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DLN: 93493126007523

Form **990**

Department of the Treasury

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)

2011

OMB No 1545-0047

Open to Public

	Revenue					Inspection			
		2011 calendar year, or tax year beginning 07-01-2011 C Name of organization	and ending 06-30-201	2	D Employer ider	ntification number			
_	eck if a _l dress ch	CONNECTIOUT COLLEGE			06-0646587	7			
_	me chai	Doing Business As		_	E Telephone nu				
_	nal retu		o street address \ D/	uto.	(860)439-2	088			
_	minate	270 MOHEGAN AVENUE	o street address) Room/su	ute -	G Gross receipts \$	159,234,000			
_	ended	NEW LONDON, CT 063204196		_					
App	plication	n pending							
		F Name and address of principal officer PAUL L MARONI		H(a) Is this affiliat	s a group return tes?	for			
		270 MOHEGAN AVENUE NEW LONDON, CT 06320							
		NEW ESTABON, CT 00320		1 ' '	affiliates include	xd? Yes No (see instructions)			
[Та	x-exem	npt status	7(a)(1) or		p exemption nur				
y W	ebsite	∷► WWW CONNCOLL EDU							
K Forr	n of org	ganization Corporation Trust Association Other		L Year of for	mation 1911 M	State of legal domicile CT			
Pa	rt I	Summary		•	•				
Governance		Briefly describe the organization's mission or most signific CONNECTICUT COLLEGE EDUCATES STUDENTS TO I SOCIETY		RTS INTO AC	FION AS CITIZ	ENS IN A GLOBAL			
曇	-								
ŝ		Check this box 🚩 if the organization discontinued its op			1 1				
ණ ග		Number of voting members of the governing body (Part VI			3	29			
Activities &		Number of independent voting members of the governing l Total number of individuals employed in calendar year 20			5	2,232			
3		Total number of volunteers (estimate if necessary)			6	1,107			
4	1	Total unrelated business revenue from Part VIII, column			7a	74,000			
	1	Net unrelated business taxable income from Form 990-T,			7b	,			
			Prio	Year	Current Year				
а.	8	Contributions and grants (Part VIII, line 1h)		16,869,000	24,105,000				
¥.	9	Program service revenue (Part VIII, line 2g)			00,375,000	105,384,000			
Ravenue	10	Investment income (Part VIII, column (A), lines 3, 4, a		19,485,000	7,489,000				
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9 Total revenue—add lines 8 through 11 (must equal Part		<u> </u>	2,471,000	2,194,000			
		12)			39,200,000	139,172,000			
	13	Grants and similar amounts paid (Part IX, column (A), I			25,947,000	25,792,000			
	14	Benefits paid to or for members (Part IX, column (A), lir	·		0	0			
8	15	Salaries, other compensation, employee benefits (Part 5-10)	laries, other compensation, employee benefits (Part IX, column (A), lines						
Expenses	16a	Professional fundraising fees (Part IX, column (A), line	11e)		0	0			
ੜੇ	ь	Total fundraising expenses (Part IX, column (D), line 25) $\blacktriangleright 5,966,00$	00						
	17	Other expenses (Part IX, column (A), lines 11a-11d, 1	l1f-24e)		35,869,000	40,012,000			
	18	Total expenses Add lines 13-17 (must equal Part IX,		1	24,019,000	130,028,000			
	19	Revenue less expenses Subtract line 18 from line 12			15,181,000	9,144,000			
Net Assets or Fund Balances					of Current ear	End of Year			
9 gg	20	Total assets (Part X, line 16)		3	76,416,000	382,757,000			
4 P	21	Total liabilities (Part X, line 26)			94,745,000	96,407,000			
	22	Net assets or fund balances Subtract line 21 from line	20	2	81,671,000	286,350,000			
	r t III r penal	Signature Block Ities of perjury, I declare that I have examined this return, inc	luding accompanying s	chedules and st	atements, and to	the best of my			
know		and belief, it is true, correct, and complete. Declaration of pre							
		****** Signature of officer			13-05-03				
Sign Her				Da	ıc				
	-	PAUL L MARONI VP FOR FINANCE Type or print name and title							
Paid		Preparer's signature		Check if self-employed	Preparer's taxpay (see instructions)	er identification number			
Prepa Use (arer's Only	Firm's name (or yours if self-employed), address, and ZIP + 4 One Financial Plaza		, , , , , , , , , , , , , , , , , , ,	EIN Þ				
	•	,			Phone no 🕨 (86	50) 522-3200			
		Hartford, CT 061032608							

May the IRS discuss this return with the preparer shown above? (see instructions)

Form	1990 (2011)					Page 2
Par		t of Program Serv edule O contains a res				
1	Briefly describe th	e organızatıon's mıssıoı	า			
<u>CON</u>	INECTICUT COLLEC	GE EDUCATES STUDE	NTS TO PUT T	HE LIBERAL ARTS IN	ITO ACTION AS CITIZEN	IS IN A GLOBAL SOCIETY
_						
2	_	n undertake any signific or 990-EZ?		- ,	r which were not listed on	┌ Yes ┌ No
	If "Yes," describe t	hese new services on S	chedule O			
3	services?			-	nducts, any program	┌ Yes ┌ No
	If "Yes," describe t	hese changes on Sched	lule O			
4	expenses Section	501(c)(3) and 501(c)(4	1) organization	s and section 4947(a)	ree largest program servic i(1) trusts are required to r ch program service reporte	eport the amount of
4a	(Code) (Expenses \$	74,671,000	ıncludıng grants of \$	25,792,000) (Revenue \$	80,218,000)
	ARTS AND SCIENCES SCIENCES ARE DESIG STUDENT-FACULTY RA	MAJORS OFFERED BY CONNI NED TO SHAPE ETHICAL, INF ATIO OF 9 1, FORTY-ONE MA	ECTICUT COLLEGE FORMED CITIZENS JJORS, 162 FULL-T	THE COLLEGE'S ACADEMIC WITH A GLOBAL PERSPECT: IME PROFESSORS, LANGUA		TION PROGRAMS, CERTIFICATE
	(Code) (Expenses \$	17,191,000	ıncludıng grants of \$) (Revenue \$	19,307,000)
4b	*AUXILIARY SERVICES RESIDENTIAL CAMPUS	* AUXILIARY SERVICES INVO NINETY-EIGHT PERCENT O	DLVES RUNNING THE F STUDENTS LIVE	HE COLLEGE'S NUMEROUS D ON CAMPUS IN 23 RESIDER	DORMITORIES AND DINING FACIL	ITIES CONNECTICUT COLLEGE IS A ON CAMPUS SERVE OUR STUDENTS
	(Code) (Expenses \$	4,479,000	ıncludıng grants of \$) (Revenue \$	5,792,000)
4 C	*STUDY AWAY* IS AN TRADITION OF RECOG EDUCATES STUDENTS THEIR JUNIOR YEAR 1	OPPORTUNITY FOR QUALIFI SNIZING THE IMPORTANCE O TO PUT THE LIBERAL ARTS THROUGH CAREFULLY SELEC	ED STUDENTS TO IF INT'L STUDIES A INTO ACTION AS C TED PROGRAMS (STUDY AWAY FOR CREDIT IND STUDY AWAY AS REFLE ITTIZENS IN A GLOBAL SOCII DUR STUDY AWAY/TEACH A	ABROAD OR ELSEWHERE IN THE CTED IN OUR MISSION STATEME ETY" 55% OF THE COLLEGE'S ST	US THE COLLEGE HAS A LONG NT "CONNECTICUT COLLEGE 'UDENTS STUDY AWAY DURING ID FACULTY TO HOST INSTITUTIONS
	(Code OTHER REVENUE) (Expenses \$		including grants of \$) (Revenue \$	1,569,000)
	0.1	(5. 1. 5.)				
4d	Other program se (Expenses \$	rvices (Describe in Scl 8,493,000 inc	nedule O) cluding grants (of\$) (Revenue \$	1,569,000)
4e	Total program ser	vice expenses►\$	104,834,00	0		

Part IV	Checklist	t of I	Reauired	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes,"</i> complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? $^{f 2}$	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? <i>If "Yes," complete Schedule D, Part VI.</i>	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b	Yes	
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d	Yes	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. &	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, 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 ? <i>If "Yes," complete Schedule F, Part II and IV</i>	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? <i>If</i> " <i>Yes,"</i> complete Schedule F, Part III and IV	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> " <i>Yes," complete Schedule G, Part I</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? If "Yes," 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
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

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 \blacksquare	21		N o
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	
	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	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		N o
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		N o
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	Yes	
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	Yes	
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		N o
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule Ma	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		N o
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		N o
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	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a	Yes	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b	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		N o
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	
		F	orm 990	(2011)

Form 990 (2011)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	1a 469			
ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	1 b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	_		
	gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this			
	return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
		2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the			
	year?	3a	Yes	
Ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities			
	account)?	4a	Yes	
ь	If "Yes," enter the name of the foreign country •VM , CJ			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
		50		
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		N o
	organization solicit any contributions that were not tax deductible?			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	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 contribution and partly for goods and	7a		Νo
L	services provided to the payor?	7b		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	70		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
-	74 Test, indicate the number of forms of the daring the year 1 1 1 1			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	7		
L	required?	7g		
n	Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did			
	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
	facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other			
	sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
-	year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?			
	Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization			
	allocated to each state	13a		
Ь	Enter the aggregate amount of reserves the organization is required to maintain by			
-	the states in which the organization is licensed to issue qualified health plans			
С	Enter the aggregate amount of reserves on hand			
	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No_
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		F	orm 990	(2011)

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.

Check if Schedule O contains a response to any question in this Part VI

Se	ection A. Governing Body and Management		· ·					
	<u> </u>		Yes	No				
1-	Enter the number of voting members of the governing body at the end of the tax							
1a	year							
b	Enter the number of voting members included in line 1a, above, who 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		No				
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		No				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No				
5	Did the organization become aware during the year of a significant diversion of the organization's assets? $$.	5		No				
6	Did the organization have members or stockholders?	6		No				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No				
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	b Each committee with authority to act on behalf of the governing body?							
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		No				
	ection B. Policies (This Section B requests information about policies not required by the Internal							
<u></u>	venue Code.)		Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a	103	No				
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,							
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No				
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes					
	Were officers, directors or trustees, and key employees required to disclose annually interests that could give	124	103					
_	rise to conflicts?	12b	Yes					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes					
13	Did the organization have a written whistleblower policy?	13	Yes					
14	Did 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?							
	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 15a or 15b, 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," did the organization follow a written policy or procedure requiring the organization to evaluate its							
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the							
	organization's exempt status with respect to such arrangements?	16b	Yes					
	List the States with which a copy of this Form 990 is required to be filed FCT , NY							
	List the states with which a copy of this form 220 is required to be illeaffer a fixt							

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available.

Own website Another's website V Upon request

- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►
 CONTROLLER'S OFFICE
 270 MOHEGAN AVENUE
 NEW LONDON, CT 063204196
 (860) 439-2081

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, 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, if any See instructions for definition of "key employee"
- ◆ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the or	ganization nor any re	lated o	rgan	ızatı	ons	compe	ensat	ted any current or fo	rmer officer, direc	tor, or trustee
(A) Name and Title	(B) A verage hours per week (describe	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
	hours for related organizations in Schedule O)	Individual trustae or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		MISC)	related organizations
See Additional Data Table										
				\vdash			_			

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

	(A) Name and Title	(B) A verage hours per week (describe	unles an	ion (d e thai	n on son er a	e bo ıs b nd a	x, oth		Rep comp fro organi:	(D) ortable ensation om the zation (W-	(E) Reportable compensation from related organizations (W- 2/1099-	,	(F) Estimated amount of other compensation from the organization and related	
		hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Ke, emplo,ee	Highest compensated employee	Former			MISC)		relat organiza	
See /	Addıtıonal Data Table			 								+		
												\dashv		
				+			+					\dashv		
												+		
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												\dashv		
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												+		
				 								\dashv		
												+		
1b	Sub-Total	<u> </u>		<u> </u>	<u> </u>	<u> </u>		<u> </u> ►				\dashv		
	Total from continuation sheets				•	•		P						
d	Total (add lines 1b and 1c) .							-		2,197,879		0		399,337
2	Total number of individuals (inc \$100,000 of reportable comper						above) who	o receive	ed more tha	ın			
													Yes	No
3	Did the organization list any for	mer officer, direc	ctorort	truste	ee, k	ey e	employ	ee, c	or highes	st compens	ated employee		res	No
	on line 1a? If "Yes," complete Sc											3		No
4	For any individual listed on line organization and related organiz													
	ındıvıdual			•	•	•		•				4	Yes	
5	Did any person listed on line 1a services rendered to the organiz								-	-	or individual for	5		No
S	ection B. Independent Cor Complete this table for your five		nsated	ından	and	ant (contra	ctore	that re	celved mor	e than			
-	\$100,000 of compensation from within the organization's tax y	n the organizatio												
		(A) me and business ad	drace							Desci	(B) ription of services		(C Comper	
	TTE ASSOCIATES INC CONGRESS STREET 5TH FLOOR	ille alla basilless au	uicss							ARCHITECTS	•		Compe	670,825
BOST	ON, MA 02110 BRIDGE ASSOCIATES LLC									ARCHITECTS	,			070,023
100 9	SUMMER STREET ON, MA 02210									INVESTMENT	ADVISORS			210,816
KPM										AUDIT FIRM				128,000
DALL	AS, TX 75312 GIN AND DANA													<u>, </u>
ONE	CITY PLACE FORD, CT 06103									ATTORNEYS				192,177
PO B	RE PRODUCTIONS INC OX 454					_		_		PRODUCTIO	N COMPANY	_		353,393

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►8

rantv		Statement of	n kevenue					
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
\$ \$	1a	Federated cam	paigns 1a					
듄둦	ь	Membership du	ıes 1b					
్రె≝	c	Fundraising ev	ents 1c					
£ E	d	Related organiz	zations 1d					
ਨੇਵੇਂ	l e	Government grant		997,000				
뜻	f	All other contribute	ons, gifts, grants, and 1f	23,108,000				
美量	'	similar amounts no						
₽₹	g	Noncash contr	ibutions included in					
Contributions, gifts, grants and other similar amounts	١.	lines 1a-1f \$ _	s 1a-1f		24,105,000			
၂၈	h	iotai. Add lines	S 1 d - 1 1		24,103,000			
<u>a</u>				Business Code				
ē.	2a	TUITION		611710	78,716,000	78,716,000		
æ	b	ROOM AND BOARD), AUX SERVICES	721310	19,307,000	19,307,000		
ψ Q	С	STUDY AWAY		611710	5,792,000	5,792,000		
er K	d	OTHER PROGRAM	SERVICE REVENUE	900099	1,569,000	1,569,000		
ග	e		_					
Program Service Revenue	f	All other progra	am service revenue					
ွိ								
<u> </u>	g		s 2a-2f	+	105,384,000			
	3		ome (including dividen	H	4.045.005		45.55	4.064.00-
			aramounts)	-	4,915,000		-46,000	4,961,000
	4		stment of tax-exempt bond	` <u> </u>	0			13.000
	5	Royalties			13,000			13,000
		C	(ı) Real 224,000	(11) Personal				
	6a	Gross rents Less rental	220,000					
	Ь	expenses	·					
	C	Rental income or (loss)	4,000					
	d	Net rental inco	me or (loss)	🛌	4,000			4,000
			(ı) Securities	(II) Other				
	7a	Gross amount from sales of	10,632,000	11,784,000				
		assets other						
	Ь	than inventory Less cost or	10,622,000	9,220,000				
	-	other basis and sales expenses						
	c	Gain or (loss)	10,000	2,564,000				
	d	Net gain or (los	ss)		2,574,000			2,574,000
	8a	Gross income f	rom fundraising					
e E		events (not inc	luding					
₹		\$ of contributions	 s reported on line 1c)					
<u>§</u>			ne 18					
<u>.</u>			а					
Other Revenue	b		penses b					
0	c		(loss) from fundraising	events 🟲	0			
	9a		rom gaming activities					
		See Part IV, III	ne 19 a					
	Ь	Less directev	penses b					
	c		(loss) from gaming acti	vities	o			
	10a	Gross sales of		-				
		returns and allo						
			a					
	b		oods sold b					
	С		(loss) from sales of inv		0			
		Miscellaneou	s Revenue	Business Code	420.00-			420.00-
	11a	BOOKSTORE		451211	120,000			120,000
	b	PRINTING AN	D MAILING	713940	85,000	85,000		
	C	STUDENT ORG	GANIZATION	525990	19,000			19,000
	d	All other reven	ue		1,953,000	1,417,000	120,000	416,000
	e	Total. Add lines	s 11a-11d		2,177,000			
					2,1.7,000			
	12	Total revenue.	See Instructions .	· · •	139,172,000	106,886,000	74,000	8,107,000

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D) Check if Schedule O contains a response to any question in this Part IX

Do no	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	0			
2	Grants and other assistance to individuals in the United States See Part IV, line 22	25,792,000	25,792,000		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	1,396,000	477,000	827,000	92,000
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	126,116	126,116		
7	Other salaries and wages	46,373,884	37,583,884	5,726,000	3,064,000
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	3,716,000	2,861,000	521,000	334,000
9	Other employee benefits	9,181,000	7,066,000	1,564,000	551,000
10	Payroll taxes	3,431,000	2,642,000	480,000	309,000
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	277,000	28,000	245,000	4,000
С	Accounting	142,000		142,000	
d	Lobbying	0			
е	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	2,264,000		2,264,000	
g	Other	1,526,000	879,000	271,000	376,000
12	Advertising and promotion	87,000	68,000	19,000	
13	Office expenses	6,281,000	5,270,000	674,000	337,000
14	Information technology	690,000	187,000	503,000	
15	Royalties	0			
16	Occupancy	7,913,000	5,523,000	1,826,000	564,000
17	Travel	1,735,000	1,504,000	106,000	125,000
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	382,000	156,000	154,000	72,000
20	Interest	3,562,000	2,844,000	702,000	16,000
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	7,299,000	5,473,000	1,752,000	74,000
23	Insurance	717,000	717,000		
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	BOOKS AND PERIODICALS	1,677,000	1,664,000	7,000	6,000
b	OTHER EXPENSES	1,398,000	176,000	1,219,000	3,000
С	STUDY AWAY PROGRAMS	3,556,000	3,556,000		
d	MEMBERSHIPS	263,000	110,000	147,000	6,000
е					
f	All other expenses	243,000	131,000	79,000	33,000
25	Total functional expenses. Add lines 1 through 24f	130,028,000	104,834,000	19,228,000	5,966,000
26	Joint costs. Check here ► ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				m 990 (2011)

Part X **Balance Sheet** (A) (B) Beginning of year End of year 24,000 25,000 1 1 17,696,000 18.883.000 2 2 3 20,592,000 26,728,000 189,000 278.000 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 0 0 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 ol 0 6 2,284,000 2,142,000 7 907.000 8 756.000 9 1,112,000 931,000 Prepaid expenses and deferred charges 10a 230,444,000 Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b 124,135,000 b Less accumulated depreciation 94,281,000 **10c** 106,309,000 115,745,000 11 113,685,000 11 94,589,000 96,040,000 12 12 Investments—other securities See Part IV, line 11 13 13 0 Investments—program-related See Part IV, line 11 . . 14 0 14 28,997,000 15 16,980,000 15 376,416,000 382,757,000 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 14,332,000 17 17,062,000 17 Accounts payable and accrued expenses . 18 18 19 2,001,000 19 2,235,000 20 70.605.000 20 69.190.000 21 Escrow or custodial account liability Complete Part IV of Schedule D . . 21 Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 0 0 persons Complete Part II of Schedule L \ldots . \ldots . \ldots 22 ol 0 23 Secured mortgages and notes payable to unrelated third parties . . . 23 ol 24 Unsecured notes and loans payable to unrelated third parties 24 0 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 7,807,000 7,920,000 25 D 26 94,745,000 26 96,407,000 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 59,335,000 27 55,628,000 Unrestricted net assets 88,640,000 28 89.269.000 28 Temporarily restricted net assets Fund 29 133,696,000 29 141,453,000 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 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ž 33 281.671.000 33 286.350.000 Total net assets or fund balances 34 Total liabilities and net assets/fund balances 376.416.000 382,757,000

Pal	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		139,1	.72,000
2	Total expenses (must equal Part IX, column (A), line 25)	2			28,000
3	Revenue less expenses Subtract line 2 from line 1	3		9,1	.44,000
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		281,6	571,000
5	Other changes in net assets or fund balances (explain in Schedule O)	5		-4,4	65,000
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		286,3	350,000
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII			୮	
				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		2 c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separated basis	sued			
За	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 reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	quired	3b	Yes	

Employer identification number

OMB No 1545-0047

Public Charity Status and Public Support

Department of the Treasury Internal Revenue Service

SCHEDULE A

(Form 990 or 990EZ)

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

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

Inspection

Name of the CONNECTICU	e organization T COLLEGE
Part I	Reason for Public Charity Status (All organizations must comple
The organiz	zation is not a private foundation because it is (For lines 1 through 11, check o

			(iii)	(iv)	(11)	(vi)			
h		Provide the follo	wing information about	the supported organizat	on(s)				
		` '	<i>'</i>	n described in (i) or (ii) a			11g(ii	i)	<u> </u>
		,	nber of a person descri	` '			11g(i	_	
				ne the supported organiza	ation?		11g(i	_	<u> </u>
			•	•	ogether with persons des	crıbed ın (ıı)		Yes	No
9		Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?							
g		check this box Since August 17	7. 2006, has the organ	ization accepted any diff	or contribution from any	of the			ı
f		If the organization	,	etermination from the IR	S that it is a Type I, Type	e II or Type III su	ıpportıng	organız	ation,
		other than found section 509(a)(-	her than one or more pub	licly supported organizat	ions described in	section	509(a)(:	1) or
e	Γ				olled directly or indirectly				
			cribes the type of supp	orting organization and o	complete lines 11e through - Functionally integrated	jh 11h	Type		
11	I				efit of, to perform the func on 509(a)(1) or section !				
10	_	-		,	oublic safety See section				
	_		=		509(a)(2). (Complete Par				
		• •	-		ss taxable income (less s	•	rom bus	inesses	
		receipts from ac	tivities related to its e	xempt functions—subjec	t to certain exceptions, a	nd (2) no more th	an 33 1/3	% of	
9	Γ	An organization	that normally receives	(1) more than 331/3% (of its support from contrib	outions, members	hıp fees,	and gro	SS
8	Γ			n 170(b)(1)(A)(vi) (Con	nplete Part II)				
•	,	described in	L)(A)(vi) (Complete P	•	Sapport nom a governme	incar aime or moin e	ne gener	ai public	•
7	_		=	=	support from a governme		he gener	al public	
6	г			•	ribed in section 170(b)(1)(A)(v)			
5	ļ		operated for the benefi 1)(A)(iv). (Complete P	-	ry owned or operated by a	governmental un	it descri	bea III	
_	_							 .	
-	•	hospital's name,		tea iii eenjanetien men a	nospital accombca in Sco		,(,· = ··	cor circ	
4	<u>'</u>	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the							
3	-					(A)(iii)			
1 2	 	•	A church, convention of churches, or association of churches section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)						
	ganı:	·		·	gh 11, check only one bo	×)			
Par'				, 3	must complete this p		ctions		
						06-0646587			

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1 - 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organizati col (i) orga in the U	on in anized	(vii) A mount of support?
			Yes	No	Yes	No	Yes	No	
Total									

instructions

Sch	edule A (Form 990 or 99	90-EZ)2011						Page 2
	(Complet	e only if you	checked the	box on line 5,	7, or 8 of Part	(b)(1)(A)(iv) I or if the orgar	nızatıon faıle	d to qualify
			<u>organızatıon f</u>	fails to qualify ι	<u>under the tests</u>	listed below, pl	<u>lease comple</u>	ete Part III.)
	ection A. Public Su					Т	1	
Cal	endar year (or fiscal ye in)	ar beginning	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contribut	ions, and						
	membership fees recei							
	ınclude any "unusual							
_	grants ") Tax revenues levied fo	rtho						
2	organization's benefit a							
	paid to or expended on							
	behalf							
3	The value of services of							
	furnished by a governme the organization withou							
4	Total. Add lines 1 thro	_						
5	The portion of total cor	-						
-	by each person (other	than a						
	governmental unit or p	•						
	supported organization line 1 that exceeds 2%							
	amount shown on line 1							
	(f)	21,0014						
6	Public Support. Subtractine 4	ct line 5 from						
S	ection B. Total Sup	port						
Cal	endar year (or fiscal yea	r beginning	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
_	ın)	_	(4) 2007	(2) 2000	(4) 2005	(4) 2020	(0) 2022	(1) 1 3 4 4
7 8	A mounts from line 4 Gross income from inte	rost –						
0	dividends, payments re							
	securities loans, rents							
	and income from simila	ır						
_	sources							
9	Net income from unrela business activities, wh							
	not the business is reg							
	carried on							
10	Other income (Explain							
	IV) Do not include gai from the sale of capital							
11	Total support (Add line							
	through 10)							
12	Gross receipts from re	lated activities	s, etc (See inst	ructions)			12	
13	First Five Years If the		r the organizati	on's first, second	l, thırd, fourth, or	fıfth tax year as a	501(c)(3) or	
	check this box and sto	p here						▶ □
S	ection C. Computat	ion of Publ	ic Support F	Percentage				
14	Public Support Percen	tage for 2011	(line 6 column	(f) dıvıded by lıne	11 column (f))		14	
15	Public Support Percen	tage for 2010	Schedule A , Pa	rt II, line 14			15	
16a	33 1/3% support test-					line 14 is 33 1/3%	% or more, che	
h	and stop here. The org 33 1/3% support test					6a and line 15 is	33 1/20% or m	ore check this
D	box and stop here. The					oa, and inte 15 IS	1/3%0 UI M	ore, check this
17a	10%-facts-and-circum	-	•		-	ne 13, 16a, or 16	b and line 14	٠,
	ıs 10% or more, and ıf							
	in Part IV how the orga	anızatıon meet	s the "facts and	d circumstances"	test The organiz	zatıon qualıfıes as	a publicly su	
b	organization 10%-facts-and-circum	stances test—	2010. If the ora	anization did not	check a hov on li	ne 13, 16a 16b	or 17a and lin	▶ □
,	15 is 10% or more, an							-
	Explain in Part IV how	the organizati						
10	supported organization Private Foundation If t		n did not chools	a hov on line 12	16a 16h 17a a	or 17h chack this	hov and coc	► □

▶□

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 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 c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not

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

33 1/3% support tests-2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

▶[

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. Also complete this part for any additional information. (See instructions).							
	Facts And Circumstances Test							
Explanation								

Schedule A (Form 990 or 990-EZ) 2011

DLN: 93493126007523

OMB No 1545-0047

Yes

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, 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 the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- ◆ Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35c (Proxy Tax), then

◆ Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the	organization
CONNECTICUT	COLLEGE

Employer identification number

06-0646587

Par	t I-A	Complete if the organization is exempt under section 501(c) or is a section 527 organiza	tion.
1	Provi	ide a description of the organization's direct and indirect political campaign activities on behalf of or	
	in onr	prosition to candidates for public office in Part IV	

- Political expenditures
- Volunteer hours

art I-B	Complete if	the organization is	exempt under	section 501(c)(3).

- Enter the amount of any excise tax incurred by the organization under section 4955 1
- Enter the amount of any excise tax incurred by organization managers under section 4955
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?
- Was a correction made?
- If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

- Enter the amount directly expended by the filing organization for section 527 exempt function activities
- Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b
- Did the filing organization file Form 1120-POL for this year?

Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(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 -

f Grassroots lobbying expenditures

(The term "expenditures" means amounts paid or incurred.) Lia Total lobbying expenditures to influence public opinion (grass roots lobbying) b Total lobbying expenditures to influence a legislative body (direct lobbying) c Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures e Total exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 over \$1,000,000 but not over \$1,000,000 \$1,000,000 g Grassroots nontaxable amount (enter 25% of line 1f) Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.)	ווטפ	edule C (F	01111 9 9 0 01 9 9 0 - EZ) 2 0 1 1					Page ∠
A Check If the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member expenses, and share of excess lobbying expenditures) Check If the filing organization checked box A and "limited control" provisions apply Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Organization Total Incurred (The term "expenditures" means amounts paid or incurred.) Organization Total Incurred (The term "expenditures to influence a legislative body (direct lobbying)	Pa	rt II-A		n is exempt under	section 501(c)(3) and fi	iled Form 5768	(election
expenses, and share of excess lobbying expenditures) Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Limits on Lobbying Expenditures (The term "expenditures to influence public opinion (grass roots lobbying) Lobbying expenditures to influence a legislative body (direct lobbying) Total lobbying expenditures (add lines 1a and 1b) Other exempt purpose expenditures Total obtaining purpose expenditures (add lines 1c and 1d) Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: If the amount on line 1e, column (a) or (b) is: If the amount on line 1e, column (a) or (b) is: Not over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 S1,000 but not over \$1,500,000 S1	١	Check		an affiliated group (and	lıst ın Part IV ea	ch affiliated gr	oup member's nam	e, address, EIN,
Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Total lobbying expenditures to influence public opinion (grass roots lobbying) Total lobbying expenditures (add lines 1 aand 1b) Other exempt purpose expenditures (add lines 1 aand 1b) Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line Le, column (a) or (b) is: If the amount on line Le, column (a) or (b) is: If the amount on line Le, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 If the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 If the excess over \$1,000,000 If the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 If the excess over \$1,000,000 If the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 If the excess over \$1			expenses, and share of excess lob	bying expenditures)		_	•	
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Total lobbying expenditures to influence public opinion (grass roots lobbying) b Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures Total exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S175,000 plus 15% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S100,000 plus 15% of the excess over \$1,000,000 Over \$1,000,000 Over \$1,000,000 Over \$1,000,000 The lobbying nontaxable amount is: Not over \$500,000 Over \$1,000,000 Over \$1,000,00					l.)		Organization's Totals	Group Totals
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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 \$1,00		Over \$500,	000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,0	000		
g Grassroots nontaxable amount (enter 25% of line 1f) h Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying celling amount		Over \$1,00	0,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000	,000		
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h Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 2a Lobbying ceiling amount		Over \$17,0	00,000	\$1,000,000				
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i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying non-taxable amount	h	Subtract	line 1a from line 1a If zero or less. en	ter -0 -				
Jection 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying ceiling amount								
4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete al columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying non-taxable amount					organization file	Form 4720 re	portina	
(Some organizations that made a section 501(h) election do not have to complete al columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying non-taxable amount							F - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	┌ Yes ┌ No
Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 2009 Lobbying non-taxable amount		(Sor	ne organizations that made a	section 501(h) el	ection do not	have to co		ne five
beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 2a Lobbying non-taxable amount b Lobbying ceiling amount			Lobbying Exp	enditures During	4-Year Avera	ging Period	d	
b Lobbying ceiling amount				(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
	2a	Lobbyin	g non-taxable amount					
	b							
c Total lobbying expenditures	c	Total loi	obying expenditures					
d Grassroots non-taxable amount	d	Grassro	ots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))	e							

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

		(a)		(b)	
		Yes	No	Amount	
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)?		No		
C	Media advertisements?		No		
d	Mailings to members, legislators, or the public?		No		
е	Publications, or published or broadcast statements?		No		
f	Grants to other organizations for lobbying purposes?		No		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No		
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)?				
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?		1		

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".

	Dues, assessments and similar amounts from members		
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	

Part IV Supplemental Information

Taxable amount of lobbying and political expenditures (see instructions)

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

Identifier	Return Reference	Explanation
OTHER LOBBYING ACTIVITIES	(I)	THE COLLEGE PAYS DUES TO VARIOUS ORGANIZATIONS, SOME PORTION OF WHICH MAY BE USED IN CONNECTION WITH ISSUES THAT IMPACT HIGHER EDUCATION

5

DLN: 93493126007523

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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

	of the sumani				_
Name of the organ				Employer identification number	
CON	WINTELLICOL COLLEGE	L		06-0646587	
Pa			lvised Funds or Other Similar F		the
	organiz	zation answered "Yes" to Form 99		(1) 5	
1	Total number a	t and of year	(a) Donor advised funds	(b) Funds and other accounts	
2		tributions to (during year)			
3		nts from (during year)			
4	33 3 3	e at end of year			
5	Did the organiz	·	sors in writing that the assets held in dor organization's exclusive legal control?	nor advised Yes N	 No
6	Did the organiz used only for c conferring impe	s may be iny other purpose Yes I	No		
Pai	rt III Conse	rvation Easements. Complete	if the organization answered "Yes" t	to Form 990, Part IV, line 7.	
2	Preservati Protection Preservati Complete lines	conservation easements held by the or ion of land for public use (e g , recreation ion of open space s 2a-2d if the organization held a quali the last day of the tax year	on or pleasure)	n historically importantly land area certified historic structure n of a conservation	
	edsement on the	ne last day of the tax year		Held at the End of the Year	
а	Total number o	of conservation easements		2a	
b	Total acreage r	restricted by conservation easements		2b	
c	Number of cons	servation easements on a certified his	toric structure included in (a)	2c	
d	Number of cons	servation easements included in (c) ac	quired after 8/17/06	2d	
3		servation easements modified, transfe ar 🛌	rred, released, extinguished, or terminate	ed by the organization during	
4	Number of stat	es where property subject to conserva	tion easement is located ►	<u></u>	
5	_	nization have a written policy regarding f the conservation easements it holds?	the periodic monitoring, inspection, han	dling of violations, and Yes N	No
6	Staff and volun	teer hours devoted to monitoring, insp	ecting and enforcing conservation easen	nents during the year ►	
7	A mount of expe		ng, and enforcing conservation easement	s during the year	
8	Does each con		(d) above satisfy the requirements of sec		No
9	balance sheet,	and include, if applicable, the text of t	onservation easements in its revenue and he footnote to the organization's financia		
Par	t IIII Organi	n's accounting for conservation easem izations Maintaining Collectio ete if the organization answered "	ns of Art, Historical Treasures,	or Other Similar Assets.	
1a	If the organizat art, historical t	tion elected, as permitted under SFAS reasures, or other similar assets held	116, not to report in its revenue stateme for public exhibition, education or resear ancial statements that describes these i	ch in furtherance of public service,	
b	historical treas	tion elected, as permitted under SFAS sures, or other similar assets held for p lowing amounts relating to these items			
	(i) Revenues II	ncluded in Form 990, Part VIII, line 1		► \$	
	(ii) Assets incl	luded in Form 990, Part X		► \$	
2	If the organizat	,	orical treasures, or other similar assets fo S 116 relating to these items	· ·	
а	Revenues inclu	uded in Form 990, Part VIII, line 1		▶ \$	

b Assets included in Form 990, Part X

Part	Organizations Maintaining Co	llections of Art	<u>, His</u>	<u>tori</u>	<u>cal Tre</u>	easures, or O	the	r Similar <i>I</i>	<u>Asse</u>	ets (co	<u>ntınued)</u>
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ne foll	lowing th	nat are a significa	ant u	ise of its coll	ectio	n	
а	Public exhibition		d	\sqcap	Loan o	r exchange progi	ams	;			
b	Scholarly research		e	Γ	Other						
c	✓ Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	ın hov	v the	y further	the organization	ı's ex	xempt purpos	e in		
5	During the year, did the organization solicit assets to be sold to raise funds rather than							nılar	Г	Yes	√ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an ar	ements. Comple	ete ıf	the	organiz	zation answere		es" to Forn	า 99	0,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	lian or other interme	ediary	for c	ontribut	ons or other ass	ets	not	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	V and complete the	follow	ing t	able	Г		T			
						-	_		Amo	unt	
c	Beginning balance						1c				
d	Additions during the year						1d				
e	Distributions during the year					-	1e				
f	Ending balance					L	1f				
2a	Did the organization include an amount on F	orm 990, Part X, lin	e 21?						Г	Yes	┌ No
	If "Yes," explain the arrangement in Part XI\										
Pa	rt V Endowment Funds. Complete										
1_	Parinning of ware balance	(a)Current Year 203,713,000	(b	Prior '	year ,527,000	(c)Two Years Back 157,694,00	-	1) Three Years B 205,663	_	e)Four Y	ears Back
1a L	Beginning of year balance	2,788,000			,474,000	2,976,00	-	3,136	-		
b	Contributions	1,140,000			,034,000	20,045,00	_	-41,649	_		
C	Investment earnings or losses	4,391,000			,584,000	4,852,00	-	4,980	_		
d	Grants or scholarships Other expenditures for facilities	500,000			,738,000	4,336,00	-	4,476	_		
е	and programs	300,000		3	,,,,,,,,,	1,550,00		1,170	,000		
f	Administrative expenses										
g	End of year balance	202,750,000		203	,713,000	171,527,00	00	157,694	,000		
2	Provide the estimated percentage of the yea	rend balance held	as		•		•		•		
а	Board designated or quasi-endowment	16 000 %									
ь	Permanent endowment ► 84 000 %										
c	Term endowment ►										
3a	Are there endowment funds not in the posse	ssion of the organiz	atıon '	that a	are held	and administere	d for	the			
	organization by									Yes	No
	(i) unrelated organizations			-					3a(i)	Yes	
	(ii) related organizations							📮	Ba(ii)	 	
	If "Yes" to 3a(II), are the related organization	•					٠		3b	Yes	
4	Describe in Part XIV the intended uses of the					^					
Par	t VI Land, Buildings, and Equipme	ent. See Form 99	10, Pa								
	Description of property				Cost or of (investm			(c) Accumulated depreciation		(d) Boo	ok value
1a	Land		•						\perp		
b	Buildings		•	<u> </u>		148,581	,000	76,631,	000	7:	1,950,000
C	Leasehold improvements			<u></u>		227	,000	227,	000		
d I	Equipment					39,378	,000	39,028,	000		350,000
	Other					42,258	,000		000		1,009,000
Tota	I. Add lines 1a-1e (Column (d) should equal Fo	orm 990, Part X, colui	nn (B)	, line	10(c).)		•	•		100	5,309,000
								Schedul	e D (Form 9	90) 2011

Part VII Investments—Other Securities. See	Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)Financial derivatives		cose of end of year market value
(2)Closely-held equity interests		
(3)Other		_
(A) PRIVATE EQUITY	11,117,000	F
(B) VENTURE CAPITAL	8,610,000	F
(C) HEDGE FUNDS	41,260,000	F
(D) INFLATION HEDGING	27,606,000	F
(E) DISTRESSED DEBT	7,447,000	F
Total (column (2) should equal remi 350, rate in cer (2) mile 12)	96,040,000	
Part VIII Investments—Program Related. Se		(c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
		<u> </u>
Total (Colamin (B) Should equal Fermi 350) Fare Ny cer (B) mile 15)	F	
Part IX Other Assets. See Form 990, Part X, I	ıne 15.	
(a) Descr	ription	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line	15.)	
Part X Other Liabilities. See Form 990, Part		
1 (a) Description of Liability	(b) A mount	
Federal Income Taxes	0	
OBLIGATIONS- CAPITAL LEASE	1,401,000	
INTEREST AGREEMENTS	4,849,000	
FOR STUDENT LOANS	1,670,000	
	 	
	 	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	7,920,000	

OTHER ADJUSTMENTS

PART XI, LINE 8

Pai	rt 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	139,172,000
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	130,028,000
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	9,144,000
4	Net unrealized gains (losses) on investments	4	-3,665,000
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-800,000
9	Total adjustments (net) Add lines 4 - 8	9	-4,465,000
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	4,679,000
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue	er Ret	urn
1	Total revenue, gains, and other support per audited financial statements	1	106,835,000
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	-4,465,000
3	Subtract line 2e from line 1	3	111,300,000
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 2,264,000		
b	Other (Describe in Part XIV)		
C	Add lines 4a and 4b	4c	27,872,000
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	139,172,000
	*** Reconciliation of Expenses per Audited Financial Statements With Expenses	per Ro	102,156,000
1	Total expenses and losses per audited financial statements	1	102,156,000
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments]	
c	Other losses]	
d	Other (Describe in Part XIV)]	
e	Add lines 2a through 2d	2e	220,000
3	Subtract line 2e from line 1	3	101,936,000
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 2,264,000		
b	Other (Describe in Part XIV)		
C	Add lines 4a and 4b	4c	28,092,000
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	130,028,000
	rt XIV Supplemental Information		
	nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, P t V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete		

addıtıonal ınformatıon

Identifier	Return Reference	Explanation
Identifier 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, PHOTOGRAPHS AND OTHER ARCHIVAL MATERIAL MOST OF THE ART COLLECTIONS CONSIST OF 20TH CENTURY CHINESE PAINTINGS AND JAPANESE PRINTS THERE IS ALSO A SMALL NUMBER OF CONTEMPORARY OIL PAINTINGS ON CANVAS BY COLLEGE FACULTY, AND THREE BY THE FRENCH ARTIST LEON BRUNET BOOKS AND ARCHIVAL MATERIALS ARE ROUTINELY USED IN CLASSROOM INSTRUCTION AS WELL AS FOR STUDENT PROJECTS ARTWORK IS USED FOR OCCASIONAL CLASSROOM INSTRUCTION AND IS ROTATED THROUGH THE EXHIBIT SPACE IN THE CHARLES CHU ASIAN ART READING ROOM THE CONNECTICUT COLLEGE AND OPERATED FOR THE BENEFIT OF THE COLLEGE AND OPERATED FOR THE BENEFIT OF THE COLLEGE AND THE COMMUNITY THE CONNECTICUT COLLEGE AND THE COMMUNITY THE CONNECTICUT 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 BY CHARGE 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 BYLECTIONS FOR TEACHING, RESEARCH, PUBLIC EDUCATION AND EARLY ENJOYMENT OF THE
ENDOWMENT FUNDS	PART V, LINE 4	OF THE COLLEGE AND LOCAL COMMUNITIES 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
FIN 48 (ASC 740) FOOTNOTE	PART X, LINE 2	The College generally does not provide for income taxes since it is a tax-exempt organization under Section 501(c)(3) of the Internal Revenue Code ASC 740, Income Taxes, permits an entity to recognize the benefit and requires accrual of an uncertain tax position only when the position is "more likely than not" to be sustained in the event of examination by tax authorities. In evaluating whether a tax position has met the recognition threshold, the College must presume that the position will be examined by the appropriate taxing authority that has full knowledge of all relevant information. ASC 740 also provides guidance on the recognition, measurement, and classification of income tax uncertainties, along with any related interest or penalties. Tax positions deemed to meet the "more-likely than-not" threshold are recorded as a tax expense in the current year. The College has analyzed all open tax years, as defined by the statutes of limitations, for all major jurisdictions. Open tax years are those that are open for exam by taxing authorities. Major jurisdictions for the College include Federal and the state of Connecticut. As of June 30, 2012, open Federal and Connecticut tax years for the College include the tax years ended June 30, 2009 through June 30, 2011. The College has no examination in progress. The College believes it has no significant uncertain tax positions.
OTHER REVENUE INCLUDED IN FINANCIAL STATEMENTS BUT NOT ON RETURN	PART XII, LINE 2D	CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS - \$800,000
OTHER EXPENSES INCLUDED IN FINANCIAL STATEMENTS BUT NOT ON RETURN	PART XIII, LINE 2D	RENT EXPENSE \$220,000
OTHER EXPENSES INCLUDED ON RETURN BUT NOT IN FINANCIAL STATEMENTS	PART XIII, LINE 4B	TUITION DISCOUNT \$25,792,000 POSTRETIREMENT RELATED CHANGES OTHER THAN NET PERIODIC BENEFIT COST \$36,000 TOTAL OTHER EXPENSES INCLUDED ON RETURN \$25,828,000
OTHER ADJUSTMENTS	DART VI LINE O	CHANCE IN COLIT INTEREST A CREEMENTS 200 000

OMB No 1545-0047

2011

Open to Public

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service ►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.

Schools

Name of the organization CONNECTICUT COLLEGE

Employer identification number

NN	ECTICUT COLLEGE			
_	06-0646	587		
' a	rtI	_	YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charte other governing instrument, or in a resolution of its governing body?	r, bylaws,	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?		Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast med the period of solicitation for students, or during the registration period if it has no solicitation program, in a that makes the policy known to all parts of the general community it serves? If "Yes," please describe If please explain If you need more space use Part II	ia during a way	Yes	
4 a	Does the organization maintain the following? Records indicating the racial composition of the student body, faculty, and administrative staff?		Yes	
	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscribasis?	minatory 4b	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public deal with student admissions, programs, and scholarships?		Yes	
Ч	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 Part II			
5 a	Does the organization discriminate by race in any way with respect to 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?	<u>5e</u>		Νo
	Use of facilities?	5f		No
	Athletic programs?	5g		No
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Part II	<u>5h</u>		No
	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Yes	
b	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 Part II Does the organization certify that it has complied with the applicable requirements of sections 4 01 throw	gh 4 05		

of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II

Part II Supplemental Information

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

ldentifier	Return Reference	Explanation
	EXPLANATION OF RACIALLY NONDISCRIMINATORY POLICY	ALL SCHOOL PUBLICATIONS AND NEWSPAPERS
SCHEDULE E, LINE 6a	EXPLANATION OF GOVERNMENT FINANCIAL AID	FINANCIAL AID AND ASSISTANCE FROM GOVERNMENTAL AGENCIES CONSIST OF US DEPT OF EDUCATION FINANCIAL AID, STATE OF CONNECTICUT FINANCIAL AID, AND FEDERAL AND STATE RESEARCH GRANT FUNDS

Schedule E (Form 990 or 990-EZ) 2011

DLN: 93493126007523

2011

OMB No 1545-0047

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								
Pā	General Informatio "Yes" to Form 990, Pa			he United States. C	Complete if the organiza	tion answered		
1	For grantmakers. Does the organization maintain records to substantiate the amount of the grants or							
	assistance, the grantees' elig	gibility for the	grants or assi	stance, and the select	tion criteria used to awar	rd		
	the grants or assistance?					┌ Yes ┌ No		
2	For grantmakers. Describe in Pa United States	rt V the organiz	zation's procedu	res for monitoring the us	e of grant funds outside the	3		
3	Activites per Region (Use Part	V ıf addıtıonal s	pace is needed)				
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region of independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region		
	Central America and the Caribbean			Program Services	STUDY AWAY PROGRAM	124,000		
	Europe (Including Iceland and Greenland)			Program Services	HONORARIUM	1,000		
	Middle East and North Africa			Program Services	STUDY AWAY PROGRAM	111,000		
	South America			Program Services	STUDY AWAY PROGRAM	178,000		
	East Asia and the Pacific			Program Services	STUDY AWAY PROGRAM	568,000		
	Europe (Including Iceland and Greenland)			Program Services	CONFERENCE AND TRAVEL	9,000		
	Europe (Including Iceland and Greenland)			Program Services	INTERNSHIP	6,000		
	Europe (Including Iceland and Greenland)			Program Services	SUPPLIES	2,000		
	Europe (Including Iceland and Greenland)			Program Services	STUDY AWAY PROGRAM	954,000		
	North America			Program Services	TRAVEL	1,000		
	North America			Program Services	STUDY AWAY PROGRAM	35,000		
	Russia and the Newly Independent States			Program Services	STUDY AWAY PROGRAM	56,000		
	South Asia			Program Services	STUDY AWAY PROGRAM	82,000		
	Sub-Saharan Africa			Program Services	STUDY AWAY	556,000		

3a Sub-total

b Total from continuation sheets to Part I

c Totals (add lines 3a and 3b) For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 50082W

2,683,000

2,683,000

Pa	Part IV, I	ine 15, for any	sistance to Orgar recipient who recesspace is needed.	nizations or Entiti erved more than \$5,	es Outside the Ur 000. Check this box	nited States. Composer if no one recipient	plete if the organiza received more thai	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 nur tax-exempt by	mber of recipie the IRS, or fo	ent organizations lis or which the granted	ted above that are e or counsel has pro	recognized as chari ovided a section 50:	ties by the foreign o 1(c)(3) equivalency	country, recognized letter	as . ►	
3	Enter total nur	mber of other	organizations or en	tities					: (Form 990) 2011

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 Part V 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)
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						1	dula E (Earre 000) 2011

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? <i>If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)</i>	<u>\</u>	Yes	Γ	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)	Γ	Yes	굣	Νo
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)	Г	Yes	দ	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)	Г	Yes	দ	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)	▽	Yes	Γ	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).	Г	Yes	ে	No

Schedule F (Form 990) 2011

Additional Data

Software ID:

Software Version: EIN: 06-0646587

Name: CONNECTICUT COLLEGE

Schedule F (Form 990) 2011

Page **5**

Part V Supplemental Information

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

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Schedule I (Form 990)

Department of the Treasury

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

OMB No 1545-0047

2011

DLN: 93493126007523

Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number CONNECTICUT COLLEGE 06-0646587 Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use (a) Name and address of **(b)** EIN (c) IRC Code (d) Amount of cash (f) Method of (a) Description of (h) Purpose of grant (e) A mount of nonorganization section grant valuation non-cash assistance or assistance cash ıf applicable (book, FMV, or government assistance appraisal, other)

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
(1) CONNECTICUT COLLEGE SCHOLARSHIP ASSISTANCE	836	24,808,000			
(2) DAVIS GRANT	17	270,000			
(3) SEOG	260	309,000			
(4) CONNECTICUT INDEPENDENT COLLEGE STUDENT GRANT	141	405,000			

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

Identifier	Return Reference	Explanation
MONITORING USE OF	PART I, LINE 2	ALL GRANTS AWARDED ARE BASED ON NEED AND CONFORM TO FEDERAL, STATE AND INSTITUTIONAL
GRANT FUNDS		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 CONDUCTED BY AN INDEPENDENT ACCOUNTING FIRM

Schedule I (Form 990) 2011

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DLN: 93493126007523

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	orga	niza	tion
CONNE	CTI	CUT	COLLE	GE	

Employer identification number

06-0646587

Pa	rt I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate 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	
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		Νo
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4 c		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		No
b	Any related organization?	5b		No
	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		No
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	7		No
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			
	ın Part III	8		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

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

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

Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC 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	
(1) LEO I HIGDON JR	(I) (II)	361,926 0		182,240	33,000	51,301	628,467 0	182,240	
(2) PAUL L MARONI	(ı) (ıı)	242,519			25,057	40,588	308,164		
(3) ROGER L BROOKS	(ı) (ıı)	214,664			21,325	1,195	237,184		
(4) MARTHA CASWELL MERRILL	(I) (II)	158,834			17,007	20,076	195,917		
(5) W LEE HISLE	(I) (II)	165,954			17,701	23,040	206,695		
(6) GREGORY T WALDRON	(I) (II)	230,946			23,991	20,157	275,094		
(7) ULYSSES B HAMMOND	(ı) (ıı)	214,573			21,539	4,198	240,310		
(8) PATRICIA M CAREY	(I) (II)	180,370			19,220	23,068	222,658		
(9) ARMANDO BENGOCHEA	(I) (II)	173,084			17,167	11,676	201,927		

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	1A	ACCORDING TO THE COLLEGE'S WRITTEN TRAVEL/EXPENSE REIMBURSEMENT POLICY, THE PRESIDENT MAY FLY FIRST-CLASS FOR HEALTH REQUIREMENTS WITH THE APPROVAL OF THE CHAIRMAN OF THE BOARD OF TRUSTEES ACCORDING TO THE COLLEGE'S WRITTEN TRAVEL/EXPENSE REIMBURSEMENT POLICY, TRAVEL FOR THE PRESIDENTS COMPANIONS SHALL ONLY BE REIMBURSED WHEN INCURRED WHILE CONDUCTING THE BUSINESS OF THE COLLEGE ACCORDING TO THE COLLEGE'S WRITTEN TRAVEL/EXPENSE REIMBURSEMENT POLICY, HOUSING EXPENSES ARE NOT REIMBURSABLE BY THE COLLEGE AS A CONDITION OF EMPLOYMENT THE COLLEGE REQUIRES THAT THE PRESIDENT LIVE IN THE PRESIDENTIAL RESIDENCE LOCATED ON THE COLLEGE CAMPUS ACCORDING TO THE COLLEGE'S WRITTEN TRAVEL/EXPENSE REIMBURSEMENT POLICY, THE COLLEGE WILL NOT REIMBURSE FOR PERSONAL EXPENSES THE COLLEGE MAINTAINS THE PRESIDENTIAL RESIDENCE, INCLUDING A HOUSEKEEPER THE WAGES OF THE HOUSEKEEPER ATTRIBUTABLE TO THE PRESIDENT'S PERSONAL USE, IF ANY, ARE INCLUDED ON THE PRESIDENT'S
		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 \$165,740

Schedule J (Form 990) 2011

Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds

20

2011

OMB No 1545-0047

DLN: 93493126007523

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).
 ► Attach to Form 990.
 ► See separate instructions.

Name of the organization
CONNECTICUT COLLEGE

Employer identification number

06-0646587

Pa	art I Bond Issues													
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Prid	e (f)	Description	of Purpose	(g) Def	feased	(h) Beha Iss	alf of		Pool ncing
									Yes	No	Yes	No	Yes	No
A	CHEFA SERIES F	06-0806186	20774UJLO	04-04-2007	28,747,9	13 DEFE	ASE PRIOR	BONDS		Х		х		X
В	CHEFA SERIES G	06-0806186	20774UKT1	04-04-2007	12,126,9	60 REFIN	NANCE CON	STRUCTION		Х		Х		Х
c	CHEFA SERIES H-1	06-0806186	20774U7ED	06-15-2011	12,204,8	21 FINA	NCE CONST	RUCTION		Х		Х		Х
D_	CHEFA SERIES I	06-0806186	20774YFR3	04-04-2012	13,319,6	36 DEFE	ASE PRIOR	BONDS		Х		х		Х
Pa	art II Proceeds													
					Α.			В		С		D		
1_	Amount of bonds retired					0		0			0	0		
	A mount of bonds defeased							0	0			0		
3	Total proceeds of issue		2	8,747,913		12,126,960		12,2	204,821	13,319,636				
4	Gross proceeds in reserve for	_	0		0			0	 		0			
	Capitalized interest from pro					0		0			0	 		0
6	Proceeds in refunding escro					0		0			0			0
7	Issuance costs from procee					617,054		319,000	202,391				226,182	
8	Credit enhancement from pro					0 0		0						
9	Working capital expenditure	<u> </u>				0 0		0		0				
10	Capital expenditures from pi	roceeds ———————————————————————————————————				0		11,807,960	12,002,430					
11	O ther spent proceeds				2	8,130,859		0	0			13,	093,454	
12	O ther unspent proceeds					0		0			0	0		
13	Year of substantial completi	on			200	•		2008 2012				2013		
١	Were the bonds issued as pa	art of a current refun	odina icciio?		Yes	No	Yes	No	Yes		No	Yes		No
14	·				X			X		_	X	X	\perp	
15	Were the bonds issued as pa					X		Х			Х			Х
16	Has the final allocation of pr				Х		Х		X			X		
17	Does the organization maint allocation of proceeds?		and records to sup	oport the final	х		х		Х			х		
Pa	Tt IIII Private Business	Use				-		_						
					Yes	No	Voc	B No	Yes	<u> </u>	No	Ves	D	No
					i res i	No	Yes	l No l	t es	1	No	Yes	1	No

			A		В		С)
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		Х		X		Х		X
2	Are there any lease arrangements that may result in private business use of bond- financed property?		Х		X		Х		X

Sche	edule K (Form 990) 2011								Page 2
Par	Private Business Use (Continued)								
			Α		В		С	1	D
		Yes	No	Yes	No	Yes	No	Yes	No
За	Are there any management or service contracts that may result in private business use?		х		х		х		Х
b	If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
С	Are there any research agreements that may result in private business use of bond-financed property?		х		х		х		Х
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		0 %		0 %		0 %		0 %
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				4 140 %				
6	Total of lines 4 and 5			·	4 140 %	·			
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	Х		Х		Х		Х	
Pa	rt IV Arbitrage								
	_			_					

Par	t IV Arbitrage								
		А		В		С		D	
		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?		х		х		х		х
2	Is the bond issue a variable rate issue?		X		X		X		Х
	Has the organization or the governmental issuer entered	_	^		^		 ^		^
3a	into a hedge with respect to the bond issue?		×		x		x		х
ь	Name of provider	0		0		0			
С	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								
4a	Were gross proceeds invested in a GIC?		Х		Х		Х		Х
ь	Name of provider	0	•	0	•	0		0	
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?		Х		х		х		X
6	Did the bond issue qualify for an exception to rebate?		х		×		x		х

Part V **Procedures To Undertake Corrective Action**

Part VI Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier	Return Reference	Explanation
SEE	0	
DISCLOSURE		
ONSCHEDULE		

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DLN: 93493126007523

OMB No 1545-0047

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons

► Complete if the organization answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V lines 38a or 40b.

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

2011

Open to Public Inspection

	of the organization CTICUT COLLEGE							E	mployer i	dent if ica	ition numb	er
992	0.1201. 00222.02							lo	6-06465	87		
Part 1	Excess Benefit Tran	ısacti	ons (s	ection 501	(c)(3) a	and section 501	(c)(4)					
	Complete if the organizat	ion ans	wered "	Yes" on For	m 990, I	Part IV, line 25a c	or 25b, d	or Form	990-EZ,	Part V , I	ıne 40b	
	(a) Name of disq	ualıfıad	nercon			(1-) 5		. • •				(c) rected?
1	(a) Name of disqu	uaiiiieu	person			(b) Desc	ription	or trans	action		Yes	
											163	110
	nter the amount of tax impos	ed on t	he organ		agers o			_	year unde	r • \$		
	nter the amount of tax, if any	on line	 - 2 . abo							• \$		
		, •	,			o orgamization :				Ť —		
Part												
	Complete if the organiz	zation a T	nswere	d "Yes" on F I	orm 990), Part IV, line 26	, or Forr	n 990-l			a T	
			oan to				(e)]	[n	(f) Approv		(g)Writ	ten
(a) Na	me of interested person and purpose	or from the (c)O riginal organization?		(d)Balance due	default?		by board or		agreeme			
	purpose		1	principal a	annount			_	commit	1		1
		То	From				Yes	No	Yes	No	Yes	No
								-		-		
								-	-	+		
								-		+		
								+	+	+		
			1						+	+		1
Total		<u> </u>	. .		▶ \$			1				1
Part I	Grants or Assistar	ice Be	nefitt	ina Intere		Persons.						
	Complete if the orga						, line 2	27.				
	(a) Name of interested pers			b) Relationsh	np betwe	een interested per ganization			nount of g	rant or t	ype of assı	stance
(1)					id the or	gamzacion						
			_									20,412
			_									

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	organi	arıng of zatıon's nues?
	organization			Yes	No
(1) BRIDGET A MCSHANE	SPOUSE OF ROGER BROOKS	126,116	SALARY AND BENEFITS		No

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation
GRANTS OR ASSISTANCE	,	GRANTS OR ASSISTANCE BENEFITTING INTERESTED PERSONS (c) AMOUNT OF GRAT \$ 20,412 (c) TYPE OF ASSISTANCE
BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS	1 '	(a) NAME OF PERSON BRIDGET A MCSHANE (d) DESCRIPTION OF TRANSACTION SALARY AND BENEFITS

Schedule L (Form 990 or 990-EZ) 2011

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DLN: 93493126007523

OMB No 1545-0047

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Department of the Treasury Internal Revenue Service

SCHEDULE M

(Form 990)

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

NonCash Contributions

Name of the organization CONNECTICUT COLLEGE

Employer identification number

Pa	rt I Types of Property				06-0646587			
		(a) Check If applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line	(d Method of d contributio	etermı	_	
1	Art—Works of art			19				
	Art—Historical treasures .							
	Art—Fractional interests							
	Books and publications							
	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .	Х	82	3,154,000	SALES PRICE			
10	Securities—Closely held stock .							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
	Food inventory							
	Drugs and medical supplies .							
	Taxidermy							
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts							
	Other ► ()							
	O ther ► ()							
	O ther ► ()							
20 29	O ther ► () Number of Forms 8283 received	hy the era	anization during the tax ve	r for contributions				
29	for which the organization compl				29		Yes	No No
30a	During the year, did the organiza	ation receiv	e by contribution any prope	erty reported in Part I. lines	1-28 that it		163	
Jou	must hold for at least three year							
	for exempt purposes for the enti				a to be useu	200		No
L	If "Yes," describe the arrangement					30a		110
о 31	Does the organization have a gif			review of any non-standard	contributions?	31	Yes	
37>	Does the organization hire or us							
JZU	contributions?	• • • •	· · · · · · · · ·			32a		No
b	If "Yes," describe in Part II							
	If the organization did not report	t revenues i	n column (c) for a type of p	roperty for which column (a) is checked,			
	describe in Part II				•			

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) 2011

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DLN: 93493126007523

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

2011

Open to Public Inspection

Name of the organization CONNECTICUT COLLEGE	Employer identifi	cation 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 "* ACADEMIC EXCELLENCE * RIGOROUS ACADEMIC STANDARDS, INNOVATIVE AND ENGAGING FACULTY MEMBERS, AND A DIVERSE CLASSROOM CURRICULUM CHALLENGE STUDENTS TO REACH THEIR FULL INTELLECTUAL POTENTIAL THE COLLEGE EXPECTS STUDENTS TO LEARN OUTSIDE THE CLASSROOM AS WELL, THROUGH SUCH ACTIVITIES AS RESEARCH, TRAVEL, AND INTERNSHIPS THE COLLEGE FACILITATES THOSE OPPORTUNITIES IN THE BELIEF THAT A DIVERSITY OF EXPERIENCES IS ESSENTIAL FOR GENUINE ACADEMIC 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
* CONTINUATION OF CONNECTICUT COLLEGE'S MISSION *		VARIETY OF ACADEMIC AND SOCIAL EXPERIENCES AND IS COMMITTED TO BUILDING GREAT ACCES, OPPORTUNITY, AND EQUITY STUDENTS, FACULTY, STAFF, TRUSTEES, AND ALUMNI ALL PARTICIPATE IN THE GOVERNANCE OF THE COLLEGE * EDUCATION OF THE ENTIRE PERSON * THE COLLEGE SUPPORTS AND NURTURES THE INTELLECTUAL, EMOTIONAL, SPIRITUAL, CREATIVE, AND PHYSICAL DEVELOPMENT OF ITS STUDENT BODY CONNECTICUT COLLEGE ENCOURAGES STUDENTS TO ENGAGE IN A WIDE RANGE OF ACTIVITIES, INCLUDING ACADEMIC PURSUITS, ATHLETICS AND PHYSICAL EDUCATION, ARTISTIC EXPRESSION, AND COMMUNITY SERVICE THE COLLEGE FOSTERS AN APPRECIATION FOR THE NATURAL AND AESTHETIC CONNECTEDNESS OF THE MIND, BODY, AND SPIRIT IT PREPARES STUDENTS TO BE RESPONSIBLE CITIZENS, CREATIVE PROBLEM-SOLVERS, AND THOUGHTFUL LEADERS IN A GLOBAL SOCIETY * ADHERENCE TO COMMON ETHICAL AND MORAL STANDARDS * CONNECTICUT COLLEGE MAINTAINS A STRONG COMMITMENT TO ITS LONG-STANDING HONOR CODE STUDENTS ARE EXPECTED TO MONITOR THEIR OWN FAITHFULNESS TO THE PRINCIPLES OF HONESTY AND MORAL INTEGRITY AND TO DISPLAY COURAGE IN ACADEMIC AND SOCIAL INTERACTIONS THE PRINCIPLES OF JUSTICE, IMPARTIALITY, AND FAIRNESS - THE FOUNDATIONS FOR EQUITY - ARE PARAMOUNT * COMMUNITY SERVICE AND GLOBAL CITIZENSHIP * CONNECTICUT COLLEGE FOSTERS CIVIC RESPONSIBILITY AND THROUGH COURSES THAT PROVIDE OPPORTUNITIES FOR SERVICE THE COLLEGE PROMOTES AN

ldentifier	Return Reference	Explanation
* CONTINUATION OF CONNECTICUT COLLEGE'S MISSION *		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 ENVIRONMENT, BOTH LOCALLY AND GLOBALLY, AND TO PREPARE CITIZENS SENSITIVE TO THE NEED FOR RESPONSIBLE ENVIRONMENTAL STEWARDSHIP

ldentifier	Return Reference	Explanation
OTHER PROGRAM SERVICES	l '	OTHER PROGRAM SERVICE EXPENSES INCLUDE ALUMNI AND REUNION, FEDERAL AND STATE GRANT EXPENSES, CHEFA AMORTIZATION INTEREST AND FEES, PHY SICAL PLANT COSTS, DEPRECIATION, AND ADMINISTRATIVE COMPUTING COSTS EXPENSES \$8,493,000 INCLUDING GRANTS OF \$ 0 REVENUE \$ 3,554,000

ldentifier	Return Reference	Explanation
REVIEW	FORM 990, PART VI, SECTION B, LINE 11	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, INCLUDING SCHEDULE B, ALONG WITH A SUPPORTING MEMORANDUM, IS REVIEWED BY THE AUDIT COMMITTEE OF THE BOARD OF TRUSTEES THE FORM 990 EXCLUSIVE OF SCHEDULE B, IS THEN MADE AVAILABLE FOR REVIEW BY THE FULL BOARD OF TRUSTEES SCHEDULE B IS AVAILABLE FOR REVIEW BY THE FULL BOARD OF TRUSTEES UPON REQUEST

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. PERIODICALLY, 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 15	A COMMITTEE ON EXECUTIVE COMPENSATION SHALL BE ESTABLISHED COMPRISING THE CHAIR AND VICE CHAIRS OF THE BOARD AND THIS COMMITTEE SHALL BE EMPOWERED TO CONDUCT THE ANNUAL PERFORMANCE REVIEW OF THE PRESIDENT AND TO RECOMMEND TO THE FULL BOARD THE COMPENSATION OF THE PRESIDENT 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

ldentifier	Return Reference	Explanation
CHANGES IN NET ASSETS	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -3,665,000 CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS -800,000 TOTAL TO FORM 990, PART XI, LINE 5 -4,465,000

ldentifier	Return Reference	Explanation
BOND ADVANCE REFUNDING	SCHEDULE K, PART II, LINE 11	OF THE PROCEEDS FROM SERIES I BONDS ISSUED ON APRIL 4, 2012, \$13,093,454 IS AN ADVANCE REFUNDING OF SERIES E BONDS ISSUED DURING 2002 OF THE PROCEEDS RECEIVED FROM SERIES F BONDS ON APRIL 4, 2007, \$28,130,859 IS AN ADVANCE REFUNDING

DLN: 93493126007523

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

Employer identification number Name of the organization

CONNECTICUT COLLEGE				06-0646587			
Part I Identification of Disregarded Entities (Comp	plete if the organization	n answered "Yes"	on Form 990, Pai	t IV, line 33.)			
(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income E	(e) nd-of-year assets	(f) Direct controlling entity		
Part II Identification of Related Tax-Exempt Organ or more related tax-exempt organizations during		if the organization	answered "Yes" (on Form 990, Part	: IV, line 34 becaus	e ıt 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	(g) Section 512(b)(1 controlled organization	
(A) CONNECTICUT COLLEGE COMMUNITY DADYO THE						Yes	No
(1) CONNECTICUT COLLEGE COMMUNITY RADIO INC 270 MOHEGAN AVENUE BOX 5256 NEW LONDON, CT 06320 26-0117596	RADIO STATION	ст	501(c)(3)	7	NA	Yes	
(2) OAKLEAF ENDOWMENT TRUST FOR CT COLLEGE							
1800 IDS CENTER	TRUST	СТ	501(c)(3)	11A	NA	Yes	
MINNEAPOLIS, MN 55402 41-6429969							
(3) CONNECTICUT COLLEGE EMPOYER-CONTRIBUTION							
270 Mohegan Avenue	VEBA	СТ	501(c)(9)		NA	Yes	

26-0117596							
(2) OAKLEAF ENDOWMENT TRUST FOR CT COLLEGE 1800 IDS CENTER	TRUST	СТ	501(c)(3)	11A	NA	Yes	
MINNEAPOLIS, MN 55402 41-6429969							
(3) CONNECTICUT COLLEGE EMPOYER-CONTRIBUTION							
270 Mohegan Avenue	VEBA	СТ	501(c)(9)		NA	Yes	
New London, CT 06320 04-7025787							
(4) ASSOCIATED KYOTO PROGRAM							
CONTROLLERS OFFICE COLLEGE HALL RM	EDUCATION	MA	501(c)(3)	11(c)	NA		No
NORTHAMPTON, MA 01063 04-2996114							
(5) PHI BETA KAPPA							
270 MOHEGAN AVENUE	HONOR SOCIETY		501(c)(3)	7	N/A		No
NEW LONDON, CT 06320 06-6103682							

Part III	Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, li	ine 34
	because it had one or more related organizations treated as a partnership during the tax year.)	

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of- year assets	(h Disprop allocat	rtionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gene mana parti	ral or aging	(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(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
(1) UNITRUST (1) 270 MOHEGAN AVENUE NEW LONDON, CT 063204196	CHARITABLE TRUST	СТ	N/A	TRUST			
(2) CHARITABLE REMAINDER TRUST (7) 270 MOHEGAN AVENUE NEW LONDON, CT 063204196	CHARITABLE TRUST	СТ	N/A	TRUST			

Schedule R (Form 990) 2011		Ρa	age .
Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A,	or 36.)		
Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	N
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		N
b Gift, grant, or capital contribution to related organization(s)	1b		N
c Gift, grant, or capital contribution from related organization(s)	1c		N
d Loans or loan guarantees to or for related organization(s)	1d		N
e Loans or loan guarantees by related organization(s)	1e		N
f Sale of assets to related organization(s)	1f		N
g Purchase of assets from related organization(s)	1g		N
h Exchange of assets with related organization(s)	1h		N
i Lease of facilities, equipment, or other assets to related organization(s)	1 i	Yes	lacksquare
j Lease of facilities, equipment, or other assets from related organization(s)	1j		N
k Performance of services or membership or fundraising solicitations for related organization(s)	1k		Ν
I Performance of services or membership or fundraising solicitations by related organization(s)	11		N
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m	Yes	
n Sharing of paid employees with related organization(s)	1n		N
• Reimbursement paid to related organization(s) for expenses	10		N
p Reimbursement paid by related organization(s) for expenses	1 p		N
q O ther transfer of cash or property to related organization(s)	1q	Yes	+
r Other transfer of cash or property from related organization(s)	1r	Yes	+

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) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) CONNECTICUT COLLEGE EMPLOYER CONTRIBUTED VEBA	Q	200,000	CONTRIBUTIONS
(2) OAKLEAF ENDOWMENT TRUST FOR CT COLLEGE	R	105,000	PAYMENT
(3)			
(4)			
(5)			
(6)			

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) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	org	501(c)(3) organizations?		partners section to 501(c)(3) organizations?		(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			·	Yes	No			Yes	No		Yes	No			
				·											

Schedule R (Form 990) 2011

Part VII Supplemental Information

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

Identifier Return Reference Explanation

Schedule R (Form 990) 2011

Additional Data

Software ID: Software Version:

EIN: 06-0646587

Name: CONNECTICUT COLLEGE

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program	n services			
(Code) (Expenses \$	including grants of \$) (Revenue \$	1,569,000)
OTHER REVENUE				

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

Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) Average hours per		tion that a					(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		x				544,166	0	84,301	
JAMES S BERRIEN TRUSTEE	1 0	Х									
LAURA JALLEN TRUSTEE	1 0	Х									
WILLIAM P BARRACK TRUSTEE	1 0	Х									
EDUARDO CASTELL TRUSTEE	1 0	Х									
THEODORE S CHAPIN TRUSTEE	1 0	Х									
CONSTANCE SMITH GEMMER TRUSTEE	1 0	Х									
SCOTT T HAFNER TRUSTEE	1 0	Х									
ZOE KLEIN HENRIQUEZ TRUSTEE	1 0	Х									
DAVID B KELSO TRUSTEE	1 0	Х									
LINDA J LEAR TRUSTEE	1 0	Х									
DAVID H PALTEN TRUSTEE	1 0	Х									
LYNDA BATTER MUNRO TRUSTEE	1 0	Х									
JUDITH TINDAL OPATRNY TRUSTEE	1 0	Х									
HARRIS R ROSENHEIM TRUSTEE	1 0	Х									
THEODORE M ROMANOW TRUSTEE	1 0	Х									
FRANKLIN A TUITT TRUSTEE	1 0	Х									
PAMELA D ZILLY TRUSTEE	1 0	Х									
KEVON COPELAND TRUSTEE	1 0	Х									
TRUSTEE	1 0	Х									
MARIA C PELLEGRINI TRUSTEE DAVID W BARBER	1 0	Х									
TRUSTEE CLAIRE S GOULD	10	Х									
TRUSTEE DEBO ADAGBILE	1 0	Х									
TRUSTEE CHRISTY BURKE	1 0	Х									
TRUSTEE	1 0	Х									

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

(A) Name and Title	(B) Average hours		(ition that a			II		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	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
JONATHAN COHEN TRUSTEE	1 0	Х								
GEORGE S ROGERS TRUSTEE	1 0	Х								
KEVIN WADE TRUSTEE	1 0	Х								
GARY NG TRUSTEE	1 0	Х								
PAUL L MARONI OFFICER	38 0			х				242,519		65,645
ROGER L BROOKS OFFICER	38 0			х				214,664		22,520
BONNIE J WELLS SECRETARY OF THE COLLEGE	38 0			х				72,769		8,031
MARTHA CASWELL MERRILL KEY EMPLOYEE	38 0				х			158,834		37,083
W LEE HISLE VP INFORMATION SERVICES	38 0					Х		165,954		40,741
GREGORY T WALDRON VP ADVANCEMENT	38 0					Х		230,946		44,148
ULYSSES B HAMMOND VP ADMINISTRATION	38 0					Х		214,573		25,737
PATRICIA M CAREY VP COLLEGE RELATIONS	38 0					Х		180,370		42,288
ARMANDO BENGOCHEA DEAN OF COLLEGE	38 0					Х		173,084		28,843