

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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

OMB No 1545-0047

2009

Open to Public Inspection

A Fo	r the	2009 са	lendar yea	r, or tax year beginning	07-01-2009	and ending 06-30-20	10				
B Check if applicable			Please	C Name of organization CONNECTICUT COLLEGE					D Employer	identii	fication number
☐ Ad	dress ch	nange	use IRS label or	Doing Business As			06-0646587 E Telephone number				
∏ Na	me cha	print or type. See									
☐ Inr	tıal retu	rn	Specific Instruc-	Number and street (or P	ress) Room,	/suite	(860) 439 G Gross receip				
☐ Te	Terminated 270 MOHEGAN AVENUE							ŀ	G Gloss leceip	л эт-	
☐ Am	ended	return		City or town, state or cou NEW LONDON, CT 06320		4					
Г Ар	plication	pending		NEW LONDON, CT 00320	J4190						
				ne and address of princi	ıpal officer		H(a)	Is this	a group ret	urn fo	
				. MARONI DHEGAN AVENUE				affiliat	es?		⊤Yes 🔽 No
			NEWLO	ONDON,CT 06320			Н(Ь)	Are all	affiliates incl	uded?	┌ Yes ┌ No
			T 5044)								ee instructions)
				(3) ◀ (insert no)	947(a)(1) or	527	H(c)	Group	exemption	numb	er 🟲
J W	ebsite	∷ ⊢ WW	W CONNC	OLL EDU							
_		ganızatıon	✓ Corporat	ion Trust Association	Other ►		L Yea	r of for	mation 1911	M Sta	ate of legal domicile CT
Pa	rt I	Sum		. ,							
	1			e organization's missior :OLLEGE EDUCATES S			ARTS INT	го ас	TION AS CI	TIZE	NS IN A GLOBAL
ቋ		SOCIE	TY								
Governance											
E E											
,0K	2	Check	his box 📭	- if the organization dis	continued its	operations or dispose	d of more	than 2	5% of its ne	t ass	ets
	3	Number	of voting r	nembers of the governir	ng body (Part	:VI, line 1a)				з _	29
Activities &	4	Number	ofindepen	dent voting members o	fthe governi	ng body (Part VI, line 1	1b)		•	4 _	2.8
星	5	Total n	umber of en	nployees (Part V , line 2	a)					5 _	2,156
ĄÇ	6	Total n	Total number of volunteers (estimate if necessary)							6 _	944
•	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12								7a _	406,000
	b	Net unr	elated busi	ness taxable income fro	om Form 990	-T, line 34				7b	0
									Year		Current Year
ā	8			d grants (Part VIII, line	•				15,850,000	_	16,186,000
enu	9			revenue (Part VIII, line					93,126,000		98,302,000
Ravenu	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)							-1,462,000		5,954,000
_	11 12	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line							2,087,000		2,939,000
	12				•		116	1	09,601,000		123,381,000
	13	Grants	and simila	r amounts paid (Part I)	K, column (A)	, lines 1-3)			20,299,000		23,874,000
	14			r for members (Part IX,				0			0
Ø	15	Saları 10)	es, other co	mpensation, employee	benefits (Pa	rt IX, column (A), lines	5 –	58,102,000			59,519,000
Expenses	16a	,	sional fund	raising fees (Part IX, co	olumn (A.), lır	e 11e)			0		0
÷	Ь			enses (Part IX, column (D), I		•					
Ξ	17			Part IX, column (A), lin			_		37,465,000		35,972,000
	18			Add lines 13–17 (must		•		115,866,000			119,365,000
	19			enses Subtract line 18				-6,265,000			4,016,000
<u>*</u> 8 8			<u> </u>				Beg	inning	of Current		End of Year
Not Assets or Fund Balances		_							ear		
Ass	20			t X, line 16)					08,300,000	_	326,438,000
<u> </u>	21		-	Part X, line 26)					86,830,000	_	83,497,000
	22 11 III		ature Blo	d balances Subtract lir		221,470,000 242,941,000					
Fa	1 (11			rjury, I declare that I have e	examined this re	turn, including accompanyir	na schedules	and sta	tements, and t	o the l	pest of my knowledge
				correct, and complete Declar							
Siar		****						2011 0	F 00		
Sign Here		I III	ature of office	er				2011-0 Date	15-09		
		PAUL MARONI VP FINANCE AND ADMINISTRATION									
			or print nam								
		Preparer	's L			Date	Check If		Preparer's ide		number
Paid	Preparer's signature					self- empolyed	(see instructions)				
	arer's						1	'			
Use		if self-employed), address, and ZIP + 4 60 South Street							EIN Þ		
•		4441033,	<u></u> + +						Phone no 🕨 (617) 988-1000		
Mav	the IR	L S discus	s this retii	Boston, MA 02111 rn with the preparer sho	wn ahove? (see instructions)					Yes No

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

CONNECTICUT COLLEGE EDUCATES STUDENTS TO PUT THE LIBERAL ARTS INTO ACTION AS CITIZENS IN A GLOBAL SOCIETY

4e	Total program service	e expenses►\$	96,764,000)		
	(Expenses \$		ding grants of	· · · · · · · · · · · · · · · · · · ·) (Revenue \$	1,466,000)
4d		es (Describe in Sched	,			
4c	*STUDY AWAY* IS AN OPP TRADITION OF RECOGNIZI EDUCATES STUDENTS TO THEIR JUNIOR YEAR THRO	ING THE IMPORTANCE OF I PUT THE LIBERAL ARTS INT DUGH CAREFULLY SELECTEI	NT'L STUDIES AN O ACTION AS CI O PROGRAMS OU	ID STUDY AWAY AS RELECT TIZENS IN A GLOBAL SOCIE JR STUDY AWAY/TEACH AV	ED IN OUR MISSION STATEME TY" 55% OF THE COLLEGE'S	E US THE COLLEGE HAS A LONG ENT "CONNECTICUT COLLEGE STUDENTS STUDY AWAY DURING AND FACULTY TO HOST INSTITUTIONS
4b	*AUXILIARY SERVICES* AU RESIDENTIAL CAMPUS NII	NETY-EIGHT PERCENT OF S	STUDENTS LIVE O	ON CAMPUS IN 23 RESIDEN		ES CONNECTICUT COLLEGE IS A S ON CAMPUS SERVE OUR STUDENTS
4a	*UNDERGRADUATE INSTR ARTS AND SCIENCES MAJO SCIENCES ARE DESIGNED STUDENT-FACULTY RATIO	ORS OFFERED BY CONNECT TO SHAPE ETHICAL, INFOR OF 9 1, FORTY-SEVEN MA	ICUT COLLEGE MED CITIZENS V JORS, 171 FULL-	THE COLLEGE'S ACADEMIC VITH A GLOBAL PERSPECTIV TIME PROFESSORS, LANGU	PROGRAMS IN THE ARTS, HU /E HIGHLIGHTS OF THE ACAD	REE IN ONE OF THE VARIOUS LIBERAL MANITIES, SCIENCES, AND SOCIAL EMIC PROGRAM INCLUDE A UCATION PROGRAMS, CERTIFICATE
4	Section 501(c)(3) and allocations to others, t	501(c)(4) organizatio he total expenses, and	ns and sectio d revenue, if a	n 4947(a)(1) trusts a ny, for each program s		amount of grants and
	If "Yes," describe thes	e changes on Schedul	e O			
3	Did the organization ce services?		ike significani	t changes in how it coi	nducts, any program	┌ Yes ┌ No
	If "Yes," describe thes	e new services on Sch	edule O			
2	Did the organization ur the prior Form 990 or 9		nt program se	rvices during the year	which were not listed on	┌ Yes ┌ No

Part IV	Check	list of	Require	d Sche	dule

			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		No
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 similar funds or 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? <i>If "Yes," complete Schedule D, Part II</i>	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 2	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, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	ļ	ļ	•
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	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 United States? 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 U S ? If "Yes," complete Schedule F, Part II	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 U S ? If "Yes," complete Schedule F, Part III	16	Yes	
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> " <i>Yes,"</i> complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νo

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a	Yes	
Ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		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
	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		Νο
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		Νo
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note: All Form 990 filers are required to complete Schedule O	38	Yes	

Form	990 (2009)		Page 5
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		

	of U.S. Information Returns. Enter -0- if not applicable					
		1a	348			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to gaming (gambling) winnings to prize winners?	o vend	dors and reportable	1 c	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	2a	2,156			
b	If at least one is reported on line 2a, did the organization file all required federal emp Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-fil instructions)			2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during return?	g the	year covered by this	3a	Yes	
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Scho	edule (o	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a si over, a financial account in a foreign country (such as a bank account, securities acaccount)?			4a	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, Financial Accounts	Report	of Foreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during	ng the	tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited	tax sh	elter transaction?	5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-E Prohibited Tax Shelter Transaction?	xemp	t Entity Regarding	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$10 organization solicit any contributions that were not tax deductible?	-		6a		Νο
b	If "Yes," did the organization include with every solicitation an express statement the were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribute services provided to the payor?	on an	d partly for goods and	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services pr	rovide	d?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal proper file Form 8282?	rty for •	which it was required to	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay benefit contract?	prem	iums on a personal	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a person	onal b	enefit contract?	7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8	8899	as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization for required?	leaF	orm 1098-C as	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organization, or a donor advised fund maintained by a sponsoring organization, or a donor advised fund maintained by a sponsoring organization, or a donor advised fund maintained by a sponsoring organization, or a donor advised funds and section 509(a)(3) support to support the support to suppo	anızat		8		
9	Sponsoring organizations maintaining donor advised funds.					
_	Did the organization make any taxable distributions under section 4966?			9a		
	Did the organization make a distribution to a donor, donor advisor, or related person			9b		
10	Section 501(c)(7) organizations. Enter	•				
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 99	0 in lie	eu of Form 1041? I	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

270 MOHEGAN AVENUE NEW LONDON, CT 063204196

(860) 439-2081

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ction A. Governing Body and Management			
			Yes	No
_				
1a	Enter the number of voting members of the governing body 1a 29			
b	Enter the number of voting members that are independent 1b 28			
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?	3		Νο
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νο
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νο
6	Does the organization have members or stockholders?	6		Νο
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		N o
b	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	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo
	ction B. Policies (This Section B requests information about policies not required by the Internal			
ке	venue Code.)		Yes	No
102	Does the organization have local chapters, branches, or affiliates?	10a	163	No.
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	100		
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
ь	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b	Yes	
_	describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b	Yes	
	List the States with which a completible Form 000 is required to be filed. CT			
17	List the States with which a copy of this Form 990 is required to be filed CT			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website. Another's 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	ie orga	nızatıor	►

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed

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

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

Check this box if the organization did not compensate any current or former officer, director, trustee or key employee											
(A) Name and Title	(B) Average hours	Posi t	(C tion (hat a	ched	ckal)	I		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other	
	per week	Highest compensated employee Key employee Officer Institutional Trustee or director		Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations				
See add'l data											

Total number of independent contractors (including but not limited to those listed above) \$100,000 in compensation from the organization ►3	who received more than	
ADRIAN DONOHUE 61 TWIN LAKES DRIVE WATERFORD, CT 06385	TELECOM CONSULTANT	
	AUDIT FIRM	
KITIO CLI		

117,000

	990 (2009)				Page 10
Par	IX Statement of Functional Expenses				
_	Section 501(c)(3) and 501(c)(4) organizations m			(5)	
	ll other organizations must complete column (A) but are not required to	complete columi	(B), (C), and (B)	(D). (C)	(D)
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	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	22,042,000	22,042,000		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	1,832,000	1,832,000		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	1,231,000	454,000	697,000	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	44,235,000	35,871,000	5,443,000	2,921,000
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	3,512,000	2,704,000	492,000	316,000
9	Other employee benefits	7,274,000	5,611,000	1,284,000	379,000
10	Payroll taxes	3,267,000	2,516,000	 	294,000
11	Fees for services (non-employees)	3,237,988	2,010,000	137,000	25.,000
a	Management	0			
h	Legal	339,000	26,000	313,000	
c	Accounting	150,000	20,000	150,000	
d	Lobbying	130,000		130,000	
		0		+	
e	Professional fundraising See Part IV, line 17			074.000	
f	Investment management fees	974,000		974,000	45.000
g	Other	963,000	815,000	 	15,000
12	Advertising and promotion	84,000	59,000	 	
13	Office expenses	5,969,000		 	271,000
14	Information technology	550,000	144,000	406,000	
15	Royalties	0			
16	Occupancy	7,891,000	5,324,000	 	1,049,000
17	Travel	1,454,000	1,276,000	81,000	97,000
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	391,000	166,000	170,000	55,000
20	Interest	2,816,000	2,424,000	392,000	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	7,426,000	5,482,000	1,891,000	53,000
23	Insurance	655,000	655,000		
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	STUDY AWAY PROGRAMS	2,183,000	2,183,000		
b	OTHER EXPENSES	2,111,000	55,000	2,044,000	12,000
С	BOOKS AND PERIODICALS	1,625,000	1,605,000	11,000	9,000
d	MEMBERSHIPS	230,000	108,000	117,000	5,000
e	LICENSES, FEES, AND PERMITS	161,000	96,000	40,000	25,000
f	All other expenses		·		· · · · · · · · · · · · · · · · · · ·
25	Total functional expenses. Add lines 1 through 24f	119,365,000	96,764,000	17,020,000	5,581,000
26	Joint costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in		22,.31,333	2.,.20,000	_,,
	complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Parit X Balance Sheet (A) (B) Beginning of year End of vear 22.000 23.000 1 1 Cash—non-interest-bearing 14,578,000 2 18,572,000 2 19,290,000 19,782,000 3 3 4 53.000 200.000 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 2,488,000 2,442,000 750,000 968.000 Inventories for sale or use 741,000 853.000 Land, buildings, and equipment cost or other basis Complete 211.687.000 10a 10a Part VI of Schedule D 94,375,000 **10c** 10b 118.501.000 93.186.000 b Less accumulated depreciation 99.226.000 11 98.084.000 11 63,848,000 12 79,204,000 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 12.929.000 15 13.124.000 15 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 308,300,000 16 326,438,000 14.214.000 16.301.000 17 17 Accounts payable and accrued expenses . 18 18 1,813,000 19 1,896,000 19 55,790,000 20 20 55,140,000 Liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D . . . 21 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 4,705,000 4,455,000 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 24 Unsecured notes and loans payable to unrelated third parties 8.221.000 25 7.792.000 25 Other liabilities Complete Part X of Schedule D 26 **Total liabilities.** Add lines 17 through 25 86,830,000 83,497,000 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 28,927,000 38,118,000 27 Unrestricted net assets 27 28 60.462.000 28 70.741.000 Temporarily restricted net assets Fund 132.081.000 29 134.082.000 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds . . . Assets 31 Paid-in or capital surplus, or land, building or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 221,470,000 33 Total net assets or fund balances 33 242,941,000 34 Total liabilities and net assets/fund balances 308,300,000 34 326,438,000

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	▼ Separate basis			
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? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

Form **990** (2009)

Software ID: Software Version:

EIN: 06-0646587

Name: CONNECTICUT COLLEGE

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and	Compensated Employees, and Independent Contractors									
(A) Name and Title	(B) Average hours per	Posi t	tion (hat a	(che)			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
LEO I HIGDON JR PRESIDENT	38 0	Х		х				367,370	0	106,841
JAMES S BERRIEN TRUSTEE	1 0	Х						0	0	0
LAURA JALLEN TRUSTEE	1 0	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	1 0	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
CONSTANCE SMITH GEMMER TRUSTEE	1 0	X						0	0	0
SCOTT W HAFNER TRUSTEE	1 0	Х						0	0	0
ZOE KLEIN HENRIQUEZ TRUSTEE	1 0	Х						0	0	0
DAVID B KELSO TRUSTEE	1 0	Х						0	0	0
RAE DOWNES KOSHETZ TRUSTEE	1 0	Х						0	0	0
LINDA J LEAR TRUSTEE	1 0	Х						0	0	0
DAVID H PALTEN 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
HARRIS R ROSENHEIM 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

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) A verage hours	Posi	((tion (C) (che	cka	II		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee			Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
KEVIN WADE TRUSTEE	1 0	Х						0	0	0
PAMELA D ZILLY 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
PAUL L MARONI VP FOR FINANCE	38 0			х				236,390	0	39,931
ROGER L BROOKS DEAN OF THE FACULTY	38 0			х				208,414	0	30,696
BONNIE J WELLS SECRETARY OF THE COLLEGE	38 0			х				71,000	0	7,000
MARTHA CASWELL MERRILL DEAN OF ADMISSIONS	38 0				х			155,822	0	51,948
W LEE HISLE VP INFORMATION SERVICES	38 0					х		162,156	0	34,886
GREGORY T WALDRON VP ADVANCEMENT	38 0					х		225,032	0	40,555
ULYSSES B HAMMOND VP ADMINISTRATION	38 0					х		209,044	0	23,768
PATRICIA M CAREY VP COLLEGE RELATIONS	38 0					х		178,946	0	33,986
ARMANDO BENGOCHEA DEAN OF COLLEGE COMMUNIT	38 0					х		167,910	0	22,136
NORMAN FAINSTEIN FORMER OFFICER							х	134,494	0	22,712
FRANCES L HOFFMANN FORMER OFFICER							х	190,308	0	12,085

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
STUDY AWAY PROGRAMS	2,183,000	2,183,000		
OTHER EXPENSES	2,111,000	55,000	2,044,000	12,000
BOOKS AND PERIODICALS	1,625,000	1,605,000	11,000	9,000
MEMBERSHIPS	230,000	108,000	117,000	5,000
LICENSES, FEES, AND PERMITS	161,000	96,000	40,000	25,000

OMB No 1545-0047

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury

Internal Revenue Service

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

Public Charity Status and Public Support

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

Inspection

Name of the organization

Employer identification number

CONN	ECTICU	IT COLLEGE								
Do		Donner for Du	blic Charity Ctat	/ A II	a manual as manual at a three man	06-0646587				
	rt I				ns must complete this pa		0115			
1		•		•	section 170(b)(1)(A)(i).	,				
2	, 고	· ·	•	(A)(ii). (Attach Sche						
3	, i				ribed in section 170(b)(1)(\ \/ iii\				
4	İ-		organization operate	-	a hospital described in secti		ii). Enter the			
5	Г	An organization ope	erated for the benefit	of a college or univers	sity owned or operated by a g	governmental unit o	described in			
		section 170(b)(1)(A)(iv). (Complete Pa	rt II)						
6	Γ	A federal, state, or	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).							
7	Γ	described in	t normally receives a A)(vi) (Complete Pa	·	s support from a government	tal unit or from the	general public			
8	Γ	A community trust	described in section	170(b)(1)(A)(vi) (Cd	omplete Part II)					
9	Γ	An organization tha	t normally receives	(1) more than 331/3%	of its support from contribu	tions, membership	fees, and gross			
		receipts from activi	ties related to its ex	empt functions—subje	ct to certain exceptions, and	d (2) no more than	331/3% of			
		its support from gro	ss investment incom	ne and unrelated busir	ess taxable income (less se	ction 511 tax) from	n businesses			
		acquired by the org	anızatıon after June 3	30, 1975 See section	509(a)(2). (Complete Part	III)				
10	Γ	An organization org	anized and operated	exclusively to test for	public safety See section 5	09(a)(4).				
11	Γ	one or more publicl	y supported organiza	tions described in sec orting organization and	nefit of, to perform the functi tion 509(a)(1) or section 50 complete lines 11e through II - Functionally integrated	09(a)(2) See secti n 11h				
e	Γ				trolled directly or indirectly iblicly supported organization					
f			received a written de	termination from the I	RS that it is a Type I, Type I	II or Type III supp	orting organization,			
g			006, has the organiz	ation accepted any gi	ft or contribution from any of	the	1			
		• .	ectly or indirectly co	ntrols, either alone or	together with persons descr	rıbed ın (ıı)	Yes No			
		and (III) below, the	governing body of the	the supported organi	zation?	ſ	11g(i)			
		(ii) a family membe	r of a person describ	ed ın (ı) above?		Ī	11g(ii)			
		(iii) a 35% controll	ed entity of a person	described in (i) or (ii)	above?	F	11g(iii)			
h		Provide the followin	g information about t	he supported organiza	ation(s)	L				
	(i)		(iii) Type of organization	(iv) Is the organization in	(v) Did you notify the	(vi) Is the	(vii)			

(i) Name of supported organization	(ii) EIN	Type of organization (described on lines 1- 9 above or IRC section (see	Is the state of th	he ition in sted in erning	(v) Did you no organizat col (i) of suppo	tify the tion in fyour	(vi Is the organiza col (i) ord in the U	ne tion in ganized	(vii) A mount of support?
		instructions))	Yes	No	Yes	No	Yes	No	
Total									

ınstructions

P	Support Schedule (Complete only if yo					and 170(b)	(1)(A)(vi)
S	ection A. Public Support	a checked tile	DOX OII IIIC 3,	,, or o or rare.	֥ <i>)</i>		
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2006	(6) 2007	(d) 2008	(e) 2009	(I) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual						
_	grants ") Tax revenues levied for the						
2	organization's benefit and either						
	paid to or expended on its						
	behalf						
3	The value of services or facilities						
-	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the						
	amount shown on line 11, column						
_	(f) Dublic Support Subtract line F from						
6	Public Support. Subtract line 5 from line 4						
S	ection B. Total Support	1		-			
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2000	(6) 2007	(d) 2008	(e) 2009	(1) Total
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
9	sources Net income from unrelated						
9	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income (Explain in Part						
	IV) Do not include gain or loss						
	from the sale of capital assets						
11	Total support (Add lines 7						
4.5	through 10)	/5					
12	Gross receipts from related activities	,	•			12	
13	First Five Years If the Form 990 is f	or the organizati	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	inization, ▶□
	check this box and stop here						-1
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2009			11 column (f))		14	
15	Public Support Percentage for 2008	Schedule A . Pa	rt II. line 14			15	
	33 1/3% support test—2009. If the	•	,	v on line 13 and	line 14 is 33 1/30		k this hox
	and stop here. The organization qua	-		·	IIIIC 14 13 33 1/3/	o or more, ence	▶ □
ь	33 1/3% support test—2008. If the				5a, and line 15 is	33 1/3% or moi	
	box and stop here. The organization				,		▶
17a	10%-facts-and-circumstances test-	-2009. If the org	anızatıon dıd not	check a box on lı	ne 13, 16a, or 16	b and line 14	
	ıs 10% or more, and ıf the organizat						
	in Part IV how the organization mee	ts the "facts and	l cırcumstances"	test The organiz	ration qualifies as	a publicly supp	
L	organization	_2009 Ifthe c==	onization did net	chack a bay as li	no 12 165 164	or 17a and line	▶□
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ	_					
	Explain in Part IV how the organizat						clv
	supported organization						▶ ┌
10	Deiveta Farmdation Ifthe averages	on did not obselv	a hay an line 12	16- 16- 17-	17	hay and cas	•

▶□

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support				1	T	ı
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
_	include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt						
3	purpose Gross receipts from activities that				+		
3	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 through 5				-		
7a	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	Amounts included on lines 2 and 3						
	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6)						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
11	business activities not included						
	ın lıne 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support (Add lines 9, 10c,						
14	11 and 12) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and stop here	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	▶ ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	009 (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	2008 Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind stop here. T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes here	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(us more man 33	1/370 and ine

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

Part IV

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

Schedule A (Form 990 or 990-EZ) 2009

DLN: 93493129005451

OMB No 1545-0047

Open to Public Inspection

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

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

Political Campaign and Lobbying Activities

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities),

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

If th	e organization answered "Yes	s," to Form 990, Part IV, Line 4, or	Form 990-EZ, Pa	rt VI, line 47 (Lobl	bying	Activ	ities), the	n
	, ,, ,	have filed Form 5768 (election under s	, ,,	•		•		
	, ,, ,	have NOT filed Form 5768 (election ur	,				•	
	-	s," to Form 990, Part IV, Line 5 (Pro	oxy Tax) or Form	990-EZ, line 35a (rega	rding	proxy tax), then
	ection 501(c)(4), (5), or (6) organizeme of the organization	rations Complete Part III		Employ	arida	ntific	ation numbe	
	NNECTICUT COLLEGE			Employ	eriue	111111111111111111111111111111111111111	יטוווטוו ווטווטי	eı
				06-064				
Par	t I-A Complete if the or	ganization is exempt under s	section 501(c	or is a section	n 52	<u>7 org</u>	ganizatio	n.
1	Provide a description of the org	ganızatıon's dırect and ındırect politic	al campaign activ	rities in Part IV				
2	Political expenditures				F	\$		
3	V olunteer hours							
Par	t I=B Complete if the or	ganization is exempt under s	section 501(c)(3).				
1	Enter the amount of any excise	tax incurred by the organization und	er section 4955		•	\$ <u>_</u>		
2	Enter the amount of any excise	tax incurred by organization manage	rs under section	4955	•	\$ _		
3	If the organization incurred a s	ection 4955 tax, did it file Form 4720	O for this year?				☐ Yes	┌ No
4a	Was a correction made?						☐ Yes	∏ No
ь	If "Yes," describe in Part IV							
Par	t I-C Complete if the or	ganization is exempt under s	section 501(c	except section	n 50	1(c)	(3).	
1	Enter the amount directly expe	nded by the filing organization for sec	tion 527 exempt	function activities	•	\$ _		
2		rganızatıon's funds contrıbuted to oth	ier organizations i	for section 527				
	exempt funtion activities				F	\$ _		
3	Total exempt function expendit	cures Add lines 1 and 2 Enter here a	nd on Form 1120	-POL, line 17b	Þ	\$_		
4	Did the filing organization file F	orm 1120-POL for this year?					☐ Yes	∏ No
5	were made For each organizati contributions received that wer	d employer identification number (EI on listed, enter the amount paid from e promptly and directly delivered to a ittee (PAC) If additional space is ne	the filing organiza separate politica	ation's funds Also al organization, suc	enter	the a	mount of po	olitical
	(a) Name	(b) Address	(c) EIN	(d) A mount paid filing organization		-) A mount o	•

(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's 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-

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

f Grassroots lobbying expenditures

Pa	rt II-A Complete if the organization under section 501(h)).	is exempt under	section 501(c)(3) and file	d Form 5768	(election
	Check If the filing organization belongs to a Check If the filing organization checked box		d" provisions apply	,		
<u> </u>	Limits on Lobbying E (The term "expenditures" means ar	Expenditures			(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influence public o	ppinion (grass roots lob	bying)			
b	Total lobbying expenditures to influence a legisla	ative body (direct lobby	yıng)			
c	Total lobbying expenditures (add lines 1a and 18	b)				
d	Other exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1	c and 1d)				
f	Lobbying nontaxable amount Enter the amount f	from the following table	ın both			
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000					
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,00	0		
	Over \$1,000,000 but not over \$1,500,000	000				
	Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000					
	Over \$17,000,000 \$1,000,000					
		•				
g	Grassroots nontaxable amount (enter 25% of lin	ne 1 f)				
h	Subtract line 1g from line 1a If zero or less, enter	er -0-				
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -				
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h or line 1ı, did the	organization file F	orm 4720 repoi	rtıng	┌ Yes ┌ No
	(Some organizations that made a columns below. See the	he instructions fo	ection do not l r lines 2a thro	nave to com ugh 2f on pa		ne five
	Lobbying Exp	enditures During	4-Year Averag	ing Period	I	ı
	Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a	Lobbying non-taxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots non-taxable amount					

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

		(a)		(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?		No		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Νo		
c	Media advertisements?		Νo		
d	Mailings to members, legislators, or the public?		Νo		
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 similar means?		Νo		
i	Other activities? If "Yes," describe in Part IV	Yes			
j	Total lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No		
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				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Dar	+ III-A Complete if the organization is exempt under section $501(c)(4)$ section	501/c	1/51 0	r section	

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			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 Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

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 (see instructions)	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

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

DLN: 93493129005451

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public

rnal F	evenue Service	orm 990. ► See separate instructions.			Tusbec	поп
	e of the organization ECTICUT COLLEGE		Emp	loyer identificat	ion numbe	er
CIVI	CHOOT COLLEGE		06-	0646587		
ar	Organizations Maintaining Donor A		unds	or Accounts.	Comple	te if the
	organization answered "Yes" to Form 99	T .		(h) Funda and atl		
_	shall more has a hand of order	(a) Donor advised funds	1	(b) Funds and otl	ner accou	nts
	otal number at end of year					
	ggregate contributions to (during year) ggregate grants from (during year)					
	ggregate grants from (during year) ggregate value at end of year					
	Old the organization inform all donors and donor advi unds are the organization's property, subject to the		or adv	sed	☐ Yes	☐ No
	Old the organization inform all grantees, donors, and ised only for charitable purposes and not for the ben conferring impermissible private benefit				┌ Yes	┌ No
art	III Conservation Easements. Complete	ıf the organization answered "Yes" t	o Forr	n 990, Part IV,	lıne 7.	
	Preservation of land for public use (e g , recreated Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qual easement on the last day of the tax year	Preservation of a c	ertıfıe	d historic structi	ıre	
				Held at the E	nd of the	Year
	otal number of conservation easements		2a			
b	otal acreage restricted by conservation easements		2b			
	lumber of conservation easements on a certified his	` '	2c			
d	Number of conservation easements included in (c) a	cquired after 8/17/06	2d			
	Number of conservation easements modified, transfer the taxable year Number of states where property subject to conservations the organization have a written policy regarding the conservation easements it holds.	ation easement is located F			□ Yes	∏ No
	Staff and volunteer hours devoted to monitoring, ins		nents d	uring the year ►		
	Amount of expenses incurred in monitoring, inspecti	ng, and enforcing conservation easements	durın	g the year ► \$		
	oes each conservation easement reported on line 2 .70(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	2 (d) above satisfy the requirements of sec	tion		☐ Yes	┌ No
	n Part XIV, describe how the organization reports coalance sheet, and include, if applicable, the text of the organization's accounting for conservation easer	the footnote to the organization's financial		•		
art	Organizations Maintaining Collection Complete if the organization answered	ons of Art, Historical Treasures, "Yes" to Form 990, Part IV, line 8.	or Ot	her Similar A	ssets.	
	f the organization elected, as permitted under SFAS irt, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fir	for public exhibition, education or research	ch in fu			≘,
_	f the organization elected, as permitted under SFAS nistorical 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			- \$		
	f the organization received or held works of art, hist ollowing amounts required to be reported under SFA		or finan			
	Revenues included in Form 990, Part VIII, line 1			► \$		
	, · -·- · , · · ·					

b Assets included in Form 990, Part X

Part	Organizations Maintaining Co	llections of Art	, His	storical Tre	eas	ures, or Oth	er	<u>r Similar</u>	Ass	ets (co	ontinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ne following th	nat a	re a sıgnıfıcant	us	se of its coll	ectio	n	
а	Public exhibition		d	┌ Loan o	rexo	hange program	ns				
ь	Scholarly research		e	┌ Other							
С	Preservation for future generations										
4	Provide a description of the organization's co Part XIV	ollections and expla	ın ho	w they further	the	organization's	ex	empt purpos	se in		
5	During the year, did the organization solicity assets to be sold to raise funds rather than t						ımı	ılar	Г	Yes	√ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an ar	ements. Comple	ete ıf	the organiz	atio		'Ye	es" to Forn			·
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?	ian or other interme	dıary	for contribut	ions	or other assets	s n	ot	Γ	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	/ and complete the	follow	ving table					A mo	unt	
с	Beginning balance					10	. +		71110		
d	Additions during the year					10	+				
e	Distributions during the year					16	+				
f	Ending balance					1f	-				
2a	Did the organization include an amount on Fo	orm 990 Part V lin	. 717							Yes	
	-		e 21,						'	res) NO
	If "Yes," explain the arrangement in Part XI\ rt V Endowment Funds. Complete		2 200	word "Voc	" to	Form 000 D	- rt	t IV line 1	0		
Ра	Endowment Funds. Complete	(a)Current Year		b) Prior Year		Two Years Back				e)Four Y	ears Back
1a	Beginning of year balance	157,694,000		205,663,000			(-)			- ,	
ь	Contributions	2,976,000		3,136,000							
с	Investment earnings or losses	20,045,000		-41,649,000	1						
d	Grants or scholarships	4,852,000		4,980,000	1						
e	Other expenditures for facilities and programs	4,336,000		4,476,000	1						
f	Administrative expenses										
g	End of year balance	171,527,000		157,694,000							
2	Provide the estimated percentage of the yea	r end balance held a	as			<u>'</u>					
а	Board designated or quasi-endowment	10.000 %									
ь	Permanent endowment • 90.000 %										
С	Term endowment ►										
3a	Are there endowment funds not in the posse	ssion of the organiza	ation	that are held	and	administered fo	or t	:he			
	organization by							_		Yes	No
	(i) unrelated organizations							<u> </u>	3a(i)	Yes	
	(ii) related organizations							[3a(ii)	+	<u> </u>
	If "Yes" to 3a(II), are the related organizatio	•			•		•		3b	Yes	
4	Describe in Part XIV the intended uses of th										
Par	t VI Investments—Land, Building	s, and Equipme	nt. S				П		1		
	Description of investment			(a) Cost or o		(b)Cost or othe basis (other)	r	(c) Accumula depreciatio		(d) Bo	ok value
1 a	_and		•				_				
b i	Buildings					145,649,00	00	69,285	5,000	7	6,364,000
c l	_easehold improvements					227,00	00	205	5,000		22,000
d l	Equipment					43,259,00	00	36,062	2,000		7,397,000
_e	Other	<u></u>	•			22,352,00	00	12,949	,000		9,403,000
Tota	I. Add lines 1a-1e <i>(Column (d) should equal Fo</i>	orm 990, Part X, colur	nn (B), line 10(c).)	•			▶		9	3,186,000
								Schedul	e D (Form 9	90) 2009

	Investments-Other Securities. See	Form 990, Part X, line 12		
(a)	Description of security or category (including name of security)	(b)Book value		d of valuation -year market value
Financial deri			Cost of end-of	- year market value
Other	equity interests			
PRIVATE EQ	UITY	7,618,000		F
VENTURE CA	APITAI	4,921,000		F
HEDGE FUND	os .	34,850,000		F
INFLATION	HEDGING	24,750,000		F
DISTRESSE	DEBT	7,065,000		F
	(b) should equal Form 990, Part X, col (B) line 12)	1 1		
Part VIII	Investments—Program Related. See	e Form 990, Part X, line : T		٠
(a) Description of investment type	(b) Book value		d of valuation -year market value
			33333, 333	7
	(b) should equal Form 990, Part X, col (B) line 13)			
	Other Assets. See Form 990, Part X, Iır	ne 15.		(b) Book value
		ne 15.		(b) Book value
	Other Assets. See Form 990, Part X, Iır	ne 15.		(b) Book value
	Other Assets. See Form 990, Part X, Iır	ne 15.		(b) Book value
	Other Assets. See Form 990, Part X, Iır	ne 15.		(b) Book value
	Other Assets. See Form 990, Part X, Iır	ne 15.		(b) Book value
	Other Assets. See Form 990, Part X, Iır	ne 15.		(b) Book value
	Other Assets. See Form 990, Part X, Iır	ne 15.		(b) Book value
	Other Assets. See Form 990, Part X, Iır	ne 15.		(b) Book value
	Other Assets. See Form 990, Part X, Iır	ne 15.		(b) Book value
	Other Assets. See Form 990, Part X, Iır	ne 15.		(b) Book value
	Other Assets. See Form 990, Part X, Iır	ne 15.		(b) Book value
	Other Assets. See Form 990, Part X, Iır	ne 15.		(b) Book value
	Other Assets. See Form 990, Part X, Iır	ne 15.		(b) Book value
	Other Assets. See Form 990, Part X, Iır	ne 15.		(b) Book value
	Other Assets. See Form 990, Part X, Iır	ne 15.		(b) Book value
Part IX	Other Assets. See Form 990, Part X, III (a) Descrip	ne 15.		(b) Book value
Part IX	n (b) should equal Form 990, Part X, col.(B) line 1	5.)		(b) Book value
Total. (Colum.	n (b) should equal Form 990, Part X, col.(B) line 1	5.)		(b) Book value
Total. (Colum. Part X	n (b) should equal Form 990, Part X, col.(B) line 1 Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)		(b) Book value
Total. (Columnate of the second of the secon	n (b) should equal Form 990, Part X, col.(B) line 1 Other Liabilities. See Form 990, Part X (a) Description of Liability The Taxes	5.)		(b) Book value
Total. (Column Part X 1 Federal Incor	n (b) should equal Form 990, Part X, col.(B) line 1 Other Liabilities. See Form 990, Part X (a) Description of Liability The Taxes NS UNDER CAPITAL LEASE	5.)		(b) Book value
Total. (Colum. Part X 1 Federal Incor OBLIGATION AGREEMENT	n (b) should equal Form 990, Part X, col.(B) line 1 Other Liabilities. See Form 990, Part X (a) Description of Liability The Taxes NS UNDER CAPITAL LEASE	5.)		(b) Book value
Total. (Column Part X 1 Federal Incor	n (b) should equal Form 990, Part X, col.(B) line 1 Other Liabilities. See Form 990, Part X (a) Description of Liability The Taxes NS UNDER CAPITAL LEASE	5.)		(b) Book value
Total. (Colum. Part X 1 Federal Incor OBLIGATION AGREEMENT	n (b) should equal Form 990, Part X, col.(B) line 1 Other Liabilities. See Form 990, Part X (a) Description of Liability The Taxes NS UNDER CAPITAL LEASE	5.)		(b) Book value
Total. (Colum. Part X 1 Federal Incor OBLIGATION AGREEMENT	n (b) should equal Form 990, Part X, col.(B) line 1 Other Liabilities. See Form 990, Part X (a) Description of Liability The Taxes NS UNDER CAPITAL LEASE	5.)		(b) Book value
Total. (Colum. Part X 1 Federal Incor OBLIGATION AGREEMENT	n (b) should equal Form 990, Part X, col.(B) line 1 Other Liabilities. See Form 990, Part X (a) Description of Liability The Taxes NS UNDER CAPITAL LEASE	5.)		(b) Book value
Total. (Colum. Part X 1 Federal Incor OBLIGATION AGREEMENT	n (b) should equal Form 990, Part X, col.(B) line 1 Other Liabilities. See Form 990, Part X (a) Description of Liability The Taxes NS UNDER CAPITAL LEASE	5.)		(b) Book value
Total. (Colum. Part X 1 Federal Incor OBLIGATION AGREEMENT	n (b) should equal Form 990, Part X, col.(B) line 1 Other Liabilities. See Form 990, Part X (a) Description of Liability The Taxes NS UNDER CAPITAL LEASE	5.)		(b) Book value
Total. (Colum. Part X 1 Federal Incor OBLIGATION AGREEMENT	n (b) should equal Form 990, Part X, col.(B) line 1 Other Liabilities. See Form 990, Part X (a) Description of Liability The Taxes NS UNDER CAPITAL LEASE	5.)		(b) Book value
Total. (Colum. Part X 1 Federal Incor OBLIGATION AGREEMENT	n (b) should equal Form 990, Part X, col.(B) line 1 Other Liabilities. See Form 990, Part X (a) Description of Liability The Taxes NS UNDER CAPITAL LEASE	5.)		(b) Book value
Total. (Colum. Part X 1 Federal Incor OBLIGATION AGREEMENT	n (b) should equal Form 990, Part X, col.(B) line 1 Other Liabilities. See Form 990, Part X (a) Description of Liability The Taxes NS UNDER CAPITAL LEASE	5.)		(b) Book value
Total. (Colum. Part X 1 Federal Incor OBLIGATION AGREEMENT	n (b) should equal Form 990, Part X, col.(B) line 1 Other Liabilities. See Form 990, Part X (a) Description of Liability The Taxes NS UNDER CAPITAL LEASE	5.)		(b) Book value
Total. (Colum. Part X 1 Federal Incor OBLIGATION AGREEMENT	n (b) should equal Form 990, Part X, col.(B) line 1 Other Liabilities. See Form 990, Part X (a) Description of Liability The Taxes NS UNDER CAPITAL LEASE	5.)		(b) Book value
Total. (Column Part X 1 Federal Incor OBLIGATION AGREEMENT LOANS	n (b) should equal Form 990, Part X, col.(B) line 1 Other Liabilities. See Form 990, Part X (a) Description of Liability The Taxes NS UNDER CAPITAL LEASE	5.)		(b) Book value

Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Stateme	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	123,381,000
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	119,365,000
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	4,016,000
4	Net unrealized gains (losses) on investments	4	16,233,000
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	1,222,000
9	Total adjustments (net) Add lines 4 - 8	9	17,455,000
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	21,471,000
Par	t XIII Reconciliation of Revenue per Audited Financial Statements With Revenue	per R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	116,835,000
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	17,455,000
3	Subtract line 2e from line 1	3	99,380,000
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 974,000		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	24,001,000
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	123,381,000
	Reconciliation of Expenses per Audited Financial Statements With Expense	s per	
1	Total expenses and losses per audited financial statements	1	95,364,000
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
ь	Prior year adjustments	1	
c	Other losses	1	
d	Other (Describe in Part XIV) 2d 260,000	1	
e	Add lines 2a through 2d	2e	260,000
3	Subtract line 2e from line 1	3	95,104,000
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 974,000		
b	Other (Describe in Part XIV) 4b 23,287,000]	
c	Add lines 4a and 4b	4c	24,261,000
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	119,365,000
Pai	t XIV Supplemental Information		

Pairt XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
ORGANIZATION'S COLLECTIONS		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, PHOTO GRAPHS, 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 OTHER ARTWORK LOCATED AROUND THE CAMPUS IS FOR
ENDOWMENT FUNDS	PART V, LINE 4	EDUCATIONAL PURPOSES OF THE COLLEGE COMMUNITY THE COLLEGE'S POOLED ENDOWMENT CONSISTS OF APPROXIMATELY 650 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 \$ 1,222,000
OTHER REVENUE INCLUDED IN FINANCIAL STATEMENTS BUT NOT ON RETURN	PART XII, LINE 2D	CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS \$ 1,222,000
OTHER REVENUE INCLUDED ON RETURN BUT NOT IN FINANCIAL STATEMENTS	PART XII, LINE 4B	TUITION DISCOUNT \$22,147,000 RENT EXPENSE (260,000) POSTRETIREMENT RELATED CHANGES OTHER THAN NET PERIODIC BENEFIT COST 1,140,000
OTHER EXPENSES INCLUDED IN FINANCIAL STATEMENTS BUT NOT ON RETURN	PART XIII, LINE 2D	RENT EXPENSE \$ 260,000
OTHER EXPENSES INCLUDED ON RETURN BUT NOT IN FINANCIAL STATEMENTS	PART XIII, LINE 4B	TUITION DISCOUNT \$22,147,000 POSTRETIREMENT RELATED CHANGES OTHER THAN NET PERIODIC BENEFIT COST 1,140,000

Employer identification number

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

CONNECTICUT COLLEGE

Name of the organization

Schools

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

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2009

Open to Public

	06-0646587			
			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain ALL SCHOOL PUBLICATIONS AND NEWSPAPERS	3	Yes	
4	Does the organization maintain the following?			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Yes	
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
	If you answered "No" to any of the above, please explain If you need more space, use Schedule O (Form 990)			
5	Does the organization discriminate by race in any way with respect to			
а	Students' rights or privileges?	5a		No
b	Admissions policies?	5b		No
c	Employment of faculty or administrative staff?	5c		No
d	Scholarships or other financial assistance?	5d		No
e	Educational policies?	5e		No
f	Use of facilities?	5f		No
g	Athletic programs?	5g		No
h	Other extracurricular activities?	5h		No
6a	If you answered "Yes" to any of the above, please explain If you need more space, use Schedule O (Form 990) Does the organization receive any financial aid or assistance from a governmental agency?	- - - 6a	Yes	
	Has the organization's right to such aid ever been revoked or suspended?	6b		Νo
7	If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990) 🝠 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05			
	of Rev Proc 75-50, 1975-2 CB 587, covering racial nondiscrimination? If "No," explain on Schedule O (Form	7	Yes	

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493129005451

OMB No 1545-0047

2009

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States ► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990. ▶ See separate instructions.

Open to Public **Inspection**

Name of the organization CONNECTICUT COLLEGE **Employer identification number**

06-0646587

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			
	the grants or assistance?	Yes	Γ	No

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)

3 Activites per Region (U	se Scheaule F-1	(Form 990) if add	itional space is needed)		
(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)		(f) Total expenditures for region
South Asia	0	0	Program Services	STUDY AWAY PROGRAM	11,000
Europe (Including Iceland and Greenland)	0	0	Program Services	SUPPLIES	6,000
Europe (Including Iceland and Greenland)	0	0	Program Services	STUDY AWAY PROGRAM	912,000
Middle East and North Africa	0	0	Program Services	STUDY AWAY PROGRAM	12,000
North America	0	0	Program Services	STUDY AWAY PROGRAM	23,000
Middle East and North Africa	0	0	Program Services	PROJECT FOR PEACE	10,000
Russia and the Newly Independent States	0	0	Program Services	STUDY AWAY PROGRAM	3,000
South America	0	0	Program Services	STUDY AWAY PROGRAM	94,000
East Asia and the Pacific	0	1	Program Services	STUDY AWAY PROGRAM	816,000
South Asia	0	0	Program Services	STUDY AWAY PROGRAM	11,000
Sub-Saharan Africa	0	0	Program Services	STUDY AWAY PROGRAM	54,000
Sub-Saharan Africa	0	0	Program Services	INTERNSHIP	2,000
Europe (Including Iceland and Greenland)	0	0	Program Services	INTERNSHIP	1,000
Central America and the Caribbean	0	0	Investments		
Totals	0	1			1,955,000
For Privacy Act and Paperwork Re	eduction Act Notic	re, see the Instruc	tions for Form 990.	Cat No 50082W Sch	edule F (Form 990) 2009

Part IV	, line 15, for an	sistance to Orgar y recipient who recensional	eived more than \$5	es Outside the Ur ,000. Check this box	nited States. Composite of the composite	plete if the organiza received more that	tion answered "Yes' n \$5,000	'to Form 990, ► 厂
1 (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)
2 Enter total n tax-exempt	number of recipions by the IRS, or f	ent organizations lis or which the grante	ted above that are e or counsel has pr	recognized as chari ovided a section 50	ties by the foreign o 1(c)(3) equivalency	country, recognized letter	as . ►	
3 Enter total n	umber of other	organizations or en	tities					: (Earm 990) 2009

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)
STUDY AWAY	Europe/Iceland/Greenland	67	912,000	WIRETRANSFER			
STUDY AWAY	East Asia/Pacific	48	710,000	WIRETRANSFER			
STUDY AWAY	Mıddle East/North A frıca	1	12,000	WIRETRANSFER			
STUDY AWAY	North America	1	23,000	WIRETRANSFER			
STUDY AWAY	Russia	1	3,000	WIRETRANSFER			
STUDY AWAY	South America	9	94,000	WIRETRANSFER			
STUDY AWAY	South Asia	1	11,000	WIRETRANSFER			
STUDY AWAY	Sub-Saharan Africa	5	54,000	WIRETRANSFER			
PROJECT FOR PEACE INITIATIVE	Mıddle East/North A frıca	1	10,000	WIRETRANSFER			
INTERNSHIP	Europe/Iceland/Greenland	1	1,000	WIRETRANSFER			
INTERNSHIP	Sub-Saharan Africa	1	2,000	WIRETRANSFER			

Schedule F (Form 990) 2009

Complete this part to	o provide the information require	ed in Part I, line 2, and any 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

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

Schedule I

(Form 990)

Department of the Treasury

DLN: 93493129005451 OMB No 1545-0047

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

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

Open to Public

Internal Revenue Service Name of the organization			F Attach to Form	790	Inspection Employer identification number				
CONNECTICUT COLLEGE						06-0646587			
Part I General Info	mation on Gra	nts and Assistance				I			
the selection criteria us Describe in Part IV the	ed to award the gra organization's proc	substantiate the amount of t nts or assistance? edures for monitoring the us	e of grant funds in the	United States			✓ Yes 🗆		
Form 990, Part	IV, line 21 for ai	e to Governments and ny recipient that receive 990) if additional space	d more than \$5,000	. Check this box if n	o one recipient receiv	ed more than \$5,00	00. Use		
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of gran or assistance		
		government organizations							

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to 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	20,913,000			
DAVIS GRANT	26	340,000			
SEOG	160	309,000			
CONNECTICUT INDEPENDENT COLLEGE STUDENT GRANT	94	480,000			

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

Ident if ier	Return Reference	Explanation
MONITORING USE OF GRANT FUNDS	PART I, LINE 2	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: 93493129005451

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

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

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23. ► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization CONNECTICUT COLLEGE

Employer identification number

06-0646587

Pa	rt I Questions Regarding Compensation							
			Yes	Νο				
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items							
	First-class or charter travel Housing allowance or residence for personal use							
	▼ Travel for companions							
	Tax idemnification and gross-up payments Health or social club dues or initiation fees							
	☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur, chef)							
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	1b	Yes					
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes					
	omeers, andeers, tradeeds, and the ego, executive birector, regulating the items encoded in line fu		res					
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply							
	▼ Compensation committee							
	✓ 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 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization							
а	Receive a severance payment or change-of-control payment?	4a	Yes					
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?							
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo				
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III							
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.							
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of							
а	The organization?	5a		Νo				
b	Any related organization?	5b		Νo				
	If "Yes," to line 5a or 5b, describe in Part III							
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings 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 A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III							
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was							
	subject to the initial contract exception described in Regs-section 53 4958-4(a)(3)? If "Yes," describe in Part III	_						
		8		Νo				
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?							

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) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
LEO I HIGDON JR	(1) (11)	350,870 0	0	16,500 0	58,000 0	48,841 0	474,211 0		
PAUL L MARONI	(I) (II)	236,390 0	0	0	24,323 0	15,608 0	276,321 0		
ROGER L BROOKS	(1) (11)	208,414 0	0	0	20,700 0	9,996	239,110		
MARTHA CASWELL MERRILL	(1) (11)	155,822 0	0	0	16,508 0	35,440 0	207,770 0		
W LEE HISLE	(1) (11)	162,156 0	0	0	17,181 0	17,705 0	197,042		
GREGORY T WALDRON	(1) (11)	225,032 0	0	0	23,288	17,267 0	265,587 0		
ULYSSES B HAMMOND	(1) (11)	209,044 0	0	0	20,907 0	2,861 0	232,812		
PATRICIA M CAREY	(1) (11)	178,946 0	0	0	18,656 0	15,330 0	212,932 0		
A RM A N D O BENGO CHEA	(1) (11)	167,910 0	0	0	16,664 0	5,472 0	190,046		
NORMAN FAINSTEIN	(1) (11)	134,494 0	0	0	13,650 0	9,062	157,206 0		
FRANCES L HOFFMANN	(I) (II)	190,308 0	0	0	6,7 4 5 0	5,340 0	202,393		

Part III Supplemental Information

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

Ident if ier	Return Reference	Explanation
TRAVEL/EXPENSE REIMBURSEMENT POLICY	1 A	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 ATTRIBUTABLE TO THE PRESIDENT'S PERSONAL USE, IF ANY, ARE INCLUDED ON THE PRESIDENT'S
	PART I, LINE 4A	FRANCES L HOFFMANN RECEIVED A SEVERANCE PAYMENT IN THE AMOUNT OF \$123,410
	1	PRESIDENT LEO I HIGDON PARTICIPATES IN A NONQUALIFIED SUPPLEMENTAL RETIREMENT PLAN UNDER SECTION 457(F) THE AMOUNT PAID TO HIM UNDER THE PLAN DURING THE YEAR IS \$0

Schedule J (Form 990) 2009

(b) Issuer EIN

(c) CUSIP #

DLN: 93493129005451

Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds

Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule 0 (Form 990).
 Attach to Form 990.

(d) Date Issued

(e) Issue Price

OMB No 1545-0047

2009

Open to Public Inspection

(h) O n

Behalf of

Issuer

Name of the organization
CONNECTICUT COLLEGE

Bond Issues

(a) Issuer Name

Department of the Treasury

Internal Revenue Service

Employer identification number

(g) Defeased

06-0646587

(f) Description of Purpose

											Yes	No	Yes	No
A	CHEFA SERIES F	06-0806186	20774UJLO	04-04-2	2007	28,7	47,913	DEFEASE PR	RIOR BOND)S		х		х
В	CHEFA SERIES G	06-0806186	20774UKT1	04-04-2	2007	12,1	26,960 F	REFINANCE	CONSTRU	CTION		х		х
Pa	rt III Proceeds						•							
				Α	١		В)		E	
1	Total proceeds of issue			2	8,747,913	1	2,126,96	0						
2	Gross proceeds in reserve funds													
3	Proceeds in refunding or defeasance escrows													
4	Other unspent proceeds													
5	Issuance costs from proceeds				617,054		319,000							
6	Working capital expenditures from proceeds													
7	Capital expenditures from proceeds			2	8,130,859	1	.1,807,96	0						
8	Year of substantial completion			20	07	20	08			•				
				Yes	No	Yes	No	Yes	No	Yes	No	Ye	s	No
9	Were the bonds issued as part of	a current refunding is	ssue?	X			×							
10	Were the bonds issued as part of	an advance refundınç	g issue?		Х		×							
11	Has the final allocation of proceed	ds been made?		Х		Х								
12	Does the organization maintain active the final allocation of proceeds?	dequate books and re	ecords to support	Х		Х								
Par	t IIII Private Business Use			_								_	•	
					4	В		C	;	D			E	
				Yes	No	Yes	No	Yes	No	Yes	No	Ye	s	No
1	Was the organization a partner in which owned property financed by				×									
2	Are there any lease arrangements which may result in private busing		financed property		х									
For F	Privacy Act and Paperwork Reduction A	ct Notice, see the Inst	ructions for Form 990			Cat No 50)193E				Schedule	K (Form	990) 20	09

Schedule K (Form 990) 2009

Part III Private Business Use (Continued)

		A		E	3		С	D			E
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?		Х								
3b	Are there any research agreements with respect to the financed property which may result in private business use?		X								
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?	Х									
4	Enter the percentage of financed property used in a private business use by entities other than a section 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 section 501(c)(3) organization, or a state or local government	5 200 %									
6	Total of lines 4 and 5		5 200 %								
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	Х									
Da.	d TV Arbitrage										

Part IV Arbitrage

		Α		В		С		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		x		х						
2	Is the bond issue a variable rate issue?		х		Х						
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		х		Х						
b	Name of provider		•								
С	Term of hedge										
4a	Were gross proceeds invested in a GIC?		Х								
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?		x		х						
6	Did the bond issue qualify for an exception to rebate?		х		Х						
									Calaadiil	o V /Form 000	11 2000

OMB No 1545-0047

Open to Public Inspection

SCHEDULE M (Form 990)

Department of the Treasury

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

NonCash Contributions

Internal Revenue Service Name of the organization CONNECTICUT COLLEGE

Employer identification number

Part	T							
	Types of Property							
		(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1q	(d Method of do reven	etermın	ing	
1 A	rt—Works of art	X	3		APPRAISED VALUI	 E		
2 A	rt—Historical treasures .			,				
3 A	rt—Fractional interests							
4 B	ooks and publications							
	lothing and household							
6 C	ars and other vehicles							
7 B	oats and planes							
8 Ir	ntellectual property							
9 S	ecurities—Publicly traded .	Х	79	3,200,000	SALES PRICE			
10 S	ecurities—Closely held stock .							
	ecurities—Partnership, LLC, or trust interests							
12 S	ecurities—Miscellaneous							
c	ualified conservation contribution—Historic structures							
	ualified conservation contribution—Other							
15 R	eal estate—Residential .							
16 R	eal estate—Commercial							
17 R	ealestate—Other							
18 C	ollectibles							
19 Fo	ood inventory							
20 D	rugs and medical supplies .							
21 T	axıdermy							
	istorical artifacts							
	cientific specimens							
24 A	rcheological artifacts							
25 0	ther ▶ (<u>EQUIPMENT</u>) PLEDGES	X	14	15,000	PURCHASE PRICE			
26 0	DEEMED ther►(NONCASH)	Х	0	623,000	0			
	GIFT	V		355.000				
	ther ► (ANNUITY)	X	6	355,000	U			
	ther ► ()							
	Number of Forms 8283 received for which the organization compl				29			0
			. – , . , –	g	•		Yes	No
30a 🛭	During the year, did the organiza	tion receiv	e by contribution any prope	rty reported in Part I, lines	1-28 that it			
n	must hold for at least three year:	s from the o	late of the initial contribution	on, and which is not require	d to be used			
fe	or exempt purposes for the entir	re holding p	erıod?			30a		No
	 [f "Yes," describe the arrangeme						<u> </u>	
	Does the organization have a gif			eview of any non-standard	contributions?	31	Yes	
	Does the organization hire or use	e third parti	es or related organizations	to solicit, process, or sell i	non-cash	22-		N -
		·	· · ·	· · · · · ·		32a		No_
33 I	[f"Yes," describe in Part II [fthe organization did not report describe in Part II	revenuesı	n column (c) for a type of p	roperty for which column (a) is checked,			

Page 2

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier Return Reference Explanation

Schedule M (Form 990) 2009

Software ID: Software Version:

EIN: 06-0646587

Name: CONNECTICUT COLLEGE

SCHEDULE O (Form 990)

Supplemental Information to Form 990

DLN: 93493129005451
OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

Name of the organization CONNECTICUT COLLEGE

Employer identification number

06-0646587

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" * A CADEMIC 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 KNOWLEDGE 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 PHY SICAL DEVELOPMENT OF ITS STUDENT BODY CONNECTICUT COLLEGE ENCOURAGES STUDENTS TO ENGAGE IN A WIDE RANGE OF ACTIVITIES, INCLUDING ACADEMIC PURSUITS, A THLETICS AND PHY SICAL 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 * A DHERENCE TO COMMON ETHICAL AND MORAL STANDARDS * CONNECTICUT COLLEGE MAINTAINS A STRONG COMMITMENT TO ITS LONG-STANDING HONOR CODE STUDENTS ARE EXPECTED TO MONITOR THEIR OWN FAITHFULNESS TO THE PRINCIPLES OF HONESTY AND MORAL INTEGRITY AND TO DISPLAY COURAGE IN A CADEMIC 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 STEWARDSHIP * CONNECTICUT COLLEGE IS PROUD OF ITS PIONEERING TRADITION OF ECOLOGICAL AWARENESS AND RESPONSIBILITY AND INTENDS TO REMAIN A LEADER IN SAFEGUARDING THE ENVIRONMENT THE ARBORETUM CAMPUS IS AN ECOLOGICAL SHOWPIECE, AND THE COLLEGE'S PROCEDURES AND PROGRAMS AIM TO PRESERVE AND PROTECT THE
PEOPLES,	LIFE-LOING	ENVIRONMENT, BOTH LOCALLY AND GLOBALLY, AND TO PREPARE CITIZENS SENSITIVE TO THE NEED FOR RESPONSIBLE ENVIRONMENTAL STEWARDSHIP

ldentifier	Return Reference	Explanation
OTHER PROGRAM SERVICE ACCOMPLISHMENTS	FORM 990, PART III, LINE 4D	OTHER PROGRAM SERVICE EXPENSE INCLUDE ALUMNI AND REUNION, FEDERAL AND STATE GRANT EXPENSES, CHEFA AMORTIZATION INTEREST AND FEES, PHYSICAL PLANT COSTS, DEPRECIATION, AND ADMINISTRATIVE COMPUTING COSTS.

ldentifier	Return Reference	Explanation
FORM 990 REVIEW PROCESS	FORM 990, PART VI, SECTION B, LINE 11A	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 BY LAWS, 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 OF 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: 93493129005451

2009

OMB No 1545-0047

Open to Public Inspection

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990. ► See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization
CONNECTICUT COLLEGE

Employer identification number

06-0646587

				00-0040307	
Part I Identification of Disregarded Entities (Complet	e if the organization a	nswered "Yes" on	Form 990, Part IV	, line 33.)	
(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income End	(e) d-of-year assets	(f) Direct controlling entity
Part II Identification of Related Tax-Exempt Organization or more related tax-exempt organizations during the	ations (Complete if the tax year.)	ne organization and	swered "Yes" on Fo	orm 990, Part IV,	line 34 because it had one
(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	RADIO STATION	ст	501(C)(3)	7	NA
NEW LONDON, CT 06320 26-0117596					
OAKLEAF ENDOWMENT TRUST FOR CT COLLEGE					
1800 IDS CENTER MINNEAPOLIS, MN 55402	TRUST	СТ	501(C)(3)	11A	NA
41-6429969 CONNECTICUT COLLEGE EMPLOYER-CONTRIBUTIO					
270 Mohegan Avenue	VEBA	СТ	501(C)(9)		NA
New London, CT 06320 04-7025787					
ASSOCIATED KYOTO PROGRAM					
CONTROLLERS OFFICE COLLEGE HALL RM	EDUCATION	МА	501(C)(3)	11(c)	NA
NORTHAMPTON, MA 01063 04-2996114					

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end asset	(h Disprop allocat	rtionate	amount in	V—UBI box 20 of ıle K-1	(j) Gener mana partr	al or ging
							Yes	No			Yes	No
											1	
	cause it had one o		elated organization	s a Corporation or s treated as a corporation of (c) Legal domicile (state or) f total	Sh	(g) hare of of-year	orm 990, Pa (h) Percentage ownership	2	
				foreign country)	entity	or trust)	l en		ssets	ownership		
See Additional Data Table												

(6)

Note Complete line 1 any entity is listed in Parts 1,111 or 1V	Pa	art V	Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or	or 36.)						
A secure of (i) interest (ii) enauties (iii) ovalites (iv) rent from a controlled entity	Note. Complete line 1 if any entity is listed in Parts II, III or IV									
Discription	1 0	Ouring th	e tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?							
C C C C C C C C C C	а	a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity								
A	b	b Gift, grant, or capital contribution to other organization(s)								
Base Leans or loan guarantees by other organization(s) Comment Comme	c	c Gift, grant, or capital contribution from other organization(s)								
F Sale of assets to other organization(s) If No No No No No No No N	d	d Loans or loan guarantees to or for other organization(s)								
### Purchase of assets from other organization(s) ### Purchase of assets ### Exchange of assets ### Exchange of assets ### Exchange of facilities, equipment, or other assets from other organization(s) ### Easse of facilities, equipment, or other assets from other organization(s) ### Performance of services or membership or fundraising solicitations fronther organization(s) ### Performance of services or membership or fundraising solicitations by other organization(s) ### Performance of services or membership or fundraising solicitations by other organization(s) ### Performance of services or membership or fundraising solicitations by other organization(s) ### Performance of services or membership or fundraising solicitations by other organization(s) ### Performance of services or membership or fundraising solicitations by other organization(s) ### Performance of services or membership or fundraising solicitations by other organization(s) ### Performance of services or membership or fundraising solicitations by other organization(s) ### Performance of services or membership or fundraising solicitations by other organization(s) ### Performance of services or membership or fundraising solicitations by other organization(s) ### Performance of services or membership or fundraising solicitations for other organization(s) ### Performance of services or membership or fundraising solicitations for other organization(s) ### Performance of services or membership or fundraising solicitations for other organization(s) ### Performance of services or membership or fundraising solicitations for other organization(s) ### Performance of services or membership or fundraising solicitations for other organization(s) ### Performance of services or membership or fundraising solicitations for other organization(s) ### Performance of services or membership or fundraising solicitations for other organization(s) ### Performance of services or membership or fundraising solicitations for other organization(s) ### Pe	е	Loans	or loan guarantees by other organization(s)	1e	:	No				
### Purchase of assets from other organization(s) ### Purchase of assets ### Exchange of assets ### Exchange of assets ### Exchange of facilities, equipment, or other assets from other organization(s) ### Easse of facilities, equipment, or other assets from other organization(s) ### Performance of services or membership or fundraising solicitations fronther organization(s) ### Performance of services or membership or fundraising solicitations by other organization(s) ### Performance of services or membership or fundraising solicitations by other organization(s) ### Performance of services or membership or fundraising solicitations by other organization(s) ### Performance of services or membership or fundraising solicitations by other organization(s) ### Performance of services or membership or fundraising solicitations by other organization(s) ### Performance of services or membership or fundraising solicitations by other organization(s) ### Performance of services or membership or fundraising solicitations by other organization(s) ### Performance of services or membership or fundraising solicitations by other organization(s) ### Performance of services or membership or fundraising solicitations by other organization(s) ### Performance of services or membership or fundraising solicitations for other organization(s) ### Performance of services or membership or fundraising solicitations for other organization(s) ### Performance of services or membership or fundraising solicitations for other organization(s) ### Performance of services or membership or fundraising solicitations for other organization(s) ### Performance of services or membership or fundraising solicitations for other organization(s) ### Performance of services or membership or fundraising solicitations for other organization(s) ### Performance of services or membership or fundraising solicitations for other organization(s) ### Performance of services or membership or fundraising solicitations for other organization(s) ### Pe										
h Exchange of assets i Lease of facilities, equipment, or other assets to other organization(s) i Lease of facilities, equipment, or other assets from other organization(s) i Performance of services or membership or fundraising solicitations for other organization(s) ii Performance of services or membership or fundraising solicitations by other organization(s) iii Pes performance of services or membership or fundraising solicitations by other organization(s) iii Pes performance of services or membership or fundraising solicitations by other organization(s) iii Pes performance of services or membership or fundraising solicitations by other organization(s) iii Pes performance of services or membership or fundraising solicitations by other organization(s) iii Pes performance of services or membership or fundraising solicitations for other organization(s) iii Pes performance of services or membership or fundraising solicitations for other organization(s) iii Pes performance of services or membership or fundraising solicitations for other organization(s) iii Pes performance of services or membership or fundraising solicitations for other organization(s) iii Pes performance of services or membership or fundraising solicitations for other organization(s) iii Pes performance of services or membership or fundraising solicitations for other organization(s) iii Pes performance of services or membership or fundraising solicitations for other organization(s) iii Pes performance of services or membership or fundraising solicitations for other organization(s) iii Pes performance of services or membership or fundraising solicitations for other organization(s) iii Pes performance of services or membership or fundraising solicitations for other organization(s) iii Pes performance of services or membership or fundraising solicitations for other organization(s) iii Pes performance of services or membership or fundraising solicitations for other organization(s) iii Pes performance of services or membership or fundraising solicitati	f Sale of assets to other organization(s)									
i Lease of facilities, equipment, or other assets to other organization(s) j Lease of facilities, equipment, or other assets from other organization(s) j Performance of services or membership or fundraising solicitations for other organization(s) if Performance of services or membership or fundraising solicitations by other organization(s) if Performance of services or membership or fundraising solicitations by other organization(s) if Performance of services or membership or fundraising solicitations by other organization(s) if Performance of services or membership or fundraising solicitations by other organization(s) if Performance of services or membership or fundraising solicitations by other organization(s) if Performance of services or membership or fundraising solicitations by other organization(s) if Performance of services or membership or fundraising solicitations by other organization(s) if Performance of services or membership or fundraising solicitations by other organization(s) if Performance of services or membership or fundraising solicitations by other organization for sevences if Performance of services or membership or fundraising solicitations for information or sevences if Performance of services or membership or fundraising solicitations for information or sevences if Performance of services or membership or fundraising solicitations for information or sevences if Performance of services or membership or fundraising solicitations for information or sevences if Performance of services or membership or fundraising solicitations for other organization(s) if Performance of services or membership or fundraising solicitations for other organization(s) if Performance of services or membership or fundraising solicitations for other organization(s) if Performance of services or membership or fundraising solicitations for other organization(s) if Performance of services or membership or fundraising solicitations for other organization(s) if Performance of services or membership	g	g Purchase of assets from other organization(s)								
j Lease of facilities, equipment, or other assets from other organization(s) k Performance of services or membership or fundraising solicitations for other organization(s) ii Performance of services or membership or fundraising solicitations by other organization(s) iii Nos iii	h	h Exchange of assets								
Reformance of services or membership or fundraising solicitations for other organization(s) I	i	Lease	of facilities, equipment, or other assets to other organization(s)	1i	Yes	<u>: </u>				
Reformance of services or membership or fundraising solicitations for other organization(s) I										
Performance of services or membership or fundraising solicitations by other organization(s) Mathematical Properties	j	Lease	of facilities, equipment, or other assets from other organization(s)	1 j		No				
m Sharing of facilities, equipment, mailing lists, or other assets n Sharing of paid employees n Reimbursement paid to other organization for expenses n Reimbursement paid by other organization for expenses n Other transfer of cash or property to other organization(s) 1	k	k Performance of services or membership or fundraising solicitations for other organization(s)								
In Sharing of paid employees Reimbursement paid to other organization for expenses Reimbursement paid by other organization for expenses Q Other transfer of cash or property to other organization(s) 10 In Ves	ı	I Performance of services or membership or fundraising solicitations by other organization(s)								
Reimbursement paid to other organization for expenses Reimbursement paid by other organization for expenses Q Other transfer of cash or property to other organization(s) To other transfer of cash or property from other organization(s) If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds Transaction (a) Name of other organization (1) CONNECTICUT COLLEGE EMPLOYER CONTRIBUTED VEBA Q 174,109 (2) OAKLEAF ENDOWMENT TRUST FOR CT COLLEGE R 204,766 (4) Use the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds Transaction (b) Transaction (p)	m Sharing of facilities, equipment, mailing lists, or other assets									
P Reimbursement paid by other organization for expenses 1 p	n Sharing of paid employees									
P Reimbursement paid by other organization for expenses 1 p										
Q Other transfer of cash or property to other organization(s) 1q Yes Yes	o	Reimb	ursement paid to other organization for expenses	10)	No				
The answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds Comparison Co	р	Reimb	ursement paid by other organization for expenses	1p)	No				
The answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds Comparison Co										
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds (a) (b) Transaction type(a-r) (1) CONNECTICUT COLLEGE EMPLOYER CONTRIBUTED VEBA (2) OAKLEAF ENDOWMENT TRUST FOR CT COLLEGE (3) (4) (4)	q	Other	transfer of cash or property to other organization(s)	19	Yes					
(a) Name of other organization (b) Transaction type(a-r) Amount involved (c) OAKLEAF ENDOWMENT TRUST FOR CT COLLEGE RPLOYER CONTRIBUTED VEBA (2) OAKLEAF ENDOWMENT TRUST FOR CT COLLEGE (3) (4)	r	Other	transfer of cash or property from other organization(s)	1r	Yes	<u> </u>				
(a) Name of other organization (b) Transaction type(a-r) (c) Amount involved (d) CONNECTICUT COLLEGE EMPLOYER CONTRIBUTED VEBA Q 174,109 (2) OAKLEAF ENDOWMENT TRUST FOR CT COLLEGE R 204,766 (3) (4)										
Name of other organization (1) CONNECTICUT COLLEGE EMPLOYER CONTRIBUTED VEBA (2) OAKLEAF ENDOWMENT TRUST FOR CT COLLEGE (3) (4)	2	Ifthe	answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transact	tion thresholds						
(1) CONNECTICUT COLLEGE EMPLOYER CONTRIBUTED VEBA (2) OAKLEAF ENDOWMENT TRUST FOR CT COLLEGE (3) (4)			Name of other organization Transaction			ved				
(2) OAKLEAF ENDOWMENT TRUST FOR CT COLLEGE (3) (4)	(1)	CONNECT	CUT COLLEGE EMPLOYED CONTRIBUTED VERA			174 100				
(3)										
(4)	(2)	JAKLEAF E		:	204,766					
	(3)									
(5)	(4)									
(5)										
	(5)									

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

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

(a) 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		(e) Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	(h) eral or naging rtner?	
			Yes	No		Yes	No		Yes	N	
									+-	╁	
										1	
									_	+	
										T	
										1	
									+-	t	
										Ī	
										\downarrow	
										+	
										T	
										-	
									+	\dagger	
										Ī	
										-	

Software ID: Software Version:

EIN: 06-0646587

Name: CONNECTICUT COLLEGE

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income (\$)	(g) Share of end-of-year assets (\$)	(h) Percentage ownership
OA CRUT 270 MOHEGAN AVENUE NEW LONDON, CT06320 06-1476249	CHARITABLE TRUST	СТ	NA	Т	7,558	84,264	58 000 %
KWC CRUT 270 MOHEGAN AVENUE NEW LONDON, CT06320 91-1973550	CHARITABLE TRUST	NY	NA	Т	14,684	263,614	57 000 %
MAC CRUT 270 MOHEGAN AVENUE NEW LONDON, CT06320 22-3218954	CHARITABLE TRUST	СТ	N A	Т	13,119	126,904	51 000 %
AWM CRUT 270 MOHEGAN AVENUE NEW LONDON, CT06320 05-6122981	CHARITABLE TRUST	СТ	NA	Т	46,440	570,053	74 000 %
MEP CRUT 270 MOHEGAN AVENUE NEW LONDON, CT06320 06-1445088	CHARITABLE TRUST	СТ	NA	Т	18,948	220,738	64 000 %
WLP UNITRUST 270 MOHEGAN AVENUE NEW LONDON, CT06320 99-9999999	CHARITABLE TRUST	МА	NA	Т	9,902	129,216	56 000 %
GPG CRUT 270 MOHEGAN AVENUE NEW LONDON, CT06320 65-6137339	CRUT	FL	NA	Т	2,047	24,178	70 000 %
TMW CRUT 270 MOHEGAN AVENUE NEW LONDON, CT06320 06-1445089	CHARITABLE TRUST	СТ	NA	Т	7,585	63,556	69 000 %
PHI BETA KAPPA 270 MOHEGAN AVENUE NEW LONDON, CT06320 06-6103682	HONOR SOCIETY	СТ	NA	С	4,515	7,841	100 000 %