyı, 20	2 10 (200 HISH HUNDINS)		31	2,588.
	or Paperwork Reduction Act Notice,					1_32	Form 990-T (2018)

Form 990-T	(2018) CARROLL COLLEGE			81-02	31774	Page
Part I		able Income		01 02	<u> </u>	
33	Total of unrelated business taxable income comp		ac /cas instructions)		33	385,144.
34	Amounts paid for disallowed fringes	area from an amerated trades of businesse	23 (300 111311 40110113)		34	303,111
35	Deduction for net operating loss arising in tax year	ars heginging hefore January 1, 2018 (see	instructions) S'	гмт 1	35	385,144.
36	Total of unrelated business taxable income before		,		00	
00	lines 33 and 34	e specific deduction. Cubulact fine 65 from	the sam of		36	
37	Specific deduction (Generally \$1,000, but see line	e 37 instructions for excentions)			37	1,000.
38	Unrelated business taxable income. Subtract lin		n line 36		0,	
00	enter the smaller of zero or line 36	no or from and oo. If the or is greater that	, mic 00,		38	0.
Part I						
39	Organizations Taxable as Corporations. Multiply	v line 38 by 21% (0.21)			- 39	0.
40	Trusts Taxable at Trust Rates. See instructions		ount on line 38 from		F. 5.	
10	Tax rate schedule or Schedule D (F	,	ount on mile of from,		40	
41	Proxy tax. See instructions	. 5.1			41	
42	Alternative minimum tax (trusts only)				42	
43	Tax on Noncompliant Facility Income. See instr	ructions			43	
44	Total . Add lines 41, 42, and 43 to line 39 or 40, w				44	0.
.Part \						
45 a	Foreign tax credit (corporations attach Form 1118	8, trusts attach Form 1116)	45a		1 1	
	Other credits (see instructions)	•	45b		$\exists : \cdot \mid$	
C	General business credit. Attach Form 3800		45c		7::1	
d	Credit for prior year minimum tax (attach Form 8	801 or 8827)	45d		□_ ∴	
е	Total credits. Add lines 45a through 45d	A 8.4 P			45e	
46	Subtract line 45e from line 44	AWIE	NDEL	Ð	46	0.
47	Other taxes. Check if from: Form 4255	🗌 Form 8611 🔙 Form 8697 🔙 For	rm 8866 🔲 Other	(attach schedule	47	
48	Total tax. Add lines 46 and 47 (see instructions)				48	0.
49	2018 net 965 tax liability paid from Form 965-A o	or Form 965-B, Part II, column (k), line 2			49	0.
50 a	Payments: A 2017 overpayment credited to 2018	3	50a			
,b	2018 estimated tax payments		50b		_{-}1 · [1]	
C	Tax deposited with Form 8868		50c		-[:,-]	
d	Foreign organizations; Tax paid or withheld at sou	urce (see instructions)	50d		_ ' '	
е	Backup withholding (see instructions)		50e		- · · · · · · · · · · · · · · · · · · ·	
	Credit for small employer health insurance premii		50f			
9		Form 2439	.		ا, دا	
		Other Total	► [50g]		_ •^•	
	Total payments. Add lines 50a through 50g				51	
52	Estimated tax penalty (see instructions). Check if				52	
53	Tax due. If line 51 is less than the total of lines 48				53	, · · · · · · · · · · · · · · · · · · ·
54 55	Overpayment. If line 51 is larger than the total of Enter the amount of line 54 you want; Credited to		1		54	
Part V				funded >	· 55	
56	At any time during the 2018 calendar year, did the					Vee No
30	over a financial account (bank, securities, or other					Yes No
	FinCEN Form 114, Report of Foreign Bank and Fir	, , , ,	-	,		<u> </u>
	here	nancial Accounts. If Tes, enter the name c	or the loreigh country			X X
57	During the tax year, did the organization receive a	distribution from or was it the granter of	or transferor to a for	rough trust?		$-\frac{\lambda}{x}$
3,	If "Yes," see instructions for other forms the organ		, or transferor to, a for	eigii ii ustr		y 15 17
58	Enter the amount of tax-exempt interest received					*. · \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	Under penalties of perjury, I declare that I have examine	ed this return, including accompanying schedules a	and statements, and to the	best of my know	rledge and belie	ef, it is true,
Sign	correct, and complete Declaration of preparer (other th	nan taxpayer) is based on all information of which pr	PRESIDENT	•		
Here	* Mufetenon	× 3-9-20 • FINAN			•	scuss this return with nown below (see
	Signature of officer	Date Title			instructions)?	
	Print/Type preparer's name	Preparer's signature	Date	Check	if PTIN	11 110
Paid	A Section of Control			self- employe		
Paid Prepa	FOR JILL GALLE, CPA	JILL GALLE, CPA	01/15/20	omployo		1330243
Use C	TO A SAID FOR CONT. FILL	RMUEHLEN & CO., P.C		Firm's EIN		-0385940
USE C		H AVE WEST, FL 5				
	Firm's address MISSOULA,			Phone no.	406-72	21-7800

823711 01-09-19

Schedule A - Cost of Goods	Sold. Enter	method of invent	ory v	aluation > N/A				
1 Inventory at beginning of year	1 1	0.	6	Inventory at end of year	r		6	0.
2 Purchases	2	17,349.	7	Cost of goods sold. Su	t of goods sold. Subtract line 6			***
3 Cost of labor	3		1	from line 5. Enter here			_ <u>,,</u> \$	
4a Additional section 263A costs			1	line 2		·	7	17,349.
(attach schedule)	4a		8	Do the rules of section	263A (\	with respect to		Yes No
b Other costs (attach schedule)	4b		1	property produced or a	•	•		0 1
5 Total. Add lines 1 through 4b	5	17,349.	1	the organization?	,	, ,		X
Schedule C - Rent Income (Per		ease	d With Real Prop	erty)	
(see instructions)								
1. Description of property								
(1)								
(2)		A	V	ENDEL				
(3)								
(4)						·		
**************************************	2. Rent receiv	ed or accrued						
(a) From personal property (if the perconent for personal property is more 10% but not more than 50%)	centage of than	of rent for p	Broonal	onal property (if the percentag property exceeds 50% or if ed on profit or income)	ge	3(a) Deductions directly columns 2(a) ar	connec nd 2(b) (a	ted with the income in attach schedule)
(1)								
(2)								
(3)								
(4)								
Total	0.	Total			0.		•	
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		ter		· · · · · · · · · · · · · · · · · · ·	0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (8)	>	0.
Schedule E - Unrelated Deb	t-Financed	Income (see	nstru	ctions)			<i>F</i>	• •
			2	. Gross income from		3. Deductions directly con- to debt-finance		
1. Description of debt-fin	anced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)
(1)				·				
(2)								
(3)								
(4)								
4. Amount of average acquisition debt on or ellocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to nced property n schedule)	6	. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(8. Allocable deductions column 6 x total of columns 3(a) and 3(b))
(1)				%				
(2)				%				
(3)				%				
(4)				%				
				-		nter here and on page 1, Part I, line 7, column (A)		Enter here and on page 1, Part I, line 7, column (B)
Totals				▶		0	.	0.
Total dividends-received deductions in	cluded in column	n 8				<u> </u>		0.
								Form 990-T (2018)

	_ 		s From Controlle: Controlled Organiza			structions		
1. Name of controlled organiza	2. Em	ployer 3. Net u (loss) (s	nrelated income 4. 1	otal of specified syments made	5. Part of column 4 included in the contorganization's gross	trolling	6. Deductions directly connected with income in column 5	
								
						-		
								
······								
navament Controlled Organ	uzations							
nexempt Controlled Organ			1.4	40 0-4-4	0.45-4	144 0-4		
7. Taxable Income	8. Net unrelated incom (see instructions		al of specified payments made	in the controlling	nn 9 that is included ng organization's income	with i	uctions directly connecte ncome in column 10	
		Δ	MEND	ED_				
					·			
)						<u> </u>		
· · · · · ·				Enter here and	ins 5 and 10 on page 1, Part I, olumn (A)	Enter he	d columns 6 and 11 re and on page 1, Part I, ine 8, column (B)	
als			>	.	0.		0	
hedule G - Investme	ent Income of a structions)	Section 501(c)	(7), (9), or (17) O	rganization				
1 . Des	scription of income		2. Amount of income	3. Deduction directly connected (attach sched	cted 4, Set	t-asides schedule)	5. Total deductions and set-asides (col 3 plus col 4)	
		·		_				
	-							
			Enter here and on page Part I, line 9, column (A)	1,	0		Enter here and on page Part I, line 9, column (B	
als			<u>▶</u> 0				0	
hedule I - Exploited (see instr		Income, Othe	r Than Advertis	ing Income				
		3. Expenses	4. Net income (loss)				7. Excess exempt	
Description of exploited activity	2. Gross unrelated business income from trade or business	directly connected with production of unrelated business income	from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5. Gross inco from activity to is not unrelate business inco	hat attribu	kpenses utable to umn 5	expenses (column 6 minus column 5, but not more than column 4)	
)			<u></u>					
	T							
			 				T	
)	Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)		<u> </u>		0	Enter here and on page 1, Part II, line 26	
als •	page 1, Part I, line 10, col (A)	page 1, Pert I, line 10, col (B)				0	on page 1,	
als ► Chedule J - Advertisi	page 1, Part I, line 10, col (A) O . ing Income (see	page 1, Pert I, line 10, col (B) 0				o .	on page 1, Part II, line 26	
als ▶ Shedule J - Advertisi	page 1, Part I, line 10, col (A)	page 1, Pert I, line 10, col (B) 0		3		0	on page 1, Part II, line 26	
als ▶ Shedule J - Advertisi	page 1, Part I, line 10, col (A) O . ing Income (see	page 1, Pert I, line 10, col (B) 0	4. Advertising gai	n us 5. Circulat	ion 6. Rea	dership sts	on page 1, Part II, line 26 0 7. Excess readership costs (column 6 minus	
als Dehedule J - Advertising art I Income From 1. Name of periodical	page 1, Part I, Inne 10, col (A) Inne 10, col (A) O . ing Income (see I) Periodicals Rep	page 1, Part I, line 10, col (8) 0 nstructions) orted on a Col 3. Direct	4. Advertising gain or (loss) (col 2 minuts col 3) If a gain, comp	n us 5. Circulat	ion 6. Rea	dership	on page 1, Part II, line 26 7. Excess readership costs (column 8 minus column 5, but not more	
als Dehedule J - Advertising art I Income From 1. Name of periodical	page 1, Part I, Inne 10, col (A) Inne 10, col (A) O . ing Income (see I) Periodicals Rep	page 1, Part I, line 10, col (8) 0 nstructions) orted on a Col 3. Direct	4. Advertising gain or (loss) (col 2 minuts col 3) If a gain, comp	n us 5. Circulat	ion 6. Rea	dership	on page 1, Part II, line 26 7. Excess readership costs (column 8 minus column 5, but not more	
als Dehedule J - Advertising art I Income From 1. Name of periodical	page 1, Part I, Inne 10, col (A) Inne 10, col (A) O . ing Income (see I) Periodicals Rep	page 1, Part I, line 10, col (8) 0 nstructions) orted on a Col 3. Direct	4. Advertising gain or (loss) (col 2 minuts col 3) If a gain, comp	n us 5. Circulat	ion 6. Rea	dership	on page 1, Part II, line 26 0 7. Excess readership costs (column 6 minus column 5, but not more	
als behedule J - Advertising art I Income From 1. Name of periodical	page 1, Part I, Inne 10, col (A) Inne 10, col (A) O . ing Income (see I) Periodicals Rep	page 1, Part I, line 10, col (8) 0 nstructions) orted on a Col 3. Direct	4. Advertising gain or (loss) (col 2 minuts col 3) If a gain, comp	n us 5. Circulat	ion 6. Rea	dership	7. Excess readership costs (column 5, but not more than column 4)	
als ► chedule J - Advertisi	page 1, Part I, Inne 10, col (A) Inne 10, col (A) O . ing Income (see I) Periodicals Rep	page 1, Part I, line 10, col (8) 0 nstructions) orted on a Col 3. Direct	4. Advertising gain or (loss) (col 2 minuts col 3) If a gain, comp	n us 5. Circulat	ion 6. Rea	dership	7. Excess readership costs (column 5, but not more than column 4)	

Total. Enter here and on page 1, Part II, line 14

Part II Income From Perio columns 2 through 7 on a			ate Basis (For ea	ch periodical li	sted in Pa	rt II, fill in	
1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. (Readership costs	7. Excess readership costs (column 6 minus column 5 but not more then column 4)
(1)							
(2)							
(3)							
(4)							
Totals from Part I	0.	0.	ما ين م الموروا			4.75	0.
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, Inne 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		سود کرد او بامر عراق کا او امر کرد کار		Enter here and on page 1, Part II, line 27
Schedule K - Compensation	n of Officers, D	Directors, and	Trustees (see in	structions)			
1. Name			2. Title	time d	ercent of evoted to siness		ensation attributable elated business
(1)					%		

Form 990-T (2018)

0.

AMENDED

(3) (4)

FORM - 990-T	NE	STATEMENT 1		
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/15	207,741.	0.	207,741.	207,741.
06/30/16	118,142.	0.	118,142.	118,142.
06/30/17	149,841.	, 0.	149,841.	149,841.
06/30/18	173,300.	0.	173,300.	173,300.
NOL CARRYO	VER AVAILABLE THI	S YEAR	649,024.	649,024.

AMENDED