

2018 Income Tax Returns

CONNECTICUT COLLEGE

orm **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2018

Open to Public Inspection

A F	or th	e 201	8 calendar year, or tax year begir	nning 07/	01 ,2018	, and endin	g		06	/30 ,20 ₁	_9
Bo	heck if ap	onlicable:	C Name of organization					D Employer ide	entific	ation numbe	r
_	Addre		CONNECTICUT COLLEGE							_	
	chang		Doing Business As		, ,			06-0646			
	Name	change	Number and street (or P.O. box if mail is	not delivered to street address)	Room/suite		E Telephone nu			
	Initial	return	270 MOHEGAN AVENUE					(860) 43	9 – 2	088	
	→	inated	City or town, state or province, country, a	• .						010 5	45 000
	Amer	n	NEW LONDON, CT 06320-					G Gross receipt			45,000.
	Applie	cation ing	F Name and address of principal officer:	RICHARD A. MA		JR.		H(a) Is this a grou subordinates		rn for Y	es X No
			270 MOHEGAN AVENUE, N	EW LONDON, CT 06				H(b) Are all subordi			es No
<u></u>		empt st	001(0)(0)) (insert no.)	4947(a)(1)	or 527	7			. (see instruction	ıs)
_			WWW.CONNCOLL.EDU					H(c) Group exemp			
_				Association Other		L Year of	format	tion: 1911 M	State	of legal domi	cile: CT
P	art I		mmary		CONTINUE	707777777777777777777777777777777777777	OT T 17	CE EDITORE	E C	CULTURATO	
	1		describe the organization's mission of THE LIBERAL ARTS INTO A							210DFN1	5 10
nce			ADDITIONAL INFORMATION				500				
rna											
Governance	2		this box if the organization d	•	•			1	1 1		34.
	3		er of voting members of the governing						3		33.
es	4		er of independent voting members of t						4		2,285.
Activities &	5		number of individuals employed in cale						5		1,205.
Λcti	0 7-		number of volunteers (estimate if neces						6		509,000
			unrelated business revenue from Part V						7a 7b		0.00,000
	В	ivet ur	nrelated business taxable income from	Form 990-1, line 34				Prior Year	7.0	Currer	nt Year
	8	Contri	ibutions and grants (Part VIII line 1h)					43,670,00	0		513,000
ne	9	Drogr	ibutions and grants (Part VIII, line 1h)		COP	Y FOR	1	21,606,00	_		300,000
Revenue	_	Invoct	am service revenue (Part VIII, line 2g)	o 2 4 and 7d)	PUBLIC IN	NSPECTION		4,167,00	_		521,000
Re	10 11	IIIVESI	revenue (Part VIII, column (A), lines 5,	55 5, 4, and 7d)				477,00	_		521,000
	12		revenue (Part VIII, Column (A), lines 5,				1	69,920,00	$\overline{}$		155,000
_	13		s and similar amounts paid (Part IX, colu				_	38,648,00	_		169,000
	14		its paid to or for members (Part IX, colu					20,010,00	0.	,-	0
	4.5		es, other compensation, employee bene					74,552,00	0.	67.6	599,000
Expenses	162		ssional fundraising fees (Part IX, column					, 1,002,00	0.	0.7	0
ber	h	Total	fundraising expenses (Part IX, column (D) line 25) \triangleright 7.3	373.000						
Ä	17		expenses (Part IX, column (A), lines 11					45,706,00	0.	45.8	372,000
	18	Total	expenses. Add lines 13-17 (must equal	Part IX column (A) line 2	5)		1	58,906,00	_		740,000
	19		nue less expenses. Subtract line 18 fron					11,014,00	_		285,000
or		110101	Table of the state				Begin	ning of Current Y	\rightarrow	End of	
ets	20	Total :	assets (Part X, line 16)					08,642,00	_		395,000
Ass I Bal	21		liabilities (Part X, line 26)					16,963,00	$\overline{}$		973,000
Net Assets or Fund Balances	22		ssets or fund balances. Subtract line 21	from line 20			3	391,679,00	0.		122,000
	art II		gnature Block								
Un	der pei		of perjury, I_declare that I have examined th						my ŀ	knowledge an	d belief, it is
true	e, corre	ect, and	complete. Declaration of preparer (other than	officer) is based on all inform	nation of whi	ch preparer has	s any kr	nowledge.			
Sig			Signature of officer					Date			
He	re		RICHARD A. MADONNA, JR.		VP FI	NANCE & A	ADMI	N			
			Type or print name and title								
Б		Print/	Type preparer's name	Preparer's signature		Date		Check	if F	PTIN	
Paid		SHY	JOSEPH	-10		5/1/2	2020	self-employe	ed	P010853	71
	parer Only	Firm's	sname > KPMG LLP					Firm's EIN	13-	5565207	
	Jiny	Firm's	address ► 60 SOUTH STREET	BOSTON, MA 0211	1			Phone no.	617	9881000	
May	the I	RS dis	cuss this return with the preparer show	n above? (see instructions)						. X Yes	
For	Pape	rwork	Reduction Act Notice, see the separat	e instructions.						Form 9	990 (2018)

(Rev. January 2019)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return. ► Go to www.irs.gov/Form8868 for the latest information. OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic

filing of this	s form, visit <i>www.irs.gov/e-file-providers/e-file</i>	-for-charitie	es-and-non-profits.					
Automati	c 6-Month Extension of Time. Only sub	mit origina	l (no copies neede	ed).				
	tions required to file an income tax return oth			120-C filers), partners	ships,	REMICs	, and trust	S
must use F	form 7004 to request an extension of time to f	ile income i	ax returns.	Enter filer's identifying	~ ~~	hor soo i	netruotione	
	Name of exempt organization or other filer, see i	inetructions		Employer identification				<u>,</u>
Type or print	CONNECTICUT COLLEGE	ilisti dotions.			06465		•	
-	Number, street, and room or suite no. If a P.O. b	nov see instr	uctions	Social security number				-
File by the due date for	270 MOHEGAN AVENUE	ox, see ilisti	uotions.	Occidi Security Harriber	(0014	,		
filing your	City, town or post office, state, and ZIP code. For	or a foreign a	ddress see instruction	e				_
return. See instructions.	NEW LONDON, CT 06320	or a loreight a	daress, see manachem	.				
——————————————————————————————————————	NEW EGINDON, CT 00320							_
Enter the R	Return Code for the return that this application	is for (file a	separate applicatio	n for each return) .			0 1	_
Application	on	Return	Application				Return	
Is For		Code	Is For				Code	
Form 990	or Form 990-EZ	01	Form 990-T (corpo	oration)			07	
Form 990-	-BL	02	Form 1041-A				08	
Form 4720	0 (individual)	03	Form 4720 (other t	han individual)			09	
Form 990-	-PF	04	Form 5227				10	
Form 990-	-T (sec. 401(a) or 408(a) trust)	05	Form 6069				11	
Form 990-	-T (trust other than above)	06	Form 8870				12	
If the orgaIf this is for the who	anization does not have an office or place of bor a Group Return, enter the organization's foole group, check this box ▶ ☐ . If he names and EINs of all members the extensi	ousiness in ur digit Gro it is for par	up Exemption Numb	heck this box per (GEN)		If this	s is	
the ▶□ •••••••••••••••••••••••••••••••••	quest an automatic 6-month extension of time organization named above. The extension is for calendar year 20 or tax year beginning JULY 1 tax year entered in line 1 is for less than 12 Change in accounting period	or the orga	nization's return for: 18, and ending	JUNE 30				
any	nis application is for Forms 990-BL, 990-PF, nonrefundable credits. See instructions.			·	3a	\$	(0
esti	nis application is for Forms 990-PF, 990-T, mated tax payments made. Include any prior	year overpa	syment allowed as a	credit.	3b	\$	(0
	ance due. Subtract line 3b from line 3a. Inc ng EFTPS (Electronic Federal Tax Payment Sy			form, if required, by	3c	\$	(0
	you are going to make an electronic funds withdraw			, see Form 8453-EO and			for paymen	١t

instructions.

Form 990 (2018) Page **2**

Pa	art III	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Briefly d	escribe the organization's mission:
	•	TICUT COLLEGE EDUCATES STUDENTS TO PUT THE LIBERAL ARTS INTO
		AS CITIZENS IN A GLOBAL SOCIETY. FOR ADDITIONAL INFORMATION,
		HEDULE O.
2	Did the	organization undertake any significant program services during the year which were not listed on the
		rm 990 or 990-EZ? Yes X No
	If "Yes."	describe these new services on Schedule O.
3		organization cease conducting, or make significant changes in how it conducts, any program
•		?
		describe these changes on Schedule O.
4		e the organization's program service accomplishments for each of its three largest program services, as measured by
		s. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total	expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 97,953,000. including grants of \$ 44,081,000.) (Revenue \$ 94,302,000.)
	` _	GRADUATE INSTRUCTION* THE TEACHING OF UNDERGRADUATE STUDENTS
		G TOWARDS A FOUR-YEAR DEGREE IN ONE OF THE VARIOUS LIBERAL
		ND SCIENCES MAJORS OFFERED BY CONNECTICUT COLLEGE. THE
		E'S ACADEMIC PROGRAMS IN THE ARTS, HUMANITIES, SCIENCES, AND
		SCIENCES ARE DESIGNED TO SHAPE ETHICAL, INFORMED CITIZENS
		GLOBAL PERSPECTIVE. HIGHLIGHTS OF THE ACADEMIC PROGRAM
		DE A STUDENT-FACULTY RATIO OF 9:1, FORTY-EIGHT MAJORS, 200
		'IME PROFESSORS, LANGUAGE STUDY, RESIDENTIAL EDUCATION
		MS, CERTIFICATE PROGRAMS, PRE-LAW, PRE-HEALTH AND
	PRE-BU	SINESS PROGRAMS, AND SUPPORT FOR PURSUING FELLOWSHIPS AND
	SCHOLA	RSHIPS.
4b	(Code:) (Expenses \$ 20,251,000. including grants of \$) (Revenue \$ 24,651,000.)
	AUXII	JARY SERVICES AUXILIARY SERVICES INVOLVES RUNNING THE
	COLLEG	E'S NUMEROUS DORMITORIES AND DINING FACILITIES. CONNECTICUT
	COLLEC	E IS A RESIDENTIAL CAMPUS. NINETY-EIGHT PERCENT OF STUDENTS
		N CAMPUS IN 23 RESIDENCE HALLS. FOUR DINING HALLS ON CAMPUS
		OUR STUDENTS IN A VARIETY OF CAPACITIES. THE COLLEGE EXTENDS
		ACHING AND LEARNING EXPERIENCE WITHIN THE DORMITORIES.
	THE IE	ACHING AND BEARNING EXPERIENCE WITHIN THE DORMITORIES.
4c	(Code: _) (Expenses \$4,544,000. including grants of \$88,000.) (Revenue \$6,725,000.)
	STUDY	AWAY IS AN OPPORTUNITY FOR QUALIFIED STUDENTS TO STUDY
	AWAY F	OR CREDIT ABROAD OR ELSEWHERE IN THE US. THE COLLEGE HAS A
	LONG I	RADITION OF RECOGNIZING THE IMPORTANCE OF INT'L STUDIES AND
	STUDY	AWAY AS REFLECTED IN OUR MISSION STATEMENT: "CONNECTICUT
	COLLEG	E EDUCATES STUDENTS TO PUT THE LIBERAL ARTS INTO ACTION AS
		NS IN A GLOBAL SOCIETY". APPROXIMATELY 50% OF THE COLLEGE'S
		TS STUDY AWAY DURING THEIR JUNIOR YEAR THROUGH CAREFULLY
		PED PROGRAMS. OUR STUDY AWAY/TEACH AWAY SENDS 10-12 STUDENTS
		CULTY TO HOST INSTITUTIONS THROUGHOUT THE WORLD TO COMPLETE
		SEMESTER OF SCHOLARLY ACTIVITY WHILE BEING IMMERSED IN THE
	LOCAL	CULTURE.
4d	Other pr	ogram services (Describe in Schedule O.) ATTACHMENT 1
_	(Expense	es \$ 3,485,000. including grants of \$) (Revenue \$ 3,122,000.)
4e	Total pro	ogram service expenses ► 126,233,000.

JSA 8E1020 1.000 45812Z 2219 V 18-8.3F 786691 Form 990 (2018) Page 3

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule B, Schedule al Contributors (see instructions)? 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 3 Did the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 4 Section 501(c)(3) organizations. Did the organization angels in obbtying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II. 5 Is the organization as section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as delined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III. 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? II "Yes," complete Schedule D, Part II. 6 Did the organization services IV owns of art. historical treasures, or other similar assess? If "Yes," complete Schedule D, Part II. 7 Did the organization services IV "Yes," complete Schedule D, Part III. 8 Did the organization services IV "Yes," complete Schedule D, Part III. 9 Did the organization services IV "Yes," complete Schedule D, Part III. 9 Did the organization services IV "Yes," complete Schedule D, Part III. 9 Did the organization services IV "Yes," complete Schedule D, Part IV. 10 Did the organization services IV "Yes," complete Schedule D, Part IV. 10 Did the organization services IV "Yes," complete Schedule D, Part IV. 11 Did the organization services IV "Yes," complete Schedule D, Part IV. 12 Did the organization services IV "Yes," complete Schedule D, Part IV. 13 Did the organization services IV "Yes," complete Schedule D, Part IV. 14 Did the organization services IV "Yes," complete Schedule D, Part IV. 15 Did the organization services IV. 16 Did the organization se	Yes I	
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 II. 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 III. 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 Did the organization mental 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 II. 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 III. Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III. Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III. Did the organization reservices? If "Yes," complete Schedule D, Part VII. 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 VII. If the organization's applicable. Did the organization assets reported in a mount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VIII. 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 VIII. Did the organization report an a	X	1
seatind 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(n) election in effect during the tax year? If "Yes," complete Schedule C, Part II. 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. Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II. Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, in et 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, in et 21, for escrow or custodial account liability, serve as a custodian or amounts not listed in Part X, in et 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, in et 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, in et 21, for provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V, in the organization is answer to any of the following questions is "Yes," complete Schedule D, Part V, VII, VIII, X, or X as applicable. Did the organization report an amount for investments-other securities in Part X, line 10? If "Yes," complete Schedule D, Part V, VII, VIII, X, or X as applicable. Did the organization report an amount for investments-other securities in Part X, line 10? If "Yes," complete Schedule D, Part X, line 10 that organization report an amount for other assets in Part X, line 10, Part XI, line 10 the organization report an amount for other assets in Part X, line 10, Part X, line 10 that organization report an amount fo	X	2
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 "vs," complete Schedule C, Part III. 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 "vss," complete Schedule C, Part III. Did the organization maintain amy donor advised funds or any similar funds or accounts? II "vss," complete Schedule D, Part I. 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 III. Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III. Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III. Did the organization services? If "Yss," complete Schedule D, Part III. Did the organization services? If "Yss," complete Schedule D, Part III. Did the organization, directly or through a related organization, hold assets in temporarity restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part VI. Did the organization services? If "Yss," complete Schedule D, Part VI. Did the organization services and amount for linvestments-other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII. Did the organization report an amount for investments-other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yss," complete Schedule D, Part VII. Did the organization report an amount for other assets in Part X, line 16 Part X, line 16? If "Yss," complete Schedule D, Part VII. Did the organization report an amount for other insulfied financial statements for the tax year? If "Yss," comp		
election in effect during the tax year? If "Yes," complete Schedule C, Part II. 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. Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I. 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 III. Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, ior provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV. If the organization is intended in a mount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI, IV, IV, IV, IV, X as applicable. Did the organization report an amount for investments-other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI. Did the organization report an amount for investments-other securities 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 VI. Did the organization report an amount for investments-other securities 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 VI. Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X . 11b Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X . 11c Did the organization of the second of the sastest in		3
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 80-197 if "ves," complete Schedule C, Part III 5 ibid 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 "ves," complete Schedule D, Part I. 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 "ves," complete Schedule D, Part III 7 Did the organization report an amount in Part X, line 21, for secrew or custodial account liability, serve as a custodian for amounts not listed in Part X. or provide credit counseling, debt management, credit repair, or debt negotiation services? If "ves," complete Schedule D, Part IV 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, or quasi-endowments? If "ves," complete Schedule D, Part V 10 If the organization sperices II report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 11 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 V 11 Did the organization report an amount for other assets in Part X, line 15 if "Yes," complete Schedule D, Part X 11 Did the organization report an amount for other assets in Part X, line 15 if Yes, "complete Schedule D, Part X 11 Did the organization report an amount for other labilities in Part X, line 15 if "Yes," complete Schedule D, Part X 11 Did the organization report an amount for other labilities in Part X, line 15 if "Yes," complete Schedule D, Part X 11 Did the organization report an amount for other labilities in Part X, line 1		
assessments, or similar amounts as defined in Revenue Procedure 88-19? If "Yes," complete Schedule C, Part III 5 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 II. 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 III. 7 Did the organization report an amount in Part X, line 21, for secrow or custodial account liability, serve as a custodian for amounts not listed in Part X, ine 21, for secrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV. 8. 10 Did the organization report an amount for liand, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 10 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 VIII. 11 Did Did the organization report an amount for other assets 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 VIII. 11 Did 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 X VIII. 11 Did 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 X VIII. 11 Did	X	4
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 II. 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 III. Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III. Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V. 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. If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI, VII, VIII, III, IX, or X as applicable. 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, 110 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 VII, 110 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 XI III to Did the organization report an amount for other assets in Part X, line 25 If "Yes," complete Schedule D, Part X II to Did the organization have aggregate revenues or expenses of more than \$10,000 from grantma		
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,		5
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the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		11e
Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII. b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional. Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	X	445
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV. Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV. Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 3 can 11e? If "Yes," complete Schedule G, Part I (see instructions). 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. 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. Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H. 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		111
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional. Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	X	122
"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional. Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		124
Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		12h
a Did the organization maintain an office, employees, or agents outside of the United States?	Х	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	Х	
fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		
Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 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 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 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H In It "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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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		
If "Yes," complete Schedule G, Part III		18
Da Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		40
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b		
		ZUD
domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		21
	990 (20	

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Part	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		v	
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
274	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a	Х	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
	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		Х
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Х
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		Х
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		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			77
0.7	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	21		
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete</i>			
		28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			3.5
	complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			Х
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Λ
34	or IV, and Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	000		
-	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	
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		Х
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		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38	X	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
	Enterthe number constitution Day 2 of Face 1000 Face 2 Washington Live 2		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the name of the first the transfer of the tapping about 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Х	
10.4	reportable gaining (gainbing) withings to prize withers:		990	(2018
JSA				,

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Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return. 2 , 285			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶			
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization			
-	solicit any contributions that were not tax deductible as charitable contributions?	6a		X
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).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
_	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	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.)			
	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			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	425		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
а	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
_	and organization to the quantum forms of the control of the contro			
	Enter the amount of reserves on hand	14a		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	. 75		
13	excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			

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Part VI

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

Check if Schedule O contains a response or note to any line in this Part VI

Sect	ion A. Governing Body and Management	• • •		
0000	1011 A. Ouverning Body and management		Yes	No
4.	Enter the number of voting members of the governing body at the end of the tax year.	ı		
1a	Enter the number of voting members of the governing body at the end of the tax year			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent. 1b 33	3		
a	Enter the number of voting members included in line 1a, above, who are independent	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	2		Х
•	any other officer, director, trustee, or key employee?			
3	Did the organization delegate control over management duties customarily performed by or under the direct	3		Х
4	supervision of officers, directors, or trustees, or key employees to a management company or other person?	4		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		X
6	Did the organization have members or stockholders?			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7a		X
	one or more members of the governing body?			
b		7b		X
0	stockholders, or persons other than the governing body?			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
_	the year by the following: The governing body?	8a	Х	
a	Each committee with authority to act on behalf of the governing body?	8b	X	
ь 9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
9	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	_	.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	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 filling the form?	11a		Х
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13 </i>	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
-	rise to conflicts?	12b	X	
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	X	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	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	X	
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	X	
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ CT, NY,			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-7	(Sec	tion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	policy	/, and
	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and record CONTROLLER'S OFFICE 270 MOHEGAN AVENUE NEW LONDON, CT 06320-4196 860-439-2081	ls ▶		

Form **990** (2018)

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

Check if Schedule O contains a response or note to any line in this Part VII

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any	box,	unles er and	heck ss pe d a d	more rson lirect	e than o	an tee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1)KATHERINE BERGERON	38.00									
PRESIDENT	0.	Х		Х				418,304.	0.	72,422.
(2)NICHOLE A. ABRAHAM	1.00									
TRUSTEE	0.	Х						0.	0.	0.
(3)DEBO P. ADEGBILE	1.00									
TRUSTEE	0.	Х						0.	0.	0.
(4)SETH ALVORD	1.00									
TRUSTEE	0.	X						0.	0.	0.
(5)BETTY BROWN BIBBENS	1.00									
TRUSTEE	0.	Х						0.	0.	0.
(6)BRADFORD T. BROWN	1.00									
TRUSTEE	0.	X						0.	0.	0.
(7)JONATHAN COHEN	1.00									
TRUSTEE	0.	X						0.	0.	0.
(8)LYNN COOLEY	1.00									
TRUSTEE	0.	X						0.	0.	0.
(9) JAMIE GLANTON COSTELLO	1.00									
TRUSTEE	0.	X						0.	0.	0.
(10)LOULIE SUTRO CRAWFORD	1.00									
TRUSTEE	0.	X						0.	0.	0.
(11)T. WILSON EGLIN	1.00									
TRUSTEE	0.	X						0.	0.	0.
(12)SARAH FENTON	1.00									
TRUSTEE	0.	X						0.	0.	0.
(13)DEFRED G. FOLTS III	1.00									
TRUSTEE	0.	Х	_					0.	0.	0.
(14)CARLOS GARCIA	1.00								_	_
TRUSTEE	0.	X						0.	0.	0.

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

(A)	(B)			((C)			(D)	(E)	(F)	
Name and title	Average hours per week (list any	box,	unles	heck ss pe	erson	e than o is both tor/trust	an	Reportable compensation from	Reportable compensation from related	Estimated amount of other	
	hours for related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
15) ROB HALE	1.00										
TRUSTEE	0.	X						0.	0.		0.
16) MARK IGER	1.00										_
TRUSTEE	0.	X						0.	0.		0.
17) ERIC KAPLAN	1.00										•
TRUSTEE	0.	X						0.	0.		0.
18) MARTHA JOYNT KUMAR	1.00										^
TRUSTEE	0.	X						0.	0.		0.
19) JOHN D. LINEHAN	1.00										^
TRUSTEE	0.	X						0.	0.		0.
20) LAURIE NORTON MOFFATT	1.00	3,7									0
TRUSTEE	1.00	X						0.	0.		0.
21) EVAN PIEKARA TRUSTEE	$-\frac{1.00}{0.}$							0.	0.		0.
22) SHARIS POZEN	1.00	X						0.	0.		
TRUSTEE	$-\frac{1.00}{0}$	X						0.	0.		0.
23) KAREN QUINT	1.00							0.	0.		
TRUSTEE	$-\frac{1.00}{0.}$	X						0.	0.		0.
24) LESLIE ROSEN	1.00	21						0.	0.		-
TRUSTEE	0.	X						0.	0.		0.
25) PAOLO SANCHEZ	1.00							0.	0.		••
TRUSTEE		X						0.	0.		0.
1h Sub total								418,304.	0.	72,42	
c Total from continuation sheets to Part VII,			• •	• •	• •			2,008,914.	0.	346,56	
d Total (add lines 1b and 1c)								2,427,218.	0.	418,98	
2 Total number of individuals (including but no							o re	1	\$100,000 of		
reportable compensation from the organization		62				-,			+ ,		
										Yes I	No
3 Did the organization list any former off	cer directo	or or	trı	ıste	e	kev e	emn	lovee or highes	t compensated		
employee on line 1a? If "Yes," complete Sche										3 X	
4 For any individual listed on line 1a, is the											
organization and related organizations g	sulli of let reater than	\$15	50 O	100111 1007	ipei P <i>If</i>	Salioi "Yes	ı aı	complete Schedu	le I for such		
individual										4 X	
5 Did any person listed on line 1a receive o											
for services rendered to the organization? If "										5	X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 7

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(A)	(B)		•	(((D)	ed Employees (c		(F)
Name and title	Average hours per week (list any hours for related	box,	unles er and	Pos heck ss pe d a d	ition more rson irect	e than of is both or/trust	an ee)	Reportable compensation from the organization	Reportable compensation from related organizations (W-2/1099-MISC)	con	stimated mount of other npensation rom the
	organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		an	ganization ad related anizations
6) ANNIE M. SCOTT TRUSTEE	1.00	Х						0.	0.		
7) CHAKENA D. SIMS	1.00	- 2						0.	0.		
TRUSTEE	$-\frac{1.00}{0.}$	X						0.	0.		
8) PETER SKAPERDAS	1.00	Λ						0.	0.		
TRUSTEE	$-\frac{1.00}{0.}$	v						0.	0.		
		X						0.	0.		
9) DWAYNE C. STALLINGS	1.00	37									
TRUSTEE	0.	X						0.	0.		
0) MAURICE TINER	1.00	37									
TRUSTEE	0.	X						0.	0.		
1) RAJNEESH VIG	1.00										
TRUSTEE	0.	X						0.	0.		
2) ERIC J. WALDMAN	1.00										
TRUSTEE	0.	X						0.	0.		
3) CYNTHIA KOSSMAN WILKINSON	1.00							_	_		
TRUSTEE	0.	X						0.	0.		
4) TIMOTHY E. YARBORO	1.00										
TRUSTEE	0.	X						0.	0.		
5) RICHARD A. MADONNA, JR	38.00										
VP FOR FINANCE AND ADMIN	0.			Х				291,813.	0.		51,66
6) JEFFREY E. COLE	38.00										
DEAN OF THE FACULTY	0.			Х				180,817.	0.		46,03
1b Sub-total											
c Total from continuation sheets to Part VII,	Section A						>				
d Total (add lines 1b and 1c)) re	ceived more than	\$100,000 of		
reportable compensation from the organizati		62		u u	3010	<i>3)</i> W 1110	<i>3</i> 10	oowed more than	Ψ100,000 01		
											Yes
3 Did the organization list any former off	icar directo	r or	tri	ıcto	^	kov. c	mn	lovoo or highos	t componented		100 .
employee on line 1a? If "Yes," complete Sche										3	х
4 For any individual listed on line 1a, is the	sum of rep	ortab	ole d	com	pen	satio	n ar	nd other compens	sation from the		
organization and related organizations of individual										4	X
										4	21
5 Did any person listed on line 1a receive of for services rendered to the organization? If "										E	
for services rendered to the organization? If	res, compre	ie sci	ieau	iie J	101	Sucn	per.	son		5	

year.

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VII Section A. Officers, Directors, Tru		y∟m	ipic			ana i	ııgı				
(A)	(B)				C)			(D)	(E)		(F)
Name and title	Average hours per week (list any hours for	box,	unles	heck ss pe d a d	erson direct	e than c is both or/trust	an ee)	Reportable compensation from the	Reportable compensation from related organizations	amo ot comp	mated ount of ther ensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	orgar and	m the nization related nizations
37) BONNIE J. WELLS	38.00										
SECRETARY OF THE COLLEGE	0.			Х				80,020.	0.	1	L7,713
88) ANDREW K. STRICKLER	38.00										
VP ADMISSIONS	0.				Х			181,057.	0.	2	28,005
39) KIMBERLY M. VERSTANDIG	38.00										
VP ADVANCEMENT	0.					Х		271,458.	0.	3	31,489
10) PAMELA DUMAS SERFAS	38.00										
VP COMMUNICATIONS	0.					X		189,906.	0.	3	30,050
11) WENDELL L. HISLE	38.00									_	
VP INFORMATION SERVICES	0.					Х		186,505.	0.	.,	74,230
2) BRUCE BRANCHINI	38.00					3.7		104.066	0	1	16 26
PROFESSOR	0.					X		194,066.	0.		L6,36
3) JEFFERSON A. SINGER	38.00					37		160 202	0	1	17 020
DEAN OF THE COLLEGE 4) ABIGAIL A. VAN SLYCK	38.00					X		168,302.	0.		L7,238
DEAN OF THE FACULTY (OUTGOING)	0.						Х	264,970.	0.	3	33,77
1b Sub-total											
c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	ection A										
2 Total number of individuals (including but not							o re	ceived more than	\$100,000 of		
reportable compensation from the organization		62				,			•		
										,	Yes N
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedu										3	Х
4 For any individual listed on line 1a, is the sorganization and related organizations graindividual	eater than	\$15	0,0	00?) If	"Yes	5,"	complete Schedu	le J for such	4	Х
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue co	mpen	sati	on 1	fron	n any	un	related organization	on or individual	5	2
Section B. Independent Contractors	o, comple	.5 561	.out	0	01	34011	POI				
Complete this table for your five highest com- compensation from the organization. Report covear.											

(A) Name and business address	(B) Description of services	(C) Compensation

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

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Part VIII Statement of Revenue

					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
2 22	4-	Fodovated compaigns	1a			.0.0		0.20.1
and Other Similar Amounts	1a	Federated campaigns						
۱ <u>۶</u> ۲	b c	Membership dues						
<u>a</u> [d							
<u> </u>	e	Government grants (contribution						
2 E	f	All other contributions, gifts, gran	°, 					
1	·	and similar amounts not included abo		21,513,000.				
اع <u>ا</u>	g	Noncash contributions included in lin	es 1a-1f: \$	5,390,000.				
- 1	h	Total. Add lines 1a-1f	•	▶	21,513,000.			
Program Service Revenue				Business Code				
eve	2a	TUITION		611710	92,226,000.	92,226,000.		
ë R	b	ROOM AND BOARD, AUX. SERVICE	s	721310	24,651,000.	24,651,000.		
<u> </u>	С	STUDY AWAY		611710	6,725,000.	6,725,000.		
Se	d	OTHER PROGRAM SERVICE REVENU	E	900099	2,712,000.	2,696,000.	16,000.	
l am	е	GRANT AND CONTRACT INCOME		900099	1,820,000.	1,820,000.		
.og	f	All other program service revenu			666,000.	663,000.	3,000.	
<u>-</u>	g	Total. Add lines 2a-2f			128,800,000.			1
	3	Investment income (includ	-					
		and other similar amounts)			1,591,000.		-656,000.	2,247,000
	4	Income from investment of tax-			0.			
	5	Royalties	(i) Real	(ii) Personal	0.			
		_	260,000.	(ii) i diddidii				
	6a	Gross rents	257,000.					
	b	Less: rental expenses	3,000.					
	c d	Rental income or (loss)			3,000.			3,000
	7a		(i) Securities	(ii) Other	3,000.			3,000
		assets other than inventory	22,498,000.	38,365,000.				
	h	Less: cost or other basis	, ,					
	b	and sales expenses	20,365,000.	35,468,000.				
	С	Gain or (loss)	2,133,000.	2,897,000.				
	d	,			5,030,000.		28,000.	5,002,000
	8a	Gross income from fundraisin	a					
ğ		events (not including \$	-					
Seve		of contributions reported on line						
Other Revenue		See Part IV, line 18		0.				
睛	b	Less: direct expenses	ь	0.				
-	С	Net income or (loss) from fundra	aising events	<u></u> ▶	0.			
	9a	Gross income from gaming act See Part IV, line 19		0.				
	b c	Less: direct expenses Net income or (loss) from gami		0.	0.			
	10a	Gross sales of inventory, returns and allowances	less	0.				
	b c	Less: cost of goods sold Net income or (loss) from sales of	b	0.	0.			
Ī		Miscellaneous Revenue		Business Code				
	11a	SNACK SHOP REVENUE		713940	434,000.			434,000
	b	BOOKSTORE		451211	84,000.			84,000
	С							
	d	All other revenue						
	е	Total. Add lines 11a-11d		▶ │	518,000.			
	12	Total revenue. See instructions.		<u></u>	157,455,000.	128,781,000.	-609,000.	7,770,000

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).

Check if Schedule O contains a response or note to any line in this Part IX								
Do	not include amounts reported on lines 6b, 7b,				(D)			
	9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and general expenses	Fundraising			
			expenses	general expenses	expenses			
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0.						
2	Grants and other assistance to domestic individuals. See Part IV, line 22	44,081,000.	44,081,000.					
3	Grants and other assistance to foreign							
	organizations, foreign governments, and foreign	00.000						
	individuals. See Part IV, lines 15 and 16	88,000.	88,000.					
	Benefits paid to or for members	0.						
5	Compensation of current officers, directors, trustees, and key employees	2,130,000.	690,000.	1,259,000.	181,000.			
6	Compensation not included above, to disqualified							
	persons (as defined under section 4958(f)(1)) and	_						
	persons described in section 4958(c)(3)(B)	0.						
7	Other salaries and wages	48,541,000.	36,814,000.	9,426,000.	2,301,000.			
8	Pension plan accruals and contributions (include	2 050 000	0 051 000	E 40 000	245 222			
	section 401(k) and 403(b) employer contributions)	3,858,000.	2,971,000.	540,000.	347,000.			
9	Other employee benefits	9,615,000.	5,807,000.	2,150,000.	1,658,000.			
10	Payroll taxes	3,555,000.	2,827,000.	398,000.	330,000.			
11	Fees for services (non-employees):	0						
	Management	226,000.		226,000.				
	Legal	175,000.		175,000.				
	Accounting	1/3,000.		175,000.				
	Lobbying	0.						
	Professional fundraising services. See Part IV, line 17.	3,514,000.		3,514,000.				
	Investment management fees	3,311,000.		3,311,000.				
g	Other. (If line 11g amount exceeds 10% of line 25, column	3,177,000.	1,958,000.	519,000.	700,000.			
12	(A) amount, list line 11g expenses on Schedule O.) Advertising and promotion	91,000.	39,000.	52,000.				
13	Office expenses	2,709,000.	2,058,000.	299,000.	352,000.			
14	Information technology	848,000.	229,000.	619,000.	·			
15	Royalties	9,000.	9,000.					
16	Occupancy	11,312,000.	11,312,000.					
17	Travel	1,724,000.	1,522,000.	78,000.	124,000.			
18	Payments of travel or entertainment expenses							
	for any federal, state, or local public officials	0.						
19	Conferences, conventions, and meetings	876,000.	134,000.	632,000.	110,000.			
20	Interest	3,292,000.	1,842,000.	1,450,000.				
21	Payments to affiliates	0.						
22	Depreciation, depletion, and amortization	8,408,000.	6,306,000.	925,000.	1,177,000.			
23	Insurance	1,968,000.	886,000.	1,082,000.				
24	Other expenses. Itemize expenses not covered							
	above (List miscellaneous expenses in line 24e. If							
	line 24e amount exceeds 10% of line 25, column							
	(A) amount, list line 24e expenses on Schedule O.)	4,398,000.	4,398,000.					
_	STUDY AWAY PROGRAMS BOOKS AND PERIODICALS	1,482,000.	1,478,000.	4,000.				
	LICENSES, FEES, AND PERMITS	267,000.	88,000.	134,000.	45,000.			
_	MEMBERSHIPS	255,000.	119,000.	134,000.	5,000.			
_	·	1,141,000.	577,000.	521,000.	43,000.			
	All other expenses Add lines 1 through 24e	157,740,000.	126,233,000.	24,134,000.	7,373,000.			
26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and	20.,,20,000.		22,232,000.	.,3,3,000.			
	fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	0.						
_								

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Part X Balance Sheet

	ונא	24.4.100 4.1001			
		Check if Schedule O contains a response or note to any line in this	Part X		<u> </u>
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	23,000.	1	22,000.
	2	Savings and temporary cash investments	32,474,000.	2	40,802,000.
	3	Pledges and grants receivable, net		3	26,663,000.
	4	Accounts receivable, net		4	473,000.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
			0	5	0.
	6	Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
		organizations (see instructions). Complete Part II of Schedule L	0.	6	0.
Assets	7	Notes and loans receivable, net		7	772,000.
SS	8	Inventories for sale or use		8	298,000.
_	9	Prepaid expenses and deferred charges		9	851,000.
	10 a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 287,997,000			
	b	Less: accumulated depreciation 10b 182,372,000	. 106,379,000.	10c	105,625,000.
	11	Investments - publicly traded securities	184,387,000.	11	187,588,000.
	12	Investments - other securities. See Part IV, line 11		12	136,862,000.
	13	Investments - program-related. See Part IV, line 11		13	0.
	14	Intangible assets	0.	14	0.
	15	Other assets. See Part IV, line 11	24,457,000.	15	20,439,000.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	508,642,000.	16	520,395,000.
	17	Accounts payable and accrued expenses	20,777,000.	17	19,889,000.
	18	Grants payable	0.	18	0.
	19	Deferred revenue		19	1,577,000.
	20	Tax-exempt bond liabilities	88,380,000.	20	86,870,000.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	0.
es	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
jab		disqualified persons. Complete Part II of Schedule L			0.
_	23	Secured mortgages and notes payable to unrelated third parties			0.
	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	I		F 637 000
		of Schedule D	6,192,000.	25	5,637,000.
_	26	Total liabilities. Add lines 17 through 25.		26	113,973,000.
ses		Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34.			
and	27	Unrestricted net assets	67,064,000.	27	67,209,000.
Bal	28	Temporarily restricted net assets	143,344,000.	28	150,106,000.
Fund Balances	29	Permanently restricted net assets	181,271,000.	29	189,107,000.
or Fu		Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ă	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	391,679,000.	33	406,422,000.
_	34	Total liabilities and net assets/fund balances	508,642,000.	34	520,395,000.
			•		Eorm 990 (2019)

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	30 (2010)					90 . –
Part						
	Check if Schedule O contains a response or note to any line in this Part XI	_				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		57,4		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	57,7		
3	Revenue less expenses. Subtract line 2 from line 1	3			85,0	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		91,6		
5	Net unrealized gains (losses) on investments	5		14,7	61,0	000.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9 Other changes in net assets or fund balances (explain in Schedule O)		9		2	67,0	000.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10	4	06,4	22,0	00.
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplair	n in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted o	n a			
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for	overs	ight			
	of the audit, review, or compilation of its financial statements and selection of an independent acc	counta	ant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, e	xplaii	n in			
	Schedule O.	•				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t fortl	n in			
	the Single Audit Act and OMB Circular A-133?			3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	lergo	the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au			3b	X	

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number Name of the organization CONNECTICUT COLLEGE 06-0646587

Pa	rt I	Reason for Public Cha	rity Status (All c	organizations must o	omplet	e this pa	art.) See instructions				
The	org	ganization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)				
1		A church, convention of chu	urches, or associa	tion of churches desc	ribed in s	ection 1	70(b)(1)(A)(i).				
2	X	A school described in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990)-EZ).)				
3		A hospital or a cooperative	hospital service o	rganization described	in sectio	n 170(b)	(1)(A)(iii).				
4		A medical research organiz	zation operated in	conjunction with a hos	spital de	scribed i	n section 170(b)(1)(A)	(iii). Enter the			
		hospital's name, city, and st	tate:								
5		An organization operated		a college or universit	y owne	d or ope	erated by a governme	ental unit described in			
		_ section 170(b)(1)(A)(iv). (C	Complete Part II.)								
6		A federal, state, or local go	•								
7		_	organization that normally receives a substantial part of its support from a governmental unit or from the general public								
		¬ ` '	ection 170(b)(1)(A)(vi). (Complete Part II.)								
8		A community trust describe	-		-						
9		An agricultural research org	=			-					
		or university or a non-land-	grant college of ag	griculture (see instruct	ions). E	nter the	name, city, and state o	f the college or			
		university:									
10		An organization that norma receipts from activities rela support from gross investm acquired by the organization	ted to its exempt finent income and union after June 30, 1	unctions - subject to on the subject to one of the subject to subj	certain e able inco (a)(2). (0	exception ome (les Complete	is, and (2) no more tha s section 511 tax) from e Part III.)	n 331/3 %of its			
11		An organization organized	•		-						
12		An organization organized	•	•			•				
		of one or more publicly su	· ·								
	Г	Check the box in lines 12a t	=				•	=			
а	L	Type I. A supporting orga	•	•	•		• , ,				
		the supported organization	. , .	• • • •		ajority o	the directors or truste	es of the			
	Г	supporting organization.	-					(-) bb			
b	L	Type II. A supporting org	-								
		control or management o		=	the Sam	e persor	is that control of man	age the supported			
_	Г	organization(s). You must Type III functionally inte			tod in a	onnoctio	n with and functional	lly intograted with			
С		its supported organization						ny integrated with,			
d	Г	Type III non-functionally		•				ted organization(s)			
u		that is not functionally into			-			= ::			
		requirement (see instruct	-		-		•	an attentiveness			
е	Γ	Check this box if the orga		-				I Type III			
Ū	_	functionally integrated, or						., . , po			
f	Er	nter the number of supported									
g		rovide the following information									
_		Name of supported organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of			
				(described on lines 1-10 above (see instructions))	,	ur governing	support (see	other support (see			
				above (see instructions))	Yes	Ment?	instructions)	instructions)			
/A\											
(A)											
(B)											
(C)											
(D)											
(E)											
	al										

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	27,362,000.	10,954,000.	11,310,000.	43,670,000.	21,513,000.	114,809,000.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	27,362,000.	10,954,000.	11,310,000.	43,670,000.	21,513,000.	114,809,000.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
•	shown on line 11, column (f)						35,569,670.
6	Public support. Subtract line 5 from line 4						79,239,330.
	tion B. Total Support	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(a) 2019	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2014 27,362,000.	10,954,000.	11,310,000.	(d) 2017 43,670,000.	(e) 2018 21,513,000.	(f) Total
7 8	Amounts from line 4. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	6,857,000.	4,481,000.	8,727,000.	2,143,000.	2,507,000.	24,715,000.
9	Net income from unrelated business activities, whether or not the business is regularly carried on	119,000.	81,000.				200,000.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) ATCH. 1	509,000.	499,000.	483,000.	473,000.	518,000.	2,482,000.
11	Total support. Add lines 7 through 10						142,206,000.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	609,355,000.
13	First five years. If the Form 990 is forganization, check this box and stop here	<u> </u>					
Sec	tion C. Computation of Public Sup						
14	Public support percentage for 2018 (lin		•			14	55.72 %
15	Public support percentage from 2017					15	56.00 %
16a	331/3% support test - 2018. If the org						
	box and stop here. The organization qu	•		-			
b	331/3% support test - 2017. If the org						
170	this box and stop here. The organization			_			
17a	10%-facts-and-circumstances test - 2 10% or more, and if the organization	_					
	Part VI how the organization meets t					-	•
	-			-	· ·	-	
h	organization						
b		_					
	15 is 10% or more, and if the organization Explain in Part VI how the organization						-
18	supported organization. Private foundation. If the organization						▶ □
10							
	instructions						

Schedule A (Form 990 or 990-EZ) 2018

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Part III

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 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.)

Sec	tion A. Public Support				'	,	
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
-	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
. u	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
_	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
Ŭ	line 6.)						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6	. ,	,,,	.,	. ,		
	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less						
~	section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business						
• •	activities not included in line 10b,						
	whether or not the business is regularly						
40	Other income Do not include gain or						
12	Other income. Do not include gain or						
	loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for	or the organiza	tion's first seco	nd third fourth	or fifth tax v	ear as a section	501(c)(3)
1-4	organization, check this box and stop here .	· ·	· ·		•		` ` ` `
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2018 (line 8,		<u> </u>	mn (f))		. 15	%
16	Public support percentage from 2017 Schee					16	
	tion D. Computation of Investment						70
<u> 17</u>	Investment income percentage for 2018 (lin			13. column (f))		17	%
18	Investment income percentage for 2017 S					18	
	331/3% support tests - 2018. If the org						
134	17 is not more than 331/3%, check this						
h	331/3% support tests - 2017. If the orga	-	-	•			
D	line 18 is not more than 331/3%, check				· ·		
20	Private foundation. If the organization of		-	-			
				,,	,		

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Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- 10 a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990 or 990-EZ) 2018 Page **5**

Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sect	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	ion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	_		
		1		
Sect	ion D. All Type III Supporting Organizations		V	NI.
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior			
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	_		
Ū	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	ion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	structi	ons).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)	
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
u	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	5 1 1 0 1	٥.		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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Type III Non-Functionally Integrated 509(a)(3) Supporting Organ Check here if the organization satisfied the Integral Part Test as a qualifying	g trust or	n Nov. 20, 1970 (expla	•
instructions. All other Type III non-functionally integrated supporting organization A - Adjusted Net Income	zations r	nust complete Section (A) Prior Year	ns A through E. (B) Current Year (optional)
1 Net short-term capital gain	1		(optional)
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionall	y integra	ated Type III supporting	g organization (see
instructions).			<u> </u>

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Page 7 Schedule A (Form 990 or 990-EZ) 2018 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Secti	ection D - Distributions					
1	Amounts paid to supported organizations to accomplish ex					
2	Amounts paid to perform activity that directly furthers exer					
	organizations, in excess of income from activity					
3	Administrative expenses paid to accomplish exempt purpo					
4	Amounts paid to acquire exempt-use assets	11				
5	Qualified set-aside amounts (prior IRS approval required)					
6	Other distributions (describe in Part VI). See instructions.					
7	Total annual distributions. Add lines 1 through 6.					
8	Distributions to attentive supported organizations to which	the organization is resp	onsive			
	(provide details in Part VI). See instructions.	3				
9	Distributable amount for 2018 from Section C, line 6					
10	Line 8 amount divided by line 9 amount					
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018		
1	Distributable amount for 2018 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2018					
	(reasonable cause required - explain in Part VI). See					
	instructions.					
3	Excess distributions carryover, if any, to 2018					
а	From 2013					
b	From 2014					
С	From 2015					
d	From 2016					
е	From 2017					
f	Total of lines 3a through e					
g	Applied to underdistributions of prior years					
h	Applied to 2018 distributable amount					
i	Carryover from 2013 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.					
4	Distributions for 2018 from					
	Section D, line 7:					
а	Applied to underdistributions of prior years					
b	Applied to 2018 distributable amount					
С	Remainder. Subtract lines 4a and 4b from 4.					
5	Remaining underdistributions for years prior to 2018, if					
	any. Subtract lines 3g and 4a from line 2. For result					
	greater than zero, explain in Part VI . See instructions.					
6	Remaining underdistributions for 2018. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2019. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
а	Excess from 2014					
b	Excess from 2015					
C	Excess from 2016					
d	Excess from 2017					
е	Excess from 2018					

Schedule A (Form 990 or 990-EZ) 2018

Part V

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Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

					ATTACHMENT 1	
SCHEDULE A, PART II -	OTHER INCOME	1				
DESCRIPTION	2014	2015	2016	2017	2018	TOTAL
SNACK SHOP REVENUE	110,000.	404,000.	399,000.	394,000.	434,000.	1,741,000.
ALL OTHER REVENUE	399,000.	95,000.	84,000.	79,000.	84,000.	741,000.
TOTALS	509,000.	499,000.	483,000.	473,000.	518,000.	2,482,000.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2018

Employer identification number

CONNECTICUT COLLEGE 06-0646587 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** [X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization CONNECTICUT COLLEGE

Employer identification number

			06-0646587
Part I	Contributors (see instructions). Use duplicate copi	es of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
66		\$565,000.	Person X Payroll Noncash

(Complete Part II for noncash contributions.) Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization CONNECTICUT COLLEGE

Employer identification number 06-0646587

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$.	Person X Payroll X Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$\$, 1,029,217.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization CONNECTICUT COLLEGE

Employer identification number 06-0646587

Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization CONNECTICUT COLLEGE Employer identification number 06-0646587

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

	Trondant reporty (600 mondono). 600 daphodio copios of	· artii ii aaaaiiioriai opaso io rioo	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
5	STOCK	_	
		\$50,000.	02/14/2019
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
6	STOCK	_	
			_12/18/2018
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	STOCK	_	
		\$27,366.	10/18/2018
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
8	STOCK	_	
			12/31/2018
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
9	STOCK	_	
			12/19/2018
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_10	STOCK	_	
			12/20/2018

name or o	rganization CONNECTICUT COLLEGE			06-0646587
Part III	Exclusively religious, charitable, etc. (10) that total more than \$1,000 for the following line entry. For organizati contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions.	the year from any one colons completing Part III, enter e year. (Enter this information	ntributor. Comer the total of ea	d in section 501(c)(7), (8), or plete columns (a) through (e) and xclusively religious, charitable, etc.
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer of gift		
	Transferee's name, address, ar		Relationship	o of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, address, ar	(e) Transfer of gift	Relationship	o of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer of gift		
	Transferee's name, address, ar	nd ZIP + 4	Relationship	o of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer of gift		
	Transferee's name, address, ar	nd ZIP + 4	Relationship	o of transferor to transferee

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- 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," on 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.

_	occitori oci (c)(c) organizations	that have med i only or oo (election al	1401 30011011 00 1(11)). 00	implete i art ii 7t. Do not con	ipioto i ait ii b.
•	Section 501(c)(3) organizations	that have NOT filed Form 5768 (elect	ion under section 501(h)): Complete Part II-B. Do no	t complete Part II-A.
Tax)	(see separate instructions), ther		Tax) (see separate in	nstructions) or Form 990-l	EZ, Part V, line 35c (Proxy
	Section 501(c)(4), (5), or (6) orga	anizations: Complete Part III.			
	e of organization			' '	ntification number
	NECTICUT COLLEGE			06-064	
Pai	-	organization is exempt under			
1	•	organization's direct and indirect	political campaign a	ctivities in Part IV. (see ir	structions for
	definition of "political campa				
2	Political campaign activity ex	xpenditures (see instructions)		▶ \$	
	Volunteer hours for political	campaign activities (see instruction	ns)		
Par		organization is exempt under			
1	Enter the amount of any exc	cise tax incurred by the organization	on under section 495	5 ▶ \$	
2		cise tax incurred by organization m			
3		a section 4955 tax, did it file Form			
					Yes No
	If "Yes," describe in Part IV.				
Par	t I-C Complete if the c	organization is exempt under	section 501(c), ex	cept section 501(c)(3)
1		expended by the filing organizatio			
2		ng organization's funds contributedes			
3		enditures. Add lines 1 and 2. Er			
4 5	Did the filing organization file Enter the names, addresses organization made payment the amount of political cont	e Form 1120-POL for this year? and employer identification numbs. For each organization listed, erributions received that were prond or a political action committee (per (EIN) of all section of the amount pain optly and directly de	on 527 political organized from the filing organized livered to a separate po	Yes No ations to which the filing ation's funds. Also enter olitical organization, such
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)			_		
(2)					
(3)					
(4)			-		
(5)			-		
(6)			-		

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2018

Pa	art II-A Complete if the organization section 501(h)).	on is exer	npt under sectior	501(c)(3) and	filed Form 5768 (elec	ction under		
Α	Check ▶ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).							
В	Check ▶ if the filing organization checked box A and "limited control" provisions apply.							
	Limits on Lobb (The term "expenditures" me)	(a) Filing organization's totals	(b) Affiliated group totals		
k c c	Total lobbying expenditures to influence Total lobbying expenditures to influence Total lobbying expenditures (add lines 1: 1) Other exempt purpose expenditures (add Lobbying nontaxable amount. Enter the columns.							
	If the amount on line 1e, column (a) or (b) is:			is:				
	Not over \$500,000		amount on line 1e.					
	Over \$500,000 but not over \$1,000,000		lus 15% of the excess					
	Over \$1,000,000 but not over \$1,500,000		lus 10% of the excess					
	Over \$1,500,000 but not over \$17,000,000 Over \$17,000,000	\$1,000,000	lus 5% of the excess of	ver \$1,500,000.				
_	g Grassroots nontaxable amount (enter 25							
_	•							
	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-							
i	If there is an amount other than zero				ion file Form 4720			
•	reporting section 4911 tax for this year?					Yes No		
	(Some organizations that made a See	section 50	te instructions for I	t have to comple ines 2a through	2f.)	ns below.		
_	Lobb	ying Expe	nditures During 4-Ye	ear Averaging Per	iod	T		
	Calendar year (or fiscal year beginning in)	2015	(b) 2016	(c) 2017	(d) 2018	(e) Total		
28	Lobbying nontaxable amount							
k	Lobbying ceiling amount (150% of line 2a, column (e))							
_	Total lobbying expenditures							
_	Grassroots nontaxable amount							
•	Grassroots ceiling amount (150% of line 2d, column (e))							
f	Grassroots lobbying expenditures							

Schedule C (Form 990 or 990-EZ) 2018

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	(a)		(b)	
each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed cription of the lobbying activity.	Yes	No		Amount	
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:					
Volunteers?		X			
Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?.		Х			
Media advertisements?		Х			
Mailings to members, legislators, or the public?		Х			
Publications, or published or broadcast statements?		X			
Grants to other organizations for lobbying purposes?		X			
Direct contact with legislators, their staffs, government officials, or a legislative body?		X			
Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Х	X			
Other activities?	Λ				
Total. Add lines 1c through 1i					
Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
If "Yes," enter the amount of any tax incurred under section 4912		H			
If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
t III-A Complete if the organization is exempt under section 501(c)(4), section 501	C)(5)	or se	oction		
501(c)(6).	(C)(O),	OI S	ection		
				Yes	3
Were substantially all (90% or more) dues received nondeductible by members?			ſ	1	
Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2	
Did the organization agree to carry over lobbying and political campaign activity expenditures from				3	
t III-B Complete if the organization is exempt under section 501(c)(4), section 501	c)(5),	or s	ection	•	
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No,"	OR (k	ر Paı	rt III-A,	line 3, is	S
1 1137 11		<i>)</i> , . u.			
answered "Yes."		, i ai			
answered "Yes." Dues, assessments and similar amounts from members			1		
		•	1		
Dues, assessments and similar amounts from members		•	1		
Dues, assessments and similar amounts from members	nts c	of .	2a		
Dues, assessments and similar amounts from members	nts o	of	2a 2b		
Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amou political expenses for which the section 527(f) tax was paid). Current year	nts c	of	2a 2b 2c		
Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amou political expenses for which the section 527(f) tax was paid). Current year	nts o		2a 2b		
Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amou political expenses for which the section 527(f) tax was paid). Current year	nts o		2a 2b 2c		
Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amou political expenses for which the section 527(f) tax was paid). Current year	nts of th	of 	2a 2b 2c 3		
Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid). Current year	nts of the	of e	2a 2b 2c 3		
Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid). Current year Carryover from last year. Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due of the include amount on line 2c exceeds the amount on line 3, what portion excess does the organization agree to carryover to the reasonable estimate of nondeductible located political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions)	nts of the	of e	2a 2b 2c 3		
Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid). Current year. Carryover from last year. Total. Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due of the include amount on line 2c exceeds the amount on line 3, what portion excess does the organization agree to carryover to the reasonable estimate of nondeductible located political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions)	of th	e g	2a 2b 2c 3 4 5	-A lines	1
Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid). Current year	of th	e g	2a 2b 2c 3 4 5	-A, lines	1 :
Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid). Current year. Carryover from last year. Total. Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due of the include amount on line 2c exceeds the amount on line 3, what portion excess does the organization agree to carryover to the reasonable estimate of nondeductible located political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions)	of th	e g	2a 2b 2c 3 4 5	-A, lines	1 :
Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid). Current year	of th	e g	2a 2b 2c 3 4 5	-A, lines	1 :
Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid). Current year	of th	e g	2a 2b 2c 3 4 5	-A, lines	1 :
Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid). Current year	of th	e g	2a 2b 2c 3 4 5	-A, lines	1 :
Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid). Current year. Carryover from last year. Total. Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due of lot in the interest of the interest year and the amount on line 2c exceeds the amount on line 3, what portion excess does the organization agree to carryover to the reasonable estimate of nondeductible lot and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) **IV** Supplemental Information** Ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated to instructions); and Part II-B, line 1. Also, complete this part for any additional information.	of the beginning of the second	e g 	2a 2b 2c 3 4 5	-A, lines	1 :

Schedule C (Form 990 or 990-EZ) 2018

786691

Schedule C (Form 990 or 990-EZ) 2018 Page 4

Part IV **Supplemental Information** (continued)

Schedule C (Form 990 or 990-EZ) 2018

JSA

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SCHEDULE D (Form 990)

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990,

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

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

Employer identification number

CON	NECTICUT COLLEGE			06-0646587
Pa	rt I Organizations Maintaining Donor Advised	Funds or Other Sim	nilar Funds or	Accounts.
	Complete if the organization answered "Yes	s" on Form 990, Part	t IV, line 6.	
		(a) Donor advised for	unds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor adv	isors in writing that th	ne assets held	in donor advised
	funds are the organization's property, subject to the organization	_		
6	Did the organization inform all grantees, donors, and d		•	
	only for charitable purposes and not for the benefit of			
	conferring impermissible private benefit?			
Pa	rt Conservation Easements.			
	Complete if the organization answered "Yes	s" on Form 990, Part	t IV, line 7.	
1	Purpose(s) of conservation easements held by the orga	anization (check all that	apply).	
	Preservation of land for public use (e.g., recreation	on or education)	Preservation	of a historically important land area
	Protection of natural habitat		Preservation	of a certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a	qualified conservation	contribution in	
	easement on the last day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified histo	ric structure included ir	n (a)	2c
d	Number of conservation easements included in (c) according to the conservation of the	quired after 7/25/06, a	and not on a	
	historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferr	ed, released, extinguis	shed, or termir	nated by the organization during the
	tax year			
4	Number of states where property subject to conservation			
5	Does the organization have a written policy regarding			
	violations, and enforcement of the conservation easeme			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, a	nd enforcing cor	nservation easements during the year
	>			
7	$\label{thm:local_equation} Amount of expenses incurred in monitoring, inspecting,$	handling of violations, a	and enforcing c	onservation easements during the year
_	> \$			
8	Does each conservation easement reported on line 2(d) a			
•	and section 170(h)(4)(B)(ii)?		* • • • • • • •	Yes L No
9	In Part XIII, describe how the organization reports cons			
	balance sheet, and include, if applicable, the text of the organization's accounting for conservation easements.	riodinote to the organ	ization's illiand	dai statements that describes the
Pa	rt III Organizations Maintaining Collections of A	Art Historical Treas	ures or Othe	r Similar Assets
	Complete if the organization answered "Yes			- Cilina 7.000.01
1a				revenue statement and halance sheet
ıa	If the organization elected, as permitted under SFAS works of art, historical treasures, or other similar as	sets held for public of	exhibition, edu	ication, or research in furtherance of
	public service, provide, in Part XIII, the text of the footho	ote to its financial state	ements that des	scribes these items.
b	If the organization elected, as permitted under SFAS			
	works of art, historical treasures, or other similar as public service, provide the following amounts relating to		exhibition, edu	ication, or research in furtherance of
	(i) Revenue included on Form 990, Part VIII, line 1			> \$
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, hi			·
-	following amounts required to be reported under SFAS			<u> </u>
а	Revenue included on Form 990, Part VIII, line 1			
b	Assets included in Form 990, Part X			⊳ \$

Schedule D (Form 990) 2018 Page 2

Pa	rt III Organizations Maintain	_ 							
3	Using the organization's acquisition		other records, che	ck any of t	he follov	ving that are a sig	nificant	use (of its
	collection items (check all that app	oly):							
а	X Public exhibition			or exchang	ge progra	ms			
b	X Scholarly research		e Othe	r					
С	X Preservation for future gene								
4	Provide a description of the orga	nization's collections	and explain how	they further	er the or	ganization's exemp	ot purpo	se in	Part
_	XIII.		donations of out bio	to "iool t"oo.		ath ar aimsilar			
5	During the year, did the organization assets to be sold to raise funds rath						Yes	v	No
Da	rt IV Escrow and Custodial A		anieu as part or the	Organizani	JITS COILE	CHOII!	162		NO
ıa	Complete if the organiza 990, Part X, line 21.	•	es" on Form 990,	Part IV, lin	e 9, or r	eported an amou	int on F	orm	
1a	Is the organization an agent, truste	ee, custodian or othe	er intermediary for	contribution	ns or othe	r assets not			
	included on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement i								
						Amoun	t		
	Beginning balance				С				
d	Additions during the year				d				
е	Distributions during the year								
f	Ending balance								
	Did the organization include an am If "Yes," explain the arrangement i						Yes		No
	rt V Endowment Funds.	II Part Alli. Check no	ere ii trie explanatio	n nas been	provided	On Part Alli			
га	Complete if the organization	ation answered "Ye	es" on Form 990	Part IV lin	e 10				
	Complete ii the organize	(a) Current year	(b) Prior year	(c) Two ye		(d) Three years back	(e) Fou	r vears	hack
	Decimals of wear belows	305,663,000.	290,537,000.			274,617,000.			
	Beginning of year balance	5,429,000.	6,737,000.		9,000.	6,613,000.			,000.
	Contributions	., ., .,	, , , , , , , , , , , , , , , , , , , ,		,	, , , , , , , , , , , , , , , , , , , ,	 		
C	and losses	16,466,000.	21,803,000.	34,45	5,000.	-6,297,000.	5,	091	,000.
Ь	Grants or scholarships	6,981,000.	6,617,000.	6,37	9,000.	6,080,000.	5,	637	,000.
	Other expenditures for facilities								
	and programs	7,067,000.	6,797,000.	5,73	1,000.	3,840,000.		745	,000.
f	Administrative expenses								
g	End of year balance	313,510,000.	305,663,000.	290,53	7,000.	265,013,000.	274,	617	,000.
2	Provide the estimated percentage	of the current year	end balance (line 1	g, column (a)) held as	:			
а	Board designated or quasi-endown		_%						
	Permanent endowment > 51.0								
С	Temporarily restricted endowment								
٥-	The percentages on lines 2a, 2b, a	•		حاجاجا حسجا	المصام ما مما	-:			
3a	Are there endowment funds not in	the possession of the	ie organization tha	t are neid a	ına aamı	listered for the	1	Yes	No
	organization by: (i) unrelated organizations						3a(i)	X	
	(ii) related organizations						3a(ii)		
b	If "Yes" on line 3a(ii), are the relati						3b	Х	
4	Describe in Part XIII the intended	•							
Pa	TVI Land, Buildings, and Equ	uipment.							
	Complete if the organiz Description of property) <u>. </u>
	Description of property	(a) Cost or (inves		t or other basis (other)		cumulated (reciation	d) Book v	aiue	
1a	Land			080,000					000.
b	Buildings		202,	280,000	. 117,5	75,000.	84,7	05,0	000.
С	Leasehold improvements				1				
d	Equipment			678,000		19,000.			000.
	Other			959,000		78,000.	13,0		
ota	I. Add lines 1a through 1e. (Columr	n (a) must equal Forr	n 990, Part X, colun	nn (B), line	1UC.)	▶	105,6	∠5,(. 00.

Schedule D (Form 990) 2018

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Schedule D (F	FOITH 990) 2018	rage •
Part VII	Investments - Other Securities.	

Complete if the organization answered	l "Yes" on Form 990	, Part IV, line 11b. 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		
(2) Closely-held equity interests		
(3) Other		
(A) PRIVATE EQUITY	14,752,000.	FMV
(B) VENTURE CAPITAL	24,094,000.	FMV
(C) HEDGE FUNDS	74,224,000.	FMV
(D) INFLATION HEDGING	14,287,000.	FMV
(E) DISTRESSED DEBT	5,499,000.	FMV
(F) SPLIT INTEREST AGREEMENT	4,006,000.	FMV
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	136,862,000.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.).	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OBLIGATIONS - CAPITAL LEASE	471,000.
(3) LIABILITIES UNDER SPLIT INTEREST	
(4) AGREEMENTS	4,229,000.
(5) ADVANCES FROM US GOVERNMENT	
(6) FOR STUDENT LOANS	937,000.
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	5,637,000.

^{2.} Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

JSA 8E1270 1.000 Schedule D (Form 990) 2018 Schedule D (Form 990) 2018 Page **4**

Part 2	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	1.	
1	Total revenue, gains, and other support per audited financial statements	1	124,490,000.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	Net unrealized gains (losses) on investments		
	Donated services and use of facilities		
	Donated Services and use of facilities 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.		
	According of photygram grame I I I I I I I I I I I I I I I I I I I		
	Other (Describe in Lart Alli.)	20	15,028,000.
	Add lines 2a through 2d	2e 3	109,462,000.
3	Subtract line 2e from line 1	3	105,102,000.
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b 4a 3,514,000.		
b	Other (Describe in Part XIII.)		45 000 000
	Add lines 4a and 4b	4c	47,993,000.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	157,455,000.
Part 2	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ırn.	
1	Total expenses and losses per audited financial statements	1	109,747,000.
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		
	Other losses		
	Other (Describe in Part XIII.)		
	Add lines 2a through 2d	2e	257,000.
3	Subtract line 2e from line 1	3	109,490,000.
	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b 4a 3,514,000.		
	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	48,250,000.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	157,740,000.
Part 2	XIII Supplemental Information.		
Provide	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part IV, l		
2; Part	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	nation	
SEE	PAGE 5		

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Part XIII Supplemental Information (continued)

PART III, LINE 1A:

SFAS116 (ASC958) FOOTNOTE

LIBRARY AND ART COLLECTIONS ARE NOT RECOGNIZED IN ASSETS ON THE BALANCE SHEET. PURCHASES OF SUCH COLLECTIONS ARE RECORDED AS DECREASES IN NET ASSETS IN THE PERIOD IN WHICH THE ITEMS ARE ACQUIRED. CONTRIBUTED COLLECTION ITEMS ARE NOT REFLECTED IN THE FINANCIAL STATEMENTS. PROCEEDS FROM THE SALE OF COLLECTION ITEMS OR INSURANCE RECOVERIES ARE REFLECTED AS INCREASES IN THE APPROPRIATE NET ASSET CLASS.

PART III, LINE 4:

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 ARBORETUM IS 750 ACRES OWNED BY CONNECTICUT COLLEGE AND OPERATED FOR THE BENEFIT OF THE COLLEGE AND THE COMMUNITY. THE ARBORETUM FUNCTIONS IN SUPPORT OF THE COLLEGE'S MISSION BY HELPING TO PREPARE MEN AND WOMEN FOR A LIFETIME OF LEARNING ABOUT AND INTERACTING WITH THE NATURAL WORLD. THIS IS ACCOMPLISHED BY PROVIDING AN OUTDOOR

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Part XIII Supplemental Information (continued)

LABORATORY FOR USE BY FACULTY AND STUDENTS TO SUPPORT AND CONDUCT
RESEARCH IN A BROAD RANGE OF SUBJECTS, INCLUDING ECOLOGY, FIELD BIOLOGY,
CONSERVATION AND NATURAL HISTORY. THE ARBORETUM PROVIDES STEWARDSHIP OF
COLLEGE LANDS BY PROTECTING, SUSTAINING AND ENHANCING BIOLOGICAL
DIVERSITY OF LARGE TRACTS OF OPEN SPACE, AND PROVIDES LEADERSHIP
STATEWIDE AND BEYOND IN CONSERVATION MATTERS. PART OF THE ARBORETUM'S
MISSION IS TO MAINTAIN, DEVELOP AND INTERPRET WELL-DOCUMENTED PLANT
COLLECTIONS FOR TEACHING, RESEARCH, PUBLIC EDUCATION AND ENJOYMENT, AND
TO PROVIDE A PLACE WHERE PEOPLE FROM THE COLLEGE AND THE COMMUNITY MAY
ENJOY PASSIVE RECREATION AND WHERE THEY MAY COME TO LEARN, REFLECT, AND
RENEW THEMSELVES THROUGHOUT THE NATURAL WORLD. THE COLLEGE MAINTAINS
VARIOUS SCULPTURES ON CAMPUS FOR THE ENJOYMENT OF THE COLLEGE AND LOCAL
COMMUNITIES.

PART V, LINE 2:

ENDOWMENT FUNDS

THE COLLEGE HAS ADOPTED FASB ASU 2016-14, PRESENTATION OF THE FINANCIAL STATEMENTS FOR NOT-FOR-PROFIT ENTITIES. AS A RESULT, THE YEAR ENDING 06/30/2019 AUDITED FINANCIAL STATEMENTS CLASSIFY NET ASSETS AS EITHER NET ASSETS WITHOUT DONOR RESTRICTIONS OR NET ASSETS WITH DONOR RESTRICTIONS.

PART V, LINE 4:

ENDOWMENT FUNDS

THE COLLEGE'S POOLED ENDOWMENT CONSISTS OF APPROXIMATELY 650 INDIVIDUAL FUNDS ESTABLISHED TO SUPPORT IN PERPETUITY A VARIETY OF PURPOSES INCLUDING INSTRUCTION, FINANCIAL AID, ACADEMIC SUPPORT, STUDENT SERVICES, AND GENERAL INSTITUTIONAL EXPENSES.

Part XIII Supplemental Information (continued)

PART X, LINE 2:

FIN 48 (ASC 740) FOOTNOTE

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. ACCOUNTING STANDARDS CODIFICATION (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 TAX 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 AND 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, 2019, OPEN FEDERAL AND CONNECTICUT TAX YEARS FOR THE COLLEGE INCLUDE THE TAX YEARS ENDED JUNE 30, 2016 THROUGH JUNE 30, 2018. THE COLLEGE HAS NO EXAMINATIONS IN PROGRESS. THE COLLEGE BELIEVES IT HAS NO SIGNIFICANT UNCERTAIN TAX POSITIONS.

Schedule D (Form 990) 2018 CONNECTICUT COLLEGE 06-0646587 Page 5

Part XIII Supplemental Information (continued)

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS \$267,000.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

TUITION DISCOUNT \$ 44,081,000.

RENT EXPENSE \$(257,000).

POST RETIREMENT RELATED CHANGES OTHER THAN

NET PERIODIC BENEFIT COST \$655,000.

TOTAL TO SCHEDULE D, PART XI, LINE 4B \$44,479,000.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENT EXPENSE \$257,000.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

TUITION DISCOUNT \$44,081,000.

POST RETIREMENT RELATED CHANGES OTHER THAN

NET PERIODIC BENEFIT COST \$655,000.

TOTAL TO SCHEDULE D, PART XII, LINE 4B \$44,736,000.

SCHEDULE E (Form 990 or 990-EZ)

Schools

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

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization CONNECTICUT COLLEGE Employer identification number 06-0646587

Pa	rt I			
			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter,			
	bylaws, other governing instrument, or in a resolution of its governing body?	1	Х	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its			
	brochures, catalogues, and other written communications with the public dealing with student admissions,			
_	programs, and scholarships?	2	X	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media			
	during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please			
	describe. If "No," please explain. If you need more space, use Part II	3	Х	
	assonibe. If the, piedes explains if you need more space, doe fait if the trivial triv			
	SEE SUPPLEMENTAL PAGE			
	Describes association and delicities to fallentical			
4	Does the organization maintain the following? Records indicating the recial composition of the student body faculty, and administrative staff?	40	X	
a b	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	25	
	nondiscriminatory basis?	4b	Х	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
	with student admissions, programs, and scholarships?	4c	Х	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Х	
	If you answered "No" to any of the above, please explain. If you need more space, use Part II.			
5	Does the organization discriminate by race in any way with respect to:			
а	Students' rights or privileges?	5a		Х
b	Admissions policies?	5b		X
		_		37
С	Employment of faculty or administrative staff?	5c		X
ч	Scholarships or other financial assistance?	5d		Х
u	Constitution of Other Interior assistance: 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	- Ju		
е	Educational policies?	5e		Х
f	Use of facilities?	5f		X
		_		
g	Athletic programs?	5g		X
h	Other extracurricular activities?	5h		Х
"	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	311		
	y = 1 y ou to diff of the dif			
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a	X	37
b	Has the organization's right to such aid ever been revoked or suspended?	6b		X
7	If you answered "Yes" on 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 through			
•	4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	7	Х	

Schedule E (Form 990 or 990-EZ) (2018) Page **2**

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

SCHEDULE E, LINE 3:

EXPLANATION OF RACIALLY NONDISCRIMINATORY POLICY

ALL SCHOOL PUBLICATIONS AND NEWSPAPERS.

SCHEDULE E, LINE 6:

GOVERNMENT 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 F (Form 990)

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 2018 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number CONNECTICUT COLLEGE 06-0646587 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the X grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (e) If activity listed in (d) is (b) Number (c) Number of (d) Activities conducted in the (f) Total of offices in émployees, region (by type) (such as, a program service, expenditures for fundraising, program services, describe specific type of the region agents, and and investments investments, grants to recipients located in the region) independent service(s) in the region in the region contractors in the region (1) CENTRAL AMERICA/CARIBBEAN Ω 0. PROGRAM SERVICES STUDY AWAY PROGRAM 55,000. (2) EAST ASIA AND THE PACIFIC 0. 0. PROGRAM SERVICES STUDY AWAY PROGRAM 608,000. (3) EUROPE 0. 0. PROGRAM SERVICES HONORARIA 3,000. Ω LICENSE FEE 1,000. (4) EUROPE Ω PROGRAM SERVICES (5) EUROPE Ω Ω PROGRAM SERVICES MERCHANDISE 1,000. (6) EUROPE 0. Ω PROGRAM SERVICES REFUND OF TUITION 30,000. EUROPE 0. Ο. PROGRAM SERVICES STUDY AWAY PROGRAM 2,822,000. (7) (8) EUROPE 0. 0. PROGRAM SERVICES SERVICES 4,000. (9) EUROPE 0. Ο. PROGRAM SERVICES TRAVEL 68,000. (10) MIDDLE EAST AND NORTH AFRICA 0. PROGRAM SERVICES STUDY AWAY PROGRAM 118,000. (11) NORTH AMERICA 0. 0. PROGRAM SERVICES STUDY AWAY PROGRAM 14,000. (12) NORTH AMERICA 0. SERVICES 11,000. 0. PROGRAM SERVICES (13) RUSSIA/INDEPENDENT STATES 0. 0. PROGRAM SERVICES STUDY AWAY PROGRAM 64,000. (14) SOUTH AMERICA 0. 0. PROGRAM SERVICES STUDY AWAY PROGRAM 137,000. Ω PROGRAM SERVICES (15) SOUTH ASIA Ω STUDY AWAY PROGRAM 24,000. (16) SUB-SAHARAN AFRICA Ω Ω PROGRAM SERVICES STUDY AWAY PROGRAM 3,000. (17)

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

continuation

Subtotal

sheets to Part I Totals (add lines 3a and 3b)

from

3,963,000. Schedule F (Form 990) 2018

3,963,000.

3a

Total

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									
2 Ente	er total number of recipient he IRS, or for which the gra er total number of other org	ntee or counsel has provide	d a section 501(c)(3)	equivalency lette	r		▶		

Schedule F (Form 990) 2018

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) HONORARIA	EUROPE/ICELAND/GREENLAND	3.	3,000.	WIRE			
(2) LICENSE FEE	EUROPE/ICELAND/GREENLAND	1.	1,000.	WIRE			
(3) SERVICES	EUROPE/ICELAND/GREENLAND	1.	4,000.	WIRE			
	EUROPE/ICELAND/GREENLAND	2.	68,000.	WIRE			
(5) MERCHANDISE	EUROPE/ICELAND/GREENLAND	2.	1,000.	WIRE			
_(6) SERVICES	NORTH AMERICA	1.	11,000.	WIRE			
_(7)							
(8)							
(9)							
(10)							
<u>(11)</u>							
(12)							
(13)							
(14)							
<u>(</u> 15)							
(16)							
(17)							
(18)							

Schedule F (Form 990) 2018 Page 4

Part	V Foreign Forms	
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990).	
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)	
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, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621) Yes X	
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)	
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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	

Schedule F (Form 990) 2018 Page **5**

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

PART I, LINE 2:

MONITORING GRANTS OUTSIDE OF THE US

GRANTS MADE IN FOREIGN COUNTRIES FOR THE PURPOSES OF THE COLLEGE'S

STUDY ABROAD PROGRAM ARE ENTERED INTO USING A CONTRACTUAL AGREEMENT

OUTLINING THE SERVICES TO BE DELIVERED. THIS ACTIVITY IS MONITORED BY THE

OFFICE OF STUDY AWAY, DEAN OF THE FACULTY, AND FINANCE.

PART I, LINE 3, COLUMN F:

THE EXPENSES FOR STUDENTS STUDYING ABROAD, FACULTY TRAVEL OUTSIDE THE UNITED STATES, AND SERVICES ARE REVIEWED AND MADE IN CONJUNCTION WITH THE OFFICE OF STUDY AWAY, AND TRACKED BY THE ACCOUNTING OFFICE USING THE COLLEGE'S ACCOUNTING SYSTEM AND DISBURSEMENT RECORDS.

PART III:

GRANTS AND OTHER ASSISTANCE TO INDIVIDUALS OUTSIDE THE UNITED STATES ARE TRACKED USING THE COLLEGE'S ACCOUNTING SYSTEM AND DISBURSEMENT RECORDS.

Schedule F (Form 990) 2018

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SCHEDULE I (Form 990)

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

2018

OMB No. 1545-0047

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

▶ Attach to Form 990.

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

name of the organization						Employer identificati	
CONNECTICUT COLLEGE						06-064658	7
Part I General Information on Grants	and Assistanc	е					
 Does the organization maintain records to the selection criteria used to award the gr Describe in Part IV the organization's pro- 	ants or assistand	e?					X Yes No
Part II Grants and Other Assistance to	Domestic Or	ganizations a	nd Domestic Gov	vernments. Con	plete if the organiz	ation answered "Y	es" on Form 990,
Part IV, line 21, for any recipien		_					·
1 (a) Name and address of organization	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	·	(g) Description of	(h) Purpose of grant
or government	(6) 2111	(if applicable)	grant	cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	noncash assistance	or assistance
(1)							
(2)							
_(3)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
		1					
2 Enter total number of section 501(c)(3) at							
3 Enter total number of other organizations For Paperwork Reduction Act Notice, see the Instr							edule I (Form 990) (2018)
TO Faperwork Reduction Act Notice, See the instr	ucuons ioi Foilli (7 3 0.				Scn	euule I (FUIIII 990) (2018)

JSA 8E1288 1 000

Schedule I (Form 990) (2018)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 CONNECTICUT COLLEGE SCHOLARSHIP ASSISTANCE	1,310.	43,664,000.			
- COMMETTEET COMMENT MODIFIANCE	1,510.	13,001,000.			
2 SEOG	285.	309,000.			
3 ROBERTA B WILLIS SCHOLARSHIP GRANT	26.	108,000.			
4					
7					
5					
6					
_					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

PART I, LINE 2:

MONITORING USE OF GRANT FUNDS

ALL GRANTS AWARDED ARE BASED ON NEED AND CONFORM TO FEDERAL, STATE AND

INSTITUTIONAL REGULATIONS. ELIGIBILITY IS BASED ON A THOROUGH REVIEW AND

VERIFICATION OF A FAMILY'S INCOME, ASSETS, SIZE AND NUMBER OF DEPENDENTS

ENROLLED IN COLLEGE. ANNUAL EXPENDITURE REPORTS ARE SUBMITTED TO THE

FEDERAL AND STATE GOVERNMENTS FOR REVIEW. THE EXPENDITURES ARE

REVIEWED FOR COMPLIANCE IN AN ANNUAL AUDIT CONDUCTED BY AN INDEPENDENT

ACCOUNTING FIRM.

Schedule I (Form 990) (2018)

JSA

SCHEDULE J (Form 990)

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

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

CONNECTICUT COLLEGE

Inspection Employer identification number

06-0646587

Part	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 on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel X Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
b	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Х	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2	X	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the			
Ū	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee X Written employment contract			
	X Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4				
4	During the year, did any person listed on 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		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on 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		X
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on 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		Х
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
	payments not described on lines 5 and 6? If "Yes," describe in Part III.	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2018 Page 2

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

For each individual whose compensation must be reported on 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 aren't 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, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
KATHERINE BERGERON	(i)	418,304.	0.	0.	26,500.	45,922.	490,726.	0.
1PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
RICHARD A. MADONNA, JR	(i)	291,813.	0.	0.	26,500.	25,163.	343,476.	0.
2 ^{VP} FOR FINANCE AND ADMIN	(ii)	0.	0.	0.	0.	0.	0.	0.
JEFFREY E. COLE	(i)	180,817.	0.	0.	19,059.	26,974.	226,850.	0.
3 ^{DEAN} OF THE FACULTY	(ii)	0.	0.	0.	0.	0.	0.	0.
ANDREW K. STRICKLER	(i)	181,057.	0.	0.	18,479.	9,526.	209,062.	0.
4 ^{VP} ADMISSIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
KIMBERLY M. VERSTANDIG	(i)	271,458.	0.	0.	6,731.	24,758.	302,947.	0.
5 ^{VP} ADVANCEMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
PAMELA DUMAS SERFAS	(i)	189,906.	0.	0.	19,371.	10,679.	219,956.	0.
6 ^{VP} COMMUNICATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
WENDELL L. HISLE	(i)	186,505.	0.	0.	19,960.	54,270.	260,735.	0.
7 INFORMATION SERVICES	(ii)	0.	0.	0.	0.	0.	0.	0.
BRUCE BRANCHINI	(i)	194,066.	0.	0.	15,616.	752.	210,434.	0.
8PROFESSOR	(ii)	0.	0.	0.	0.	0.	0.	0.
JEFFERSON A. SINGER	(i)	168,302.	0.	0.	16,611.	627.	185,540.	0.
9 DEAN OF THE COLLEGE	(ii)	0.	0.	0.	0.	0.	0.	0.
ABIGAIL A. VAN SLYCK	(i)	264,970.	0.	0.	24,047.	9,730.	298,747.	0.
10 DEAN OF THE FACULTY (OUTGOING)	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
_11	(ii)							
	(i)							
_12	(ii)							
	(i)							
_13	(ii)							
	(i)							
_14	(ii)							
	(i)							
_15	(ii)							
	(i)							
_16	(ii)							

Schedule J (Form 990) 2018

Part | Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 1A:

TRAVEL/EXPENSE REIMBURSEMENT POLICY

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. THE VALUE OF THE
PRESIDENTIAL RESIDENCE (\$36,000) IS INCLUDED IN THE PRESIDENT'S
COMPENSATION, AND IS REPORTED IN SCHEDULE J, PART II, COLUMN (D).

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 W-2.

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SCHEDULE K (Form 990)

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

► Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

CONNECTICUT COLLEGE

Employer identification number 06-0646587

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Poo	
						Yes	No	Yes	No	Yes	
A CHEFA 2011 SERIES H-1	06-0806186	2077U7E9	06/30/2011	12,204,821.	FINANCE CONSTRUCTION		Х		Х		
B CHEFA 2012 SERIES I	06-0806186	20774YFR3	04/04/2012	13,319,636.	REFUND 2002 BOND ISSUE		Х		х		
C CHEFA 2014 SERIES J AND K	06-0806186	NONE	09/30/2014	12,500,000.	FINANCE CONSTRUCTION		Х		х		
D CHEFA 2017 SERIES L-1	06-0806186	20774YQ67	09/21/2016	45,060,557.	REFUND '07 BOND & FINANCE CONSTRUC		Х		х		

		Α		В	(D	
1 Amount of bonds retired			5,2	65,000.					
2 Amount of bonds legally defeased									
3 Total proceeds of issue	12,2	04,821.	13,3	19,636.	12,5	00,000.	45,0	60,557.	
4 Gross proceeds in reserve funds									
5 Capitalized interest from proceeds									
6 Proceeds in refunding escrows									
7 Issuance costs from proceeds	2	202,391.			1	100,000.		389,511.	
8 Credit enhancement from proceeds			2	26,182.					
9 Working capital expenditures from proceeds									
10 Capital expenditures from proceeds	12,0	02,430.			12,400,000.		15,000,000		
11 Other spent proceeds			13,0	93,454.			29,6	71,046.	
12 Other unspent proceeds									
13 Year of substantial completion	201	2	2013		2015		201	8	
	Yes	No	Yes	No	Yes	No	Yes	No	
14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or,									
if issued prior to 2018, a current refunding issue)?		X	X			X		X	
15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if									
issued prior to 2018, an advance refunding issue)?		X		X		X	X		
16 Has the final allocation of proceeds been made?	Х		Х		Х			Х	
17 Does the organization maintain adequate books and records to support the									
final allocation of proceeds?	X		X		X		X		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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CONNECTICUT COLLEGE **Private Business Use** Part III В C D Α Yes No Yes Νo No Yes Yes No 1 Was the organization a partner in a partnership, or a member of an LLC. Х Χ 2 Are there any lease arrangements that may result in private business use of X Χ Χ 3a Are there any management or service contracts that may result in private business use of bond-financed property? Х Χ X **b** If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside X X X counsel to review any management or service contracts relating to the financed property? c Are there any research agreements that may result in private business use of X X Χ 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 % % .0500 % .1100 % other than a section 501(c)(3) organization or a state or local government ▶ 5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization. % % another section 501(c)(3) organization, or a state or local government % % .0500 % .1100 % Х Х Χ Does the bond issue meet the private security or payment test? 8a Has there been a sale or disposition of any of the bond-financed property to a X Χ Χ nongovernmental person other than a 501(c)(3) organization since the bonds were issued? **b** If "Yes" to line 8a, enter the percentage of bond-financed property sold or % c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations **9** Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? Χ Χ Part IV Arbitrage C D Α В 1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and No Yes Nο Yes No Yes No X X 2 If "No" to line 1, did the following apply? Χ Χ a Rebate not due yet? X Χ X Χ Χ **b** Exception to rebate? Х Χ Χ If "Yes" to line 2c, provide in Part VI the date the rebate computation was 3 Is the bond issue a variable rate issue?............. X Χ Χ

Schedule K (Form 990) 2018

Page 2

Schedule K (Form 990) 2018

Part IV Arbitrage (Continued)								
		A	E	3	(С	I)
4a Has the organization or the governmental issuer entered into a qualified	Yes	No	Yes	No	Yes	No	Yes	No
hedge with respect to the bond issue?		X		X		X		X
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		Х		Х
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		Х		Х		Х
7 Has the organization established written procedures to monitor the								
requirements of section 148?	X			X	X		X	
Part V Procedures To Undertake Corrective Action								ı
		A		3	(С	ı)
Has the organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No	Yes	No
of federal tax requirements are timely identified and corrected through the								
voluntary closing agreement program if self-remediation isn't available under								
applicable regulations?	X		X		X		X	
Part VI Supplemental Information. Provide additional information for responses to	guestio	ns on Sche	edule K. Se	e instruct	tions	1		
Tart of Tarpetina International Travial additional Internation To Tarpetinas to	940000	10 011 0011	, , , , , , , , , , , , , , , , , , ,	30 111011 40				

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Schedule K (Form 990) 2018 PAGE 56

Schedule K (Form 990) 2018 Page 4

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions) (Continued)

SCHEDULE K, PART II, LINE 11, BOND D:

THE OTHER SPEND PROCEEDS WERE USED TO REFUND BONDS ISSUED ON 7/18/2002.

SCHEDULE K, PART IV, LINE 2B:

NO REBATE IS DUE FOR THE CHEFA SERIES J & K BONDS AS THE BONDS MEET THE 2

YEAR SPENDING EXCEPTION TO THE REBATE CALCULATION RULES.

SCHEDULE K, PART IV, LINE 2C:

THE DATE OF THE REBATE COMPUTATION FOR THE CHEFA SERIES H-1 BOND WAS

07/28/16.

THE DATE OF THE REBATE COMPUTATION FOR THE CHEFA SERIES I BOND WAS

05/02/17.

Schedule K (Form 990) 2018 45812Z 2219

SCHEDULE M (Form 990)

Noncash Contributions

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

CONNECTICUT COLLEGE

Employer identification number 06-0646587

	NECTICOT COLLEGE				0010307			
Par	t I Types of Property			T				
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash cont			
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded		157.	5,390,000.	SALES PRI	CE		
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							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ►()							
26	Other ►()							
27	Other ►()							
28	Other ►()							
29	Number of Forms 8283 received		•					
	which the organization completed F	Form 8283,	Part IV, Donee Acknowledg	ement	29			
							Yes	No
30a	During the year, did the organizat		•		-			
	28, that it must hold for at least the	-						
	to be used for exempt purposes for		olding period?			30a		X
	If "Yes," describe the arrangement i							
31	Does the organization have a			· · · · · · · · · · · · · · · · · · ·			3,7	
	contributions?					31	Х	
32a	Does the organization hire or use	•	_					37
	contributions?					32a		X
	If "Yes," describe in Part II.							
33	If the organization didn't report an	amount in c	olumn (c) for a type of pro	perty for which column (a)	is checked,			
	describe in Part II.							

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) (2018) Page **2**

Part II Suppleme

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

JSA Schedule M (Form 990) (2018)

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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

CONNECTICUT COLLEGE

Name of the organization

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

06-0646587

Employer identification number

FORM 990, PART I, LINE 1 AND PART III, LINE 1:

DESCRIPTION OF ORGANIZATION MISSION

CONNECTICUT COLLEGE VALUES ACADEMIC EXCELLENCE, DIVERSITY, EQUALITY,
SHARED GOVERNANCE, EDUCATION OF THE ENTIRE PERSON, ADHERENCE TO COMMON
ETHICAL AND MORAL STANDARDS, COMMUNITY SERVICE AND GLOBAL CITIZENSHIP,
AND ENVIRONMENTAL STEWARDSHIP.

FORM 990, PART III, LINE 4D:

OTHER PROGRAM SERVICES

OTHER PROGRAM SERVICE EXPENSES INCLUDE ALUMNI AND REUNION, FEDERAL AND STATE GRANT EXPENSES, CHEFA AMORTIZATION INTEREST AND FEES, PHYSICAL PLANT COSTS, DEPRECIATION, AND ADMINISTRATIVE COMPUTING COSTS.

EXPENSES \$3,485,000 INCLUDING GRANTS OF \$-0-. REVENUE \$3,122,000.

FORM 990, PART VI, SECTION B, LINE 11:

FORM 990 REVIEW PROCESS

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 UPON REQUEST.

FORM 990, PART VI, SECTION B, LINE 12C:

CONFLICT OF INTEREST POLICY

PAGE 60

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 BYLAWS, ARTICLE XV.

FORM 990, PART VI, SECTION B, LINE 15:

COMPENSATION POLICY

A COMMITTEE ON EXECUTIVE COMPENSATION COMPRISING THE CHAIR AND VICE
CHAIRS OF THE BOARD IS EMPOWERED TO CONDUCT THE ANNUAL PERFORMANCE REVIEW
OF THE PRESIDENT AND TO RECOMMEND TO THE FULL BOARD THE COMPENSATION OF
THE PRESIDENT. THIS COMMITTEE ALSO REVIEWS AND APPROVES THE COMPENSATION
OF KEY EMPLOYEES AT THE COLLEGE AT THE TIME OF THEIR HIRE AND WHEN
SIGNIFICANT INCREASES IN COMPENSATION ARE BEING CONTEMPLATED. THE
COMMITTEE'S REVIEW AND APPROVAL OF THE COMPENSATION OF THE PRESIDENT AND
KEY EMPLOYEES IS CONDUCTED IN ACCORDANCE WITH THE "INTERMEDIATE
SANCTIONS" RULES OF THE IRS, UNDER SECTION 4958 OF THE INTERNAL REVENUE
CODE. THE COMMITTEE MEETS AS NEEDED AND REPORTS TO THE EXECUTIVE

FORM 990, PART VI, SECTION C, LINE 19:

PUBLIC DISCLOSURE

786691

Name of the organization Employer identification number
CONNECTICUT COLLEGE 06-0646587

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.

FORM 990, PART X, LINES 27-29

NET ASSETS

THE COLLEGE HAS ADOPTED ASU 2016-4, PRESENTATION OF THE FINANCIAL STATEMENTS FOR NOT-FOR-PROFIT ENTITIES. AS A RESULT, THE YEAR ENDING 06/30/2019 AUDITED FINANCIAL STATEMENTS CLASSIFY NET ASSETS AS EITHER NET ASSETS WITHOUT DONOR RESTRICTIONS OR NET ASSET ASSETS WITH DONOR RESTRICTIONS.

FORM 990, PART XI, LINE 9:

CHANGES IN NET ASSETS

CHANGE IN SPLIT INTEREST AGREEMENTS

\$267,000.

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVI	CES	ATTACHMENT 1	
DESCRIPTION	GRANTS	EXPENSES	REVENUE
OTHER PROGRAM SERVICES		3,485,000.	3,122,000.
TOTALS		3,485,000.	3,122,000.

ATTACHMENT 2

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS DESCRIPTION OF SERVICES COMPENSATION

CAMBRIDGE ASSOCIATES, LLC 100 SUMMER STREET BOSTON, MA 02210 INVESTMENT ADVISORS

624,000.

Schedule O (Form 990 or 990-EZ) 2018

Name of the organization	Employer identification number
CONNECTICUT COLLEGE	06-0646587
	ATTACHMENT 2 (CONT'D)

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
COMMUNITY COUNSELING SERVICE CO, LLC 3349 NJ-138 BELMAR, NJ 07719	CONSULTANTS	299,000.
CENTERBROOK ARCHITECTS AND PLANNERS, LLP 67 MAIN STREET CENTERBROOK, CT 06409	ARCHITECT FIRM	185,000.
THE NATIONAL CENTER FOR HIGHER ED RI 1109 LANCASTER AVENUE BERWYN, PA 19312	CONSULTANTS	153,000.
COLLIERS PROJECT LEADERS USA NE, LLC 160 FEDERAL STREET BOSTON, MA 02110	CONSULTANTS	189,000.

SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

Related Organizations and Unrelated Partnerships

 \blacktriangleright Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2018
Open to Public Inspection

Name of the organization

CONNECTICUT COLLEGE

Employer identification number 06-0646587

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
<u>(5)</u>					
_(6)					

Part II Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(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	Section 5	g) 512(b)(13) rolled tity?
						Yes	No
(1) CONNECTICUT COLLEGE COMMUNITY RADIO, INC 26-0117596							
270 MOHEGAN AVENUE, BOX 5256 NEW LONDON, CT 06320	RADIO STATION	CT	501(C)(3)	7	N/A	X	
(2) OAKLEAF ENDOWMENT TRUST FOR CT COLLEGE 41-6429969							
1800 IDS CENTER MINNEAPOLIS, MN 55402	TRUST	MN	501(C)(3)	12(A)	N/A	Х	
(3) CONNECTICUT COLLEGE EMPOYER-CONTRIBUTION 04-7025787							
270 MOHEGAN AVENUE NEW LONDON, CT 06320	VEBA	CT	501(C)(9)		N/A	X	
(4) ASSOCIATED KYOTO PROGRAM 04-2996114							
173 WEST LORAIN AVE OBERLIN, OH 44074	EDUCATION	OH	501(C)(9)	12(C)III-FI	N/A		X
(5) PHI BETA KAPPA 06-6103682							
270 MOHEGAN AVENUE NEW LONDON, CT 06320	HONOR SOCIETY	CT	501(C)(3)	7	N/A		X
(6)							
(7)							

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2018

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Schedule R (Form 990) 2018 Page 2

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 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)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		Disproportionate		Disproportionate		Disproportionate		Disproportionate		Disproportionate		Disproportionate		Disproportionate		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	(j) eral or naging tner?	(k) Percentage ownership
		country)		000000000000000000000000000000000000000			Yes	No		Yes	No															
(1)																										
(2)																										
(3)																										
(4)																										
(5)	_																									
(6)	_																									
(7)	_																									

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	(i) Sectio 512(b)(controll entity
								Yes N
(1) UNITRUST (1)	CHARITABLE TR	CT	N/A	TRUST				x
(2) CHARITABLE REMAINDER TRUST (7)			,					
	CHARITABLE TR	CT	N/A	TRUST				Х
(3)								
(4)								
(5)								
(6)								
(7)								

Schedule R (Form 990) 2018

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

Note	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			_		res	10				
1	During the tax year, did the organization engage in any of the following transactions with one or more r	elated organizations list	ted in Parts II-IV?								
а	ceipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity										
	Gift, grant, or capital contribution to related organization(s)										
	Gift, grant, or capital contribution from related organization(s)										
	Loans or loan guarantees to or for related organization(s)				1d		Χ				
	Loans or loan guarantees by related organization(s)				1e		Χ				
	, , , , , , , , , , , , , , , , , , , ,			[
f	Dividends from related organization(s)				1f		Χ				
g	Sale of assets to related organization(s)				1g		Χ				
	Purchase of assets from related organization(s).				1h		Χ				
i	Exchange of assets with related organization(s)				1i		Χ				
j	Lease of facilities, equipment, or other assets to related organization(s)			I	1j	Х					
-											
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		X				
ı	Performance of services or membership or fundraising solicitations for related organization(s)										
m	Performance of services or membership or fundraising solicitations by related organization(s).				1m		Χ				
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Х					
0	Sharing of paid employees with related organization(s)				10		Χ				
р	Reimbursement paid to related organization(s) for expenses				1p		X				
q	Reimbursement paid by related organization(s) for expenses				1q		X				
r	Other transfer of cash or property to related organization(s)				1r	X					
S	Other transfer of cash or property from related organization(s)				1s	Х					
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete the	_	red relationships and trans	action thres	holds	S	_				
	(a) Name of related organization	(b) Transaction	(c) Amount involved	Method o	(d) of deter	rminina					
	Name of Folded Organization	type (a-s)	Amount involved	Method of determining amount involved							
(4)	OAKLEAF ENDOWMENT TRUST FOR CT COLLEGE	S	194,000.	. PAYMENT							
(1)	OAKLEAF ENDOWMENT TRUST FOR CT COLLEGE	5	194,000.	PAIMEN	1		_				
(2)	CONNECTICUT COLLEGE EMPLOYER CONTRIBUTED VEBA	R	229,000.	CONTRI	יידום	LOMG					
(2)	CONNECTION CONNECTED VEDA	IX	227,000.	CONTRI	LOIND	_					
(3)											
(5)							_				
(4)											
(7)							_				
(5)											
(-)							_				
(6)											
(-)		1					_				

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Schedule R (Form 990) 2018

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	ntity (b) (c) Primary activity Legal domicil (state or foreig country)		(d) Predominant income (related, unrelated, excluded from tax under	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			sections 512-514)	Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Schedule R (Form 990) 2018

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Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.