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A For the 2008 calendar year, or tax year beginning 07-01-2008 and ending 06-30-2009

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)

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

2008

Open to Public Inspection

B Che	eck ıf a	pplicable	Please	C Name of organization CONNECTICUT COLLEGE				D Employer i	dentification number
┌ Add	dress cl	nange	use IRS label or					06-06465	
┌ Nar	me cha	nge	print or	Doing Business As				E Telephone	number
┌ Init	ıal retu	ırn	type. See Specific	Number and street (or P	O box if mail is not delivered t	o street address	2) Room/suite	(860) 439	
┌ Ter	mınatıd	on	Instruc- tions.	270 MOHEGAN AVENUE	box ii maii is not delivered t	o street dudies.	, Room, saice	G Gross recei	pts \$ 240,764,000
Am				City or town, state or co	untry, and 7IP + 4				
		n pending		NEW LONDON, CT 0632					
i Whi	Jilcatioi	r pending							
				me and address of Prind LMARONI	cipal Officer		H(a) Is this	s a group retui	rn for
			270 M	OHEGAN AVENUE			allilla	les	j res j• No
				ONDON,CT 06320			H(b) Are all	affiliates inclu	ded?
I la	x-exen	npt status	У 501(с) (3) ◀ (insert no)	1947(a)(1) or 527				st See instructions)
J W	eb sit	e: 🟲 www	v conncoll	edu			H(c) Group	p Exemption N	umber 🟲
			_				T.	1	
К Тур	e of or	ganization	 ✓ Corporat	tion T trust T association	other 🟲		L Year of For	mation 1911	M State of legal domicile CT
Pa	rt I	Sumn	-						
	1			-	n or most significant activ		TC INTO A	STION AS ST	TIZENCIN A CLODAL
بو		SOCIET		COLLEGE EDUCATES	STUDENTS TO PUT THE	LIBERALAR	CISINIO AC	CITON AS CI	TIZENS IN A GLOBAL
Ĕ		JOCILI	•						
Ë									
Š	2	Check tl	his box 🗀	if the organization disc	ontinued its operations of	r disposed of	more than 2	5% of its asse	ets
Ĭ	3		•		ing body (Part VI, line 1a)				30
න් ග	4		_	_	of the governing body (Par				29
Activities & Governance	5			nployees (Part V, line)		(V 1, IIIIC 1D)			2,089
톭	6				ecessary)			6	1,017
ą.	_				rom Part VIII, line 12, co	lumn (C)		72	239,000
					om Form 990-T, line 34		•	7a 7b	
	, b	Wet unite	erated bus	mess taxable medile i		• •	Drie	r Year	Current Year
	8	Contrib	sutions on	d grants (Bart VIII lin	e 1h)		Pilo	24,491,000	
₫	9				e 2g)			87,449,000	15,850,000 93,126,000
ē	10					· ·			
Reven	11				(A), lines 3, 4, and 7d) . ines 5, 6d, 8c, 9c, 10c, ar			26,267,000 1,545,000	-1,462,000
	12		•	, , , , , , , , , , , , , , , , , , , ,	must equal Part VIII, col	•		1,343,000	2,087,000
	12	12)	evenue—a	ad iiiles o tilloagii 11 (must equal rait viii, cor	ullili (A), illie	=	139,752,000	109,601,000
	13	Grants	and simila	ar amounts paıd (Part I	X, column (A), lines 1-3)			18,596,000	20,299,000
	14	Benefit	s paid to c	or for members (Part IX	, column (A), line 4)			0	0
46	15		s, other co	ompensation, employee	benefits (Part IX, column	n (A), lines 5-	-		
Expenses		10)						55,271,000	58,102,000
কু	16a			Iraising fees (Part IX, o				0	0
蓋	ь	(Total fu	ındraısıng ex	penses, Part IX, column (D)	, line 25 <u>6,633,000</u>)			
	17	Other	expenses	(Part IX, column (A), lı	nes 11a-11d, 11f-24f)			34,489,000	37,465,000
	18	Total e	xpenses—	-add lines 13–17 (mus	t equal Part IX, line 25, co	olumn (A))	:	108,356,000	115,866,000
- 02	19	Revenu	ıe less exp	penses Subtract line 1	8 from line 12			31,396,000	-6,265,000
මුල් කින							Beginni	ng of Year	End of Year
50 to 10 to	20	Total a	ssets (Pa	rt X, line 16)				357,659,000	308,300,000
Net Assets or Fund Balances	21	Total lı	iabilities (f	Part X, line 26)				87,389,000	86,830,000
2 E	22	Netas	sets or fur	nd balances Subtract l	ne 21 from line 20		- 2	270,270,000	221,470,000
Pai	t II	Signa	ature Bl	ock					
		_			examined this return, including	accompanying s	chedules and st	tatements, and to	the best of my knowledge
		and belie	ef, it is true,	correct, and complete Deck	aration of preparer (other than o	officer) is based	on all informati	on of which prep	arer has any knowledge
Plea		****					2009-	01-23	
Sign Here		Signa	iture of office	er			Date		
				TICE PRESIDENT					
		F 19pe	or print nam	ie and tide	T	ı		T	
		Preparer's			Date		neck if ilf-	Preparer's PTI	N (See Gen Inst)
Paid		signature	•				npolyed 🕨 🦵		
•	arer's		me (or your	s KPMG LLP				EIN Þ	
Use (Only	ıf self-em address,	nployed), and ZIP + 4	2 Financial Center 60	South Street			LIN F	
				Boston, MA 02111				Phone no 🕨	(617) 988-1000
Mayt	the IR	S discus	s this retu	·	own above? (See instructi	ons)			⊤Yes ┌No

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

1	Briefly describe the organization's mission
	CONNECTICUT COLLEGE EDUCATES STUDENTS TO PUT THE LIBERAL ARTS INTO ACTION AS CITIZENS IN A GLOBAL SOCIETY
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O Did the organization cease conducting or make significant changes in how it conducts any program
	services?
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses
	Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts 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 \$ 67,764,000 including grants of \$) (Revenue \$ 70,621,000) *UNDERGRADUATE INSTRUCTION* THE TEACHING OF UNDERGRADUATE STUDENTS WORKING TOWARDS A FOUR-YEAR DEGREE IN ONE OF THE VARIOUS LIBERAL ARTS AND SCIENCES MAJORS OFFERED BY CONNECTICUT COLLEGE THE COLLEGE'S ACADEMIC PROGRAMS IN THE ARTS, HUMANITIES, SCIENCES, AND SOCIAL SCIENCES ARE DESIGNED TO SHAPE ETHICAL, INFORMED CITIZENS WITH A GLOBAL PERSPECTIVE HIGHLIGHTS OF THE ACADEMIC PROGRAM INCLUDE A STUDENT-FACULTY RATIO OF 9 1, FOURTY-SEVEN MAJORS, 171 FULL-TIME PROFESSORS, LANGUAGE STUDY, RESIDENTIAL EDUCATION PROGRAMS, CERTIFICATE PROGRAMS, PRE-LAW, PRE-HEALTH AND PRE-BUSINESS PROGRAMS, AND SUPPORT FOR PURSUING FELLOWSHIPS AND SCHOLARSHIPS
4b	(Code) (Expenses \$ 14,238,000 including grants of \$) (Revenue \$ 14,671,000) *AUXILIARY SERVICES* Auxiliary service INVOLVES RUNNING THE COLLEGE'S NUMEROUS DORMITORIES AND DINING FACILITIES CONNECTICUT COLLEGE IS A RESIDENTIAL CAMPUS NINETY-EIGHT PERCENT OF STUDENTS LIVE ON CAMPUS IN 23 RESIDENCE HALLS FOUR DINING HALLS ON CAMPUS SERVE OUR STUDENTS IN A VARIETY OF CAPACITIES THE COLLEGE EXTENDS THE TEACHING AND LEARNING EXPERIENCE WITHIN THE DORMITORIES
4 c	(Code) (Expenses \$ 5,888,000 including grants of \$) (Revenue \$ 6,466,000) *STUDY AWAY* IS AN OPPORTUNITY FOR QUALIFIED STUDENTS TO STUDY AWAY FOR CREDIT ABROAD OR ELSEWHERE IN THE US. THE COLLEGE HAS A LONG TRADITION OF RECOGNIZING THE IMPORTANCE OF INT'L STUDIES AND STUDY AWAY AS RELECTED IN OUR MISSION STATEMENT. "CONNECTICUT COLLEGE EDUCATES STUDENTS TO PUT THE LIBERAL ARTS INTO ACTION AS CITIZENS IN A GLOBAL SOCIETY." 55% OF THE COLLEGE'S STUDENTS STUDY AWAY DURING THEIR JUNIOR YEAR THROUGH CAREFULLY SELECTED PROGRAMS. OUR STUDY AWAY/TEACH AWAY SENDS 10-20 STUDENTS AND FACULTIES TO HOST INSTITUTIONS THROUGHOUT THE WORLD TO COMPLETE A FULL SEMESTER OF SCHOLARLY ACTIVITY WHILE BEING IMMERSED IN THE LOCAL CULTURE.
4d	Other program services (Describe in Schedule O)
4e	(Expenses \$ 4,537,000 including grants of \$) (Revenue \$ 1,368,000) Total program service expenses \$ 92,427,000 Must equal Part IX, Line 25, column (B).

art TV	Check	klist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		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, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt{2}$	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b	Yes	
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? <i>If "Yes," complete Schedule F, Part II</i>	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, Part III	16	Yes	
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a	Yes	
ь	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	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part VI . . .

Part IV Checklist of Required Schedules (Continued)

			res	140
8	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
		28a		Νo
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νo
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		Νo
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		Νo
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νo
4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
5	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	Yes	
6	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
7	Did the organization conduct more than 5 percent of its activities through an entity that is not a related	37		Νo

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal			
	of U.S. Information Returns. Enter -0- if not applicable			
	1a	396		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b	0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
_	gaming (gambling) winnings to prize winners?	· · 1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return	2,089		
b	If at least one is reported in 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 this return.	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by thi		Yes	
h	return?	. 3a	Yes	
4а	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		162	
40	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	у 4а	Yes	
ь	If "Yes," enter the name of the foreign country VM , CJ			
	See the instructions for exceptions and 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		Νο
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νο
_	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibit			
Ĭ	Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	. 6a		Νο
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or were not tax deductible?	gıfts . 6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	. 7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was require file Form 8282?	ed to		N o
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	. 7e		No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .			No
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	. 7g		No
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	. 7h		Νο
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds and section $509(a)(3)$			
	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, excess business holdings at any time during the	have 8		Νo
9	year?			
	Did the organization make any taxable distributions under section 4966?	9a		No
b		9b		No
10	Section 501(c)(7) organizations. Enter	35		
	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			
4.4				
11	Section 501(c)(12) organizations Enter Gross income from members or shareholders			
	11a			
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

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

Section A.	Governing Bo	ody and Managemen	t

			Yes	No					
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.								
1a	Enter the number of voting members of the governing body 1a 30								
Ь	Enter the number of voting members that are independent 1b 29								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νο					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?								
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?								
5	Did the organization become aware during the year of a material diversion of the organization's assets?								
6	Does the organization have members or stockholders?								
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?								
Ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νο					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following								
а	the governing body?	8a	Yes						
Ь	each committee with authority to act on behalf of the governing body?	8b	Yes						
9a	Does the organization have local chapters, branches, or affiliates?	9a		Νο					
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b							
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes						
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		Νο					

Section B. Policies

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

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed CT
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website.

 upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

CONTROLLER'S OFFICE 270 MOHEGAN AVENUE NEW LONDON, CT 063204196 (860) 439-2081

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

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

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

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

- * List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- * List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- * List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- * List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

The check this box in the organization and i	(B) A verage hours per week (B) A verage hours per week (B) A verage hours per week (B) A verage hours per week (C) Position (check all that apply) (D) Reportable compensation from the organization (W-2/1099-MISC) (E) Reportable compensation (W-2/1099-MISC)	Position (check all							(E)	(F)
(A) Name and Title		Reportable compensation from the organization (W-	Reportable compensation from related organizations (W- 2/1099-	Estimated amount of other compensation from the organization and related organizations						
							-			

(A) Name and Title	(B) Average hours per week	on at Institutional Trustee	appl	у)	Highest compensated employee	Formor	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
				_					
1b Total						+	2,681,001	. C	540,286

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►15

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes</i> ," <i>complete Schedule J for such individual</i>	3	Yes	
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If</i> " <i>Yes,"</i> complete Schedule <i>J</i> for such person	5		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
XPLORE PRODUCTIONS INC PO BOX 454 OLD LYME, CT 06371	PRODUCTION COMPANY	566,000
EINHORN YAFFEE PRESCOTT PO BOX 617 ALBANY, NY 12201	ARCHITECTURAL	333,000
WIGGIN DANA 185 ASYLUM STREET HARTFORD, CT 06103	ATTORNEY	130,000
CLA ENGINEERS INC 317 MAIN STREET NORWICH, CT 06360	ENGINEERING	122,000
CAMBRIDGE ASSOCIATES LLC PO BOX 10317 UNIONDALE, NY 11555	INVESTMENT CONSULT	119,000
Total number of independent contractors (including those in 1) who from the organization	, ,	10

Statement of Revenue

					(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
	1a	Federated can	npaigns 1a					,,, _, _,
nts nts	ь	Membership d	ues					
Contributions, gifts, grants and other similar amounts		Eupdrain =	1b					
ts, (С	runaraising e\	vents 1c					
<u>≅</u> ,	d	Related organ	ızatıons1d					
₹, <u>I</u>	e	Government gran	nts (contributions) 1e	1,081,000				
r s	f		tions, gifts, grants, and not included above	14,769,000	į	į		
Contributions, and other sim		similar amounts i	1f					
돌	g		ributions included in 3,337,000					
ठॅ क	h	lines 1a-1f \$	es 1a-1f)		15,850,000			
				<u>▶</u>				
<u> 9</u>	2a	TUITION		Business Code 611,710	70,621,000	70,621,000		
۲eu	ь	ROOM AND BOAR	D ALLY S	721,310	14,671,000	14,671,000		
æ	c	STUDY AWAY	.b, AOX 3	,				
Program Service Revenue	d		1 SERVICE REVENUE	611,710 900,099	6,466,000	6,466,000		
Ser.	e	- THER FROGRAM	- JENVICE REVENUE	900,099	1,368,000	1,368,000		
ili (f	Λ II						
<u> </u>	"	All other progi	ram service revenue					
Ě	g		es 2a-2f					
	3	► \$ 93,126,00		dends interest				
			come (including divi		3,553,000		178,000	3,375,000
				▶	0			
	4	income from inve	estment of tax-exempt b	ona proceeas -	0			
	5	Royalties .			0			
				(11) Personal				
	6a	Gross Rents	265,000					
	ь	Less rental expenses	289,000					
	С	Rental income or (loss)	-24,000					
	d	Net rental inc	ome or (loss)		-24,000			-24,000
			(ı) Securities	(II) O ther				
	7a	Gross amount	119,900,000	5,959,000				
		from sales of assets other						
	ь	than inventory Less cost or	123,206,000	7,668,000				
		other basis and sales expenses						
	С	Gain or (loss)	-3,306,000	-1,709,000				
	d	Net gaın or (lo			-5,015,000			-5,015,000
	8a		from fundraising	-				
		events (not in	_					
<u>Φ</u>		\$	 ns reported on line					
듄		1c) See Part	IV, line 18					
Şe^			e G ıf total exceeds					
7. F	ь		xpensesb					
Other Revenue	c		(loss) from fundrais	I Ing events	0			
0	9a			<u> </u>				
	Ja		part IV, line 19					
		Complete Sched						
			a					
	ь	Less directe	xpensesb					
	С	Net income or	(loss) from gaming a		0			
	10a	Gross sales of	f inventory, less	•				
		returns and al						
			а					
	Ь	Less cost of						
	С	Net income or Miscellaneou	(loss) from sales of	Inventory Business Code	0			
	11a			451,211	126,000			126,000
	_	BOOKSTORE		713,940	92,000	92,000		
	b	PRINTING AN		525,990	12,000	32,000		12,000
	С		GANIZATION	323,330	1,881,000	1,363,000	61,000	•
	d	All other rever			1,001,000	1,505,000	01,000	+37,000
	е	Total. Add line	es 11a-11d	\$ 2,111,000				
	12		a. Add lines 1h, 2g, 3		109,601,000	94,581,000	239,000	-1,069,000
		8c,	-					
	Ĺ	ec, ioc, and 1	l1e	٠ - ا				Form 990 (2008

Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) orgalizations must complete column (A) but are not re).
Do ı	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0			
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	19,618,000	19,618,000		
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16	681,000	681,000		
4	Benefits paid to or for members	0	512,511		
5	Compensation of current officers, directors, trustees, and key employees	1,227,000	453,000	694,000	80,000
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	43,487,000	35,204,000		3,395,000
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	3,413,000	2,628,000	478,000	307,000
9	Other employee benefits	6,723,000	5,231,000	999,000	493,000
10	Payroll taxes	3,252,000	2,504,000	455,000	293,000
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	246,000	4,000	242,000	
С	Accounting	134,000		134,000	
d	Lobbying	0			_
	Professional fundraising See Part IV, line 17	0			
	Investment management fees	1,128,000		1,128,000	
g	Other	900,000	754,000	138,000	8,000
12	Advertising and promotion	98,000	64,000	34,000	
13	Office expenses	6,141,000	5,316,000	289,000	536,000
14	Information technology	779,000	407,000	367,000	5,000
15	Royalties	0	,	,	,
16	Occupancy	7,105,000	4,232,000	1,613,000	1,260,000
17	Travel	1,757,000	1,551,000	81,000	125,000
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0	2,552,655	52,555	125,000
19	Conferences, conventions and meetings	500,000	294,000	152,000	54,000
20	Interest	2,913,000	2,452,000	461,000	,
21	Payments to affiliates	0	,,-3-	, , , , , ,	
22	Depreciation, depletion, and amortization	7,129,000	5,343,000	1,733,000	53,000
23	Insurance	601,000	601,000	, , , , , , ,	
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	MEMBERSHIPS	217,000	112,000	94,000	11,000
	STUDY AWAY PROGRAMS	3,296,000	3,296,000	0	0
c	BOOKS AND PERIODICALS	1,646,000	1,633,000	9,000	4,000
_	LICENSES, FEES, AND PERMITS	32,000	29,000	1,000	2,000
	OTHER EXPENSES	2,843,000	20,000	2,816,000	7,000
f	All other expenses	2,313,030	25,530	_,,	.,550
25	Total functional expenses. Add lines 1 through 24f	115,866,000	92,427,000	16,806,000	6,633,000
26	Joint Costs. Check If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	113,000,000	32,121,000	10,000,000	0,000,000

Part X	Balance	Sheet

					(A) Beginning of year		(B End of	
	1	Cash—non-interest-bearing			22,000	1		22,000
	2	Savings and temporary cash investments			20,650,000	2	1.	4,578,000
	3	Pledges and grants receivable, net			17,091,000	3	1:	9,290,000
	4	Accounts receivable, net			112,000	4		53,000
	5	Receivables from current and former officers, directors, trustee other related parties Complete Part II of Schedule L				5		
	6	Receivables from other disqualified persons (as defined under spersons described in section 4958(c)(3)(B) Complete Part II of				6		
	7	Notes and loans receivable, net			2,561,000	7	:	2,488,000
	8	Inventories for sale or use			846,000	8		750,000
\$	9	Prepaid expenses and deferred charges			615,000	9		741,000
Assets	10a	Land, buildings, and equipment cost basis	10a	205,986,000				
-	ь	Less accumulated depreciation <i>Complete Part VI of Schedule D</i>	10b	111,611,000	89,481,000	10c	9.	4,375,000
	11	Investments—publicly traded securities			140,348,000	11	9:	9,226,000
	12	Investments—other securities See Part IV, line 11 $\it Complete F \it Schedule D$	Part VI.	I of	69,421,000	12	6	3,848,000
	13	Investments—program-related See Part IV, line 11 $\it Complete$ of $\it Schedule D$.	Part VI	II		13		
	14	Intangible assets				14		
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D			16,512,000	15	1:	2,929,000
	16	Total assets. Add lines 1 through 15 (must equal line 34)			357,659,000	16	30	8,300,000
	17	Accounts payable and accrued expenses .			15,612,000	17	10	6,301,000
	18	Grants payable		18				
	19	Deferred revenue		1,702,000	19		1,813,000	
	20	Tax-exempt bond liabilities		56,390,000	20	5:	5,790,000	
<u>ie</u> s	21	Escrow account liability Complete Part IV of Schedule D			21			
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
Ë		persons Complete Part II of Schedule L				22		
	23	Secured mortgages and notes payable to unrelated third parties	s .		4,935,000	23	•	4,705,000
	24	Unsecured notes and loans payable				24		
	25	Other liabilities Complete Part X of Schedule D			8,750,000	25		8,221,000
	26	Total liabilities. Add lines 17 through 25			87,389,000	26	8	6,830,000
s eo		Organizations that follow SFAS 117, check here ► ✓ and com through 29, and lines 33 and 34.	plet e l	ines 27				
Balance	27	Unrestricted net assets			107,266,000	27	2	8,927,000
B	28	Temporarily restricted net assets			30,068,000	28	6	0,462,000
Ξ	29	Permanently restricted net assets			132,936,000	29	13:	2,081,000
or Fund		Organizations that do not follow SFAS 117, check here ► a lines 30 through 34.	nd con	nplete				
	30	Capital stock or trust principal, or current funds				30		
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31		
As	32	Retained earnings, endowment, accumulated income, or other f	unds			32		
Net	33	Total net assets or fund balances			270,270,000	33	22	1,470,000
_	34	Total liabilities and net assets/fund balances			357,659,000	34	30	8,300,000
Pa	rt XI	Financial Statements and Reporting						
							Yes	No

Dart YT	Financial	Statements	and Reporting

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

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

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

2008

Open to Public Inspection

CONN	ECTICU	IT COLLEGE										
		_							-064658			
	rt I			harity Status (to be co					Instruct	ions)		
_	organi:		•	ation because it is (Please			'	<u>-</u>				
1	 	-		nurches, or association of ch			n Section :	1/U(b)(1)((A)(I).			
2	<u> </u>	A school described in Section 170(b)(1)(A)(ii). (Attach Schedule E)										
3	<u> </u>	A hospital or a cooperative hospital service organization described in Section 170(b)(1)(A)(iii). (Attach Schedule H)										
4	ļ	A medical research organization operated in conjunction with a hospital described in Section 170(b)(1)(A)(iii). Enter the										
	_	hospital's name, city, and state										
5	ļ	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in										
	_			(Complete Part II)								
6		A federal, s	state, or local g	overnment or governmental	unıt desci	ribed in S e	ection 170	(b)(1)(A)	(v).			
7	Г	An organiz	ation that norma	ally receives a substantial p	art of its	support fro	om a gove	rnmental ı	ınıt or fror	n the gene	eral public	С
		described i	n Section 170(b	o)(1)(A)(vi) (Complete Par	tII)							
8	Γ	A commun	ıty trust describ	oed in Section 170(b)(1)(A)	(vi) (Com	nplete Par	tII)					
9	Γ	An organiz	ation that norma	ally receives (1) more than	3 3 1/3% 0	of its supp	ort from c	ontributior	ıs, membe	ership fees	s, and gro	SS
		receipts fro	om activities rel	ated to its exempt functions	s—s ubject	to certaii	n exceptio	ns, and (2) no more	than 331/	′3% of	
		ıts support	from gross inve	estment income and unrelate	ed busines	ss taxable	ıncome (l	ess sectio	on 511 ta:	x) from bu	sınesses	
		acquired by	y the organization	on after June 30, 1975 See	Section 5	609(a)(2).	(Complet	e Part III)			
10	Г	An organiz	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See Se	ct ion 509	(a)(4). (S	ee instruc	tions)	
11	Γ	_	=	and operated exclusively fo					•	•		
				orted organizations describe						Section 5	09(a)(3)	.Check
			ype I b	type of supporting organiza			nes lle t nally Integ		n d	□ Type	III - Ot	her
e	\vdash			rtify that the organization is								
_	'	•	-	agers and other than one or			•			•	•	
		section 50	9(a)(2)									
f				d a written determination fro	m the IRS	5 that it is	a Type I,	Type II o	r Type III	supportir	ng organi:	zation,
_		check this		as the organization accepted	d any dift	or contrib	ution from	any of the				ļ
g		following pe		as the organization accepted	a any gni	or continb	ation nom	any or the	•			
				r indirectly controls, either a	alone or to	ogether wi	th persons	describe	d ın (ıı)		Yes	No
		and (III) be	low, the governi	ng body of the the supported	d organiza	tion?				11g	(i)	
		(ii) a famıly	y member of a p	erson described in (i) above	?					11g((ii)	
		(iii) a 35% controlled entity of a person described in (i) or (ii) above?										
h		Provide the	following inform	nation about the organizatio	ns the org	ganızatıon	supports				•	
	(i) Na	ame of	(ii) EIN	(iii) Type of organization	(iv) I	s the	(v) Did y	ou notify	(vi)	s the	(vii) An	nount of
		orted		(described on lines 1 - 9	_	ation in		nızatıon		ation in	supp	ort?
	Organization above or IRC section col (i) listed in in col (i) of your col (i) organized											
		(See Instructions)) your governing support? in the U.S.? document?										
					Yes	No	Yes	No	Yes	No	1	
						1	1			1		
						<u> </u>				<u> </u>		
						1		 		 		
										ļ		

Total

Part II	Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
	(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Pι	ıblic Support		, ,	,				
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not							
	include any "unusual grants ")							
2	Tax revenues levied for the organization's							
	benefit and either paid to or expended on							
_	its behalf The value of services or facilities					 		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					1		
5	The portion of total contribution by each							
5	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	· (f)							
6	Public Support subtract line 5 from line							
	4							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts from line 4							
8	Gross income from interest, dividends,							
	payments received on securities loans,							
	rents, royalties and income from similar							
_	sources							
9	Net income from unrelated business							
	activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss							
10	from the sale of capital assets (Explain in							
	Part IV)							
11	Total Support (Add lines 7 through 10)							
12	Gross receipts from related activities, etc	(See instructio	ns)		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and stop here		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	▶ □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 School	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.		this box	
	and stop here. The organization qualifies a				,			▶ □
b	33 1/3% Test - 2007. If the organization d				15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				▶ □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							► □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		•					_
4.0	the organization meets the "facts and circu							n ▶
18	Private Foundation. If the organization did	not check the b	oux on line 13, 1	oa, 100, 1/a or	1/D, Check this	oox an	u see	▶ □
	ınstructions							F-1

Pa	Support Schedule for On (Complete only if you ched)(2)		
	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services performed,						
	or facilities furnished in any activity that						
	is related to the organization's tax-						
	exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under						
	section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total Add lines 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
c	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
·	line 6)						
To	tal Support		•	•			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income Do not include gain or loss						
12	from the sale of capital assets						
	(Explain in Part IV)						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organization's fi	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶□
	mputation of Public Support Perc						
15	Public Support Percentage for 2008 (line		•	olumn (f))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
	mputation of Investment Income						
17	Investment Income Percentage for 2008 (-))	17	
18	Investment Income Percentage from 2007	'Schedule A , Pa	rt IV-A, line 27	h		18	

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

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

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

Schedule A (Form 990 or 990-EZ) 2008

▶□

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

Schedule A (Form 990 or 990-EZ) 2008

DLN: 93493130000260 OMB No 1545-0047

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

Open to Public

					Inspection
		s," to Form 990, Part IV, Line 3,		art VI, line 46 (Political C	ampaign Activities)
		mplete Parts I-A and B Do not comp			
	ction 501(c) (other than section 5 ction 527 organizations complete	601(c)(3)) organizations complete F	arts I-A and C belov	w Do not complete Part FB	
		s," to Form 990, Part IV, Line 4,	or Form 990EZ. Pa	art VI. line 47 (Lobbying .	Activities)
		t have filed Form 5768 (election und			
		t have NOT filed Form 5768 (election		(h)) Complete Part II-B Do	not complete Part II-A
	-	s," to Form 990, Part IV, Line 5 (Proxy Tax)		
	ction 501(c)(4), (5), or (6) organi	zations complete Part III		Employeride	ntification number
	me of the organization NNECTICUT COLLEGE			Employeride	ntıfıcatıon number
				06-0646587	
Par		y all organizations exempe the instructions for Schedule		n 501(c) and sectior	ı 527
1	Provide a description of the or	ganızatıon's dırect and ındırect pol	ıtıcal campaıgn act	ivities in Part IV	
2	Political expenditures				\$
3	V olunteer hours				
D	ATT To be seemed at a dis-			- F04(-)(2) (Cookbo	
Par	for Schedule C for d	oy all organizations exemp etails.)	t under section		instructions
1	Enter the amount of any excise	e tax incurred by the organization (ınder section 4955		\$
2	Enter the amount of any excise	e tax incurred by organization man	agers under section	n 4955	\$
3	If the organization incurred in	a section 4955 tax, did it file Form	4720 for this year	?	┌ Yes ┌ No
4a	Was a correction made?				┌ Yes ┌ No
b	If "Yes," describe in Part IV				
Par		y all organizations exemp for Schedule C for details.)	t under section	n 501(c), except sec	tion 501(c)(3).
1	Enter the amount directly expe	ended by the filing organization for	section 527 exemp	ot function activities	\$
2	Enter the amount of the filing of 527 exempt funtion activities	rganızatıon's ınternal funds contrıl	outed to other orga	nizations for section	\$
3	Total of direct and indirect exe 1120-POL, line 17b	mpt function expenditures Add Iir	es 1 and 2 and ent	er here and on Form	\$
4	Did the filing organization file I	Form 1120-POL for this year?			┌ Yes ┌ No
5	were made Enter the amount p political contributions received	nd Employer Identification Number paid and indicate if the amount was d and promptly and directly deliver action committee (PAC) If addition	paid from the filing ed to a separate po	j organization's own intern olitical organization, such	al funds or were as a separate
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's internal funds If none, enter - 0 -	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

	(election under sec	organizations exempt under section 501(tion 501(h)). (See the instructions for Schedule belongs to an affiliated group		768
	<u> </u>	checked box A and "limited control" provisions apply		
	Limits on Lo	bbying Expenditures— s" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) A ffiliated Group Totals
1 a	Total lobbying expenditures to influe	nce public opinion (grass roots lobbying)		
b	Total lobbying expenditures to influe	nce a legislative body (direct lobbying)		
c	Total lobbying expenditures (add line	es 1a and 1b)		
d	Other exempt purpose expenditures			
е	Total exempt purpose expenditures	(add lines 1c and 1d)		
f	columns— If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$17,000,000	The lobbying nontaxable amount is: 20% of the amount on line 1e \$100,000 plus 15% of the excess over \$500,000 \$175,000 plus 10% of the excess over \$1,000,000 \$225,000 plus 5% of the excess over \$1,500,000		
 g h	•	0- If line g is more than line a		
i	Subtract line 1f from line 1c Enter-			
j 	If there is an amount other than zero section 4911 tax for this year?	on either line 1h or line 1i, did the organization file Forr	n 4720 reporting	┌ Yes ┌ No

4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 1a through 1f of the instructions.)

	Lobbying Expenditures During 4-Year Averaging Period							
	Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total		
2a	Lobbying non-taxable amount							
b	Lobbying ceiling amount (150% of line 2a, column(e))							
С	Total lobbying expenditures							
d	Grassroots non-taxable amount							
e	Grassroots ceiling amount (150% of line d, column (e))							
f	Grassroots lobbying expenditures							

art II-B	To be completed by organizations exempt under section 501(c)(3) that h	nave NOT file	ed Form
	5768 (election under section 501(h)). (See the instructions for Schedule C for	r details.)	

		(a	1)	(b)
		Yes	No	A mount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
а	Volunteers?		Νo	
b	Paid staff or management (include compensation in expenses reported on lines c through i)?		Νο	
c	Media advertisements?		Νo	
d	Mailings to members, legislators, or the public?		Νο	
е	Publications, or published or broadcast statements?		Νo	
f	Grants to other organizations for lobbying purposes?		Νo	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Νo	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		Νo	
i	Other activities If "Yes," describe in Part IV	Yes		
j	Total lines 1c through 1:			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Νo	
b	If "Yes" enter the amount of any tax incurred under section 4912			
c	If "Yes" enter the amount of any tax incurred by organization managers under section 4912		Ī	
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		No	
Dar	+ TII-A. To be completed by all organizations exempt under section $501(c)(4)$	section	501/6	\(5\ or

Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). (See the instructions for Schedule C for details.)

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." (See the instructions for Schedule C for details.)

2	section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current Year	2a \$	
b	Carryover from last year	2b \$	
c	Total	2c \$	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3 \$	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political		
	expenditure next year?	4 \$	
5	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	5 \$	

Part IV Supplemental Information

Dues, assessments and similar amounts from members

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Ident if ier	Return Reference	Explanation
OTHER LOBBYING ACTIVITIES	,	THE COLLEGE PAYS DUES TO VARIOUS ORGANIZATIONS, SOME PORTION OF WHICH MAY BE USED IN CONNECTION WITH ISSUES THAT IMPACT HIGHER EDUCATION THE PRESIDENT OF THE COLLEGE HOSTS A LEGISLATIVE BREAKFAST DURING THE YEAR FOR AREA LEGISLATORS

1 \$

Part IV Supplemental II	<u>nformation</u>	
Ident if ier	Return Reference	Explanation

Schedule C (Form 990 or 990EZ) 2008

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

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

Supplemental Financial Statements

Open to Public

emai	Revenue Service		Inspection
	ne of the organization NECTICUT COLLEGE		Employer identification number
COI	NECTICOT COLLEGE		06-0646587
Pa	rt I Organizations Maintaining Donor Acordanization answered "Yes" to Form 99		
	organization anomereu 100 te 101111 25	(a) Donor advised funds	(b) Funds and other accounts
	Total number at end of year		
2	Aggregate Contributions to (during year)		
	Aggregate Grants from (during year)		
	Aggregate value at end of year		
į	Did the organization inform all donors and donor advi- funds are the organization's property, subject to the		or advised Yes No
5	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben impermissible private benefit?		·
aı	t II Conservation Easements. Complete	ıf the organization answered "Yes" t	o Form 990, Part IV, line 7.
L	Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreating Protection of natural habitat Preservation of open space	on or pleasure) Preservation of an Preservation of ce	n historically importantly land area ertified historic structure
	Complete lines 2a-2d if the organization held a quali on the last day of the tax year	lfied conservation contribution in the form	Held at the End of the Yea
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easement	s	2b
c	Number of conservation easements on a certified hi		2c
d	Number of conservation easements included in (c) a	` ,	2d
	Number of conservation easements modified, transfe	•	ed by the organization during
	the taxable year 🕨		,g
	Number of states where property subject to conserve	ation easement is located ►	
i	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		ations, and Yes No
•	Staff or volunteer hours devoted to monitoring, inspe	cting and enforcing easements during the	year 🕨
•	A mount of expenses incurred in monitoring, inspection	ng, and enforcing easements during the ye	ear ► \$
3	Does each conservation easement reported on line 2 $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?	?(d) above satisfy the requirements of sec	tion Yes No
)	In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easen	the footnote to the organization's financial	·
ar	Organizations Maintaining Collection Complete if the organization answered '		or Other Similar Assets.
a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or research	ch in furtherance of public service,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research i	•
	(i) Revenues included in Form 990, Part VIII, line 1		► \$
	(ii) Assets included in Form 990, Part X		► \$
2	If the organization received or held works of art, hist following amounts required to be reported under SFA:		or financial gain, provide the
а	Revenues included in Form 990, Part VIII, line 1		▶ \$
ь	Assets included in Form 990, Part X		►\$
	included in Form 550, Full A		F #

rar	Organizations Maintaining Collect	tions of Art, I	<u> list</u>	orio	cal Trea	sures, or C	<u>the</u>	r Simila	<u>r Asse</u>	ts (co	ntınued)
3	Using the organization's accession and other recitems (check all that apply)	ords, check any o	fthe	follo	owing that	are a signific	ant u	se of its co	ollection	ו	
а	Public exhibition	•	d	Γ	Loan or e	xchange prog	rams				
b	Scholarly research	•	e	\sqcap	Other						
с	✓ Preservation for future generations										
4	Provide a description of the organization's collect Part XIV	ions and explain	how	they	further th	e organizatior	ı's ex	empt purp	ose in		
5	During the year, did the organization solicit or recassets to be sold to raise funds rather than to be							ılar	Г	Yes	√ No
Par	Trust, Escrow and Custodial Arra Part IV, line 9, or reported an amour					ganızatıon a	nsw	ered "Yes	s" to Fo	orm 99	90,
1a	Is the organization an agent, trustee, custodian of included on Form 990, Part X?	r other intermedia	ary f	orco	ontribution	s or other ass	ets r	not	Γ	Yes	┌ No
b	If "Yes," explain why in Part XIV and complete th	e following table				_					
									A mou	ınt	
С	Beginning balance						1c				
d	Additions during the year					ļ	1d				
e	Distributions during the year					Ţ	1e				
f	Ending balance						1 f				
2a	Did the organization include an amount on Form 9	90, Part X, line 2	1?						Γ	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV										
Pa	rt V Endowment Funds. Complete if the										
4_		205,663,000	(b)	Prior `	Year (c)Two Years Back	(d)	Three Years	Back (e)Four Ye	ears Back
1a h	Beginning of year balance	3,136,000									
b	Investment earnings or losses	-41,649,000									
c d	Grants or scholarships	-4,980,000									
e	Other expenditures for facilities	-4,476,000									
_	and programs										
f	Administrative expenses										
g	End of year balance	157,694,000									
2	Provide the estimated percentage of the year end	balance held as									
а	Board designated or quasi-endowment 🕨 1	0 %									
ь	Permanent endowment ► 90 %										
c	Term endowment ►										
3a	Are there endowment funds not in the possession	of the organization	on th	nat a	re held an	d administere	d for	the			
	organization by (i) unrelated organizations								2-/:>	Yes Yes	No
			•	•			•		3a(i) 3a(ii)	Yes	
ь	(ii) related organizations If "Yes" to 3a(ii), are the related organizations lis			· · :hed:	ule R?.		٠		3b	Yes	
4	Describe in Part XIV the intended uses of the org	-				· ·	-	- ·			
Paı	t VI Investments—Land, Buildings, a					Part X, line	10.				
	Description of investment			(a) (Cost or other (investment	r (b)Cost or o	ther	(c) Depred	ciation	(d) Boo	ok value
1a	and							•			
ь	Buildings					137,49	3,000	65,0	16,000	72	2,477,000
c	easehold improvements		ļ			22	7,000	1	59,000		68,000
d	Equipment		Ī			42,11	3,000	34,1	38,000	-	7,975,000
e	Other					26,15	3,000	12,2	98,000	13	3,855,000

Panevii Investments—Other Securities. See	Form 990, Part X, line 12.	
(a) Description of security or cateory (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other SHORT-TERM INVESTMENTS	2,354,000	
Other PRIVATE EQUITY	6,627,000	
Other VENTURE CAPITAL	3,835,000	
ther HEDGE FUNDS	30,073,000	
ther INFLATION HEDGING	15,716,000	
Other DISTRESSED DEBT	5,243,000	
otal. (Column (b) should equal Form 990, Part X, col (B) line 12)	63,848,000	
art VIII Investments—Program Related. See	Form 990, Part X, line 1	3.
(a) Description of investment type	(b) Book value	(c) Method of valuation
(a) Bescription of investment type	(B) Book value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	- 45	
Part IX Other Assets. See Form 990, Part X, III (a) Descrip		(b) Book value
(a) Descrip	rtion	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1		
Part X Other Liabilities. See Form 990, Part X	·	
(a) Description of Liability	(b) A mount	
ederal Income Taxes		
DBLIGATIONS UNDER CAPITAL LEASE	1,483,000	
GREEMENTS	5,022,000	
OANS	1,716,000	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶	0.224.000	
i 🚛 (Columni (D) Should Cyddi'i Orni 990, Falt A, COI (D) Illic 23)	8,221,000	

Pai	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	109,601,000
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	115,866,000
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-6,265,000
4	Net unrealized gains (losses) on investments	4	-38,405,000
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-4,130,000
9	Total adjustments (net) Add lines 4 - 8	9	-42,535,000
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-48,800,000
	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p		
1	Total revenue, gains, and other support per audited financial		46,054,000
	statements	1	
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
Ь	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
е	Add lines 2a through 2d	2e	-42,535,000
3	Subtract line 2e from line 1	3	88,589,000
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 1,128,000		
Ь	Other (Describe in Part XIV)		
С	Add lines 4a and 4b	4c	21,012,000
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	109,601,000
1	Reconciliation of Expenses per Audited Financial Statements With Expenses Total expenses and losses per audited financial statements	per K	eturn 94,854,000
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	 	94,034,000
a	Donated services and use of facilities		
ь	Prior year adjustments	1	
c	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV)	1	
e	Add lines 2a through 2d	2e	289,000
3	Subtract line 2e from line 1	3	94,565,000
4	A mounts 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 1,128,000		
b	Other (Describe in Part XIV)	1 1	
c	Add lines 4a and 4b	4c	21,301,000
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	115.866.000

Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b,

	scriptions required for Part II, lines 3, , Part XII, lines 2d and 4b, and Part X	5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, III, lines 2d and 4b
Ident if ier	Return Reference	Explanation
ENDOWMENT FUNDS	PART V, LINE 4	THE CHARLES E SHAIN LIBRARY HOLDS APPROXIMATELY 300 PIECES OF ART, AS WELL AS 25,000 RARE BOOKS AND 1,300 LINEAR FEET OF MANUSCRIPTS, PHOTOGRAPHS, AND OTHER ARCHIVAL MATERIAL MOST OF THE ART COLLECTIONS CONSIST OF 20TH CENTURY CHINESE PAINTINGS AND JAPANESE PRINTS THERE IS ALSO A SMALL NUMBER OF CONTEMPORARY OIL PAINTINGS ON CANVAS BY COLLEGE FACULTY, AND THREE BY THE FRENCH ARTIST LEON BRUNET BOOKS AND ARCHIVAL MATERIALS ARE ROUTINELY USED IN CLASSROOM INSTRUCTION AS WELL AS FOR STUDENT PROJECTS ARTWORK IS USED FOR OCCASIONAL CLASSROOM INSTRUCTION AND IS ROTATED THROUGH THE EXHIBIT SPACE IN THE CHARLES CHU ASIAN ART READING ROOM THE CONNECTICUT COLLEGE ARBORETUM IS 750 ACRES OWNED BY CONNECTICUT COLLEGE AND OPERATED FOR THE BENEFIT OF THE COLLEGE AND THE COMMUNITY THE ARBORETUM FUNCTIONS IN SUPPORT OF THE COLLEGE'S MISSION BY HELPING TO PREPARE MEN AND WOMEN FOR A LIFETIME OF LEARNING ABOUT AND INTERACTING WITH THE NATURAL WORLD This is accomplished by providing an outdoor laboratory for use by faculty and students to support and conduct research in a broad range of subjects, including ecology, field biology, conservation and natural history The Arboretum provides stewardship of College lands by protecting, sustaining and enhancing biological diversity of large tracts of open space, and provides leadership statewide and beyond in conservation matters Part of the Arboretum's mission is to maintain, develop and interpret well-documented plant collections for teaching, research, public education and enjoyment, and to provide a place where people from the College and the community may enjoy passive recreation and where they may come to learn, reflect, and renew themselves throughout the natural world The College maintains various sculptures on campus for the enjoyment of the College and local communities
		individual funds established to support in perpetuity a variety of purposes including instruction, financial aid, academic support, student services, and general institutional expenses
OTHER ADJUSTMENTS TO NET ASSETS	PART XI, LINE 8	Change in value of split interest agreements \$(4,130,000)
OTHER REVENUE INCLUDED IN FINANCIAL STATEMENTS BUT NOT ON RETURN	PART XII, LINE 2D	Change in value of split interest agreements \$(4,130,000)
OTHER REVENUE INCLUDED ON RETURN BUT NOT IN FINANCIAL STATEMENTS	PART XII, LINE 4B	Tuition discount \$19,500,000 Rent expense (289,000) Postretirement related changes other than net periodic benefit cost 664,000 Gain on sale of assets 9,000
OTHER EXPENSES INCLUDED IN FINANCIAL STATEMENTS BUT NOT ON RETURN	PART XIII, LINE 2D	Rent expense 289,000
OTHER EXPENSES INCLUDED ON RETURN BUT NOT IN FINANCIAL STATEMENTS	PART XIII, LINE 4B	Tuition discount \$19,500,000 Postretirement related changes other than net periodic benefit cost 664,000 Gain on sale of assets 9,000

OMB No 1545-0047

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Schools

Attach to Form 990 or Form 990-EZ. To be completed by organizations that answer "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

Employer identification number

ONN	ECTICUT COLLEGE				
	0	6-0646587		YES	NO
		ahantan hulawa		11.3	110
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its other governing instrument, or in a resolution of its governing body?	l	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students brochures, catalogues, and other written communications with the public dealing with student admi programs, and scholarships?	issions,	2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadca the period of solicitation for students, or during the registration period if it has no solicitation progrethat makes the policy known to all parts of the general community it serves? If "Yes," please describes explain	st media during ram, in a way ribe If "No,"	3	Yes	
	All school publications and newspapers		3	Tes	
4	Does the organization maintain the following?				
	Records indicating the racial composition of the student body, faculty, and administrative staff?		4a	Yes	
ł	Records documenting that scholarships and other financial assistance are awarded on a racially no basis?	· I	4b	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the pub with student admissions, programs, and scholarships?		4c	Yes	
c	Copies of all material used by the organization or on its behalf to solicit contributions?		4d	Yes	
	If you answered "No" to any of the above, please explain (If you need more space, attach a separa	ate statement)			
5	Does the organization discriminate by race in any way with respect to Students' rights or privileges?		5a		Νo
Ł	Admissions policies?	<u> </u>	5b		Νo
c	: Employment of faculty or administrative staff?		5c		Νo
c	Scholarships or other financial assistance?	<u>!</u>	5d		Νo
•	Educational policies?	<u>.</u>	5e		Νo
f	Use of facilities?	_	5f		Νo
g	Athletic programs?		5g		Νo
ŀ	Other extracurricular activities?	<u> </u>	5h		Νo
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a sepai	rate statement)			
	Does the organization receive any financial aid or assistance from a governmental agency?	F	6a	Yes	
Ł	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 6a or b, please explain using an attached statement	<u> </u>	6b		Νo
7	Does the organization certify that it has complied with the applicable requirements of sections 4.0	1 through 4 05			
	of Pay Proc. 75 50, 1075 2.0 B 597, covering region pendic crimination? If "No." extends an explain	-	,	V	

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As Filed Data -

DLN: 93493130000260

2008

OMB No 1545-0047

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

▶ Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

Statement of Activities Outside the United States

Open to Public **Inspection**

Name	of the	orga	nızatıon	
CONN	ECTI	CUT	COLLEG	Е

Employer identification number

Part I	General Information on Activities Outside the United States.	Complete if the organization answered
	"Yes" to Form 990, Part IV, line 14b.	

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award ▼ Yes
- For grant makers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States
- Activites per Region (Use Schedule F-1 (Form 990) if additional space is needed)

, ,		٠ ,			
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in
South Asia	0	1	Program Services	Study away program	213,758
Europe (Including Iceland and Greenland)	0	1	Program Services	Study away program	1,071,704
East Asia and the Pacific	0	2	Program Services	Study away program	483,954
Middle East and North Africa	0	0	Program Services	Project for peace	10,000
Europe (Including Iceland and Greenland)	0	0	Program Services	conferences	15,704
Central America and the Caribbean	0	0	Program Services	study away program	16,214
Middle East and North Africa	0	0	Program Services	study away program	32,353
South America	0	0	Program Services	study away program	5,330
Russia and the Newly Independent States	0	0	Program Services	study away program	14,978
Sub-Saharan Africa	0	0	Program Services	study away program	37,484
Central America and the Caribbean				investments	
Totals ▶	0	·			1,901,479
For Paperwork Reduction Act No	tice, see the instru	uctions for Form 9	90. Cat No	50082W s	chedule F (Form 990) 2008

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other
	_							
	_							
	_							
	_							-
	_							_
	_							
	_							
	_							
	_							
	_							
	_							
	_							
	_							

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non- cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
CONFERENCES	Europe/Iceland/Greenland	4	15,704	See Part IV			
STUDY AWAY	East Asia/Pacific	23	302,954	See Part IV			
PROJECT FOR PEACE INITIATIVE	Mıddle East/North Afrıca	1	10,000	See Part IV			
Study away	Cent A merica/Caribbean	2	16,214	See Part IV			
study away	Europe/Iceland/Greenland	55	693,704	see part ıv			
study away	Mıddle East/North Afrıca	2	32,353	see part ıv			
study away	South America	1	5,330	see part ıv			
study away	Russia	1	14,978	see part ıv			
study away	South Asia	7	101,758	see part ıv			
study away	Sub-Saharan Africa	3	37,484	see part ıv			

Schedule F (Form 990) 2008

Part IV Supplemental Information Complete this part to provide the information required in Part I, line 2, and any other additional information.								
Identifier	ReturnReference	Explanation						
MONITORING THE USE OF GRANTS OUTSIDE OF THE US	SCHEDULE F, PART I, LINE 2	GRANTS MADE IN FOREIGN COUNTRIES FOR THE PURPOSES OF THE COLLEGE'S STUDY ABROAD PROGRAM ARE ENTERED INTO USING A CONTRACTUAL AGREEMENT OUTLINING THE SERVICES TO BE DELIVERED THIS ACTIVITY IS MONITORED BY the office of study away, dean of the faculty, and finance						
manner of cash disbursement	SCHEDULE F, PART III, column (e)	the manner of cash disbursement for conferences in europe/iceland/greenland and project for peace initiative in middle east/north africa is wire transfer. The manner of cash disbursement for all study away programs is wire transfer and check.						
-								

Software ID:

Software Version:

EIN: 06-0646587

Name: CONNECTICUT COLLEGE

Form 990 Schedule F Part II - Grants and Other Assistance to Organizations or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraisal, other)
-----------------------------	--	-------------------------	------------------------------	------------------------------------	---	--	--

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

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

OMB No 1545-0047

2008

DLN: 93493130000260

Department of the Treasury Internal Revenue Service Name of the organization

CONNECTICUT COLLEGE

Schedule I

(Form 990)

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

Open to Public Inspect ion Employer identification number

	1112011001 0012202						06-0646587	
Pa	art I General Infor	mation on Gra	nts and Assistance	e			'	
1 2	Does the organization mathe selection criteria use Describe in Part IV the o	d to award the gra	nts or assistance?					√ Yes
Pa	Form 990, Part Part IV and Sch	IV, line 21 for a edule I-1 if add	ny recipient that recontribute in the contribute	eived more than \$5,0	00. Check this box	tes. Complete if the of if no one recipient rec	ceived more than \$5,	
1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
2	Enter total number of sec					<u> </u>		
3	Enter total number of oth							•
For	Paperwork Reduction Act Not	tice, see the Instruc	tions for Form 990.		Cat No 50055	P	Sc	hedule I (Form 990) 2008

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

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
CONNECTICUT COLLEGE SCHOLARSHIP ASSISTANCE	686	17,268,000			
DAVIS GRANT	26	290,000			
SEOG	160	279,000			
NATIONAL SCIENCE FOUNDATION GRANT ASSISTANCE	17	38,000			
CONNECTICUT INDEPENDENT COLLEGE STUDENT GRANT	94	448,000			
STUDENT PRIZES	560	102,000			

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

See Additional Data Table

Ident if ier	Return Reference	Explanation
MONITORING USE OF GRANT FUNDS		All grants awarded are based on need and conform to federal, state and institutional regulations. Eligibility is based on a thorough review and verification of a family's income, assets, size and number of dependents enrolled in college. Annual expenditure reports are submitted to the federal and state governments for review. The fund expenditures are reviewed for compliance in an annual audit conducting by an independent accounting firm.

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493130000260

OMB No 1545-0047

Schedule J

Compensation Information

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

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

2008

Open to Public Inspection

Name	of	t he	organizat ion	
CONNE	CTI	CUT	COLLEGE	

(Form 990)

Department of the Treasury

Internal Revenue Service

Employer identification number

Pa	art I Questions Regarding Compens	ation			
				Yes	Νo
1a		on provided any of the following to or for a person listed in Form art III to provide any relevant information regarding these items			
	First class or charter travel	✓ Housing allowance or residence for personal use			
	▼ Travel for companions	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	s Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow provision of all the expenses described above?	w a written policy regarding payment or reimbursement or P If "No," complete Part III to explain	1b	Yes	
2	·	or to reimbursing or allowing expenses incurred by all cutive Director, regarding the items checked in line 1a?	2	Yes	
3	Indicate which, if any, of the following the organ organization's CEO/Executive Director Check	nization uses to establish the compensation of the call that apply			
	Compensation committee	✓ Written employment contract			
	Independent compensation consultant	Compensation survey or study			
	Form 990 of other organizations	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 9	990, Part VII, Section A, line 1a			
а	Receive a severance payment or change of cor	ntrol payment?	4a		Νo
b	Participate in, or receive payment from, a supp	plemental nonqualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equ	uity-based compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons a	and provide the applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only mu	ust complete lines 5-8.			
5	For persons listed in form 990, Part VII, Section compensation contingent on the revenues of	on A, line 1a, did the organization pay or accrue any			
а	The organization?		5a		Νo
b	Any related organization?		5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III				
6	For persons listed in form 990, Part VII, Section compensation contingent on the net earnings of	on A, line 1a, did the organization pay or accrue any of			
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 payments not described in lines 5 and 67 If "Y	on A, line 1a, did the organization provide any non-fixed es," describe in Part III	7		No
8	• • • • • • • • • • • • • • • • • • • •	VII, paid or accured pursuant to a contract that was bed in Regs section 53 4958-4(a)(3)? If "Yes," describe			

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

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

Note. The sum of columns (B)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	(B) Breakdown	of W-2 and/or 1099-MI	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation reported in prior Form
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ
LEO I HIGDON JR	(I) 324,15	9 0	20,500 0	98,000 0	49,091 0	491,750 0	167,60
PAUL L MARONI	(I) 206,61	5 0	20,500	23,000 0	15,595 0	265,710 0	108,92
ROGER L BROOKS	(I) 204,91	4 0 0 0	0	20,350 0	18,148 0	243,412	100,70
MARTHA CASWELL MERRILL	(I) 152,73	2 0 0	0	16,229 0	17,062 0	186,023	
W Lee HISLE	(I) 160,31	6 0 0	0	16,757 0	15,300 0	192,373 0	
GREGORY T WALDRON	(I) 211,19	2 0 0	2,400	22,144 0	15,589 0	251,325 0	99,87
ULYSSES B HAMMOND	(I) 182,36	4 0 0 0	18,000	20,109 0	3,549 0	224,022	96,19
PATRICIA M CAREY	(I) 159,64	7 0 0 0	13,000	18,341 0	18,327	209,315	84,74
A RM A N D O BENGO CHEA	(I) 163,06	8 0 0 0	0	16,057 0	902	180,027	
NORMAN FAINSTEIN	(I) 130,94	6 0 0 0	0	13,325 0	7,259		63,84
DOROTHY BUCKTON JAMES	(I) 123,95	6 0 0 0	6,386 0	12,771 0	6,023	149,136	59,46
DAVID K LEWIS	(I) 107,21	0 0 0	18,000	11,646	12,271	149,127	49,75
STEPHEN H LOOMIS	(I) 107,53	9 0	5,488	10,975	5,053	129,055	45,65
ROBERT E PROCTOR	(I) 106,89	5 0 0	5,649 0	11,297	14,628	138,469	47,85
FRANCES L HOFFMANN	(I) 144,90	8 0 0 0	15,458	16,245	7,145 0	183,756	83,61
	(ii)			-			

Part III Supplemental Information

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

Ident if ier	Ret urn Ref erence	Explanation
*	1A	According to the College's written travel/expense reimbursement policy, the President may fly first-class for health requirements with the approval of the Chairman of the Board of Trustees According to the College's written travel/expense reimbursement policy, travel for the Presidents companions shall only be reimbursed when incurred while conducting the business of the College According to the College's written travel/expense reimbursement policy, housing expenses are not reimbursable by the College As a condition of employment the College requires that the President live in the presidential residence located on the College campus According to the College's written travel/expense reimbursement policy, the College will not reimburse for personal expenses. The college maintains the presidential residence, including a housekeeper. The wages of the housekeeper is included in the president's W-2.
	PART 1, LINE 4B	President Leo I Higdon \$75,000
·-		

Software ID: **Software Version:**

EIN: 06-0646587

Name: CONNECTICUT COLLEGE

Form 990, Schedule J,	Part I	I - Officers, Direct	tors, Trustees, Ke	y Employees, and		sated Employees		
(A) Name		(i) Base (ii) Bonus & Incentive compensation c		C compensation (iii) Other compensation	(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(I)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
LEO I HIGDON JR	(ı) (ıı)		0	20,500 0	98,000 0	49,091 0	1	167,600 0
PAUL L MARONI	(I) (II)		0 0	20,500 0	23,000 0	15,595 0	265,710 0	108,920
ROGER L BROOKS	(I) (II)		0	0	20,350 0	18,148 0	243,412	100,707
MARTHA CASWELL MERRILL	(I) (II)		0	0	16,229 0	17,062 0	186,023	0
W Lee HISLE	(I) (II)		0	0	16,757 0	15,300 0	192,373	0
GREGORY T WALDRON	(I) (II)		0	2,400 0	22,144 0	15,589 0	251,325 0	99,876 0
ULYSSES B HAMMOND	(I) (II)		0	18,000 0	20,109 0	3,549 0	224,022	96,192 0
PATRICIA M CAREY	(I) (II)		0	13,000 0	18,341 0	18,327 0	209,315	84,746 0
ARMANDO BENGOCHEA	(I) (II)		0	0	16,057 0	902	1	0
NORMAN FAINSTEIN	(I) (II)		0	0	13,325 0	7,259		63,848
DOROTHY BUCKTON JAMES	(I) (II)		0	6,386 0	12,771 0	6,023	149,136	59,466 0
DAVID K LEWIS	(I) (II)	107,210 0	0	18,000 0	11,646 0	12,271 0		49,752 0
STEPHEN H LOOMIS	(ı) (ıı)	107,539 0	0	5,488 0	10,975 0	5,053 0	129,055	45,658 0
ROBERT E PROCTOR	(ı) (ıı)	106,895 0	0	5,649 0	11,297 0	14,628	138,469	47,855 0
FRANCES L HOFFMANN	(ı) (ıı)	144,908 0	0	15,458 0	16,245 0	7,145		83,618

DLN: 93493130000260

Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

Open to Public **Inspection**

Department of the Treasury Internal Revenue Service Name of the organization

CONNECTICUT COLLEGE

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

Employer identification number

										06-0646	587			
P	art I Bond Issues (Required	for 2008)								•				
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date	Issued	(e) Issue	Price	(f) Des	cription of F	Purpose	(g) De	feased	(h) Beha Iss	alfof
											Yes	No	Yes	No
A_	CHEFA Series F	06-0806186	20774ujl0	04-04-2	2007	28,8	355,000	refinance co	nstruction			Х		×
В	chefa series g	06-0806186	20774ukt1	04-04-2	2007	12,0	000,000	refinance co	nstruction			X		×
Pa	Proceeds (Optional for .	2008)												
1	Total Proceeds of Issue				1	E	3	(:	D			E	
2	Gross Proceeds in Reserve Funds													
3	Proceeds in Refunding or Defeasar	nce Escrows												
4	Other Unspent Proceeds													
5	5 Issuance Costs from Proceeds													
6	6 Working Capital Expenditures from Proceeds													
7	Capital Expenditures from Proceed	ds											,	,
8	Year of Substantial Completion					•		•						
				Yes	No	Yes	No	Yes	No	Yes	No	Ye	5	No
9	Were the bonds issued as part of a	a current refunding iss	ue?											
10	Were the bonds issued as part of a	an advance refunding i	issue?											
11	Has the final allocation of proceed	ıs been made?												
12	Does the organization maintain add final allocation of proceeds?	equate books and rec	ords to support the											
Pa	rt IIII Private Business Use	(Optional for 2008))	1				1						
				A		E				D			E	
	We all a second as a second			Yes	No	Yes	No	Yes	No	Yes	No	Ye	5	No
1	Was the organization a partner in a which owned property financed by t		mber of an LLC,											
2	Are there any lease arrangements which may result in private busines		nanced property											
For	Paperwork Reduction Act Notice, see the	e Instructions for Form	990.			Cat No 501	93E			Sch	nedule K	Form 99	0) 2008	

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

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

OMB No 1545-0047

Open to Public Inspection

SCHEDULE M (Form 990)

Department of the Treasury

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

Non-Cash Contributions

Internal Revenue Service Name of the organization CONNECTICUT COLLEGE

Employer identification number

Pa	rt I Types of Property	_						
		(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d Method of do reven	- etermır	ning	
1	Art—Works of art	Х	4		APPRAISED VALUI	 F		
	Art—Historical treasures .		<u> </u>	25,000	ATT KAISED VALO			
	Art—Fractional interests							
	Books and publications							
	Clothing and household							
6	Cars and other vehicles							
7	Boats and planes							
	Intellectual property							
	Securities—Publicly traded .	X		1,010,000	SALES PRICE	-		
10	Securities—Closely held stock			, ,				
	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution (historic structures)							
14	Qualified conservation contribution (other)							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
	Taxıdermy							
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts MEETING	×	2	4.000	DUDCHASE DDICE			
25	Other (describe <u>EXPENSE</u>) pledges -			4,000	PURCHASE PRICE			
	deemed							
26	Other (describe <u>noncash</u>)	Х	0	1,164,000				
27	Other (describe <u>trust</u>)	X	0	975,000				
28	Other (describe gift annuity)	X	0	155,000	0			
29	Number of Forms 8283 received which the organization complete Acknowledgement	ed Form 828	3 ,	ar for contributions for	29			0
30a	During the year, did the organization	atıon receiv	e by contribution any prope	rty reported in Part I, lines	1-28 that it must		Yes	No
	least three years from the date	of the initial	contribution, and which is	not required to be used for ϵ	exempt purposes			
	for the entire holding period? .					30a		No
b	If "Yes", describe the arrangem	ent in Part 1	II					
31	Does the organization have a gi					31	Yes	
32a	Does the organization hire or us contributions?	e third part	ies or related organizations	to solicit, process, or sell i	non-cash	32a		N o
ь 33	If "Yes", describe in Part II If the organization did not repor	t revenues ı	n Column (c) for a type of p	roperty for which Column (a	a) IS			
	checked, describe in Part II					\Box		
For P	Paperwork Reduction Act Notice, see	the Instruct	tions for Form 990	Cat No 512271	Schedule	M (For	m 990`	1 2008

Part II Supplemental Infor 32b, and 33. Also com	mation. Complete this part to property of the property of the part for any additional	ovide the information required by Part I, lines 30b, information.
Identifier	ReturnReference	Explanation
240111111	Notal III Colored	Explanation
	1	1

DLN: 93493130000260

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

Inspection

Name of the organization CONNECTICUT COLLEGE

Employer identification number

ldentifier	Return Reference	Explanation
CONNECTICUT COLLEGE'S MISSION	FORM 990, PART III, LINE 1	"CONNECTICUT COLLEGE VALUES ACADEMIC EXCELLENCE, DIVERSITY, EQUITY, SHARED GOVERNANCE EDUCATION OF THE ENTIRE PERSON, ADHERENCE TO COMMON ETHICAL AND MORAL STANDARDS, COMMUNITY SERVICE AND GLOBAL CITIZENSHIP AND ENVIRONMENTAL STEWARDSHIP" * Academic Excellence * Rigorous academic standards, innovative and engaging faculty members, and a diverse classroom curriculum challenge students to reach their full intellectual potential. The College expects students to learn outside the classroom as well, through such activities as research, travel, and internships. The College facilitates those opportunities in the belief that a diversity of experiences is essential for genuine academic excellence. The College also expects and strongly supports faculty scholarship, research, and creative work that advances human know ledge and expression and informs excellent teaching. * Diversity, Equity, and Shared Governance.* In the early 20th century, Connecticut College was founded in the belief that all qualified students. Women as well as men. deserve an opportunity to secure an education. The College strives to be a community in which all members feel comfortable, respect each other's differences, and seek common ground. The College promotes understanding by offering a

ldentifier	Return Reference	Explanation
variety of academic and social experiences and is committed to building	greater access, opportunity, and equity Students, faculty, staff,	trustees, and alumni all participate in the governance of the College * Education of the Entire Person * The College supports and nurtures the intellectual, emotional, spiritual, creative, and physical development of its student body. Connecticut College encourages students to engage in a wide range of activities, including academic pursuits, athletics and physical education, artistic expression, and community service. The College fosters an appreciation for the natural and aesthetic connectedness of the mind, body, and spirit it prepares students to be responsible citizens, creative problem-solvers, and thoughtful leaders in a global society. * Adherence to Common Ethical and Moral Standards. * Connecticut College maintains a strong commitment to its long-standing Honor Code. Students are expected to monitor their owin faithfulness to the principles of honesty and moral integrity and to display courage in academic and social interactions. The principles of justice, impartiality, and fairness - the foundations for equity - are paramount. * Community Service and Global Citizenship. * Connecticut College fosters civic responsibility and enhances academic excellence through a long tradition of community involvement and through courses that provide opportunities for service. The College promotes an

ldentifier	Return Reference	Explanation
understanding of local, regional, national, and international peoples,	groups, cultures, and issues, and encourages students to take a life-long	interest in them * Environmental Stew ardship * Connecticut College is proud of its pioneering tradition of ecological aw areness and responsibility and intends to remain a leader in safeguarding the environment. The arboretum campus is an ecological show piece, and the College's procedures and programs aim to preserve and protect the environment, both locally and globally, and to prepare citizens sensitive to the need for responsible environmental stew ardship

ldentifier	Return Reference	Explanation
FORM 990 REVIEW PROCESS	I VI SECTION A	The tax return information is gathered from the Finance office and used to populate the Form 990 in conjunction with KPMG LLP, independent tax consultant. Once completed, the draft form is forwarded to the Audit Committee of the Board of Trustees along with a supporting memorandum. The Form 990 is reviewed by the Audit Committee of the Board of Trustees annually for approval.

ldentifier	Return Reference	Explanation
CONFLICT OF INTEREST POLICY	FORM 990, PART VI, SECTION B, LINE 12C	All Trustees shall disclose to the Board any possible conflict of interest at the earliest practicable time. No Trustee shall vote on any matter, under consideration at a Board or committee meeting, in which such Trustee has a conflict of interest. The minutes of such meeting shall reflect that a disclosure was made and a Trustee who is uncertain whether a conflict of interest may exist in any matter may request the Board or committee to resolve the questions by majority vote. ANNUALLY, Trustees will be asked to sign conflict of interest statements assuring that they have no conflict of interest, as described in the Connecticut College Bylaws, Article XV.

ldentifier	Return Reference	Explanation
COMPENSATION POLICY	FORM 990, PART VI, SECTION B, LINE 15B	RESOLUTION Resolved, that a committee on executive compensation be established comprising the chair and vice chairs of the Board and that this committee be empowered to conduct the annual performance review of the president and to recommend to the full board the compensation of the President Further resolved that this committee will review the performance, and approve the compensation, of highly compensated employees at the college at the time of their hire and when significant increases in compensation are being contemplated. The committee's review of the compensation of the president and highly compensated employees shall be conducted in accordance with the "intermediate sanctions" rules of the IRS, under section 4958 of the Internal Revenue Code. Further resolved that this committee will meet as needed and report to the Executive Committee of the Board.

ldentifier	Return Reference	Explanation
PUBLIC DISCLOSURE	FORM 990, PART VI, SECTION C, LINE 19	The College's FORM 990, AUDITED FINANCIAL STATEMENTS AND GOVERNING DOCUMENTS ARE available upon request THE FORM 990 IS ALSO AVAILABLE ONLINE AT WWW GUIDESTAR ORG

DLN: 93493130000260

OMB No 1545-0047

Open to Public Inspection

Related Organizations and Unrelated Partnerships

Department of the Treasury Internal Revenue Service

(Form 990)

SCHEDULE R

Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. ► See separate instructions.

Name of the organization CONNECTICUT COLLEGE				Employer identific	cation number
Part I Identification of Disregarded Entities				06-0646587	
(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income Er	(E) nd-of-year assets	(F) Direct controlling entity
Part II Identification of Related Tax-Exempt Organizat	ions		_		
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
Connecticut College Community Radio Inc 270 Mohegan Avenue Box 5256 New London, CT06320 26-0117596	RADIO STATION	СТ	501(C)(3)	7	NA
Oakleaf Endowment Trust for CT COLLEGE 1800 IDS CENTER MINNEAPOLIS, MN55402 41-6429969	TRUST	СТ	501(C)(3)	11A	NA
Connecticut College Employer-Contributio 270 Mohegan Avenue New London, CT06320 04-7025787	VEBA	СТ	501(C)(9)		NA
Associated Kyoto Program Controllers Office College Hall Rm Northampton, MA01063 04-2996114	education	MA	501(c)(3)	11(c)	NA

(A) Name, address, and EIN of related organization	Prim	(B) nary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	incom	(E) lominant le(related, lestment, related)	Share	(F) e of total income	(G) Share of end-of- year assets	(H Disprop allocat	l) ortionate tions?	(I) Code V—UBI amount on Box 20 of K-1	Gene mana part	agıng
										Yes	No		Yes	No
Part IV Identification of R	Related	l Organizations	Taxable as	a Corporation	ı or Tr	ust								
(A) Name, address, and EIN of related organ		(B) Primary activity		(C) Legal domicile (state or foreign country)		(D) Direct contro	olling	(E) Type of entity (C corp, S corp or trust)	(F) Share of total income	end	(G) hare of l-of-yea assets	(H) Percentage r ownership		

Part V	Transactions with Related Organizations
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126	τV	Transactions with Related Organizations				
	Note.	Complete line 1 if any entity is listed in Parts II, III or IV			Ye	es No
1 Du	rıng th	ne tax year, dıd the orgranızatıon engage ın any of the following transactıon	s with one or more related organizations listed in Parts II-	·IV?		
а	Recei	pt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled enti	ıty		1a	No
b	Gıft, g	rant, or capital contribution to other organization(s)			1b	No
c	Gıft, g	rant, or capital contribution from other organization(s)			1c	No
d	Loans	or loan guarantees to or for other organization(s)			1d	No
e	Loans	or loan guarantees by other organization(s)			1e	No
f	Sale o	fassets to other organization(s)		<u></u>	1f	No
g	Purch	ase of assets from other organization(s)		<u>[</u>	1g	No
h	Excha	inge of assets		<u>.</u>	1h	No
i I	Lease	of facilities, equipment, or other assets to other organization(s)			1i	No
j	Lease	of facilities, equipment, or other assets from other organization(s)		<u> </u>	1 j	No
k	Perfor	mance of services or membership or fundraising solicitations for other org	anization(s)	L	1k	No
1 1	Perfor	mance of services or membership or fundraising solicitations by other orga	anization(s)	[11	No
m	Sharın	ng of facilities, equipment, mailing lists, or other assets		<u>[</u>	1m	No
n	Sharır	ng of paid employees		<u>[</u>	1n	No
o	Reımb	oursement paid to other organization for expenses		<u></u>	10	No
р	Reımb	oursement paid by other organization for expenses		<u> </u>	1p	No
q	Other	transfer of cash or property to other organization(s)		-	1q	No
r	Other	transfer of cash or property from other organization(s)		[1r	No
2	Ifthe	answer to any of the above is "Yes," see the instructions for information or	n who must complete this line, including covered relations	nips and transaction thresholds		
		(A)	(B) Transaction	(C)		
		Name of other organization(s)	type(a-r)	Amount Involved		
(1)						
(2)						
(2)						
(3)						
(4)						
(+)						
(5)						
(6)						

Part VI Unrelated Organizations Taxable as a Partnership

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

									_	
(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations	57	(E) Share of end-of-year assets	(F) Disproprtionate allocations?		(G) Code V—UBI amount on Box 20 of K-1		r J
			Yes	No		Yes	No		Yes	No
			•			•	•	Sabadula	D / Form	000) 2000

Software ID: Software Version:

EIN: 06-0646587

Name: CONNECTICUT COLLEGE

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa		1									
		(C) Position (check all that apply)							(E)	(F)	
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations	
LEO I HIGDON JR , PRESIDENT	38 0	Х		Х				344,659	0	147,091	
JAMES S BERRIEN , TRUSTEE	1 0	Х						0	0	0	
LAURA JALLEN , TRUSTEE	10	Х						0	0	0	
TIMOTHY M ARMSTRONG , TRUSTEE	1 0	Х						0	0	0	
WILLIAM P BARRACK , TRUSTEE	1 0	Х						0	0	0	
CHRISTOPHER F BOTHUR , TRUSTEE	10	Х						0	0	0	
EDUARDO CASTELL , TRUSTEE	1 0	Х						0	0	0	
THEODORE S CHAPIN , TRUSTEE	1 0	Х						0	0	0	
RAYMOND J DEBBANE , TRUSTEE	1 0	Х						0	0	0	
PATRICIA L EAMES , TRUSTEE	1 0	Х						0	0	0	
SCOTT WHAFNER, TRUSTEE	1 0	Х						0	0	0	
ZOE KLEIN HENRIQUEZ , TRUSTEE	1 0	Х						0	0	0	
DAVID B KELSO , TRUSTEE	10	Х						0	0	0	
RAE DOWNES KOSHETZ , TRUSTEE	1 0	Х						0	0	0	
LINDA J LEAR , TRUSTEE	1 0	Х						0	0	0	
JONATHAN D MCBRIDE , TRUSTEE	1 0	Х						0	0	0	
LYNDA BATTER MUNRO , TRUSTEE	1 0	Х						0	0	0	
JOHN F NIBLACK , TRUSTEE	1 0	Х						0	0	0	
JUDITH TINDAL OPATRNY , TRUSTEE	1 0	Х						0	0	0	
MARY LAKE POLAN , TRUSTEE	1 0	Х						0	0	0	
THEODORE M ROMANOW , TRUSTEE	1 0	Х						0	0	0	
THOMAS A SARGENT , TRUSTEE	1 0	Х						0	0	0	
W CARTER SULLIVAN , TRUSTEE	1 0	Х						0	0	0	
SALLY SUSMAN , TRUSTEE	1 0	Х						0	0	0	
FRANKLIN A TUITT , TRUSTEE	1 0	Х						0	0	0	
KEVIN WADE , TRUSTEE	1 0	Х						0	0	0	
PAMELA D ZILLY , TRUSTEE	1 0	Х						0	0	0	
BARBARA SHATTUCK KOHN , TRUSTEE	1 0	Х						0	0	0	
THEMBUMENZI LUKHELE , TRUSTEE	1 0	Х						0	0	0	
KEVON COPELAND , TRUSTEE	1 0	Х						0	0	0	

Form 990, Part VII - Section Aaa

Torin 550, Fart VII Section Ada										
(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)								(F)
		Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
PAUL L MARONI , VP FOR FINANCE	38 0			Χ				227,115	0	38,595
ROGER L BROOKS , DEAN OF THE FACULTY	38 0			х				204,914	0	38,498
BONNIE J WELLS, SECRETARY OF THE COLLEGE	38 0			х				69,159	0	7,098
MARTHA CASWELL MERRILL, DEAN OF ADMISSIONS	38 0				х			152,732	0	33,291
W Lee HISLE , VP INFORMATION SERVICES	38 0					Х		160,316	0	32,057
GREGORY T WALDRON , VP ADVANCEMENT	38 0					Х		213,592	0	37,733
ULYSSES B HAMMOND , VP ADMINISTRATION	38 0					Х		200,364	0	23,658
PATRICIA M CAREY, VP COLLEGE RELATIONS	38 0					Х		172,647	0	36,668
ARMANDO BENGOCHEA , DEAN OF COLLEGE COMMUNIT	38 0					Х		163,068	0	16,959
NORMAN FAINSTEIN , FORMER OFFICER							х	130,946	0	20,584
DOROTHY BUCKTON JAMES, FORMER OFFICER							х	130,342	0	18,794
DAVID K LEWIS , FORMER OFFICER							Х	125,210	0	23,917
STEPHEN H LOOMIS , FORMER OFFICER							х	113,027	0	16,028
ROBERT E PROCTOR, FORMER OFFICER							х	112,544	0	25,925
FRANCES L HOFFMANN , FORMER OFFICER							х	160,366	0	23,390