

**Exempt Organization Declaration and Signature for
Electronic Filing**For calendar year 2007, or tax year beginning 07/01, 2007, and ending 06/30, 20 08
For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868**2007**Department of the Treasury
Internal Revenue Service

▶ See instructions on back.

Name of exempt organization

Employer identification number

TRUSTEES OF TRINITY COLLEGE, THE**06-0646927****Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8453-EO and enter the applicable amount from the return, if any. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, line 12)	1b 131228316.
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b

Part II Declaration of Officer

6 ☐ I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

☐ If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2007 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund.

Sign
Here

Signature of officer

Date

Title

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized e-File Providers. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only	ERO's signature ▶	Date	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP code ▶				EIN
	PRICewaterhouseCOOPERS LLP				13-4008324
	125 HIGH STREET				
		BOSTON	MA 02110	Phone no. 617-530-5000	

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer's Use Only	Preparer's signature ▶	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP code ▶			
	EIN			
	Phone no.			

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Form **8453-EO** (2007)

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

2007

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2007 calendar year, or tax year beginning 07/01, 2007, and ending 06/30/2008

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization TRUSTEES OF TRINITY COLLEGE, THE		D Employer identification number 06-0646927
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 300 SUMMIT STREET		E Telephone number (860) 297-2000
		City or town, state or country, and ZIP + 4 HARTFORD, CT 06106		F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____
		<p>Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).</p> <p>H and I are not applicable to section 527 organizations.</p>		

G Website: WWW.TRINCOLL.EDU

J Organization type (check only one) ☒ 501(c)(3) (insert no.) 4947(a)(1) or 527K Check here ☐ if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) If "Yes," enter number of affiliates _____

H(c) Are all affiliates included? ☐ Yes ☐ No
(If "No," attach a list. See instructions.)H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

I Group Exemption Number _____

M Check ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 639,230,241.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Revenue	1 Contributions, gifts, grants, and similar amounts received:				
	a Contributions to donor advised funds	1a			
	b Direct public support (not included on line 1a)	1b	36,683,480.		
	c Indirect public support (not included on line 1a)	1c			
	d Government contributions (grants) (not included on line 1a)	1d	2,129,241.		
	e Total (add lines 1a through 1d) (cash \$ 38,476,308. noncash \$ 336,413.)	1e	38,812,721.		
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2	109,579,584.		
	3 Membership dues and assessments	3			
	4 Interest on savings and temporary cash investments	4	116,953.		
	5 Dividends and interest from securities	5	9,951,591.		
Revenue	6a Gross rents	6a	134,339.		
	b Less: rental expenses	6b	155,203.		
	c Net rental income or (loss). Subtract line 6b from line 6a	6c	-20,864.		
	7 Other investment income (describe _____)	7			
	8a Gross amount from sales of assets other than inventory	(A) Securities	481,078,071.	8a	
	b Less: cost or other basis and sales expenses	507,846,722.	8b		
	c Gain or (loss) (attach schedule)	-26,768,651.	8c	-443,018.	
	d Net gain or (loss). Combine line 8c, columns (A) and (B)	8d	-27,211,669.		
	9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
	a Gross revenue (not including \$ _____ of contributions reported on line 1b)	9a			
Expenses	b Less: direct expenses other than fundraising expenses	9b			
	c Net income or (loss) from special events. Subtract line 9b from line 9a	9c			
	10a Gross sales of inventory, less returns and allowances	10a			
	b Less: cost of goods sold	10b			
	c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c			
	11 Other revenue (from Part VII, line 103)	11			
	12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	131,228,316.		
	13 Program services (from line 44, column (B))	13	126,138,416.		
	14 Management and general (from line 44, column (C))	14	23,232,237.		
	15 Fundraising (from line 44, column (D))	15	6,007,732.		
Net Assets	16 Payments to affiliates (attach schedule)	16			
	17 Total expenses. Add lines 16 and 44, column (A)	17	155,378,385.		
	18 Excess or (deficit) for the year. Subtract line 17 from line 12	18	-24,150,069.		
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	495,112,502.		
	20 Other changes in net assets or fund balances (attach explanation) STMT 5.	20	55,708,994.		
21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21	526,671,427.			

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2007)

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.

	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ 26,149,026.) If this amount includes foreign grants, check here <input type="checkbox"/>	26,149,026.	26,149,026.	STMT 6	
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	2,368,894.	1,021,861.	715,556.	631,477.
25b Compensation of former officers, directors, key employees, etc. listed in Part V-B	150,000.		150,000.	
25c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	118,960.	103,912.		15,048.
26 Salaries and wages of employees not included on lines 25a, b, and c	42,780,814.	36,010,717.	4,131,809.	2,638,288.
27 Pension plan contributions not included on lines 25a, b, and c	3,458,024.	2,835,969.	423,086.	198,969.
28 Employee benefits not included on lines 25a-27	4,911,663.	4,334,094.	265,345.	312,224.
29 Payroll taxes	2,993,290.	2,506,475.	303,071.	183,744.
30 Professional fundraising fees				
31 Accounting fees	294,807.	68,572.	226,235.	
32 Legal fees	833,843.	369,356.	460,887.	3,600.
33 Supplies	358,799.	167,048.	145,247.	46,504.
34 Telephone	343,775.	43,449.	251,846.	48,480.
35 Postage and shipping	607,153.	62,443.	414,556.	130,154.
36 Occupancy	1,997,004.	1,980,004.	16,629.	371.
37 Equipment rental and maintenance	1,210,226.	957,221.	243,078.	9,927.
38 Printing and publications	934,283.	329,112.	40,986.	564,185.
39 Travel	3,562,439.	2,772,783.	382,826.	406,830.
40 Conferences, conventions, and meetings	173,971.	129,632.	28,381.	15,958.
41 Interest	6,932,020.	6,439,882.	492,138.	
42 Depreciation, depletion, etc. (attach schedule)	11,511,992.	9,310,514.	2,201,478.	
43 Other expenses not covered above (itemize):				
a STMT 7	43a 43,687,402.	30,546,346.	12,339,083.	801,973.
b	43b			
c	43c			
d	43d			
e	43e			
f	43f			
g	43g			
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15).	155,378,385.	126,138,416.	23,232,237.	6,007,732.

Joint Costs. Check ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____; (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____.

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

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? LIBERAL ARTS COLLEGE

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

a FINANCIAL AID

APPROXIMATELY 47 PERCENT OF TRINITY'S UNDERGRADUATES ARE RECEIVING HELP FROM COLLEGE, FEDERAL OR STATE FUNDS.

(Grants and allocations \$ 26,149,026.) If this amount includes foreign grants, check here ☐

26,149,026.

b AUXILIARY ENTERPRISES

THE COLLEGE IS PRIMARILY A RESIDENTIAL COLLEGE AND PROVIDES A VARIETY OF DINING FACILITIES.

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

16,772,843.

c INSTRUCTION AND RESEARCH

THE COLLEGE'S UNDERGRADUATE CURRICULUM PROVIDES A FRAMEWORK WITHIN WHICH TO EXPLORE THE MANY DIMENSIONS OF A LIBERAL ARTS EDUCATION.

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

62,512,448.

d PLANT

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

10,611,010.

e Other program services (attach schedule)

SEE STATEMENT 8

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

10,093,089.

f Total of Program Service Expenses (should equal line 44, column (B), Program services)

126,138,416.

Form 990 (2007)

Part IV Balance Sheets (See the instructions.)**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	61,490,514.	45	NONE
	46 Savings and temporary cash investments		46	39,568,578. ✓
	47a Accounts receivable	47a 1,497,430.		
	b Less: allowance for doubtful accounts	47b 170,000.	1,225,433.	47c 1,327,430. ✓
	48a Pledges receivable	48a 44,286,826.		
	b Less: allowance for doubtful accounts	48b 1,204,297.	42,716,232.	48c 43,082,529. ✓
	49 Grants receivable		340,197.	49 300,777. ✓
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)			50a
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)			50b
	51a Other notes and loans receivable (attach schedule) STMT 9	51a 5,056,250.		
	b Less: allowance for doubtful accounts	51b 330,000.	4,339,335.	51c 4,726,250. ✓
	52 Inventories for sale or use		92,432.	52 85,228. ✓
	53 Prepaid expenses and deferred charges		1,128,442.	53 1,031,746. ✓
	54a Investments - publicly-traded securities STMT 11	<input checked="" type="checkbox"/> Cost <input type="checkbox"/> FMV	217,245,284.	54a 245,912,921. ✓
	b Investments - other securities (attach schedule)	<input checked="" type="checkbox"/> Cost <input type="checkbox"/> FMV	81,454,140.	54b 104,304,978. ✓
55a Investments - land, buildings, and equipment: basis	55a 10,295,057.	STMT 12		
b Less: accumulated depreciation (attach schedule)	55b	8,939,577.	55c 10,295,057.	
56 Investments - other (attach schedule) STMT 13		52,335,425.	56 30,097,013.	
57a Land, buildings, and equipment: basis	57a 413,287,723.			
b Less: accumulated depreciation (attach schedule)	57b 156,751,530.	227,386,783.	57c 256,536,193. ✓	
58 Other assets, including program-related investments (describe ▶ STMT 14)		4,126,286.	58 3,927,709.	
59 Total assets (must equal line 74). Add lines 45 through 58		702,820,080.	59 741,196,409.	
Liabilities	60 Accounts payable and accrued expenses		13,517,573.	60 22,548,335.
	61 Grants payable			61
	62 Deferred revenue		2,676,982.	62 1,952,908.
	63 Loans from officers, directors, trustees, and key employees (attach schedule)			63
	64a Tax-exempt bond liabilities (attach schedule) STMT 16		157,728,851.	64a 155,743,901.
	b Mortgages and other notes payable (attach schedule) STMT 17		287,875.	64b 608,359.
	65 Other liabilities (describe ▶ STMT 18)		33,496,297.	65 33,671,479.
66 Total liabilities. Add lines 60 through 65		207,707,578.	66 214,524,982.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted		207,910,573.	67 224,951,598.
	68 Temporarily restricted		71,503,940.	68 64,741,761.
	69 Permanently restricted		215,697,989.	69 236,978,068.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds			70
	71 Paid-in or capital surplus, or land, building, and equipment fund			71
	72 Retained earnings, endowment, accumulated income, or other funds			72
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)		495,112,502.	73 526,671,427.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73		702,820,080.	74 741,196,409.

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements	a	105,234,493.
b	Amounts included on line a but not on Part I, line 12:		
1	Net unrealized gains on investments	b1	
2	Donated services and use of facilities	b2	
3	Recoveries of prior year grants	b3	
4	Other (specify): <u>SEE STATEMENT 19</u>	b4	-26,149,026.
	Add lines b1 through b4	b	-26,149,026.
c	Subtract line b from line a	c	131,383,519.
d	Amounts included on Part I, line 12, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify): <u>SEE STATEMENT 20</u>	d2	-155,203.
	Add lines d1 and d2	d	-155,203.
e	Total revenue (Part I, line 12). Add lines c and d	e	131,228,316.

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements		a	129,384,562.
b	Amounts included on line a but not on Part I, line 17:			
1	Donated services and use of facilities	b1		
2	Prior year adjustments reported on Part I, line 20	b2		
3	Losses reported on Part I, line 20	b3		
4	Other (specify): <u>SEE STATEMENT 21</u>	b4	155,203.	
	Add lines b1 through b4		b	155,203.
c	Subtract line b from line a		c	129,229,359.
d	Amounts included on Part I, line 17, but not on line a :			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify): <u>SEE STATEMENT 22</u>	d2	26,149,026.	
	Add lines d1 and d2		d	26,149,026.
e	Total expenses (Part I, line 17). Add lines c and d		e	155,378,385.

Part V-A **Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

[illegible]

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 29

b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)

c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." ▶
If "Yes," attach a statement that includes the information described in the instructions.

d Does the organization have a written conflict of interest policy?

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits
 (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

[illegible]**Part VI Other Information** (See the instructions.)

76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change

77 Were any changes made in the organizing or governing documents but not reported to the IRS?
If "Yes," attach a conformed copy of the changes.

78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?

b If "Yes," has it filed a tax return on Form 990-T for this year?

79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement

80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?

b If "Yes," enter the name of the organization BARBLERI CENTER INC and check whether it is ☒ exempt or ☐ nonexempt

81a Enter direct and indirect political expenditures. (See line 81 instructions.) **81a**

b Did the organization file Form 1120-POL for this year?

Part VI Other Information (continued)

		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
82b	N/A		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	X	
83b			
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	N/A	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
84b	N/A		
85a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	N/A	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	N/A	
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members		
85c	N/A		
d	Section 162(e) lobbying and political expenditures		
85d	N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
85e	N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
85f	N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A	
85h			
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12		
86a	N/A		
b	Gross receipts, included on line 12, for public use of club facilities		
86b	N/A		
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders		
87a	N/A		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
87b	N/A		
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	X	
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	X	
88b			
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ N/A ; section 4912 ▶ N/A ; section 4955 ▶ N/A		
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
89b			
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ N/A		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶ N/A		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
89e			
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
89f			
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
89g			
90a	List the states with which a copy of this return is filed ▶		
b	Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)	1452	
90b			
91a	The books are in care of ▶ GUY P DRAPEAU Telephone no. ▶ (860) 297-4210		
	Located at ▶ 300 SUMMIT STREET HARTFORD, CT ZIP +4 ▶ 06106-3100		
b	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)?	X	
91b			
	If "Yes," enter the name of the foreign country ▶ ITALY		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		

Part VI Other Information (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? **91c** ☐ Yes ☒ No
 If "Yes," enter the name of the foreign country ☐

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here ☐ **92** ☐
 and enter the amount of tax-exempt interest received or accrued during the tax year N/A

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a STMT 30				45,073.	109,534,511.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	116,953.	
96 Dividends and interest from securities	525990	51,712.	14	9,899,879.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property			16	-20,864.	
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory	525990	180,041.	18	-27,391,710.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		231,753.		-17,350,669.	109,534,511.
105 Total (add line 104, columns (B), (D), and (E))					92,415,595.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
	STMT 31

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
STMT 32	%		541,224.	125,826.
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No
 (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization **make** any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	SEE STATEMENT 34			
b				
c				
Totals				526,251.

107 Did the reporting organization **receive** any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
<input type="checkbox"/>	<input checked="" type="checkbox"/>

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No
<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Please
Sign
Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer _____ Date _____
 GUY P. DRAPEAU _____ COMPTROLLER
 Type or print name and title

**Paid
Preparer's
Use Only**

Preparer's signature _____ Date _____ Check if self-employed ☐
 Firm's name (or yours if self-employed), address, and ZIP + 4 PRICewaterhouseCOOPERS LLP EIN 13-4008324
 125 HIGH STREET Phone no. 617-530-5000
 BOSTON, MA 02110

Form 990 (2007)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),
or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information - (See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No. 1545-0047

2007

Name of the organization

TRUSTEES OF TRINITY COLLEGE, THE

Employer identification number

06-0646927

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
SEE STATEMENT 35				
Total number of other employees paid over \$50,000 . . ▶		355		

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
SEE STATEMENT 36		
Total number of others receiving over \$50,000 for professional services ▶		5

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
SEE STATEMENT 37		
Total number of other contractors receiving over \$50,000 for other services ▶		41

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

Schedule A (Form 990 or 990-EZ) 2007

Part III Statements About Activities (See page 2 of the instructions.)

Yes No

- 1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ 140,000. (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)

1 X

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.

- 2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)

- a Sale, exchange, or leasing of property?

2a X

- b Lending of money or other extension of credit?

2b X

- c Furnishing of goods, services, or facilities? S.T.M.T. 38

2c X

- d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? S.T.M.T. 39

2d X

- e Transfer of any part of its income or assets?

2e X

- 3a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.) S.T.M.T. 40

3a X

- b Did the organization have a section 403(b) annuity plan for its employees?

3b X

- c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement

3c X

- d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?

3d X

- 4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g

4a X

- b Did the organization make any taxable distributions under section 4966?

4b

- c Did the organization make a distribution to a donor, donor advisor, or related person?

4c

- d Enter the total number of donor advised funds owned at the end of the tax year ►

- e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ►

- f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the rights to provide advice on the distribution or investment of amounts in such funds or accounts ►

3.

- g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ► 9,201,557.

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions.)I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☒ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ☐ _____
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
- ☐ Type I ☐ Type II ☐ Type III - Functionally Integrated ☐ Type III - Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

Schedule A (Form 990 or 990-EZ) 2007

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.****Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting. **NOT APPLICABLE**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)					
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975.					
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22					
24 Line 23 minus line 17.					
25 Enter 1% of line 23.					
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 NOT APPLICABLE . . . ▶					26a
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts ▶					26b
c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶					26c
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____ ▶					26d
e Public support (line 26c minus line 26d total) ▶					26e
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶					26f %
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: NOT APPLICABLE (2006) _____ (2005) _____ (2004) _____ (2003) _____					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2006) _____ (2005) _____ (2004) _____ (2003) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ ▶					27c
d Add: Line 27a total, and line 27b total ▶					27d
e Public support (line 27c total minus line 27d total) ▶					27e
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) ▶					27f
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶					27g %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶					27h %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

Part V Private School Questionnaire (See page 9 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29 X	
30 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?	30 X	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) <u>TRINITY COLLEGE'S RACIALLY NONDISCRIMINATORY POLICY IS PUBLISHED IN</u> <u>THE COLLEGE BULLETIN. IT ALSO APPEARS ON THE TRINITY COLLEGE WEB SITE</u> <u>UNDER STUDENT LIFE - DIVERSITY GENDER AND FACULTY MANUAL PAGES.</u>	31 X	
32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a X	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b X	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c X	
d Copies of all material used by the organization or on its behalf to solicit contributions?	32d X	
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) _____ _____ _____		
33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?	33a	X
b Admissions policies?	33b	X
c Employment of faculty or administrative staff?	33c	X
d Scholarships or other financial assistance?	33d	X
e Educational policies?	33e	X
f Use of facilities?	33f	X
g Athletic programs?	33g	X
h Other extracurricular activities?	33h	X
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) _____ _____ _____		
34 a Does the organization receive any financial aid or assistance from a governmental agency? STMT 41	34a X	
b Has the organization's right to such aid ever been revoked or suspended?	34b	X
If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35 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," attach an explanation	35 X	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.)(To be completed **ONLY** by an eligible organization that filed Form 5768) **NOT APPLICABLE**Check ☐ **a** If the organization belongs to an affiliated group. Check ☐ **b** If you checked "a" and "limited control" provisions apply.**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

		(a) Affiliated group totals	(b) To be completed for all electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying) . . .	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying) . . .	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount. Enter the amount from the following table -			
If the amount on line 40 is - The lobbying nontaxable amount is -			
Not over \$500,000 20% of the amount on line 40			
Over \$500,000 but not over \$1,000,000 . . . \$100,000 plus 15% of the excess over \$500,000			
Over \$1,000,000 but not over \$1,500,000 . . \$175,000 plus 10% of the excess over \$1,000,000	41		
Over \$1,500,000 but not over \$17,000,000 . \$225,000 plus 5% of the excess over \$1,500,000			
Over \$17,000,000 \$1,000,000			
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the instructions for lines 45 through 50 on page 13 of the instructions.)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h.)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e 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 other means	X		140,000.
i Total lobbying expenditures (Add lines c through h.)			140,000.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities. STMT 42

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 14 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of:

(i) Cash

(ii) Other assets

b Other transactions:

(i) Sales or exchanges of assets with a noncharitable exempt organization

(ii) Purchases of assets from a noncharitable exempt organization

(iii) Rental of facilities, equipment, or other assets

(iv) Reimbursement arrangements

(v) Loans or loan guarantees

(vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

[illegible]

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

► ☐ Yes ☒ No

b If "Yes," complete the following schedule:

[illegible]

FORM 990 - GENERAL EXPLANATION ATTACHMENT
=====RENT SCHEDULE
FORM 990, PART I, LINE 6

RENT INCOME	134,339
RENTAL EXPENSES	(155,203)
NET INCOME	(20,864)

NET GAIN/(LOSSES) ON SALE OF ASSETS
FORM 990, PART I, LINE 8 (A) AND LINE 8(B)

NET GAINS/LOSSES	NET GAIN/(LOSS)
PUBLICLY TRADED SECURITIES	(26,768,651)
OTHER INVESTMENT LOSS	(443,018)
NET GAIN	(27,211,669)

FORM 990 - GENERAL EXPLANATION ATTACHMENT
=====

GRANTS AND ALLOCATIONS
FORM 990, PART II, LINE 22

STUDENT AID - SCHOLARSHIPS AND FELLOWSHIPS - \$26,149,026.

THERE MAY BE RECIPIENTS WHO ARE RELATED TO PERSONS HAVING AN INTEREST IN THE INSTITUTION. SUCH RECIPIENTS ARE SELECTED ON AN EQUAL, OBJECTIVELY DETERMINABLE BASIS WITH OTHER RECIPIENTS. THAT IS, ALL STUDENTS RECEIVING SCHOLARSHIPS AND FELLOWSHIPS ARE JUDGED WORTHY BY THE INSTITUTION'S ASSESSMENT ON THE BASIS OF ACADEMIC ACHIEVEMENT, FINANCIAL NEED, AND OTHER SIMILAR STANDARDS.

FORM 990 - GENERAL EXPLANATION ATTACHMENT
=====INVESTMENTS - LAND, BUILDING, & EQUIPMENT
FORM 990, PART IV, LINE 55C

	6/30/2007	6/30/2008
	-----	-----
GTIS REAL ESTATE OPPORTUNITIES	NONE	2,276,960
NEIGHBORHOOD PROPERTIES	4,633,758	4,055,126
MADISON INTERNATIONAL	4,274,996	3,927,148
REITS	30,823	35,823
	-----	-----
	\$8,939,577	\$10,295,057
	=====	=====

FORM 990 - GENERAL EXPLANATION ATTACHMENT
=====

DEPRECIATION

FORM 990, PART II, LINE 42, & PART IV, LINE 57

LAND, BUILDING, & EQUIPMENT	6/30/2007 -----	6/30/2008 -----
LAND	\$ 25,850,768	\$ 26,437,600
BUILDING	\$ 295,241,890	\$ 302,419,355
EQUIPMENT	\$ 45,748,330	\$ 49,520,504
CONSTRUCTION IN PROCESS	\$ 5,785,332	\$ 34,910,264
	-----	-----
	\$ 372,626,320	\$ 413,287,723
LESS: ACCUMULATED DEPRECIATION	\$(145,239,537) -----	\$(156,751,530) -----
LAND, BUILDING, & EQUIPMENT, NET	\$ 227,386,783 =====	\$ 256,536,193 =====

DEPRECIATION EXPENSE FOR THE YEARS ENDED JUNE 30, 2008 AND 2007 WAS
\$11,511,992 AND \$10,340,669 RESPECTIVELY.

FORM 990, PART I - OTHER INCREASES IN FUND BALANCES

DESCRIPTION	AMOUNT
UNREALIZED GAINS AND ELIMINATIONS	55,708,994.
TOTAL	55,708,994.

TRUSTEES OF TRINITY COLLEGE, THE

06-0646927

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

AND

RECIPIENT NAME AND ADDRESS

FOUNDATION STATUS OF RECIPIENT

PURPOSE OF GRANT OR CONTRIBUTION

AMOUNT

GRANTS PAID

STUDENT AID - SCHOLARSHIPS AND FELLOWSHIPS

SEE STMT 2

300 SUMMIT STREET

HARTFORD, CT 06106

26,149,026.

TOTAL CONTRIBUTIONS PAID

26,149,026.

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
ACCRETION EXPENSE	730,004.	584,003.	146,001.	
AMORTIZATION	101,185.	101,185.		
ANNUITY PMTS, COLLECTION COSTS	65,275.	27,521.	37,754.	10,060.
BOOKS & PERIODICALS	1,790,261.	1,776,537.	3,664.	90,260.
COMPUTING COSTS	245,694.	134,098.	21,336.	3,757.
COMPUTER EQUIPMENT	381,001.	190,298.	186,946.	140.
COMPUTER SW SUPPLIES	730,664.	174,373.	556,151.	4,345.
EQUIPMENT	304,901.	285,614.	14,942.	
INDIRECT COSTS	98,887.	98,887.		
INSTRUCTION MATERIALS	106,333.	97,940.	6,118.	2,275.
INSURANCE	1,391,180.	975,960.	415,220.	
INVESTMENT MANAGEMENT FEES	6,886,352.		6,886,352.	
LAB SUPPLIES	246,542.	246,542.		
MATCHING GRANTS	33,428.	33,428.		
MEDICAL	100,088.	99,319.	769.	
MEMBERSHIPS, SUBSCRIPTIONS	861,243.	333,187.	453,001.	75,055.
MISCELLANEOUS	1,004,063.	115,036.	889,027.	
MOVING EXPENSES	32,774.	25,301.	1,343.	6,130.
PRIZES	80,198.	75,746.	881.	3,571.
PRODUCTION	32,060.	31,560.		500.
PROFESSIONAL FEES	2,837,848.	2,097,315.	372,918.	367,615.
PROGRAM	6,607,447.	6,393,561.	59,343.	154,543.
PROMOTION	248,186.	137,067.	30,095.	81,024.
ROOM & CONTRACTUAL FOOD SRV	10,792,541.	10,564,690.	225,153.	2,698.
TAXES	2,635,634.	651,325.	1,984,309.	
TUITION	172,834.	134,659.	38,175.	
UNIFORMS	192,895.	183,310.	9,585.	
UTILITIES	4,977,884.	4,977,884.		
TOTALS	43,687,402.	30,546,346.	12,339,083.	801,973.

FORM 990, PART III - OTHER PROGRAM SERVICES (LINE E)
=====

DESCRIPTION

STUDENT SERVICES
PUBLIC SERVICES

TOTALS

GRANTS AND
ALLOCATIONS

EXPENSES

8,669,109.
1,423,980.

10,093,089.
=====

FORM 990, PART IV - OTHER NOTES AND LOANS RECEIVABLE
=====

BORROWER: STUDENT LOANS

BEGINNING BALANCE DUE	4,460,490.
ENDING BALANCE DUE	4,846,838.

BORROWER: MISCELLANEOUS LOANS

BEGINNING BALANCE DUE	208,845.
ENDING BALANCE DUE	209,412.

TOTAL BEGINNING OTHER NOTES AND LOANS RECEIVABLE	4,669,335.
--	------------

=====

TOTAL ENDING OTHER NOTES AND LOANS RECEIVABLES	5,056,250.
--	------------

=====

FORM 990, PART IV - PREPAID EXPENSES AND DEFERRED CHARGES
=====

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
PREPAID EXPENSES	1,128,442.	1,031,746.
	-----	-----
TOTALS	1,128,442.	1,031,746.
	=====	=====

FORM 990, PART IV - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
BONDS	12,904,931.	34,435,224.
MUTUAL FUNDS	11,173.	3,405.
COMMON STOCKS	123,558,497.	124,973,320.
FOREIGN EQUITIES	80,770,683.	86,500,972.
	-----	-----
TOTALS	217,245,284.	245,912,921.
	=====	=====

FORM 990, PART IV - INVESTMENTS - OTHER SECURITIES
=====

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
HEDGE FUNDS	81,454,140.	104,304,978.
	-----	-----
TOTALS	81,454,140.	104,304,978.
	=====	=====

FORM 990, PART IV - INVESTMENTS - OTHER
=====

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
FUNDS HELD IN TRUST BY OTHERS	18,997,578.	17,440,409.
FUNDS HELD BY BOND TRUSTEE	32,996,584.	12,421,695.
LIFE INSURANCE POLICIES	106,825.	115,653.
MISCELLANEOUS	234,438.	119,256.
	-----	-----
TOTALS	52,335,425.	30,097,013.
	=====	=====

TRUSTEES OF TRINITY COLLEGE, THE
FORM 990, PART IV - OTHER ASSETS
=====

06-0646927

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
CHEFA BOND COST OF ISSUANCE	4,126,286.	3,927,709.
TOTALS	----- 4,126,286. =====	----- 3,927,709. =====

FORM 990, PART IV - DEFERRED REVENUE
=====

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
STUDENT AND OTHER DEPOSITS	2,664,430.	1,952,908.
DEFERRED GIFTS	12,552.	NONE
	-----	-----
TOTALS	2,676,982.	1,952,908.
	=====	=====

FORM 990, PART IV - TAX-EXEMPT BOND LIABILITIES

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
CONNECTICUT HEALTH AND EDUCATIONAL FACILITIES		
AUTHORITY - 3.75% TO 5.50% 07/01/2028	35,960,000.	35,020,000.
CONNECTICUT HEALTH AND EDUCATIONAL FACILITIES		
AUTHORITY - 2.0% TO 5.0% 07/01/2026	31,800,000.	30,760,000.
CONNECTICUT HEALTH AND EDUCATIONAL FACILITIES		
AUTHORITY - 1.80% TO 4.96% 07/01/2034	15,000,000.	15,000,000.
CONNECTICUT HEALTH AND EDUCATIONAL FACILITIES		
AUTHORITY - 4.50% TO 5.50% 07/01/2037	49,805,000.	49,805,000.
CONNECTICUT HEALTH AND EDUCATIONAL FACILITIES		
AUTHORITY - 4.0% TO 5.0% 07/01/2037	25,000,000.	25,000,000.
LESS UNAMORTIZED (DISCOUNT)/PREMIUM	163,851.	158,901.
TOTALS	157,728,851.	155,743,901.

FORM 990, PART IV - MORTGAGES AND OTHER NOTES PAYABLE
=====

LENDER: GEORGE A. GUERTIN
MATURITY DATE: 11/01/2013

BEGINNING BALANCE DUE	287,875.
ENDING BALANCE DUE	280,536.

LENDER: PHILIP CIERI
MATURITY DATE: 09/01/2012
PURPOSE OF LOAN: PROPERTY - 130 NEW BRITAIN AVE, HARTFORD, CT

BEGINNING BALANCE DUE	NONE
ENDING BALANCE DUE	327,823.

TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE	287,875.
	=====

TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE	608,359.
	=====

FORM 990, PART IV - OTHER LIABILITIES

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
PV OF SPLIT-INT OBLIGATIONS	3,238,607.	3,513,227.
CONTRIBUTIONS DUE TO OTHERS	85,840.	109,045.
FEDERAL STUDENT LOAN FUNDS	3,232,499.	3,161,861.
ACCRUED POST-RETIREMENT BENEFITS	5,271,338.	5,059,396.
BARBIERI SEVERANCE	373,809.	175,258.
LIABILITY FOR ASSET RETIREMENT	21,294,204.	21,652,692.
	-----	-----
TOTALS	33,496,297.	33,671,479.
	=====	=====

FORM 990, PART IV-A - OTHER REVENUE ON BOOKS BUT NOT ON RETURN
=====

DESCRIPTION -----	AMOUNT -----
FINANCIAL AID RECLASS	-26,149,026. -----
TOTAL	-26,149,026. =====

FORM 990, PART IV-A - OTHER REVENUE ON RETURN BUT NOT ON BOOKS
=====

DESCRIPTION -----	AMOUNT -----
RENT EXPENSE RECLASS	-155,203. -----
TOTAL	-155,203. =====

FORM 990, PART IV-B - OTHER EXPENSES ON BOOKS BUT NOT ON RETURN
=====

DESCRIPTION -----	AMOUNT -----
RENT EXPENSE RECLASS	155,203.

TOTAL	155,203.
	=====

FORM 990, PART IV-B - OTHER EXPENSES ON RETURN BUT NOT ON BOOKS
=====

DESCRIPTION -----	AMOUNT -----
FINANCIAL AID RECLASS	26,149,026.

TOTAL	26,149,026.
	=====

TRUSTEES OF TRINITY COLLEGE, THE

06-0646927

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
-----	-----	-----	-----	-----
PAUL E RAETHER 300 SUMMIT STREET HARTFORD, CT 06106	CHAIR-BOARD TRUSTEES 1.00	NONE	NONE	NONE
ANDY F BESETTE 300 SUMMIT STREET HARTFORD, CT 06106	DIRECTOR 1.00	NONE	NONE	NONE
E THAYER BIGELOW JR 300 SUMMIT STREET HARTFORD, CT 06106	DIRECTOR 1.00	NONE	NONE	NONE
THOMAS R SAVAGE 300 SUMMIT STREET HARTFORD, CT 06106	DIRECTOR 1.00	NONE	NONE	NONE
ALFONSO L CARNEY JR ESQ 300 SUMMIT STREET HARTFORD, CT 06106	DIRECTOR 1.00	NONE	NONE	NONE
RODNEY D DAY III 300 SUMMIT STREET HARTFORD, CT 06106	DIRECTOR 1.00	NONE	NONE	NONE
GEORGE A KELLNER ESQ 300 SUMMIT STREET HARTFORD, CT 06106	DIRECTOR 1.00	NONE	NONE	NONE
ALEXANDER H LEVI 300 SUMMIT STREET HARTFORD, CT 06106	DIRECTOR 1.00	NONE	NONE	NONE

TRUSTEES OF TRINITY COLLEGE, THE

06-0646927

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
MARK A LEAVITT 300 SUMMIT STREET HARTFORD, CT 06106	DIRECTOR 1.00	NONE	NONE	NONE
MICHAEL LOBERG 300 SUMMIT STREET HARTFORD, CT 06106	DIRECTOR 1.00	NONE	NONE	NONE
ALEXANDER P LYNCH 300 SUMMIT STREET HARTFORD, CT 06106	DIRECTOR 1.00	NONE	NONE	NONE
WILLIAM C RICHARDSON 300 SUMMIT STREET HARTFORD, CT 06106	DIRECTOR 1.00	NONE	NONE	NONE
MITCHELL M MERIN 300 SUMMIT STREET HARTFORD, CT 06106	DIRECTOR 1.00	NONE	NONE	NONE
RONALD V WATERS III 300 SUMMIT STREET HARTFORD, CT 06106	DIRECTOR 1.00	NONE	NONE	NONE
MARY PENNIMAN MORAN 300 SUMMIT STREET HARTFORD, CT 06106	DIRECTOR 1.00	NONE	NONE	NONE
ALICE M OCONNOR 300 SUMMIT STREET HARTFORD, CT 06106	DIRECTOR 1.00	NONE	NONE	NONE

TRUSTEES OF TRINITY COLLEGE, THE

06-0646927

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
CHARLES R PERRIN 300 SUMMIT STREET HARTFORD, CT 06106	DIRECTOR 1.00	NONE	NONE	NONE
PENNY SANCHEZ 300 SUMMIT STREET HARTFORD, CT 06106	DIRECTOR 1.00	NONE	NONE	NONE
EDWARD C RORER 300 SUMMIT STREET HARTFORD, CT 06106	DIRECTOR 1.00	NONE	NONE	NONE
CORNELIA PARSONS THORNBURGH 300 SUMMIT STREET HARTFORD, CT 06106	DIRECTOR 1.00	NONE	NONE	NONE
W JAMES TOZER JR 300 SUMMIT STREET HARTFORD, CT 06106	DIRECTOR 1.00	NONE	NONE	NONE
WILLIAM H TURNER III 300 SUMMIT STREET HARTFORD, CT 06106	DIRECTOR 1.00	NONE	NONE	NONE
MARGARET J YOUNG 300 SUMMIT STREET HARTFORD, CT 06106	DIRECTOR 1.00	NONE	NONE	NONE
PETER R BLUM 300 SUMMIT STREET HARTFORD, CT 06106	DIRECTOR 1.00	NONE	NONE	NONE

TRUSTEES OF TRINITY COLLEGE, THE

06-0646927

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
ROBERT E BRICKLEY 300 SUMMIT STREET HARTFORD, CT 06106	DIRECTOR 1.00	NONE	NONE	NONE
PHILIP S KHOURY 300 SUMMIT STREET HARTFORD, CT 06106	VICE CHAIRMAN 1.00	NONE	NONE	NONE
ELAINE PATTERSON 300 SUMMIT STREET HARTFORD, CT 06106	DIRECTOR 1.00	NONE	NONE	NONE
TIMOTHY J WALSH 300 SUMMIT STREET HARTFORD, CT 06106	DIRECTOR 1.00	NONE	NONE	NONE
EMILY L BOGLE 300 SUMMIT STREET HARTFORD, CT 06106	DIRECTOR 1.00	NONE	NONE	NONE
JAMES F JONES JR 300 SUMMIT STREET HARTFORD, CT 06106	PRESIDENT 40.00	370,450.	133,112.	NONE
RENA FRADEN 300 SUMMIT STREET	DEAN OF FACULTY 40.00	216,300.	75,628.	NONE

THIS INDIVIDUAL IS PROVIDED HOUSING AS A CONDITION OF EMPLOYMENT FOR THE
CONVENIENCE OF THE EMPLOYER.

TRUSTEES OF TRINITY COLLEGE, THE

06-0646927

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
HARTFORD, CT 06106				
EARLY REESE 300 SUMMIT STREET HARTFORD, CT 06106	VP FIN & OPERATIONS/TREASURER 40.00	145,032.	17,552.	NONE
UNTIL DECEMBER 16, 2007				
RONALD A JOYCE 300 SUMMIT STREET HARTFORD, CT 06106	VP COLLEGE ADVANCEMENT 40.00	250,000.	46,112.	NONE
PAULA A RUSSO 300 SUMMIT STREET HARTFORD, CT 06106	VP PLANNING & ADMIN 40.00	122,004.	31,025.	NONE
KATHLEEN O BOELHOUWER 300 SUMMIT STREET HARTFORD, CT 06106	VP ALUMNI AFF & COM 40.00	172,500.	36,974.	NONE
FREDERICK ALFORD 300 SUMMIT STREET HARTFORD, CT 06106	DEAN OF STUDENTS 40.00	140,075.	33,665.	NONE
THIS INDIVIDUAL IS PROVIDED HOUSING AS A CONDITION OF EMPLOYMENT FOR THE CONVENIENCE OF THE EMPLOYER.				
LARRY R DOW	DEAN OF ADMISSIONS 40.00	133,321.	33,076.	NONE

TRUSTEES OF TRINITY COLLEGE, THE

06-0646927

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
300 SUMMIT STREET HARTFORD, CT 06106				
KARLA SPURLOCK EVANS 300 SUMMIT STREET HARTFORD, CT 06106	DEAN - MULTICULTURAL 40.00	100,000.	38,015.	NONE
SCOTT W REYNOLDS 300 SUMMIT STREET HARTFORD, CT 06106	SEC OF COLLEGE 40.00	230,000.	44,053.	NONE
GRAND TOTALS		1,879,682.	489,212.	NONE

TRUSTEES OF TRINITY COLLEGE, THE

06-0646927

FORM 990, PART V-B - FORMER OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	LOANS AND ADVANCES	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
RICHARD H HERSH 300 SUMMIT STREET HARTFORD, CT 06106	NONE	150,000.	NONE	NONE
GRAND TOTALS	NONE	150,000.	NONE	NONE

TRUSTEES OF TRINITY COLLEGE, THE

06-0646927

FORM 990, PART VII - PROGRAM SERVICE REVENUE

DESCRIPTION	BUSINESS CODE	AMOUNT	EXCLUSION CODE	AMOUNT	RELATED OR EXEMPT FUNCTION INCOME
TUITION & FEES					89,748,063.
DINING FACILITIES					6,189,307.
DORMITORY FEES					10,932,308.
ALUMNI/FACULTY CENTER			16	45,073.	
MISCELLANEOUS PROGRAM SERVICE REVENUE					2,664,833.
TOTALS				45,073.	109,534,511.

FORM 990, PART VIII - ACCOMPLISHMENT OF EXEMPT PURPOSES
=====

LINE NO. ---	EXPLANATION OF HOW EACH ACTIVITY FOR WHICH INCOME IS REPORTED IN COLUMN (E) OF PART VII CONTRIBUTED IMPORTANTLY TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES -----
93A	THE ACTIVITY FOR WHICH INCOME IS REPORTED PROVIDED EDUCATIONAL SERVICES TO OUR STUDENTS.
93B	THE ACTIVITY FOR WHICH INCOME IS REPORTED PROVIDED FOOD SERVICES FOR OUR STUDENTS.
93C	THE ACTIVITY FOR WHICH INCOME IS REPORTED PROVIDED HOUSING AND RESIDENTIAL SERVICES FOR OUR STUDENTS.
93E	THE ACTIVITIES FOR WHICH INCOME IS REPORTED PROVIDED MISCELLANEOUS PROGRAM SERVICES FOR OUR STUDENTS.

TRUSTEES OF TRINITY COLLEGE, THE

06-0646927

FORM 990, PART IX - INFORMATION REGARDING TAXABLE SUBSIDIARIES

NAME AND ADDRESS EMPLOYER IDENTIFICATION NUMBER	PERCENTAGE OWNERSHIP INTEREST	NATURE OF BUSINESS ACTIVITIES	TOTAL INCOME	ENDING ASSETS
GHRMC LLC 300 SUMMIT STREET HARTFORD, CT 06106 06-1444763	0.990000	PROPERTY MGMT	600.	NONE
ZION STREET LLC 300 SUMMIT STREET HARTFORD, CT 06106 06-1536335	0.990000	PROPERTY MGMT	54,303.	NONE
LIMITED LLC 300 SUMMIT STREET HARTFORD, CT 06106 06-1495858	0.990000	PROPERTY MGMT	141,352.	NONE
LEMKUIL LLC 300 SUMMIT STREET HARTFORD, CT 06106 06-1443595	0.990000	PROPERTY MGMT	344,969.	NONE
97 & 99 CRESCENT STREET INC 300 SUMMIT STREET HARTFORD, CT 06106 06-1441599	0.990000	PROPERTY MGMT	NONE	125,826.

TRUSTEES OF TRINITY COLLEGE, THE

06-0646927

FORM 990, PART IX - INFORMATION REGARDING TAXABLE SUBSIDIARIES
=====

NAME AND ADDRESS EMPLOYER IDENTIFICATION NUMBER	PERCENTAGE OWNERSHIP INTEREST	NATURE OF BUSINESS ACTIVITIES	TOTAL INCOME	ENDING ASSETS
			541,224.	125,826.

FORM 990, PART XI - TRANSFERS TO CONTROLLED ENTITIES STATEMENT
=====

CONTROLLED ENTITY'S NAME: LEMKUIL LLC
CONTROLLED ENTITY'S ADDRESS: C/O TRINITY COLLEGE
CITY, STATE & ZIP: HARTFORD, CT 06106
EIN: 06-1443595
TRANSFER AMOUNT: 26,000.
EXPLANATION OF TRANSFER TO CONTROLLED ENTITY:
TRANSFERRED \$26,000 TO LEMKUIL LLC ON VARIOUS DATES FOR MAINT & REPAIRS

CONTROLLED ENTITY'S NAME: BARBIERI CENTER
CONTROLLED ENTITY'S ADDRESS: 300 SUMMIT STREET
CITY, STATE & ZIP: HARTFORD, CT 06106-3100
EIN: 51-0180636
TRANSFER AMOUNT: 500,251.
EXPLANATION OF TRANSFER TO CONTROLLED ENTITY:
CONTRIBUTIONS

TRUSTEES OF TRINITY COLLEGE, THE

06-0646927

SCHEDULE A, PART I - COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCOUNT
RAYMOND W BAKER 300 SUMMIT STREET HARTFORD, CT 06106	PROF INT' L POLITICS 40.00	170,703.	35,475.	NONE
GERALD A GUNDERSON 300 SUMMIT STREET HARTFORD, CT 06106	PROF BUSINESS/ECON 40.00	164,897.	34,242.	NONE
BARRY A KOSMIN 300 SUMMIT STREET HARTFORD, CT 06106	DIR SECULARISM STUDY 40.00	163,549.	35,037.	NONE
LOUIS P MASUR 300 SUMMIT STREET HARTFORD, CT 06106	PROF AMER INSTITUTE/VAL 40.00	156,648.	34,858.	NONE
W MILLER BROWN 300 SUMMIT STREET HARTFORD, CT 06106	PROF OF PHILOSOPHY 40.00	153,831.	33,505.	NONE
	TOTAL COMPENSATION	809,628.	173,117.	NONE

SCH. A, PART II-A COMPENSATION OF THE 5 HIGHEST PAID FOR PROF. SERV.
=====

NAME AND ADDRESS -----	TYPE OF SERVICE -----	COMPENSATION -----
SMITH EDWARDS ARCHITECTS PC 179 ALLYN STREET SUITE 505 HARTFORD, CT 06103-1421	ARCHITECTURAL	726,713.
SCHWARTZ-SILVER ARCHITECTS INC 75 KNEELAND STREET BOSTON, MA 02111	ARCHITECTURAL	254,639.
PRICEWATERHOUSECOOPERS LLP PO BOX 7247-8001 PHILADELPHIA, PA 19170-8001	AUDIT SERVICES	226,235.
LONGWOOD INVESTMENT ADVISORS INC 1060 FIRST AVENUE, SUITE 400 KING OF PRUSSIA, PA 19406	INVESTMENT MGMT	205,051.
SHIPMAN AND GOODWIN ONE CONSTITUTION PLAZA HARTFORD, CT 06103-1919	LEGAL SERVICES	162,745.
TOTAL COMPENSATION		----- 1,575,383. =====

SCH. A, PART II-B COMPENSATION OF THE 5 HIGHEST PAID FOR OTHER SERV.
=====

NAME AND ADDRESS -----	TYPE OF SERVICE -----	COMPENSATION -----
CONSIGLI CONSTRUCTION CO INC 72 SUMMER STREET MILFORD, MA 01757	CONSTRUCTION	20,876,227.
CHARTWELLS PO BOX 91337 CHICAGO, IL 60693-1537	FOOD SERVICES	6,995,290.
O AND G INDUSTRIES INC 12 WALL STREET TORRINTON, CT 06790	CONSTRUCTION	2,733,110.
TRADESMAN OF NEW ENGLAND LLC PO BOX 957 BLOOMFIELD, CT 06002	CONSTRUCTION	842,103.
COMPASS GROUP C/O CHARTWELLS DINING, 3 INT'L DR RYE BROOK, NY 10573	FOOD SERVICES	660,000.
TOTAL COMPENSATION		----- 32,106,730. =====

SCHEDULE A, PART III - EXPLANATION FOR LINE 2C
=====

PETER KRAUS, CHAIR OF INVESTMENT COMMITTEE, WAS CO-HEAD OF THE INVESTMENT MANAGEMENT DIVISION AT GOLDMAN SACHS & CO., FOR MOST OF THE FISCAL YEAR. GOLDMAN SACHS & CO. MANAGES APPROXIMATELY \$58 MILLION (AS OF 06/30/08) OF THE COLLEGE'S ENDOWMENT INVESTMENTS.

GEORGE KELLNER, TRUSTEE, IS CHIEF EXECUTIVE OFFICER OF KELLNER, DILEO & COHEN CO, WHICH MANAGES APPROXIMATELY \$11 MILLION (AS OF 06/30/08) OF THE COLLEGE'S ENDOWMENT INVESTMENTS.

ALL INVESTMENTS TRANSACTIONS WERE APPROVED BY INDEPENDENT BOARD MEMBERS AND WERE CONDUCTED AT FAIR MARKET VALUE.

ON OCCASION, TRINITY COLLEGE MAY TRANSACT BUSINESS WITH ORGANIZATIONS WITH WHICH BOARD MEMBERS AND OFFICERS AND THEIR FAMILIES HAVE A RELATIONSHIP. ALL SUCH TRANSACTIONS ARE CONDUCTED AT ARMS LENGTH IN THE NORMAL COURSE OF BUSINESS.

SCHEDULE A, PART III - EXPLANATION FOR LINE 2D
=====

DURING THE 2007-2008 FISCAL YEAR, TRINITY COLLEGE EMPLOYED TWO INDIVIDUALS WHO ARE SPOUSES OF COLLEGE OFFICERS. COMPENSATION PAID TO THESE INDIVIDUALS WAS:

SALARY	\$102,007
BENEFITS	\$16,953

TOTAL COMPENSATION	\$118,960

ALSO SEE 990, PART V

SCHEDULE A, PART III - EXPLANATION FOR LINE 3A
=====

TRINITY COLLEGE RECOGNIZES THE EXPENSE OF AN EDUCATION AT TRINITY IS OFTEN MORE THAN THE STUDENT AND HIS OR HER FAMILY CAN MEET DURING THE FOUR UNDERGRADUATE YEARS. THEREFORE, THE COLLEGE HAS ESTABLISHED A SUBSTANTIAL PROGRAM OF FINANCIAL AID DESIGNED TO PROVIDE ASSISTANCE TO DESERVING YOUNG MEN AND WOMEN WHOSE RESOURCES ARE INSUFFICIENT TO MEET THE TOTAL COST OF EDUCATION.

ALL FINANCIAL AID IS AWARDED ON THE BASIS OF:

1. FINANCIAL NEED - CONTINUED NEED FOR ASSISTANCE MUST BE DEMONSTRATED BY THE STUDENTS AND HIS OR HER FAMILY.
2. ACADEMIC COMPETENCY - EACH APPLICANT WHO RECEIVES TRINITY CONTROLLED FINANCIAL ASSISTANCE UPON ENTERING AS A FRESHMAN NORMALLY RECEIVES EIGHT FULL SEMESTERS OF SUCH ASSISTANCE. ADDITIONAL ASSISTANCE IS GIVEN AT THE COLLEGE'S DISCRETION. IN ADDITION, EACH APPLICANT IS OBLIGED TO MAINTAIN SATISFACTORY ACADEMIC PROGRESS REQUIREMENTS AS DESCRIBED IN THE TRINITY COLLEGE HANDBOOK.

SCHEDULE A, PART V - EXPLANATION FOR LINE 34A

=====

TRINITY COLLEGE RECEIVED FUNDS FOR FINANCIAL AID FROM THE UNITED STATES
DEPARTMENT OF EDUCATION.

SCHEDULE A, PART VI-B - LOBBYING ACTIVITY EXPLANATION

=====

TRINITY COLLEGE PAID DUES OR MEMBERSHIPS IN EXCESS OF \$140,000 DURING THE FISCAL YEAR 2007-2008 TO CERTAIN MEMBERSHIP ORGANIZATIONS WHICH MAY LOBBY ON ITS BEHALF.