

## 2019 Income Tax Returns

CONNECTICUT COLLEGE

## 990 epige 990

(Rev. January 2020)

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.

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

OMB No. 1545-0047

2019
Open to Public Inspection

A F	or th	e 2019	calendar year, or tax year beginning	07/01,2019	), and er	nding	_		0.6	5/30, 20	20			
			C Name of organization				D Em	ployer ide	ntifica	ation numb	er			
<b>B</b> c	heck if a	pplicable:	CONNECTICUT COLLEGE	06-0646587										
	Addre	ess	Doing business as				1							
	chang		Number and street (or P.O. box if mail is r	not delivered to street address)	Room/s	suite	E Telephone number							
	+	change	270 MOHEGAN AVENUE	,	1.100	June				0088				
	→	return return/	City or town, state or province, country, a	nd ZID or foreign postal code			(860) 439-2088							
	termi	nated	_	104	C 0 2	0.00								
	returr	ı	NEW LONDON, CT 06320-4					oss receipts				000.		
	Applie pendi		F Name and address of principal officer:	RICHARD A. MADONNA,	JR.			Is this a gro subordinates		irn for	Yes	X No		
			270 MOHEGAN AVENUE, NE	W LONDON, CT 06320			H(b)	Are all subord	dinates i	ncluded?	Yes	No		
		empt st	(-)(-)	) <b>(</b> insert no.) 4947(a)(1)	) or	527		If "No," at	tach a	list. (see instr	uctions)			
J	Websi	te: 🕨	WWW.CONNCOLL.EDU				H(c)	Group exem	ption r	umber				
K	Form	of orgar	nization: X Corporation Trust	Association Other ►	L,	Year of forma	tion: 1	911 <b>M</b>	State	of legal do	micile:	СТ		
Pa	art I	Su	ımmary	· ·	'									
	1	Briefly	y describe the organization's mission or	most significant activities: CONNE	CTICU	JT COLLE	GE I	EDUCAT	ES	STUDEN	ITS ?	70		
Ф	•		THE LIBERAL ARTS INTO A											
S S			ADDITIONAL INFORMATION,											
Governance	_				and of ma	are then OFO	/ of ito	not 0000t						
ĕ	2			scontinued its operations or dispos					1 1			38.		
	3		per of voting members of the governing						3			37.		
es	4		per of independent voting members of the						4					
Activities &	5		number of individuals employed in cale						5			217.		
Ę	6	Total	number of volunteers (estimate if necess	ary)					6			270.		
⋖			unrelated business revenue from Part VI						7a		82,	000.		
	b	Net u	nrelated business taxable income from F	orm 990-T, line 39		<del> <u>.</u></del>			7b			0.		
							Pric	or Year			ent Ye			
Ф	8	Contri	ibutions and grants (Part VIII, line 1h)				21,	513,00	0.	15,	560,	000.		
Revenue	9		am service revenue (Part VIII, line 2g)				L28,	800,00	0.	131,	796,	000.		
eve	10		tment income (Part VIII, column (A), line				6,	621,00	0.	4,	925,	000.		
œ	11		revenue (Part VIII, column (A), lines 5,					521,00	00.		415,	000.		
	12		revenue - add lines 8 through 11 (must					455,00				000.		
	13		s and similar amounts paid (Part IX, colu					169,00				000.		
	14		its paid to or for members (Part IX, colur				,		0.	0 = 7		0		
							67	699 00		69	190	000		
Expenses	15		es, other compensation, employee bene	67,699,000.			69,190,000.							
ë	l		ssional fundraising fees (Part IX, column						0.					
Ä	_		fundraising expenses (Part IX, column (E				4.5	070 00		4.0	101	0.00		
	17		expenses (Part IX, column (A), lines 11a					872,00		•		000.		
	18		expenses. Add lines 13-17 (must equal			· · · <del>  </del>		740,00		163,				
	19	Rever	nue less expenses. Subtract line 18 from	line 12				285 <b>,</b> 00	00.	-11,	<u>222,</u>	000.		
Net Assets or Fund Balances								f Current \			of Yea			
sets	20	Total	assets (Part X, line 16)				<u> </u>	395 <b>,</b> 00				000.		
AB	21	Total	liabilities (Part X, line 26)			📗 1	L13,	973 <b>,</b> 00	0.	112,	346,	000.		
ξĒ	22		ssets or fund balances. Subtract line 21			4	106,	422,00	0.0	400,	581,	000.		
Pa	rt II	Sig	gnature Block			•								
Und	der pei	nalties o	of perjury, I declare that I have examined this	s return, including accompanying sched	dules and	statements, a	and to	the best o	f my	knowledge	and be	lief, it is		
true	e, corre	ect, and	complete. Declaration of preparer (other than	officer) is based on all information of wh	nich prepa	arer has any k	nowled	ge.						
			1/0/11					5/	13	<b>/2021</b>				
Sig	n	5	Signature of officer					Date	10	ZUZ I				
He	re		RICHARD A. MADONNA, JR.	VD ETN	JANCE	& ADMIN	J							
		_	Type or print name and title	VI FIR	MANCE	W ADMIN	V							
			Type or print name and title Type preparer's name	Propararia signatura	Date				1 1	PTIN				
Paic	1		· · ·	Preparer's signature  Suita Balija				Check	J "'		4005	-		
	oarer	SMI			0:	5/13/21		self-employ		P016				
	Only		s name ▶KPMG LLP				Firm's			565207				
			saddress ▶60 SOUTH STREET B				Phone	0 1.0.		-988-10	000			
May	/ the	IRS d	iscuss this return with the preparer	shown above? (see instructions	s) <u> </u>	<u> </u>		<u></u> .	<u> </u>	. X Y	es	No		
For	Pape	rwork	Reduction Act Notice, see the separate	e instructions.						Forn	n 990	(2019)		

(Rev. January 2020)

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. 1545-0047

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

	ts, for which an extension request must be sent this form, visit www.irs.gov/e-file-providers/e-file			s). For more d	etails on the	electronic			
Autom	atic 6-Month Extension of Time. Only sub-	mit origina	l (no copies needed).						
•	orations required to file an income tax return other		` •	rs), partnership	os, REMICs,	and trusts			
Type or print		cation number (TIN) 06-0646587							
File by the									
filing your return. See instruction									
Enter the	e Return Code for the return that this application	is for (file a	separate application for each	return)		0 1			
Applica Is For	ation	Return Code	Application Is For			Return Code			
Form 9	90 or Form 990-EZ	01	Form 990-T (corporation)			07			
Form 9	90-BL	02	Form 1041-A			08			
Form 4	720 (individual)	03	Form 4720 (other than individ	dual)		09			
Form 9	90-PF	04	Form 5227			10			
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11			
Form 990-T (trust other than above) 06 Form 8870						12			
<ul><li>If the c</li><li>If this if for the w</li></ul>	one No. ► 860-439-2081  organization does not have an office or place of best for a Group Return, enter the organization's found have group, check this box ► □ . If the names and TINs of all members the extension	ousiness in ur digit Gro it is for par	up Exemption Number (GEN)	oox	If this	s is			
ti •	request an automatic 6-month extension of time he organization named above. The extension is f  □ calendar year 20 or  □ tax year beginning JULY 1	or the orga	nization's return for:						
	2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period								
	this application is for Forms 990-BL, 990-PF, any nonrefundable credits. See instructions.	990-T, 472	0, or 6069, enter the tentative		a \$	0			
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.  3b \$									
u	Balance due. Subtract line 3b from line 3a. Incusing EFTPS (Electronic Federal Tax Payment System)	stem). See	nstructions.	3	c \$	0			
Caution: instructio	If you are going to make an electronic funds withdrawans.	al (direct deb	it) with this Form 8868, see Form	8453-EO and Fo	orm 8879-EO	for payment			

Form 990 (2019) Page **2** 

Pa	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	CONNECTICUT COLLEGE EDUCATES STUDENTS TO PUT THE LIBERAL ARTS INTO
	ACTION AS CITIZENS IN A GLOBAL SOCIETY. FOR ADDITIONAL INFORMATION,
	SEE SCHEDULE O.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes X
2	If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program
3	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$106,598,000. including grants of \$51,527,000. ) (Revenue \$98,091,000. )
	*UNDERGRADUATE INSTRUCTION* THE TEACHING OF UNDERGRADUATE STUDENTS
	WORKING TOWARDS A FOUR-YEAR DEGREE IN ONE OF THE VARIOUS LIBERAL
	ARTS AND SCIENCES MAJORS OFFERED BY CONNECTICUT COLLEGE. THE
	COLLEGE'S ACADEMIC PROGRAMS IN THE ARTS, HUMANITIES, SCIENCES, AND
	SOCIAL SCIENCES ARE DESIGNED TO SHAPE ETHICAL, INFORMED CITIZENS
	WITH A GLOBAL PERSPECTIVE. HIGHLIGHTS OF THE ACADEMIC PROGRAM  INCLUDE A STUDENT-FACULTY RATIO OF 9:1, FORTY-EIGHT MAJORS, 200
	FULL-TIME PROFESSORS, LANGUAGE STUDY, RESIDENTIAL EDUCATION
	PROGRAMS, CERTIFICATE PROGRAMS, PRE-LAW, PRE-HEALTH AND
	PRE-BUSINESS PROGRAMS, AND SUPPORT FOR PURSUING FELLOWSHIPS AND
	SCHOLARSHIPS.
	- CHOLIANOHIID.
4h	(Code: ) (Expenses \$ 20,414,000. including grants of \$ ) (Revenue \$ 23,457,000. )
	*AUXILIARY SERVICES* AUXILIARY SERVICES INVOLVES RUNNING THE
	COLLEGE'S NUMEROUS DORMITORIES AND DINING FACILITIES. CONNECTICUT
	COLLEGE IS A RESIDENTIAL CAMPUS. NINETY-EIGHT PERCENT OF STUDENTS
	LIVE ON CAMPUS IN 23 RESIDENCE HALLS. FOUR DINING HALLS ON CAMPUS
	SERVE OUR STUDENTS IN A VARIETY OF CAPACITIES. THE COLLEGE EXTENDS
	THE TEACHING AND LEARNING EXPERIENCE WITHIN THE DORMITORIES.
4c	(Code:) (Expenses \$4,558,000. including grants of \$97,000. ) (Revenue \$6,823,000. )
	*STUDY AWAY* IS AN OPPORTUNITY FOR QUALIFIED STUDENTS TO STUDY
	AWAY FOR CREDIT ABROAD OR ELSEWHERE IN THE US. THE COLLEGE HAS A
	LONG TRADITION OF RECOGNIZING THE IMPORTANCE OF INT'L STUDIES AND
	STUDY AWAY AS REFLECTED IN OUR MISSION STATEMENT: "CONNECTICUT
	COLLEGE EDUCATES STUDENTS TO PUT THE LIBERAL ARTS INTO ACTION AS
	CITIZENS IN A GLOBAL SOCIETY". APPROXIMATELY 50% OF THE COLLEGE'S
	STUDENTS STUDY AWAY DURING THEIR JUNIOR YEAR THROUGH CAREFULLY
	SELECTED PROGRAMS. OUR STUDY AWAY/TEACH AWAY SENDS 10-12 STUDENTS
	AND FACULTY TO HOST INSTITUTIONS THROUGHOUT THE WORLD TO COMPLETE  A FULL SEMESTER OF SCHOLARLY ACTIVITY WHILE BEING IMMERSED IN THE
	LOCAL CULTURE.
	TOCAL COLIONS.
<u></u>	Other program services (Describe on Schedule O.)  ATTACHMENT 1
τu	(Expenses \$ 3,211,000. including grants of \$ ) (Revenue \$ 3,425,000. )
10	Total program convice expenses \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

**4e** Total program service expenses ► 134,781,000.

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PAGE 3

Form 990 (2019)

Part IV Checklist of Required Schedules Page 3

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
	complete Schedule A	1	Х	
	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	١,	Х	
	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4	Λ	
	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		Х
	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	-		21
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I.	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8	Х	
	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 IV	9		Х
	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		37	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more	114		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
2 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	425	Х	
h	Schedule D, Parts XI and XII	12a	Λ	
D	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Х	
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
	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	14b	Х	
5	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	15		X
	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	16	Х	
	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).	17		X
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	40		
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		X
	If "Yes," complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
~	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
1	and the state of t	1	1	l
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Form **990** (2019) PAGE 4

Form 990 (2019) Page 4

Part	Checklist of Required Schedules (continued)		Vaa	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
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 \$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		X
	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		X
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
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		Χ
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	ZJa		
~	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 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			37
27	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	200		Х
b	"Yes," complete Schedule L, Part IV	28a 28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? 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	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			v
31	conservation contributions? <i>If "Yes," complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	30 31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes,"</i>	31		
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,		37	
25.0	or IV, and Part V, line 1	34 35a	X	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	JJa		
_	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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
38	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	37		X
30	19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
-			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	reportable gaming (gambling) winnings to prize winners?	1c	Х	
JSA 9E1030	2.000		990	(2019)
	45812Z 2219 V 19-8.3F 786691		PA	AGE .

Page 5 Form 990 (2019)

Part	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 2a 2,217			
	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)			
	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 on 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		Х
	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).			
	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		Х
	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
	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
	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
	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		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
	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		
	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		
	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			
	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
	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.			
	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.			
	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			
	Enter the amount of reserves on hand	140		Х
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule</i> 0	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		Х
		13		21
	If "Yes," see instructions and file Form 4720, Schedule N.	16		Х
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	10		
	ii 166, complete i unii 7/20, conedule O.			

PAGE 6

Form 990 (2019) CONNECTICUT COLLEGE 06-0646587 Page 6

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

Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year   1a   38			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar			
	if the governing body delegated broad authority to an executive committee or similar			
h	committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
-	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
3	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4		4		X
	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X
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	7.		X
	one or more members of the governing body?	7a		/A
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	l		37
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	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		11a		X
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	Χ	
b				
	rise to conflicts?	12b	Χ	
_	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
С	describe in Schedule O how this was done	12c	Χ	
40		13	X	
13	Did the organization have a written whistleblower policy?	14	X	
14	Did the organization have a written document retention and destruction policy?	17		
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?	15a	Χ	
a	The organization's CEO, Executive Director, or top management official	15a	X	<del>                                     </del>
b	Other officers or key employees of the organization	130	23	
	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	40-	Χ	
	with a taxable entity during the year?	16a	Λ	
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		3.7	
	organization's exempt status with respect to such arrangements?	16b	Х	
	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-	Γ (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 on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of	of inte	est p	oolicy,
	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	ds ▶		

JSA Form **990** (2019)

9E1042 2.000

Form 990 (2019) CONNECTICUT COLLEGE 06-0646587 Page **7** 

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

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

1a Complete this table for all persons required to be listed. 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. See instructions for the order in which to list the persons above.

\_\_\_\_ 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	box,	unle	Pos heck ss pe	erson	e than c is both or/trust	an	(D) Reportable compensation from the	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other compensation	
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations	
(1) KATHERINE BERGERON	38.00										
PRESIDENT	0.	Х		Х				629,728.	0.	76,951.	
(2) RICHARD A. MADONNA, JR	38.00							·			
VP FOR FINANCE AND ADMIN	0.			Х				293,362.	0.	61,832.	
(3) KIMBERLY M. VERSTANDIG	38.00										
VP ADVANCEMENT	0.					Х		260,145.	0.	64,897.	
(4) JEFFREY E. COLE	38.00										
DEAN OF FACULTY	0.			Х				221,083.	0.	60,274.	
(5) WENDELL L. HISLE	38.00										
VP INFORMATION SERVICES	0.					X		187 <b>,</b> 592.	0.	75,016.	
(6) CHERYL MILLER	38.00										
VP FOR HR AND ORG DEV	0.					Х		170,183.	0.	56,086.	
(7) PAMELA DUMAS SERFAS	38.00										
VP COMMUNICATIONS	0.					X		191,163.	0.	34,478.	
(8) ANDREW K. STRICKLER	38.00										
VP ADMISSIONS	0.				Х			182,186.	0.	32 <b>,</b> 571.	
(9) JEFFERSON A. SINGER	38.00										
DEAN OF THE COLLEGE	0.					Х		172 <b>,</b> 795.	0.	17,929.	
(10) BONNIE J. WELLS	38.00										
SECRETARY OF THE COLLEGE	0.			Х				80,530.	0.	20,442.	
(11) NICHOLE A. ABRAHAM	1.00										
TRUSTEE	0.	Х						0.	0.	0	
(12) DEBO P. ADEGBILE	1.00										
TRUSTEE	0.	Х						0.	0.	0	
(13) SETH ALVORD	1.00										
TRUSTEE	0.	Х	L	L	L			0.	0.	0	
(14) BETTY BROWN BIBBENS	1.00										
TRUSTEE	0.	Х						0.	0.	0	

Form **990** (2019)

9E1041 2.000

JSA

Form 990 (2019) Page **8** 

Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	nplo	yee	es,	and I	lig	hest Compensat	ed Employees (d	continued	1)	
(A) Name and title	(B) Average hours per week (list any	box,	unles	Pos heck ss pe	rson	e than o	an	(D) Reportable compensation from	(E) Reportable compensation from related	Estii amo ot	( <b>F)</b> mated ount of ther	
	hours for related organizations below dotted line)	Individual trustee or director	a Institutional trustee	a Officer	Key employee	Highest compensated	e) Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	fror orgar and	ensation in the nization related nizations	
15) MARIA WYCOFF BOYCE	1.00											
TRUSTEE	0.	Х						0	0.			0
16) BRADFORD T. BROWN TRUSTEE	1.00	X						0	0.			0
17) JONATHAN COHEN	1.00	21							·			<u> </u>
TRUSTEE		X						0	0.			0
18) LYNN COOLEY	1.00								·			<u> </u>
TRUSTEE		X						0	0.			0
19) LOULIE SUTRO CRAWFORD	1.00											<u> </u>
TRUSTEE	0.	Х						0	0.			0
20) T. WILSON EGLIN	1.00							-				_
TRUSTEE	0.	Х						0	0.			0
21) SARAH FENTON	1.00											
TRUSTEE	0.	Х						0	0.			0
22) DEFRED G. FOLTS III	1.00											
TRUSTEE	0.	Х						0	0.			0
23) CARLOS GARCIA	1.00											
TRUSTEE	0.	Х						0	0.			0
24) GREGORY J. GIGLIOTTI	1.00											
TRUSTEE	0.	Х						0	0.			0
25) ROB HALE	1.00											
TRUSTEE	0.	Х						0	0.			0
1b Sub-total							$\blacktriangleright$	2,388,767.	0.	5(	00,47	6.
c Total from continuation sheets to Part VII, S	Section A						$\blacktriangleright$	0.	0.			0.
d Total (add lines 1b and 1c)							<b>&gt;</b>	2,388,767.	0.	5(	00,47	6.
2 Total number of individuals (including but not				d al	bov	e) who	o re	eceived more than	\$100,000 of			
reportable compensation from the organization	on ►	63	3									
											Yes N	10
3 Did the organization list any former office												
employee on line 1a? If "Yes," complete Scheo	dule J for su	ch ina	lividu	ual						3		X —
<b>4</b> For any individual listed on line 1a, is the organization and related organizations grandividual	reater than	\$15	50,0	00?	) If	"Yes	5,"	complete Schedu	le J for such	4	X	
										-		
5 Did any person listed on line 1a receive or for services rendered to the organization? <i>If "</i> )										5		Χ
Section B. Independent Contractors	,					22.0.1	,,					_
<ol> <li>Complete this table for your five highest con compensation from the organization. Report year.</li> </ol>												

(A) Name and business address	(B) Description of services	<b>(C)</b> Compensation
ATTACHMENT 2		

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 ► 13

JSA
9E1055 1.000

Form **990** (2019)

45812Z 2219 V 19-8.3F 786691 PAGE 9

Form 990 (2019)

Page 8

Page 10 Page

(A)  Name and title	(B) Average hours per week (list any	(do ı box,	(C) Positi lo not check m ox, unless pers			on nore than one son is both an ector/trustee)		(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
26) MARK IGER TRUSTEE	1.00	Х						0.	0.	0
27) STEVEN W. JACOBSON	1.00	Λ						0.	0.	0
TRUSTEE	0.	Х						0.	0.	0
28) ERIC KAPLAN	1.00									
TRUSTEE	0.	Х						0.	0.	0
29) MARTHA JOYNT KUMAR	1.00									
TRUSTEE	0.	Х						0.	0.	0
30) JOHN D. LINEHAN	1.00									
TRUSTEE	0.	Х						0.	0.	0
31) JONATHAN D. MCBRIDE	1.00									
TRUSTEE	0.	Х						0.	0.	0
32) LAURIE NORTON MOFFATT	1.00									
TRUSTEE	0.	Х						0.	0.	0
33) EVAN PIEKARA	1.00									
TRUSTEE	0.	Х						0.	0.	0
34) SHARIS POZEN	1.00									
TRUSTEE	0.	Х						0.	0.	0
35) LESLIE ROSEN	1.00									
TRUSTEE	0.	Х						0.	0.	0
36) PAOLO SANCHEZ	1.00									
TRUSTEE	0.	Х						0.	0.	0
1b Sub-total							ightharpoons	0.	0.	0.
c Total from continuation sheets to Part VII, S	ection A									
d Total (add lines 1b and 1c)							<u> </u>			
2 Total number of individuals (including but not				d al	bove	e) who	o re	ceived more than	\$100,000 of	
reportable compensation from the organization	n <b>▶</b>	63	3							
										Yes No
3 Did the organization list any former offic										3 X
employee on line 1a? If "Yes," complete Sched										3 X
4 For any individual listed on line 1a, is the organization and related organizations graindividual	eater than	\$15	50,0	00?	. If	"Yes	5,"	complete Schedu	le J for such	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "You										5 X
Section B. Independent Contractors	.,	. 501					,	4		
Complete this table for your five highest component compensation from the organization. Report of 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 ▶

Form **990** (2019)

JSA 9E1055 1.000 Form 990 (2019) Page **8** 

Part VII Section A. Officers, Directors, 1	Γrustees, Ke	y En	nplo	ye	es,	and I	Hig	hest Compensat	ed Employees (d	ontinu	ed)	
(A) Name and title	(B) Average hours per week (list any hours for	box, unless person is both an officer and a director/trustee)		(D) Reportable compensation from the	(E) Reportable compensation from related organizations	aı	(F) Estimated mount of other of the other other of the other	of				
	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)	f org ar	rom the ganizationd related ganization	on ed
37) ANNIE M. SCOTT TRUSTEE	1.00	v						0	0			
38) PETER SKAPERDAS	1.00	X						0	0.			(
TRUSTEE		X						0	] 0.			(
39) DWAYNE C. STALLINGS	1.00	Λ						0				
TRUSTEE		X						0	] 0.			(
40) SHYANNE T. TEMPLE	1.00								·			
TRUSTEE		X						0	] 0.			(
41) MAURICE TINER	1.00											`
TRUSTEE		X						0	] 0.			(
42) RAJNEESH VIG	1.00											
TRUSTEE		Х						0	] 0.			(
43) ERIC J. WALDMAN	1.00							-				
TRUSTEE		Х						0	] 0.			(
44) CYNTHIA KOSSMAN WILKINSON	1.00											
TRUSTEE		Х						0	] 0.			(
45) LESLIE E. WONG	1.00											
TRUSTEE	0.	Х						0	0.			(
46) TIMOTHY E. YARBORO	1.00											
TRUSTEE	0.	Х						0	0.			(
47) PAMELA D. ZILLY	1.00											
TRUSTEE	0.	Х						0	0.			(
1b Sub-total	-						<b></b>	0.	0.			0
c Total from continuation sheets to Part VII,	_		-				<b>&gt;</b>					
d Total (add lines 1b and 1c)							o re	ceived more than	\$100,000 of			
reportable compensation from the organizat				ua	DOV	c) wiii	0 10	cerved more than	ψ100,000 01			
											Yes	No
3 Did the organization list any former of											100	
employee on line 1a? If "Yes," complete Sche	edule J for su	ch ina	livid	ual						3	_	X
<b>4</b> For any individual listed on line 1a, is the organization and related organizations individual.	greater than	\$15	50,0	00?	! It	"Yes	s,"	complete Schedu	le J for such	4	X	
5 Did any person listed on line 1a receive	or accrue co	mpen	sati	on	fron	n any	un	related organizati	on or individual			Х
for services rendered to the organization? <i>If</i> Section B. Independent Contractors	res, comple	ie SCI	ieal	iie c	, 101	such	per	SUII		5		
Complete this table for your five highest compensation from the organization. Report												
year.	,					, -		<b>5</b>	<b>J</b>			

(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 ▶

Form **990** (2019)

JSA 9E1055 1.000

CONNECTICUT COLLEGE 06-0646587 Form 990 (2019) Page 9

## Part VIII Statement of Revenue

· ai	LVII	Check if Schedule O contains a response	se or note to any	line in this Part V	/III		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ıts	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					
ğ,	С	Fundraising events 1c					
ar /	d	Related organizations 1d					
عَرُثُ	е	Government grants (contributions) 1e					
Sir	f	All other contributions, gifts, grants,					
uti e		and similar amounts not included above . 1f	15,560,000.				
들	g	Noncash contributions included in					
d d		lines 1a-1f	6,946,000.				
g 2	h	Total. Add lines 1a-1f	<u> ▶</u>	15,560,000.			
			Business Code				
<u>8</u>	2a	TUITION	611710	98,091,000.	98,091,000.		
Program Service Revenue	b	ROOM AND BOARD, AUX. SERVICES	721310	23,457,000.	23,457,000.		
ent	С	STUDY AWAY	611710	6,823,000.	6,823,000.		
e a	d	OTHER PROGRAM SERVICE REVENUE	900099	1,377,000.	1,373,000.	4,000.	
og R	е	GRANT AND CONTRACT INCOME	900099	1,818,000.	1,818,000.		
<u>-</u>	f	All other program service revenue		230,000.	216,000.	14,000.	
	g	Total. Add lines 2a-2f	<b>&gt;</b>	131,796,000.			
	3	Investment income (including dividends,	interest, and				
		other similar amounts)	▶ ∟	1,155,000.		40,000.	1,115,000.
	4	Income from investment of tax-exempt bond	proceeds . ►	0.			
	5	Royalties	▶	0.			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a 224,000.					
	b	Less: rental expenses 6b 220,000.					
	С	Rental income or (loss) 6c 4,000.					
	d	Net rental income or (loss)		4,000.			4,000.
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory <b>7a</b> 30,238,000.	15,299,000.				
<u>a</u>	b	Less: cost or other basis					
evenue		and sales expenses <b>7b</b> 26,577,000.	15,190,000.				
	С	Gain or (loss) 7c 3,661,000.	109,000.				
2	d	Net gain or (loss)	▶	3,770,000.		24,000.	3,746,000.
Other	8a	Gross income from fundraising					
Õ		events (not including \$					
		of contributions reported on line					
		1c). See Part IV, line 18 8a	0.				
	b	Less: direct expenses 8b	0.				
	С	Net income or (loss) from fundraising events.		0.			
	9a	Gross income from gaming					
	- 4	activities. See Part IV, line 19 9a	0.				
	b	Less: direct expenses 9b	0.				
	c	Net income or (loss) from gaming activities	<u></u> ▶	0.			
	10a	Gross sales of inventory, less					
		returns and allowances	0.				
	b	Less: cost of goods sold 10b	0.				
	C	Net income or (loss) from sales of inventory		0.			
s			Business Code				
Miscellaneous Revenue	11a	SNACK SHOP REVENUE	713940	340,000.			340,000.
ane nu	b	BOOKSTORE	451211	71,000.			71,000.
š e							
Re	d C	All other revenue					
Σ	e			411,000.			
	12	Total revenue. See instructions		152,696,000.	131,778,000.	82,000.	5,276,000.
JSA		TELEVISION CONTROL CON		,,		02,000.	2,2.0,000.

JSA 9E1051 2.000 45812Z 2219 Form **990** (2019) V 19-8.3F 786691 PAGE 12

## 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							
<u></u>				(C)	(D)			
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	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	51,527,000.	51,527,000.					
3	Grants and other assistance to foreign							
	organizations, foreign governments, and foreign							
	individuals. See Part IV, lines 15 and 16	97 <b>,</b> 000.	97,000.					
4	Benefits paid to or for members	0.						
5	Compensation of current officers, directors,							
	trustees, and key employees	1,702,000.	610,000.	997,000.	95,000.			
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	49,443,000.	38,348,000.	8,146,000.	2,949,000.			
8	Pension plan accruals and contributions (include							
	section 401(k) and 403(b) employer contributions)	3,841,000.	2,957,000.	538,000.	346,000.			
9	Other employee benefits	10,593,000.	7,098,000.	2,954,000.	541,000.			
10	Payroll taxes	3,611,000.	2,780,000.	506,000.	325,000.			
11								
а	Management	0.						
	Legal	191,000.		191,000.				
	Accounting	233,000.		233,000.				
	Lobbying	0.						
	Professional fundraising services. See Part IV, line 17.	0.						
1	Investment management fees	4,075,000.		4,075,000.				
g	Other. (If line 11g amount exceeds 10% of line 25, column							
	(A) amount, list line 11g expenses on Schedule O.)	2,674,000.	1,824,000.	460,000.	390,000.			
12	Advertising and promotion	55,000.	25,000.	29,000.	1,000.			
13	Office expenses	1,055,000.	656,000.	163,000.	236,000.			
14	Information technology	786,000.	291,000.	495,000.				
15	Royalties	12,000.	12,000.					
16	Occupancy	11,994,000.	11,994,000.					
17	Travel	1,268,000.	1,115,000.	66,000.	87,000.			
18	Payments of travel or entertainment expenses							
	for any federal, state, or local public officials	0.						
19	Conferences, conventions, and meetings	496,000.	73,000.	363,000.	60,000.			
20	Interest	3,496,000.	2,163,000.	1,333,000.				
21	Payments to affiliates	0.						
22	Depreciation, depletion, and amortization	8,239,000.	6,171,000.	907,000.	1,161,000.			
23	Insurance	1,634,000.	932,000.	702,000.				
24	Other expenses. Itemize expenses not covered							
	above (List miscellaneous expenses on line 24e. If							
	line 24e amount exceeds 10% of line 25, column							
	(A) amount, list line 24e expenses on Schedule O.)							
_	STUDY AWAY PROGRAMS	4,322,000.	4,322,000.					
-	BOOKS AND PERIODICALS	1,283,000.	1,280,000.	3,000.				
_	LICENSES, FEES, AND PERMITS	272,000.	83,000.	155,000.	34,000.			
d	MEMBERSHIPS	250,000.	114,000.	131,000.	5,000.			
	All other expenses	769,000.	309,000.	348,000.	112,000.			
	Total functional expenses. Add lines 1 through 24e	163,918,000.	134,781,000.	22,795,000.	6,342,000.			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here   if following SOP 98-2 (ASC 958-720)	0.						

Form **990** (2019)

Form 990 (2019) Page **11** 

### Part X Balance Sheet

	Check if Schedule O contains a response or note to any line in this Part X						
			(A) Beginning of year		<b>(B)</b> End of year		
	1	Cash - non-interest-bearing	22,000.	1	22,000.		
	2	Savings and temporary cash investments	40,802,000.	2	41,003,000.		
	3	Pledges and grants receivable, net	26,663,000.	3	22,239,000.		
	4	Accounts receivable, net	473,000.	4	1,341,000.		
	5	Loans and other receivables from any current or former officer, director,					
		trustee, key employee, creator or founder, substantial contributor, or 35%					
		controlled entity or family member of any of these persons	0.	5	0.		
	6	Loans and other receivables from other disqualified persons (as defined					
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0.	6	0.		
ţ	7	Notes and loans receivable, net	772,000.	7	578 <b>,</b> 000.		
Assets	8	Inventories for sale or use	298,000.	8	349,000.		
Ä	9	Prepaid expenses and deferred charges	851,000.	9	627 <b>,</b> 000.		
	10 a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D   10a   294,085,000.					
	b	Less: accumulated depreciation 10b 187,996,000.	105,625,000.	10c	106,089,000.		
	11	Investments - publicly traded securities	187,588,000.	11	187,780,000.		
	12	Investments - other securities. See Part IV, line 11	136,862,000.	12	137,679,000.		
	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	20,439,000.	15	15,220,000.		
	16	Total assets. Add lines 1 through 15 (must equal line 33)	16	512,927,000.			
	17	Accounts payable and accrued expenses	19,889,000.	17	19,222,000.		
	18	Grants payable	0.	18	0.		
	19	Deferred revenue	1,577,000.	19	2,961,000.		
	20	Tax-exempt bond liabilities	86,870,000.	20	85,110,000.		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.		
es	22	Loans and other payables to any current or former officer, director,					
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%					
jabi		controlled entity or family member of any of these persons	0.	22	0.		
	23	Secured mortgages and notes payable to unrelated third parties	0.	23	0.		
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	0.		
	25	Other liabilities (including federal income tax, payables to related third					
		parties, and other liabilities not included on lines 17-24). Complete Part X					
		of Schedule D	5,637,000.	25	5,053,000.		
	26	Total liabilities. Add lines 17 through 25	113,973,000.	26	112,346,000.		
Seou		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.					
ala	27	Net assets without donor restrictions	67,209,000.	27	63,593,000.		
Ä	28	Net assets with donor restrictions	339,213,000.	28	336,988,000.		
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33.					
ō	29	Capital stock or trust principal, or current funds		29			
ets	30	Paid-in or capital surplus, or land, building, or equipment fund.		30			
1SS	31	Retained earnings, endowment, accumulated income, or other funds.		31			
et /	32	Total net assets or fund balances	406,422,000.	32	400,581,000.		
ž	33	Total liabilities and net assets/fund balances	520,395,000.	33	512,927,000.		
_			. ,		Form <b>990</b> (2019)		

Form **990** (2019)

Form **990** (2019)

CONNECTICUT COLLEGE

Page **12** Form 990 (2019) Part XI **Reconciliation of Net Assets** Check if Schedule O contains a response or note to any line in this Part XI 152,696,000. 1 1 163,918,000. 2 -11<u>,222,000</u>. 3 3 Revenue less expenses. Subtract line 2 from line 1............... 406,422,000. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) . . . . . 4 5,849,000. 5 5 6 6 0. 7 7 0. 8 8 -468,000. 9 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 10 400,581,000. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII.............. Yes No X Accrual Accounting method used to prepare the Form 990: Cash Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Χ 2a 2a Were the organization's financial statements compiled or reviewed by an independent accountant?..... If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Χ 2b **b** Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of X 2c the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the 3a Χ b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the Χ 3b required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits . . .

45812Z 2219 V 19-8.3F 786691 PAGE 15

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#### **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 Name of the organization

Employer identification number

CON	NNECTICUT COLLEGE					06-06465	87
Pai	rt Reason for Public Cha	rity Status (All o	organizations must o	omplet	e this pa	art.) See instructions	i.
The	organization is not a private fou	· · · · · · · · · · · · · · · · · · ·	_				
1	A church, convention of chi	urches, or associa	tion of churches desc	ribed in <b>s</b>	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		•	•			
4	A medical research organiz	•	_				(iii). Enter the
	hospital's name, city, and si		•	•		( // // /	
5	An organization operated		a college or universit	y owne	d or ope	rated by a governme	ental unit described in
	section 170(b)(1)(A)(iv). (C		· ·	,		, 0	
6	A federal, state, or local go		rnmental unit describe	d in <b>sect</b>	ion 170(	b)(1)(A)(v).	
7	An organization that norm	_			-		om the general public
	described in section 170(b)	=	•		J		
8	A community trust describe			Part II.)			
9	An agricultural research or					l in conjunction with a	land-grant college
	or university or a non-land-	=			-	<del>-</del>	
	university:						
10	An organization that normal receipts from activities rela support from gross investmacquired by the organization	ited to its exempt f nent income and u on after June 30, 1	functions - subject to nrelated business tax 975. See <b>section 509</b>	certain e able inco (a)(2). (0	xception ome (less Complete	s, and (2) no more tha s section 511 tax) from Part III.)	n 331/3% of its
11	An organization organized	•	•	-			
12	An organization organized		-	-			
	of one or more publicly su						
	Check the box in lines 12a t	=				•	_
а	Type I. A supporting organization		-	-		= ::	
	the supported organization				ajority of	the directors or truste	es of the
<b>L</b>	supporting organization.	=			with ito	aupported organizati	on(a) by baying
b	<b>Type II.</b> A supporting org						
	organization(s). <b>You must</b>			lile Saili	e persor	is that control of man	lage the supported
С	Type III functionally inte			ated in c	onnectio	n with and functional	lly integrated with
Ŭ	its supported organization						ny intogratoa with,
d	Type III non-functionally		•				ted organization(s)
_	that is not functionally into	= :					= ' ' '
	requirement (see instruct	-	= -	-		· ·	
е	Check this box if the orga	•	-				I, Type III
	functionally integrated, or						
f	Enter the number of supported						
g	Provide the following information	on about the suppo	orted organization(s).				
	(i) 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 ment?	support (see instructions)	other support (see instructions)
			, , , , , ,	Yes	No	,	,
(A)							
(B)							
(C)							
(D)							
(E)							
Tota	al						

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

Schedule A (Form 990 or 990-EZ) 2019

Page 2 Schedule A (Form 990 or 990-EZ) 2019

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) 🕨	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	<b>(d)</b> 2018	<b>(e)</b> 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	10,954,000.	11,310,000.	43,670,000.	21,513,000.	15,560,000.	103,007,000.
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	10,954,000.	11,310,000.	43,670,000.	21,513,000.	15,560,000.	103,007,000.
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).						20,042,106.
6	Public support. Subtract line 5 from line 4						82,964,894.
Sec	tion B. Total Support		•				
Cale	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
7	Amounts from line 4	10,954,000.	11,310,000.	43,670,000.	21,513,000.	15,560,000.	103,007,000.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	4,481,000.	8,727,000.	2,143,000.	2,507,000.	2,035,000.	19,893,000.
9	Net income from unrelated business activities, whether or not the business is regularly carried on	81,000.					81,000.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) ATCH 1	499,000.	483,000.	473,000.	518,000.	411,000.	2,384,000.
11	Total support. Add lines 7 through 10						125,365,000.
12	Gross receipts from related activities, etc. (se	ee instructions) .				12	623,078,000.
13	First five years. If the Form 990 is fo organization, check this box and stop here.	<u></u>					
Sec	tion C. Computation of Public Supp		-				
14	Public support percentage for 2019 (lin					14	66.18%
15	Public support percentage from 2018 S					15	55.72 <b>%</b>
16a	331/3% support test - 2019. If the org						
	box and <b>stop here</b> . The organization qu						
b	331/3% support test - 2018. If the org						
	this box and <b>stop here.</b> The organization	•		•			
17a	10%-facts-and-circumstances test - 2						
	10% or more, and if the organization					-	•
	Part VI how the organization meets the			•	•		
	organization						
b	10%-facts-and-circumstances test - 2 15 is 10% or more, and if the orga Explain in Part VI how the organization	nization meets on meets the "t	the "facts-and- facts-and-circum	-circumstances" stances" test. ]	' test, check th The organizatio	nis box and <b>sto</b> n qualifies as a	publicly
	supported organization						
18	<b>Private foundation.</b> If the organization						
	instructions						
						abadula A (Farm 0	

9E1220 1.000 45812Z 2219 V 19-8.3F 786691 PAGE 17 Schedule A (Form 990 or 990-EZ) 2019 Page 3

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

(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.)

	tion A. Public Support		T	T	T		
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(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						
<i>r</i> a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3		1				
-	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						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support		•				
	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
9	Amounts from line 6						
10 a	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						
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
13	(Explain in Part VI.)  Total support. (Add lines 9, 10c, 11,		1				
13	and 12.)						
14	First five years. If the Form 990 is for	 or the organize	ition's first seco	nd third fourth	or fifth tax w	ear as a section	501(c)(3)
•	organization, check this box and <b>stop here</b> .	•			•		` ` ` `
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2019 (line 8,		•	ımn (f))		15	%
16	Public support percentage from 2018 Sche		-			16	%
	tion D. Computation of Investment						
17	Investment income percentage for 2019 (lin			13, column (f))		17	%
18	Investment income percentage from 2018 S					18	%
	331/3% support tests - 2019. If the org						, and line
	17 is not more than 331/3 %, check this	-					. $\square$
b	331/3% support tests - 2018. If the orga		-				
	line 18 is not more than 331/3 %, check						. $\square$
20	Private foundation. If the organization d		•				

PAGE 18

786691

Yes No

Schedule A (Form 990 or 990-EZ) 2019 Page **4** 

#### 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.
  - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, t determine whether the organization had excess business holdings.)

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Schedule A (Form 990 or 990-EZ) 2019

786691

Schedule A (Form 990 or 990-EZ) 2019

Has the organization accepted a gift or contribution from any of the following persons?  a 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?  b A family member of a person described in (a) above?  c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c, provide detail in Pert VI.  11b Cection B. Type I Supporting Organizations  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 har Part VI how the supported organization's directors or trustees were allowed. or controlled the organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  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 had more than one supported organization or controlled the organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  1 Did the organization provide organizations  1 Were a majority of the organizations.  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 in supported organization's any portion or management of the supporting organizations.  1 Were a majority of the organization's supported organization's tax year, (i) a written notice describing the type and amount of support provided during the year tax year, (ii) a copy of the Form 990 that was most recently flored organization (ii) copies of the organization's supported organization's investment policies and in directing the use of the organization's supported organization's investment policies and in directi	Part	Supporting Organizations (continued)			
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trustees of each of the supported organizations? <i>Provide details in Part VI.</i> b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each					
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	а		32		
	<b>L</b>	· · · · · · · · · · · · · · · · · · ·	Ja		
	D		3h		

Page 6 Schedule A (Form 990 or 990-EZ) 2019

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	ization	s	
1 Check here if the organization satisfied the Integral Part Test as a qualifying			in in Part VI). <b>See</b>
instructions. All other Type III non-functionally integrated supporting organize	•		•
Section A - Adjusted Net Income		(A) Prior Year	(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		
		(A) Deien Ween	(B) Current Year
Section B - Minimum Asset Amount		(A) Prior 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>b</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 <b>Part VI</b> ):			
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-functionally	y integra	ited Type III supporting	g organization (see
instructions).			

Schedule A (Form 990 or 990-EZ) 2019

9E1231 1.000 45812Z 2219 V 19-8.3F 786691 PAGE 21 Schedule A (Form 990 or 990-EZ) 2019 Page 7 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

OCCL	on D - Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish ex	kempt purposes		
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	
4	Amounts paid to acquire exempt-use assets			
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.			
9	Distributable amount for 2019 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-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess from 2016			
С	Excess from 2017			
d	Excess from 2018			
е				

Schedule A (Form 990 or 990-EZ) 2019

Part V

45812Z 2219 V 19-8.3F 786691 PAGE 22 Schedule A (Form 990 or 990-EZ) 2019 Page **8** 

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								
DESCRIPTION	2015	2016	2017	2018	2019	TOTAL		
SNACK SHOP REVENUE	404,000.	399,000.	394,000.	434,000.	340,000.	1,971,000.		
ALL OBUED DEVENUE	05.000	04 000	70.000	04.000	71 000	412 000		
ALL OTHER REVENUE	95,000.	84,000.	79,000.	84,000.	71,000.	413,000.		
TOTALS	499,000.	483,000.	473,000.	518,000.	411,000.	2,384,000.		

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

or 990-PF)
Department of the Treasury
Internal Revenue Service

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

Schedule of Contributors

OMB No. 1545-0047

2019

**Employer identification number** Name of the organization CONNECTICUT COLLEGE 06-0646587 Organization type (check one): Filers of: Section: Χ 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** 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, 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) (2019)

JSA

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

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
1		\$\$832,348.	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		\$ 2,000,000.	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.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	STOCK		
		\$251,280.	11/13/2019
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	STOCK		
		\$481,068.	02/25/2020
(-) N-		(5)	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		•	
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

	(Form 990, 990-EZ, or 990-PF) (2019)			Page 4				
Name of o	organization CONNECTICUT COLLEGE			Employer identification number 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 th Use duplicate copies of Part III if addit	the year from any one ions completing Part III, e e year. (Enter this inform	<b>contributor.</b> Center the total	ribed in section 501(c)(7), (8), or Complete columns (a) through (e) and of exclusively religious, charitable, etc.				
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held				
Part I								
		(e) Transfer of <b>c</b>	gift					
	Transferee's name, address, a	nd ZIP + 4	Relatio	nship 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 o	gift					
	Transferee's name, address, ar	nd ZIP + 4	Relatio	nship of transferor to transferee				
(a) No.								
(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, as	nd ZIP + 4	Relation	nship 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 g	nift					
		(e) Transier of (	gii t					
	Transferee's name, address, ar	nd ZIP + 4	Relatio	nship of transferor to transferee				

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

#### 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

**Open to Public** Inspection

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.

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.

(3)	If the	( )( )	that have NOT filed Form 5768 (election on Form 990, Part IV, line 5 (Proxy	` '	, .	•
ConnectTCUT COLLEGE   O6-0646587	•	Section 501(c)(4), (5), or (6) orga	anizations: Complete Part III.			
Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.  1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. (see instructions for definition of "political campaign activity expenditures (see instructions).  2 Political campaign activity expenditures (see instructions).  3 Volunteer hours for political campaign activities (see instructions).  Part I-B Complete if the organization is exempt under section 501(c)(3).  1 Enter the amount of any excise tax incurred by the organization under section 4955.	Nam	e of organization			Employer ide	ntification number
1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. (see instructions for definition of 'political campaign activities') 2 Political campaign activities (see instructions).	CON				I	
definition of "political campaign activities")  2 Political campaign activity expenditures (see instructions).  3 Volunteer hours for political campaign activities (see instructions).  4 Part I-B Complete if the organization is exempt under section 501(c)(3).  5 Enter the amount of any excise tax incurred by the organization under section 4955.  5 Enter the amount of any excise tax incurred by organization managers under section 4955.  5 Enter the amount of any excise tax incurred by organization managers under section 4955.  6 If "Yes," describe in Part IV.  Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).  1 Enter the amount directly expended by the filling organization for section 527 exempt function activities.  5 Enter the amount of the filling organization's funds contributed to other organizations for section 527 exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b.  4 Did the filling organization file Form 1120-POL for this year?  5 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b.  6 Did the filling organization file Form 1120-POL for this year?  6 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filling organization made payments. For each organization listed, enter the amount paid from the filling organizations to which the the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.  (a) Name  (b) Address  (c) EIN  (d) Amount paid from the filling organization in Part IV.  (e) Amount of political organization. If none, enter -0-  (e) Amount of political organization. If none, enter -0-  (f) Amount of political organization. If none, enter -0-	Pai	rt I-A Complete if the o	organization is exempt under	section 501(c) or	is a section 527 orgai	nization.
Political campaign activity expenditures (see instructions)   Not value   No	1	Provide a description of the	organization's direct and indirect p	oolitical campaign ad	ctivities in Part IV. (see ir	structions for
3 Volunteer hours for political campaign activities (see instructions).  Part I-B Complete if the organization is exempt under section 501(c)(3).  Enter the amount of any excise tax incurred by the organization under section 4955.  2 Enter the amount of any excise tax incurred by organization managers under section 4955.  3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  4 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  5 If "Yes," describe in Part IV.  Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).  1 Enter the amount directly expended by the filing organization for section 527 exempt function activities.  2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities.  3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b.  4 Did the filing organization file Form 1120-POL for this year?  5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organization's to which the filing organization made payments. For each organization listed, enter the amount paid from filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.  (a) Name  (b) Address  (c) EIN  (d) Amount paid from filing organization. If none, enter -0.  (1)  (3)  (4)		definition of "political campa	ign activities")			
Complete if the organization is exempt under section 501(c)(3).    Enter the amount of any excise tax incurred by the organization managers under section 4955 .	2	Political campaign activity ex	xpenditures (see instructions)		▶ \$	
Complete if the organization is exempt under section 501(c)(3).    Enter the amount of any excise tax incurred by the organization managers under section 4955 .	3	Volunteer hours for political	campaign activities (see instruction	ns)		
2 Enter the amount of any excise tax incurred by organization managers under section 4955.	Par	t I-B Complete if the c	organization is exempt under s	section 501(c)(3).		
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	1	Enter the amount of any exc	cise tax incurred by the organizatio	n under section 495	5 ▶ \$	
4a Was a correction made?  b If "Yes," describe in Part IV.  Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).  1 Enter the amount directly expended by the filling organization for section 527 exempt function activities.  2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities.  3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b.  4 Did the filing organization file Form 1120-POL for this year?  5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.  (a) Name  (b) Address  (c) EIN  (d) Amount paid from formation in Part IV.  (e) Amount of political organization's funds. If none, enter -0.  (1)  (2)  (3)  (4)  (5)	2	Enter the amount of any exc	cise tax incurred by organization m	anagers under secti	on 4955 ▶ \$	
b If "Yes," describe in Part IV.    Part I-C   Complete if the organization is exempt under section 501(c), except section 501(c)(3).    Enter the amount directly expended by the filing organization for section 527 exempt function activities.	3	If the organization incurred a	a section 4955 tax, did it file Form	4720 for this year?		Yes No
Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).  1 Enter the amount directly expended by the filing organization for section 527 exempt function activities.  2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities.  3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b.  4 Did the filing organization file Form 1120-POL for this year?  5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organizations funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.  (a) Name  (b) Address  (c) EIN  (d) 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)	4a	Was a correction made?				Yes No
1 Enter the amount directly expended by the filing organization for section 527 exempt function activities.  2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities.  3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b.  4 Did the filing organization file Form 1120-POL for this year?  5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.  (a) Name  (b) Address  (c) EIN  (d) 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)  (1)  (2)  (3)  (4)						
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities  3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b  4 Did the filing organization file Form 1120-POL for this year?  5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.  (a) Name  (b) Address  (c) EIN  (d) 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's funds. If none, enter -0  (1)  (2)  (3)  (4)  (5)	Par	rt I-C Complete if the c	organization is exempt under	section 501(c), ex	cept section 501(c)(3	).
Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b.  1 Did the filing organization file Form 1120-POL for this year?  2 Did the filing organization file Form 1120-POL for this year?  3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b.  4 Did the filing organization file Form 1120-POL for this year?  5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political organization received that were promptly and directly delivered to a separate political organization in Part IV.  (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)	1	-			•	
bine 17b  Did the filing organization file Form 1120-POL for this year?  Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.  (a) Name  (b) Address  (c) EIN  (d) Amount paid from filing organization's funds. If none, enter -0- filing organization's funds. If none, enter -0- filing organization. In none, enter -0- In none, enter -0-  (1)  (2)  (3)	2					
Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filling organization made payments. For each organization listed, enter the amount paid from the filling organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.  (a) Name  (b) Address  (c) EIN  (d) Amount paid from filling 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)	3					
filing organization's funds. If none, enter -0  contributions received and promptly and directly delivered to a separate political organization. If none, enter -0  (1)  (2)  (3)  (4)		Enter the names, addresses organization made payment the amount of political cont	and employer identification numb s. For each organization listed, en cributions received that were prom	per (EIN) of all section liter the amount paid aptly and directly de	on 527 political organiza I from the filing organizalivered to a separate po	ations to which the filing ation's funds. Also ente olitical organization, suc
(2) (3) (4) (5)		(a) Name	(b) Address	(c) EIN	filing organization's	contributions received and promptly and directly delivered to a separate political organization. If
(3)	(1)					
(4) (5)	(2)					
(5)	(3)					
	(4)					
(6)	(5)					
	(6)					

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

Schedule C (Form 990 or 990-EZ) 2019

Scriedule C (Form 990 or 990-EZ) 2019	COLVINDO	,11001 00	71111011		000	010007 Fage 2
Part II-A Complete if the org section 501(h)).	ganizati	on is exer	npt under section	n 501(c)(3) and	filed Form 5768 (ele	
		•	affiliated group (and excess lobbying expe		ich affiliated group mem	ber's name,
B Check ▶ if the filing organiz	zation ch	ecked box /	A and "limited contro	ol" provisions app	ly.	
Limits	on Lobb	ying Expen	ditures		(a) Filing	(b) Affiliated
(The term "expendit	ures" m	eans amoui	nts paid or incurred.	)	organization's totals	group totals
1a Total lobbying expenditures to i	influence	public opin	ion (grassroots lobb	ying)		
<b>b</b> Total lobbying expenditures to i	influence	a legislative	e body (direct lobbyi	ng)		
c Total lobbying expenditures (ad						
d Other exempt purpose expendit						
e Total exempt purpose expendit	-		·			
f Lobbying nontaxable amount.	Enter th	e amount	from the following	table in both		
columns.						
If the amount on line 1e, column (a	a) or (b) is:			is:		
Not over \$500,000			amount on line 1e.			
Over \$500,000 but not over \$1,000			lus 15% of the excess			
Over \$1,000,000 but not over \$1,5			lus 10% of the excess			
Over \$1,500,000 but not over \$17,	000,000		lus 5% of the excess of	over \$1,500,000.		
Over \$17,000,000	/ O	\$1,000,000		<u> </u>		
g Grassroots nontaxable amount						
<ul><li>h Subtract line 1g from line 1a. If</li><li>i Subtract line 1f from line 1c. If z</li></ul>						
j If there is an amount other th					ion file Form 4720	
reporting section 4911 tax for t				_		Yes No
Teporting Section 4911 tax for t			aging Period Unde			Tes NO
(Some organizations tha				• •	ete all of the five colum	ns below.
(**************************************			te instructions for I	-		
	Lobi	oying Expe	nditures During 4-Yo	ear Averaging Pe	riod	I
Calendar year (or fiscal year beginning in)	(a	2016	<b>(b)</b> 2017	<b>(c)</b> 2018	<b>(d)</b> 2019	(e) Total
2a Lobbying nontaxable amount						
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))						
c Total lobbying expenditures						
<b>d</b> Grassroots nontaxable amount						
e Grassroots ceiling amount (150% of line 2d, column (e))						
f Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2019

9E1265 1.000 45812Z 2219 786691 V 19-8.3F PAGE 29

Par	t II-B Complete if the organization is exempt under section 501(c)(3) and has NO (election under section 501(h)).	I filed	d For	m 5768	3	
Eor	each "Vos" response on lines to through ti holey provide in Part IV a detailed	(a	1)		(b)	
	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed cription of the lobbying activity.	Yes	No		Amount	
1	During the year, did the filing organization attempt to influence foreign, national, state, or local					
•	legislation, including any attempt to influence public opinion on a legislative matter or					
	referendum, through the use of:					
а	Volunteers?		Х			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?.		Х			
С	Media advertisements?		X			
d	Mailings to members, legislators, or the public?		X			
е	Publications, or published or broadcast statements?		X			
f	Grants to other organizations for lobbying purposes?		X			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		X			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X	- 1			
i	Other activities?	21				
j	Total. Add lines 1c through 1i					
2a b	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					
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Pai	t III-A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	, or s	ection		
	501(c)(6).					
					Ye	s No
1	Were substantially all (90% or more) dues received nondeductible by members?				1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2	
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from				3	
Pai	t III-B Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No"				line 3, i	s
	answered "Yes."					
1	Dues, assessments and similar amounts from members			1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amo	unts d	of			
	political expenses for which the section 527(f) tax was paid).					
а	Current year			2a		
b	Carryover from last year			2b		
С	Total			2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du			3		
4	If notices were sent 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 I	_	ıg	4		
5	and political expenditure next year?			5		
	t 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 (affiliate	d grou	ıp list	); Part I	-A, lines	1 and
2 (se	e instructions); and Part II-B, line 1. Also, complete this part for any additional information.	_				
PAF	T II-B, LINE 1, LOBBYING ACTIVITIES:					
THE	COLLEGE MAKES PAYMENTS TO VARIOUS ORGANIZATIONS, SOME PORTION OF					
		חד יי				
WHI	CH MAY BE USED IN CONNECTION WITH ISSUES THAT IMPACT HIGHER EDUCA	L TON .	•			

Schedule C (Form 990 or 990-EZ) 2019

Schedule C (Form 990 or 990-EZ) 2019 Page 4

Part IV **Supplemental Information** (continued)

Schedule C (Form 990 or 990-EZ) 2019

#### **SCHEDULE D** (Form 990)

# Supplemental Financial Statements ► 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 Open to Public Inspection

Department of the Treasury Internal Revenue Service Employer identification number Name of the organization CONNECTICUT COLLEGE 06-0646587

Pa	art I Organizations Maintaining Donor Adv		or Accounts.
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(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	r advisors in writing that the assets held	d in donor advised
	funds are the organization's property, subject to the	e organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors,	and donor advisors in writing that grant	funds can be used
	only for charitable purposes and not for the bene	efit of the donor or donor advisor, or for	any other purpose
	conferring impermissible private benefit?		Yes No
Pa	art II Conservation Easements.		
	Complete if the organization answered		
1	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (for example	e, recreation or education) Preservation	n of a historically important land area
	Protection of natural habitat	Preservation	n of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization h	eld a qualified conservation contribution	
	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 easement		2b
С	Number of conservation easements on a certified	` ,	2c
d	Number of conservation easements included in (		
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, tra	insferred, released, extinguished, or terr	ninated by the organization during the
	tax year		
4	Number of states where property subject to conse		
5	Does the organization have a written policy re		-
_	violations, and enforcement of the conservation ea		
6	Staff and volunteer hours devoted to monitoring, insp	pecting, handling of violations, and enforcing	g conservation easements during the year
_	A	Allow to an allow a fact at the form and a section of	and the second s
7	Amount of expenses incurred in monitoring, inspec	cting, nandling of violations, and enforcing	conservation easements during the year
	Dags and company stick assembly to part we next ad an line		tion 170(h)(4)(D)(i)
8	Does each conservation easement reported on line		
^	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports		
9	balance sheet, and include, if applicable, the text		
	organization's accounting for conservation easeme	<u> </u>	cial statements that describes the
Pa	art III Organizations Maintaining Collections		er Similar Assets.
	Complete if the organization answered		
1a		· · · · · · · · · · · · · · · · · · ·	ue statement and halance sheet works
. u	If the organization elected, as permitted under Formatte, historical treasures, or other similar assets	ts held for public exhibition, education	, or research in furtherance of public
	service, provide in Part XIII the text of the footnote		
b	If the organization elected, as permitted under F		
	art, historical treasures, or other similar assets he provide the following amounts relating to these ite		search in furtherance of public service,
	(i) Revenue included on Form 990, Part VIII, line		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of a		·
_	following amounts required to be reported under F		assets for infational gain, provide the
а	Revenue included on Form 990, Part VIII, line 1.	<u> </u>	<b>&gt;</b> \$
a b	Assets included in Form 990, Part X		
	,		<u> </u>

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 Page 2

Pa	rt III Organizations Maintain	ing Collections of	Art, Historical Tre	easures, c	or Other	Similar Assets	continu		age =
3	Using the organization's acquisition	on, accession, and o	other records, chec	k any of tl	ne follow	ing that make sig	nificant	use o	of its
	collection items (check all that app	ly):							
а	X Public exhibition		<b>d</b> Loan	or exchang	je prograi	m			
b	X Scholarly research		e Other						
С	X Preservation for future gene	rations							
4	Provide a description of the orga	nization's collections	and explain how	they furthe	er the or	ganization's exem <sub>l</sub>	ot purpo	se in	Part
	XIII.								
5	During the year, did the organization								_
	assets to be sold to raise funds rati		ained as part of the	organizatio	n's collec	ction?	Yes	X	No
Pa	rt IV Escrow and Custodial A				_				
	Complete if the organiza	ation answered "Ye	es" on Form 990, I	Part IV, lin	e 9, or r	eported an amou	int on F	orm	
	990, Part X, line 21.								
1 a	Is the organization an agent, truste								٦
_	included on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement i	n Part XIII and comp	olete the following ta	ble:					
						Amoun	t		
C	Beginning balance								
d	Additions during the year								
e	Distributions during the year								
f	Ending balance								T
2a	Did the organization include an am						Yes		No
	If "Yes," explain the arrangement i	n Part XIII. Check no	ere ir the explanation	nas been	provided	on Part XIII			
Pa	<b>Endowment Funds.</b> Complete if the organization	ation answered "Ve	es" on Form 990 I	Part IV/ lin	10 م				
	Complete if the organiza	(a) Current year	(b) Prior year	(c) Two ye		(d) Three years back	(e) Fou	r veare	hack
_		313,510,000.	305,663,000.	290,53		265,013,000.	274,		
1a	Beginning of year balance	12,094,000.	5,429,000.		7,000.	3,179,000.			000.
b	Contributions	12,004,000.	3,423,000.	0,73	7,000.	3,173,000.	0,	013,	
С	Net investment earnings, gains,	5,425,000.	16,466,000.	21.80	3,000.	34,455,000.	-6	297	000.
	and losses	7,256,000.	6,981,000.		7,000.	6,379,000.			000.
	Grants or scholarships	7,230,000.	0,301,000.	0,01	7,000.	0,373,000.	0,	000,	
е	Other expenditures for facilities	7,503,000.	7,067,000.	6.79	7,000.	5,731,000.	3.	840.	000.
	and programs	7,000,000.	7,007,000.	0,13	7,000.	3,731,000.	",	0 10 7	
	Administrative expenses	316,270,000.	313,510,000.	305.66	3.000.	290.537.000.	265,	013.	000.
g	End of year balance						1 /	,	
2 a	Provide the estimated percentage Board designated or quasi-endown	nent <b>&gt;</b> 18.0000	end balance (line 19 ) %	, column (a	)) neid as				
	Permanent endowment ► 54.0	0000 %							
c	Term endowment ► 28.0000	<del></del>							
	The percentages on lines 2a, 2b, a		100%.						
3a	Are there endowment funds not in			are held a	nd admir	nistered for the			
	organization by:	'	J					Yes	No
	(i) Unrelated organizations						3a(i)	Х	
	(ii) Related organizations						3a(ii)	Х	
b	If "Yes" on line 3a(ii), are the relate	ed organizations liste	d as required on Sch	edule R?.			3b	X	
4	Describe in Part XIII the intended	uses of the organiza	tion's endowment fu	nds.					
Pa	rt VI Land, Buildings, and Equ	uipment.	II F 000	D4 N / 15-	44 - (	2 F 000 D	4 V 1!:	40	
	Complete if the organiz  Description of property	(a) Cost or		Part IV, III or other basis			art 入, III d) Book v		<u>.                                    </u>
	Boson priori or proporty		tment) (d	other)	depr	eciation			
1a	Land			080,000.					000.
b	Buildings		209,	556,000.	123,8	18,000.	85,8	38,0	000.
С	Leasehold improvements								
d	Equipment			948,000.		32,000.		16,0	
	Other			101,000.	1	46,000.	14,7		
Γota	I. Add lines 1a through 1e. (Columr	n (d) must equal Forr	n 990, Part X, colum	n (B), line :	10c.)	▶	106,0	89,0	000.

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019			Page
Part VII Investments - Other Securities.			
Complete if the organization answere	ed "Yes" on Form 990, Pa	rt IV, line 11b. See Form 990,	Part X, line 12.
<ul><li>(a) Description of security or category (including name of security)</li></ul>	(b) Book value	<b>(c)</b> Method of valuati Cost or end-of-year marke	
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) PRIVATE EQUITY	16,718,000.	FMV	
(B) VENTURE CAPITAL	29,081,000.	FMV	
(C) HEDGE FUNDS	72,627,000.	FMV	
(D) INFLATION HEDGING	10,141,000.	FMV	
(E) DISTRESSED DEBT	5,277,000.	FMV	
(F) SPLIT INTEREST AGREEMENT	3,835,000.	FMV	
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	137,679,000.		
Part VIII Investments - Program Related.			
Complete if the organization answere	ed "Yes" on Form 990, Pa	rt IV, line 11c. See Form 990,	Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuati Cost or end-of-year marke	
(4)		•	
<u>(1)</u>			
(2)			
(3)			
(4)			
<u>(5)</u>			
<u>(6)</u>			
<u>(7)</u>			
(8)			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answere	ed "Yes" on Form 990 Pa	rt IV line 11d See Form 990	Part X line 15
	Description	,	(b) Book value
(1)	- Cooription		(b) Book value
(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 answere line 25.	ed "Yes" on Form 990, Pa	rt IV, line 11e or 11f. See Forr	n 990, Part X,
	iption of liability		(b) Book value
(1) Federal income taxes	iption of hability		(b) Book value
(2) OBLIGATIONS - CAPITAL LEASE			432,000
(3) LIABILITIES UNDER SPLIT INTEREST			
(4) AGREEMENTS			4,091,000
(5) ADVANCES FROM US GOVERNMENT			, == , = 0
(6) FOR STUDENT LOANS			530,000
(7)			
(8)			
(9)			

5,053,000. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

JSA 9E1270 1.000 45812Z 2219

CONNECTICUT COLLEGE

Page 4 Schedule D (Form 990) 2019

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ո.	
1	Total revenue, gains, and other support per audited financial statements	1	101,634,000.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)	2e	5,849,000.
е 3	Add lines 2a through 2d	3	95,785,000.
4	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 4,075,000.		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	56,911,000.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	152,696,000.
Part	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ı	107 475 000
1	Total expenses and losses per audited financial statements	1	107,475,000.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities		
b	Prior year adjustments		
C d	Other (Describe in Part XIII.) 2d 220,000.		
e	Add lines 2a through 2d	2e	220,000.
3	Subtract line 2e from line 1	3	107,255,000.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 4,075,000.		
b	Other (Describe in Part XIII.)		F.C. C.C.2. 0.0.0
_ C	Add lines 4a and 4b	4c	56,663,000. 163,918,000.
5 Port	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	103,910,000.
Provid 2; Par	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		

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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 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

### 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 06/30/2020 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.

Schedule D (Form 990) 2019

45812Z 2219 V 19-8.3F 786691 PAGE 37

#### 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, 2020, OPEN FEDERAL AND CONNECTICUT TAX YEARS FOR THE COLLEGE INCLUDE THE TAX YEARS ENDED JUNE 30, 2017 THROUGH JUNE 30, 2020. THE COLLEGE HAS NO EXAMINATIONS IN PROGRESS. THE COLLEGE BELIEVES IT HAS NO SIGNIFICANT UNCERTAIN TAX POSITIONS.

45812Z 2219

CONNECTICUT COLLEGE 06-0646587 Schedule D (Form 990) 2019 Page 5

Part XIII Supplemental Information (continued)

PART XI, LINE 4B - OTHER ADJUSTMENTS:

TUITION DISCOUNT \$ 51,527,000.

RENT EXPENSE \$(220,000).

POST RETIREMENT RELATED CHANGES OTHER THAN

NET PERIODIC BENEFIT COST \$ 1,061,000.

TOTAL TO SCHEDULE D, PART XI, LINE 4B \$ 52,836,000.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENT EXPENSE \$ 220,000.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

TUITION DISCOUNT \$ 51,527,000.

POST RETIREMENT RELATED CHANGES OTHER THAN

NET PERIODIC BENEFIT COST \$ 1,061,000.

TOTAL TO SCHEDULE D, PART XII, LINE 4B \$ 52,588,000.

#### **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			
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter,		YES	NO
'	bylaws, other governing instrument, or in a resolution of its governing body?	1	X	
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	Х	
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		. V	
	describe. If "No," please explain. If you need more space, use Part II	3	X	
	SEE SUPPLEMENTAL PAGE			
4	Does the organization maintain the following?			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Х	
b	Records documenting that scholarships and other financial assistance are awarded on a racially			
	nondiscriminatory basis?	4b	X	
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
_	Fundament of familiar and distribution at 150			Х
С	Employment of faculty or administrative staff?	5c		Λ
Ч	Scholarships or other financial assistance?	5d		Х
-				
е	Educational policies?	5e		Х
f	Use of facilities?	5f		Х
		_		37
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.			
•	Describes an administration of the control of the c		v	
	Does the organization receive any financial aid or assistance from a governmental agency?	6a	X	X
b	Has the organization's right to such aid ever been revoked or suspended?	6b		Λ
7	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	

Page 2

Schedule E (Form 990 or 990-EZ) (2019)

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

SCHEDULE E, LINE 3:

ALL SCHOOL PUBLICATIONS, NEWSPAPERS, AND THE CONNECTICUT COLLEGE WEBSITE.

SCHEDULE E, LINE 6:

FEDERAL AND STATE RESEARCH GRANT FUNDS.

GOVERNMENT AID

FINANCIAL AID AND ASSISTANCE FROM GOVERNMENTAL AGENCIES CONSIST OF US DEPT OF EDUCATION FINANCIAL AID, STATE OF CONNECTICUT FINANCIAL AID, AND

### **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 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

CON	NECTICUT COLLEGE				06-06465	87
Par	General Information o Form 990, Part IV, line 14th		Outside the	United States. Comple	ete if the organization a	answered "Yes" or
1	For grantmakers. Does the orgother assistance, the grantees' award the grants or assistance?	eligibility for t	he grants or	assistance, and the selec	tion criteria used to	X Yes No
2	For grantmakers. Describe in Foutside the United States.  Activities per Region. (The follow				_	d other assistance
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of	(f) Total expenditures for and investments in the region
(1)	CENTRAL AMERICA/CARIBBEAN	0.	0.	PROGRAM SERVICES	STUDY AWAY PROGRAM	233,000.
(2)	EAST ASIA AND THE PACIFIC	0.	0.	PROGRAM SERVICES	STUDY AWAY PROGRAM	569,000.
(3)	EUROPE	0.	0.	PROGRAM SERVICES	MERCHANDISE	4,000.
(4)	EUROPE	0.	0.	PROGRAM SERVICES	STUDENT REFUND	2,000.
(5)	EUROPE	0.	0.	PROGRAM SERVICES	STUDY AWAY PROGRAM	2,329,000.
(6)	EUROPE	0.	0.	PROGRAM SERVICES	SERVICES	6,000.
(7)	MIDDLE EAST AND NORTH AFRICA	0.	0.	PROGRAM SERVICES	STUDY AWAY PROGRAM	109,000.
(8)	NORTH AMERICA	0.	0.	PROGRAM SERVICES	STUDY AWAY PROGRAM	27,000.
(9)	NORTH AMERICA	0.	0.	PROGRAM SERVICES	MERCHANDISE	44,000.
<u>(10)</u>	NORTH AMERICA	0.	0.	PROGRAM SERVICES	SERVICES	40,000.
<u>(11)</u>	RUSSIA/INDEPENDENT STATES	0.	0.	PROGRAM SERVICES	STUDY AWAY PROGRAM	72,000.
(12)	RUSSIA/INDEPENDENT STATES	0.	0.	PROGRAM SERVICES	HONORARIA	1,000.
<u>(13)</u>	SOUTH AMERICA	0.	0.	PROGRAM SERVICES	STUDY AWAY PROGRAM	147,000.
<u>(14)</u>	SUB-SAHARAN AFRICA	0.	0.	PROGRAM SERVICES	HONORARIA	2,000.
(15)	CENTRAL AMERICA/CARIBBEAN	0.	0.	INVESTMENTS	INVESTMENTS	567,000.
(16)						
(17)						
3a b	Subtotal Total from continuation sheets to Part I					4,152,000.
С						4,152,000.

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

Schedule F (Form 990) 2019

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)									
by t	he IRS, or for which the gr	nt organizations listed above antee or counsel has provide ganizations or entities	d a section 501(c)(3	) equivalency letter	r		<b>&gt;</b>		

Schedule F (Form 990) 2019

# 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	<b>(d)</b> 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	SUB-SAHARAN AFRICA	1.	2,000.	WIRE			
(2) SERVICES	EUROPE/ICELAND/GREENLAND	1.	6,000.	WIRE			
(3) MERCHANDISE	EUROPE/ICELAND/GREENLAND	1.	4,000.	WIRE			
(4) MERCHANDISE	NORTH AMERICA	1.	44,000.	WIRE			
(5) SERVICES	NORTH AMERICA	1.	40,000.	WIRE			
(6) HONORARIA	RUSSIA/NEWLY IND. STATES	1.	1,000.	WIRE			
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Schedule F (Form 990) 2019

Part IV Foreign Forms Page 4

ган	r oreign r orms			
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)	X	Yes	☐ No
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)		Yes	X No
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)	X	Yes	☐ No
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 No
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)	X	Yes	☐ No
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)	X	Yes	☐ No

Schedule F (Form 990) 2019 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 I** (Form 990)

Department of the Treasury

Internal Revenue Service

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

2019

OMB No. 1545-0047

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

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

**Open to Public** Inspection

Name of the organization						Employer identification	on number
CONNECTICUT COLLEGE						06-064658	7
Part I General Information on Grants and	Assistanc	е					
<ol> <li>Does the organization maintain records to so the selection criteria used to award the grant</li> <li>Describe in Part IV the organization's proced</li> </ol>	s or assistan	ce?					X Yes No
Part IV, line 21, for any recipient the		_					es" on Form 990,
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
_(1)	-						
(2)							
(3)							
(4)							
(5)							
(6)	-						
(7)							
(8)							
(9)							
(10)	-						
(11)	-						
(12)							
2 Enter total number of section 501(c)(3) and 3 Enter total number of other organizations list For Paperwork Reduction Act Notice, see the Instruction	ed in the line	1 table				<b>&gt;</b>	edule I (Form 990) (2019)

Schedule I (Form 990) (2019)

# 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	1,519.	50,304,900.			
2 SEOG	273.	309,000.			
3 ROBERTA B WILLIS SCHOLARSHIP GRANT	28.	137,000.			
4 HIGHER EDUCATION EMERGENCY RELIEF FUNDING	1,018.	776,100.			
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) (2019)

# 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					
2					
3					
4					
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 III, LINE 4:

IN LATE-MARCH 2020, CONGRESS PASSED THE CORONAVIRUS AID, RELIEF AND ECONOMIC SECURITY (CARES) ACT, WHICH WAS THEN SIGNED INTO LAW BY THE PRESIDENT ON MARCH 27, 2020. AS PART OF THE CARES ACT, THERE WAS FUNDING DESIGNATED AS THE HIGHER EDUCATION EMERGENCY RELIEF FUND (HEERF). THIS FUNDING IS EARMARKED FOR INSTITUTIONS TO PROVIDE ASSISTANCE FOR THOSE AFFECTED BY THE DISRUPTION TO CAMPUS OPERATIONS DUE TO THE COVID-19 PANDEMIC.

CONNECTICUT COLLEGE WAS AWARDED \$1,202,711 AS A PART OF THE CARES ACT,

Schedule I (Form 990) (2019)

# 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>(b)</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					
2					
3					
_4					
_ 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.

AND OVER 50 PERCENT OF THESE FUNDS, \$776,100, WERE DISTRIBUTED AS

EMERGENCY FINANCIAL AID (HEERF) AT 6/30/2020 TO STUDENTS WHO HAVE HAD

THEIR SEMESTER DISRUPTED BY THE COVID-19 PANDEMIC. THE REMAINING FUNDS AS

PER THE CARES ACT WERE USED TO OFFSET THE COLLEGE'S INCREASED EXPENSES AS

A RESULT OF THE GLOBAL HEALTH CRISIS.

### **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 Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

CONNECTICUT COLLEGE

Part I Questions Regarding Compensation

Employer identification number 06-0646587

			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    X   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 or reimbursement or provision of all of the expenses described above? If "No," complete Part III to	4.	Х	
2	explain	1b	Λ	
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2	Х	
3	Indicate which, if any, of the following the organization used to establish the compensation of the			
·	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	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		Χ
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Х	
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
•	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	The results and street and persons and provide the approaches announced the case many and an			
	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		Х
b	Any related organization?	5b		X
	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:			
9	The organization?	6a		X
a b	Any related organization?	6b		X
b	If "Yes" on line 6a or 6b, describe in Part III.	OD		
_	·			
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	<b>-</b> '-		
o				
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Rest III.			Х
•	in Part III	8		Λ
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) 2019

# 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>(B)</b> Breakdown of	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)	420,628.	0.	209,100.	47,830.	50,451.	728,009.	0.
1 PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
RICHARD A. MADONNA, JR	(i)	293 <b>,</b> 362.	0.	0.	26,500.	35 <b>,</b> 332.	355,194.	0.
2 VP FOR FINANCE AND ADMIN	(ii)	0.	0.	0.	0.	0.	0.	0.
KIMBERLY M. VERSTANDIG	(i)	260,145.	0.	0.	26,500.	38 <b>,</b> 397.	325,042.	0.
3 <sup>VP</sup> ADVANCEMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
JEFFREY E. COLE	(i)	221,083.	0.	0.	23,195.	37 <b>,</b> 079.	281,357.	0.
4DEAN OF FACULTY	(ii)	0.	0.	0.	0.	0.	0.	0.
WENDELL L. HISLE	(i)	187 <b>,</b> 592.	0.	0.	20,109.	54 <b>,</b> 907.	262,608.	0.
5 <sup>VP</sup> INFORMATION SERVICES	(ii)	0.	0.	0.	0.	0.	0.	0.
CHERYL MILLER	(i)	170,183.	0.	0.	17,603.	38,483.	226,269.	0.
6 OF FOR HR AND ORG DEV	(ii)	0.	0.	0.	0.	0.	0.	0.
PAMELA DUMAS SERFAS	(i)	191,163.	0.	0.	19,516.	14,962.	225,641.	0.
7 VP COMMUNICATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
ANDREW K. STRICKLER	(i)	182,186.	0.	0.	18,619.	13,952.	214,757.	0.
8 <sup>VP</sup> ADMISSIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
JEFFERSON A. SINGER	(i)	172,795.	0.	0.	17,161.	768.	190,724.	0.
9DEAN OF THE COLLEGE	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
_14	(ii)							
	(i)							
_15	(ii)							
	(i)							
_16	(ii)							

Schedule J (Form 990) 2019

#### 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.

PART I, LINE 4B:

AS ADDITIONAL CONSIDERATION FOR THE SERVICES THAT PRESIDENT DR. KATHERINE BERGERON WILL BE PERFORMING, THE COLLEGE DESIRES TO PROVIDE DEFERRED COMPENSATION BENEFITS UNDER SECTION 457(F). ACCORDINGLY, THE COLLEGE

Schedule J (Form 990) 2019

JSA

Schedule J (Form 990) 2019

#### 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.

MAINTAINS A "DEFERRED COMPENSATION ACCOUNT", AND FOR EACH FULL MONTH THAT DR. BERGERON PERFORMS SUBSTANTIAL SERVICES AS PRESIDENT OF THE COLLEGE, THE COLLEGE CREDITS A CERTAIN AMOUNT TO THE DEFERRED COMPENSATION ACCOUNT. THE AMOUNT CREDITED TO THE DEFERRED COMPENSATION ACCOUNT DURING THE YEAR IS \$21,330; WHICH IS INCLUDED IN SCHEDULE J, PART II, COLUMN(C).

PART II, COLUMN(B)(III):

PRESIDENT KATHERINE BERGERON RECEIVED SABBATICAL PAY OF \$209,100 THAT IS INCLUDED IN SCHEDULE J, PART II, COLUMN (B)(III). ACCORDING TO THE AGREEMENT BETWEEN PRESIDENT KATHERINE BERGERON AND THE COLLEGE, THE PRESIDENT WAS ELIGIBLE FOR A FULL-YEAR SABBATICAL LEAVE AT ONE-HALF OF HER BASE SALARY UPON COMPLETING HER INITIAL TERM AND PERFORMING SUBSTANTIAL SERVICES AS THE COLLEGE PRESIDENT.

#### SCHEDULE K (Form 990)

Department of the Treasury

Internal Revenue Service

# **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

Open to Public Inspection

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

(a) Issuer name	(b) Issuer EIN	(c) CUSIP#	(d) Date issued	(e) Issue price	(f) Description of pu	rpose	(g) Defeased		d (h) On behalf of issuer		(i) Pooled	
							Yes	No	Yes	No	Yes	No
A CHEFA 2011 SERIES H-1	06-0806186	20774U7E9	06/30/2011	12,204,821.	FINANCE CONSTRUCTION			Х		Х		Х
<b>B</b> CHEFA 2012 SERIES I	06-0806186	20774YFR3	04/04/2012	13,319,636.	REFUND 2002 BOND ISSUE			Х		Х		Х
C CHEFA 2014 SERIES J AND K	06-0806186	000000000	09/30/2014	12,500,000.	FINANCE CONSTRUCTION			Х		Х		Х
D CHEFA 2017 SERIES L-1	06-0806186	20774YQ67	09/21/2016	45,060,557.	REFUND '07 BOND & FINA	NCE CONSTRUC		Х		Х		Х
Part II Proceeds				Α	В	С				D		_

			Α		В			Γ	D
1	Amount of bonds retired			5,2	65,000.	2	225,000.		
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	060,557.
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	202,391.				1	.00,000.	3	389 <b>,</b> 511.
8	Credit enhancement from proceeds			2	26,182.				
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	12,002,430.				12,400,000.		15,000,000	
11	Other spent proceeds			13,093,454.				29,671,046.	
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?	X		X		X			X
17	Does the organization maintain adequate books and records to support the								
	final allocation of proceeds?	X		Χ		X		X	

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

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45812Z 2219 PAGE 55 V 19-8.3F 786691

Schedule K (Form 990) 2019 Page 2

#### 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. Χ Χ which owned property financed by tax-exempt bonds?.......... 2 Are there any lease arrangements that may result in private business use of Χ Χ Χ 3a Are there any management or service contracts that may result in private Χ Χ Χ **b** If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside X X Χ 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 Χ 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 % % .0547 % .0830 % 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 % % .0547 % .0830 % Χ Χ 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 Χ 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 Χ 2 If "No" to line 1, did the following apply? Χ Χ Χ a Rebate not due yet? Χ **b** Exception to rebate? Χ Χ Χ If "Yes" to line 2c, provide in Part VI the date the rebate computation was X Χ

Schedule K (Form 990) 2019

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45812Z 2219 V 19-8.3F 786691 PAGE 56

Schedule K (Form 990) 2019 Page 3

Part IV Arbitrage (continued)									
	Ą		В		(	2	D		
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>b</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		Χ		X		X	
<b>b</b> Name of provider									
c Term of GIC									
<b>d</b> 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?		Х		Χ		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					•				
	Α		В			С		D	
Has the organization established written procedures to ensure that violations		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?	Χ		X		X		X		
Part VI Supplemental Information. Provide additional information for responses to	o questior	ns on Sche	edule K. Se	ee instruct	ions				

Schedule K (Form 990) 2019 PAGE 57

Page 4

Schedule K (Form 990) 2019

### 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 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

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.

Inspection Employer identification number

CONNECTICUT COLLEGE

06-0646587

Par	Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method o noncash con			
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		108.	6,946,000.	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 ►(							
	Number of Forms 8283 received		anization during the tax ve	ear for contributions for				
	which the organization completed F				29			
	3	,	,				Yes	No
30a	During the year, did the organizat	ion receive	by contribution any prope	rty reported in Part I, line:	s 1 through			
	28, that it must hold for at least the				_			
	to be used for exempt purposes for	the entire h	olding period?			30a		Χ
b	If "Yes," describe the arrangement i							
31	Does the organization have a		ance policy that require	es the review of any i	nonstandard			
	contributions?					31	Х	
32a	Does the organization hire or use	third parti	es or related organization	s to solicit, process, or s	sell noncash			
	contributions?	•	_	· •		32a		Х
b	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.							

Schedule M (Form 990) (2019) Page **2** 

Part II Supplem

**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) (2019)

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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

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number 06-0646587

CONNECTICUT COLLEGE

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 \$3,211,000 INCLUDING GRANTS OF \$-0-. REVENUE \$3,425,000.

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

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

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 XI, LINE 9:

CHANGES IN NET ASSETS

CHANGE IN SPLIT INTEREST AGREEMENTS

\$ (468,000).

FORM 990, PART III, LINE 4D - OTHER PROGRAM SER	VICES	ATTACHMENT 1	
DESCRIPTION	GRANTS	EXPENSES	REVENUE
OTHER PROGRAM SERVICES		3,211,000.	3,425,000.
TOTALS		3,211,000.	3,425,000.

ATTACHMENT	2

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
CROCKER ARCHITECTURAL SHEET METAL CO, INC 129 SOUTHBRIDGE ROAD NORTH OXFORD, MA 01537	ARCHITECT FIRM	1,310,000.
ENNEAD ARCHITECTS, LLP 1 WORLD TRADE CENTER, 40TH FLOOR NEW YORK, NY 10007	ARCHITECT FIRM	1,284,000.
CAMBRIDGE ASSOCIATES, LLC 100 SUMMER STREET BOSTON, MA 02210	INVESTMENT ADVISORS	617,000.
THE FULCRUM GROUP 80 BROAD STREET, SUITE 1601 NEW YORK, NY 10004	CONSULTANTS	614,000.
CLOUD FOR GOOD, LLC 1854A HENDERSONVILLE ROAD #252 ASHEVILLE, NC 28263	CONSULTANTS	582,000.

# SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

(5)

(6)

# **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

2019

Open to Public Inspection

Name of the organization

CONNECTICUT COLLEGE

Employer identification number 06-0646587

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>(b)</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 contr enti	12(b)(13) rolled
						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	l
(2) OAKLEAF ENDOWMENT TRUST FOR CT COLLEGE 41-6429969							
1800 IDS CENTER MINNEAPOLIS, MN 55402	TRUST	MN	501(C)(3)	12 (A)	N/A	X	
(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	ОН	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)							
							İ
(7)							
							<u> </u>

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

Schedule R (Form 990) 2019

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45812Z 2219 V 19-8.3F 786691 PAGE 64

Schedule R (Form 990) 2019

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	1 .	h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part	j) eral or aging ner?	(k) Percentage ownership
		,,		,			Yes	No		Yes	No	
<u>(1)</u>												
(2)												
(3)												
(4)												
(5)												
(6)												
1-7												
(7)												
1.7												
	1			l .					l			

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>(b)</b> Primary activity	(c) Legal domicile (state or foreigr country)		(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	Sec 512(b contr enti	tion (13 olled ity?		
								Yes			
(1) UNITRUST (1)											
	CHARITABLE TR	CT	N/A	TRUST				Х			
(2) CHARITABLE REMAINDER TRUST (7)											
	CHARITABLE TR	CT	N/A	TRUST				Х			
(3)											
(4)											
(5)											
(6)											
(7)											

Schedule R (Form 990) 2019

Part	Transactions With Related Organizations. Complete if the organization answered "	Yes" on Form 990, Pa	art 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.					Yes	No		
1	During the tax year, did the organization engage in any of the following transactions with one or mor	e related organizations li	sted in Parts II-IV?						
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		Х		
	Gift, grant, or capital contribution to related organization(s)				1b		X		
	Gift, grant, or capital contribution from related organization(s)				1c		X		
	Loans or loan guarantees to or for related organization(s)				1d		X		
	Loans or loan guarantees by related organization(s)				1e		X		
f	Dividends from related organization(s)				1f		X		
g									
h	Purchase of assets from related organization(s).				1h		X		
i	Exchange of assets with related organization(s)				1i		X		
j	Lease of facilities, equipment, or other assets to related organization(s)				1j	Х			
	k Lease of facilities, equipment, or other assets from related organization(s)								
m	m Performance of services or membership or fundraising solicitations by related organization(s)								
n	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)								
0	Sharing of paid employees with related organization(s)				10		_X		
р	Reimbursement paid to related organization(s) for expenses				1р		X		
q	Reimbursement paid by related organization(s) for expenses				1q		X		
•									
r	Other transfer of cash or property to related organization(s)				1r	Х			
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 complet	e this line, including cov	ered relationships and trans	action thre	shold	s.			
	(a)  Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	Method amo	(d) of dete unt invo		ıg		
(1)	OAKLEAF ENDOWMENT TRUST FOR CT COLLEGE	S	194,000.	PAYME	NT				
(2)	CONNECTICUT COLLEGE EMPLOYER CONTRIBUTED VEBA	R	249,000.	CONTR	IBUT	IONS	S		
(3)									
(4)									
(5)									
(6)									

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Page 4 Schedule R (Form 990) 2019

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

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

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	unrelated, excluded	(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)	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) 2019

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45812Z 2219 V 19-8.3F 786691 PAGE 67 Schedule R (Form 990) 2019 Page 5

Part VII Supplemental Information
Provide additional information for responses to questions on Schedule R. See instructions.