

Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2008, or tax year beginning 07/01, 2008, and ending 06/30, 2009

2008

Department of the Treasury Internal Revenue Service

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

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.

- 1a Form 990 check here [X] b Total revenue, if any (Form 990, line 12) 1b 118241079
2a Form 990-EZ check here [] b Total revenue, if any (Form 990-EZ, line 9) 2b
3a Form 1120-POL check here [] b Total tax (Form 1120-POL, line 22) 3b
4a Form 990-PF check here [] b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b
5a Form 8868 check here [] 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...

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...

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 2008 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete.

Sign Here [Signature] Date 5/13/10 Title COMPTROLLER

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.

ERO's Use Only [Signature] Date 5/13/10 Check if also paid preparer [X] Check if self-employed [] ERO's SSN or PTIN P00641464
Firm's name (or yours if self-employed), address, and ZIP code PRICEWATERHOUSECOOPERS LLP 125 HIGH STREET BOSTON MA 02110 Phone no. 617-530-5000 EIN 13-4008324

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 [Signature] Date 5/13/10 Check if self-employed [] Preparer's SSN or PTIN
Firm's name (or yours if self-employed), address, and ZIP code Phone no.

Return of Organization Exempt From Income Tax

2008

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

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 2008 calendar year, or tax year beginning 07/01, 2008, and ending 06/30, 2009

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 Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 300 SUMMIT STREET City or town, state or country, and ZIP + 4 HARTFORD, CT 06106	D Employer identification number 06-0646927 E Telephone number (860) 297-2000
	F Name and address of principal officer: JAMES F. JONES JR. 300 SUMMIT STREET HARTFORD, CT 06106		G Gross receipts \$ 444,557,365. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number
	J Website: WWW.TRINCOLL.EDU		L Year of formation: 1823 M State of legal domicile: CT
K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	33
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	31
	5	Total number of employees (Part V, line 2a)	5	2,240
	6	Total number of volunteers (estimate if necessary)	6	500
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	109,516.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	-36,337.	
Revenue	8	Contribution and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	38,812,721.	36,985,265.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	109,579,584.	111,055,367.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-17,143,125.	-34,106,971.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	131,228,316.	118,241,079.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	26,149,026.	28,814,905.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	NONE	
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	53,788,355.	62,347,472.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	NONE	
	16b	Total fundraising expenses, Part IX, column (D), line 25	6,721,603.	
Net Assets or Fund Balances	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	75,441,004.	65,793,152.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	155,378,385.	156,955,529.
	19	Revenue less expenses. Subtract line 18 from line 12	-24,150,069.	-38,714,450.
	20	Total assets (Part X, line 16)	Beginning of Year	End of Year
	21	Total liabilities (Part X, line 26)	741,196,409.	675,800,298.
22	Net assets or fund balances. Subtract line 21 from line 20	214,524,982.	204,320,044.	
		526,671,427.	471,480,254.	

Part II Signature Block

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.

Sign Here

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

Paid Preparer's Use Only	Preparer's signature _____	Date _____	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions) _____
	Firm's name (or yours if self-employed), address, and ZIP + 4 PRICEWATERHOUSECOOPERS LLP 125 HIGH STREET BOSTON, MA 02110	EIN 13-4008324	Phone no. 617-530-5000	

May the IRS discuss this return with the preparer shown above? (See instructions) Yes No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2008)



Department of the Treasury
Internal Revenue Service
OGDEN UT 84201-0074

For assistance, call:
1-877-829-5500

Notice Number: CP211A
Date: March 29, 2010

Taxpayer Identification Number:
06-0646927
Tax Form: 990
Tax Period: June 30, 2009

178184.708038.0561.012 1 AB 0.360 375
[Barcode]



TRINITY COLLEGE
300 SUMMIT ST
HARTFORD CT 06106-3100995

178184

APPLICATION FOR EXTENSION OF TIME TO FILE AN EXEMPT ORGANIZATION RETURN - APPROVED

We received and approved your Form 8868, Application for Extension of Time to File an Exempt Organization Return, for the return (form) and tax period identified above. Your extended due date to file your return is **May 15, 2010**.

When it's time to file your Form 990, 990-EZ, 990-PF or 1120-POL, you should consider filing electronically. Electronic filing is the fastest, easiest and most accurate way to file your return. For more information, visit the Charities and Nonprofit web at www.irs.gov/eo. This site will provide information about:

- The type of returns that can be filed electronically,
- approved e-File providers, and
- if you are required to file electronically.

If you have any questions, please call us at the number shown above, or you may write us at the address shown at the top of this letter.

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

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 No

If "Yes" describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 65,677,458. including grants of \$) (Revenue \$ 92,556,460.)

THE COLLEGE PROVIDED INSTRUCTION, RESEARCH OPPORTUNITIES AND RELATED SUPPORT TO FACULTY AND STUDENTS TO ENCOURAGE PROFESSIONAL DEVELOPMENT AND A WIDE CURRICULUM FOR LIBERAL ARTS EDUCATION.

4b (Code:) (Expenses \$ 28,814,905. including grants of \$ 28,814,905.) (Revenue \$ NONE)

THE COLLEGE PROVIDED GRANTS AND SCHOLARSHIPS TO STUDENTS WHO ARE JUDGED WORTHY BY THE INSTITUTION'S ASSESSMENT ON THE BASIS OF ACADEMIC ACHIEVEMENT AND FINANCIAL NEED.

4c (Code:) (Expenses \$ 18,433,778. including grants of \$) (Revenue \$ 18,498,907.)

THE COLLEGE PROVIDED RESIDENTIAL AND DINING SERVICES TO STUDENTS.

4d Other program services. (Describe in Schedule O.)

(Expenses \$ 20,978,995. including grants of \$) (Revenue \$)

4e Total program service expenses ▶ \$ 133,905,136. (Must equal Part IX, Line 25, column (B).)

Part IV Checklist of Required Schedules

Table with 3 columns: Question Number, Yes, No. Rows 1-27 detailing various organizational requirements and reporting obligations.

Part IV Checklist of Required Schedules (continued)

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>	X	
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	X	
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable.		
	1a 416		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b NONE		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
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 2,240		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	X	
b	If "Yes," enter the name of the foreign country: <u>ITALY</u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
	5c		
6a	Did the organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	6b		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
	7h		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, process, or changes in Schedule O. See instructions.

		Yes	No
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that 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?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organizations contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	a The governing body?	X	
8b	b Each committee with authority to act on behalf of the governing body?	X	
9a	Does the organization have local chapters, branches, or affiliates?		X
9b	b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	X	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.		X

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
15a	a The organization's CEO, Executive Director, or top management official?		X
15b	b Other officers or key employees of the organization?		X
16a	Describe the process in Schedule O. (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed CT
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: GUY P DRAPEAU 300 SUMMIT STREET HARTFORD, CT 06106-3100
(860) 297-4210

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. Use Schedule J-2 if additional space is needed.

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

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

Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
SEE SCHEDULE J-2										

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (check all that apply), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

1b Total ... 2,264,935. NONE 447,104.

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization 81

Table with 3 columns: Question, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Row 1 contains 'SEE STATEMENT 1'.

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization 37

Part VIII Statement of Revenue

06-016927

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	2,045,074.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	34,940,191.				
	g	Noncash contributions included in lines 1a-1f: \$		1,974,613.				
	h	Total. Add lines 1a-1f		36,985,265.				
Program Service Revenue				Business Code				
	2a	TUITION & FEES		900099	92,556,460.	92,556,460.		
	b	DINING FACILITIES		722210	6,568,508.	6,568,508.		
	c	DORMITORY FEES		721000	11,889,772.	11,889,772.		
	d	ALUMNI/FACULTY CENTER		900099	40,627.	40,627.		
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			111,055,367.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			3,439,526.		109,516.	
	4	Income from investment of tax-exempt bond proceeds			NONE			
	5	Royalties				NONE		
	6a	Gross Rents	(i) Real					
			(ii) Personal					
				131,300.				
				110,953.				
	b	Less: rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss).				12,347.	12,347.	
	7a	Gross amount from sales of assets other than inventory	(i) Securities					
			(ii) Other					
				289,134,658.	-483,822.			
				326,197,333.				
	b	Less: cost or other basis and sales expenses						
c	Gain or (loss)							
d	Net gain or (loss)				-37,546,497.	-37,546,497.		
8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18.	a						
b	Less: direct expenses	b						
c	Net income or (loss) from fundraising events				NONE			
9a	Gross income from gaming activities. See Part IV, line 19.	a						
b	Less: direct expenses	b						
c	Net income or (loss) from gaming activities.				NONE			
10a	Gross sales of inventory, less returns and allowances	a						
b	Less: cost of goods sold	b						
c	Net income or (loss) from sales of inventory.				NONE			
Miscellaneous Revenue			Business Code					
11a	INSURANCE REFUND		900099	1,650,895.			1,650,895.	
b	OTHER REVENUE		900099	2,644,176.			2,644,176.	
c								
d	All other revenue							
e	Total. Add lines 11a-11d			4,295,071.				
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e			118,241,079.	111,055,367.	109,516.	-29,909,069.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . .	NONE			
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	28,814,905.	28,814,905.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	NONE			
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	2,507,302.	1,221,959.	578,828.	706,515.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	40,000.			40,000.
7 Other salaries and wages	46,787,174.	39,911,776.	4,063,987.	2,811,411.
8 Pension plan contributions (include section 401 (k) and section 403(b) employer contributions) . .	3,648,855.	3,059,272.	360,018.	229,565.
9 Other employee benefits	6,029,466.	5,289,142.	407,344.	332,980.
10 Payroll taxes	3,334,675.	2,804,144.	307,122.	223,409.
11 Fees for services (non-employees):				
a Management	NONE			
b Legal	209,841.	105,198.	101,043.	3,600.
c Accounting	312,914.	70,314.	242,600.	
d Lobbying	NONE			
e Professional fundraising services. See Part IV, line 17	NONE			
f Investment management fees	3,641,195.		3,641,195.	
g Other	4,270,045.	3,486,962.	223,506.	559,577.
12 Advertising and promotion	248,225.	150,877.	16,628.	80,720.
13 Office expenses	2,578,892.	1,321,189.	709,443.	548,260.
14 Information technology	1,398,365.	536,271.	721,362.	140,732.
15 Royalties	NONE			
16 Occupancy	3,007,339.	2,902,122.	96,566.	8,651.
17 Travel	3,851,527.	3,185,548.	147,208.	518,771.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	172,924.	134,674.	30,879.	7,371.
20 Interest	6,405,883.	5,634,568.	771,315.	
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization	13,471,972.	11,283,166.	2,188,640.	166.
23 Insurance	1,373,954.	945,098.	428,856.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a ROOM AND BOARD -----	8,500,212.	8,500,212.		
b UTILITIES -----	5,022,553.	5,022,256.	297.	
c PROGRAM -----	4,575,309.	4,394,494.		180,815.
d BOOKS AND PERIODICALS -----	2,011,730.	1,870,197.	963.	140,570.
e EQUIP. RENTAL AND MAINTENANCE -----	1,209,874.	908,411.	205,710.	95,753.
f All other expenses -----	3,530,398.	2,352,381.	1,085,280.	92,737.
25 Total functional expenses. Add lines 1 through 24f	156,955,529.	133,905,136.	16,328,790.	6,721,603.
26 Joint Costs. Check here <input type="checkbox"/> If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	39,568,578.	2	73,353,328.
	3	Pledges and grants receivable, net	43,383,306.	3	38,596,179.
	4	Accounts receivable, net	1,327,430.	4	929,118.
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net	4,726,250.	7	5,287,990.
	8	Inventories for sales or use	85,228.	8	64,747.
	9	Prepaid expenses and deferred charges	1,031,746.	9	694,732.
	10a	Land, buildings, and equipment: cost basis.	10a 438,490,153.		
	b	Less: accumulated depreciation. Complete Part VI of Schedule D	10b 168,906,355.		
	11	Investments - publicly traded securities.	245,912,921.	11	72,067,256.
	12	Investments - other securities. See Part IV, line 11.	144,697,048.	12	211,376,906.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11.	3,927,709.	15	3,846,244.
16	Total assets. Add lines 1 through 15 (must equal line 34)	741,196,409.	16	675,800,298.	
Liabilities	17	Accounts payable and accrued expenses	22,548,335.	17	13,436,457.
	18	Grants payable		18	
	19	Deferred revenue	1,952,908.	19	1,700,631.
	20	Tax-exempt bond liabilities	155,743,901.	20	153,606,941.
	21	Escrow account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	608,359.	23	532,954.
	24	Unsecured notes and loans payable		24	
	25	Other liabilities. Complete Part X of Schedule D	33,671,479.	25	35,043,061.
	26	Total liabilities. Add lines 17 through 25.	214,524,982.	26	204,320,044.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	224,951,598.	27	65,279,089.
	28	Temporarily restricted net assets	64,741,761.	28	168,336,558.
	29	Permanently restricted net assets.	236,978,068.	29	237,864,607.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances.	526,671,427.	33	471,480,254.	
34	Total liabilities and net assets/fund balances.	741,196,409.	34	675,800,298.	

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b	Were the organization's financial statements audited by an independent accountant?		X
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
b	If "Yes," did the organization undergo the required audit or audits?	X	

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

Name of the organization TRUSTEES OF TRINITY COLLEGE, THE	Employer identification number 06-0646927
---	---

Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (Please check only **one** organization.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H.)
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 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 exempt 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)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions)
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally Integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box _____
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? _____
 - (ii) A family member of a person described in (i) above? _____
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above? _____

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the organizations the organization supports.

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1-3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4.						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (See instructions.)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	%
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
16b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "fact-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17b 10%-facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 1-5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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

Area with horizontal dashed lines for supplemental information.

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

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ To be completed by organizations described below.
- ▶ Attach to Form 990 or Form 990-EZ.

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization TRUSTEES OF TRINITY COLLEGE, THE	Employer identification number 06-0646927
---	---

Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations.
See the instructions for Schedule C for details.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours _____

Part I-B To be completed by all organizations exempt under section 501(c)(3).
See the instructions for Schedule C for details.

- 1 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? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3).
See the instructions for Schedule C for details.

- 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 of direct and indirect exempt function expenditures. Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. Enter the amount paid and indicate if the amount was paid from the filing organization's funds or were political contributions received and 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-.

Part II-A To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

- A Check if the filing organization belongs to an affiliated group.
- B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</td> <td style="width: 50%;">The lobbying nontaxable amount is:</td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. Enter -0- if line g is more than line a														
i Subtract line 1f from line 1c. Enter -0- if line f is more than line c														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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 2a through 2f of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		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		1.
i Other activities? If "Yes," describe in Part IV		X	
j Total lines 1c through 1i			1.
2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). See the instructions for Schedule C for details.

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?		

Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." See Schedule C instructions for details.

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5 and Part II-B, line 1i. Also, complete this part for any additional information.

SCHEDULE C, PART II-B, LINE 1H

TRINITY COLLEGE PAID DUES OR MEMBERSHIPS OF \$244,498 DURING

THE FISCAL YEAR 2009 TO CERTAIN ORGANIZATIONS WHICH MAY LOBBY ON ITS

BEHALF.

Part IV Supplemental Information *(continued)*

Area with horizontal dashed lines for supplemental information.

**SCHEDULE D
(Form 990)**

Supplemental Financial Statements

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Name of the organization **TRUSTEES OF TRINITY COLLEGE, THE** Employer identification number **06-0646927**

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Yes No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically importantly land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a).	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Yes No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? Yes No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XV and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XV.

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	434,330,841.				
b Contributions	8,885,776.				
c Investment earnings or losses	-79,414,718.				
d Grants or scholarships	4,371,772.				
e Other expenditures for facilities and programs	16,031,236.				
f Administrative expenses	3,641,195.				
g End of year balance	339,757,696.				

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ▶ 6.0000 %
- b Permanent endowment ▶ 94.0000 %
- c Term endowment ▶ _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		26,566,207.		26,566,207.
b Buildings		348,014,488.	128,475,978.	219,538,510.
c Leasehold improvements				
d Equipment		52,295,179.	40,430,377.	11,864,802.
e Other	10,976,638.	637,641.		11,614,279.
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				269,583,798.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other HEDGE FUNDS -----	211,376,906.	

Total. (Column (b) should equal Form 990, Part X, col. (B) line 12.) ▶	211,376,906.	

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of liability	(b) Amount
Federal income taxes	25,357.
PV OF SPLIT-INT OBLIGATIONS	3,976,795.
CONTRIBUTIONS DUE TO OTHERS	106,765.
FEDERAL STUDENT LOAN FUNDS	3,200,505.
ACCRUED POST-RETIREMENT BENEFI	5,038,282.
BARBIERI SEVERANCE	33,275.
LIABILITY FOR ASSET RETIREMENT	22,662,082.
Total. (Column (b) should equal Form 990, Part X, col. (B) line 25.) ▶	35,043,061.

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4-8	9	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	2a	Net unrealized gains on investments		
b	2b	Donated services and use of facilities		
c	2c	Recoveries of prior year grants		
d	2d	Other (Describe in Part XIV)		
e	2e Add lines 2a through 2d			
3	3 Subtract line 2e from line 1			
4	4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	4a	Investment expenses not included on Form 990, Part VIII, line 7b		
b	4b	Other (Describe in Part XIV)		
c	4c Add lines 4a and 4b			
5	5 Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)			

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	2a	Donated services and use of facilities		
b	2b	Prior year adjustments		
c	2c	Losses reported on Form 990, Part IX, line 25		
d	2d	Other (Describe in Part XIV)		
e	2e Add lines 2a through 2d			
3	3 Subtract line 2e from line 1			
4	4 Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	4a	Investment expenses not included on Form 990, Part VIII, line 7b		
b	4b	Other (Describe in Part XIV)		
c	4c Add lines 4a and 4b			
5	5 Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)			

Part XIV Supplemental Information

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

SEE PAGE 5

Part XIV Supplemental Information (continued)

COLLECTIONS OF ART, HISTORICAL TREASURES, OR OTHER SIMILAR ASSETS
 FORM 990, SCHEDULE D, PART III, LINE 1A

THE LIBRARY COLLECTIONS OF TRINITY COLLEGE SUPPORT TEACHING, STUDY AND
 RESEARCH IN THE DISCIPLINES REPRESENTED IN THE TRINITY COLLEGE
 CURRICULUM. THE COLLECTIONS OFFER BOTH HISTORICAL DEPTH IN ESTABLISHED
 FIELDS OF KNOWLEDGE AS WELL AS CURRENT SCHOLARSHIP IN NEW AREAS OF
 RESEARCH. THE MAIN PRINT COLLECTIONS OF THE LIBRARY CONTAIN OVER ONE
 MILLION VOLUMES. THE COLLEGE'S WATKINSON LIBRARY HOLDS APPROXIMATELY TWO
 HUNDRED THOUSAND VOLUMES, CONSISTING OF RARE BOOKS, MANUSCRIPTS AND A
 NUMBER OF SPECIAL COLLECTIONS. EXHIBITIONS ARE A REGULAR FEATURE OF THE
 WATKINSON LIBRARY. THE LIBRARY ALSO OFFERS OPEN HOUSE PROGRAMS WITH
 SPEAKERS ON A VARIETY OF TOPICS. BOTH EXHIBITIONS AND OPEN HOUSES ARE
 OPEN TO THE PUBLIC.

FORM 990, SCHEDULE D, PART V, LINE 4

THE COLLEGE'S ENDOWMENT FUNDS ARE USED TO PROVIDE FINANCIAL RESOURCES TO
 SUPPLEMENT COLLEGE OPERATING FUNDS AND OTHER RESTRICTED GIFTS FOR MANY
 PURPOSES AS DETERMINED BY DONORS SUCH AS CLASSROOMS, INFORMATION
 TECHNOLOGY, RESEARCH MATERIALS, BUILDINGS, FINANCIAL AID AND ATHLETIC
 FACILITIES.

SCHEDULE D, PART X

THE FINANCIAL STATEMENTS DID NOT REPORT A FIN 48 LIABILITY.

SCHEDULE E
(Form 990 or 990-EZ)

Schools

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ To be completed by organizations that answer "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

▶ Attach to Form 990 or Form 990-EZ.

Name of the organization

Employer identification number

TRUSTEES OF TRINITY COLLEGE, THE

06-0646927

	YES	NO
1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	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?	X	
3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain	X	
<u>TRINITY COLLEGE'S RACIALLY NONDISCRIMINATORY POLICY IS PUBLISHED IN THE COLLEGE BULLETIN. IT ALSO APPEARS ON THE TRINITY COLLEGE WEB SITE UNDER STUDENT LIFE - DIVERSITY GENDER AND FACULTY MANUAL PAGES.</u>		
4 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	X	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	X	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	X	
d Copies of all material used by the organization or on its behalf to solicit contributions?	X	
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
5 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?		X
b Admissions policies?		X
c Employment of faculty or administrative staff?		X
d Scholarships or other financial assistance?		X
e Educational policies?		X
f Use of facilities?		X
g Athletic programs?		X
h Other extracurricular activities?		X
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
6a Does the organization receive any financial aid or assistance from a governmental agency?	X	
b Has the organization's right to such aid ever been revoked or suspended?		X
If you answered "Yes" to either line 6a or line 6b, please explain using an attached statement.		
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," attach an explanation.	X	

Schedule F
(Form 990)

Statement of Activities Outside the United States

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

TRUSTEES OF TRINITY COLLEGE, THE

06-0646927

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States.

3 Activities per Region. (Use Schedule F-1 (Form 990) if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type (i.e., fundraising, program services, grants to recipients located in the region))	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
EUROPE	1	5	PROGRAM SERVICES	STUDY ABROAD	445,131.
SUB-SAHARAN AFRICA	1	1	PROGRAM SERVICES	STUDY ABROAD	100,033.
RUSSIA/INDEPENDENT STATES	NONE	NONE	PROGRAM SERVICES	PROGRAM CLOSED	10,299.
EUROPE	1	6	PROGRAM SERVICES	STUDY ABROAD	616,966.
SOUTH AMERICA	1	3	PROGRAM SERVICES	STUDY ABROAD	194,058.
SOUTH AMERICA	1	4	PROGRAM SERVICES	STUDY ABROAD	251,091.
EUROPE	1	1	PROGRAM SERVICES	STUDY ABROAD	56,948.
Totals	6	20			1,674,526.

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

Schedule F (Form 990) 2008

JSA

8E1274 1.000

56801N 7377

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Schedule F-1 (Form 990) if additional space is needed.

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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

- Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter
- Enter total number of other organizations or entities

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Supplemental Information

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

SCHEDULE F, PART I, COLUMN F

ACTIVITIES OUTSIDE THE US

TOTAL EXPENDITURES IN THE REGION - THE COLLEGE TRACKS EXPENSES FOR

ACTIVITIES IN EACH REGION USING UNIQUE DEPARTMENT ACCOUNT NUMBERS FOR

EACH REGION ON THE GENERAL LEDGER.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

TRUSTEES OF TRINITY COLLEGE, THE

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed

1 (a) Name and address of organization or government	(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 non-cash assistance	(h) Purpose of grant or assistance

- 2 Enter total number of section 501(c)(3) and government organizations
- 3 Enter total number of other organizations

Employer identification number
06-0646927

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
GRANTS AND SCHOLARSHIPS FOR STUDENTS	971	28,814,905.	NONE		

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

PART I, LINE 2 - GRANTS AND ALLOCATIONS

APPROXIMATELY 47 PERCENT OF TRINITY COLLEGE UNDERGRADUATES ARE RECEIVING ASSISTANCE FROM COLLEGE, FEDERAL OR STATE FUNDS, GRANTS AND SCHOLARSHIPS ARE AWARDED ON THE BASIS OF FINANCIAL NEED AND ACADEMIC ACHIEVEMENT. A COMPLETE LISTING OF FINANCIAL RECIPIENTS IS AVAILABLE AT THE COLLEGE'S FINANCIAL AID OFFICE. THE COLLEGE'S FINANCIAL AID OFFICE MONITORS THE DISBURSEMENT OF FINANCIAL AID.

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

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

PART III

THE CASH GRANT INCLUDES CREDITS ON ACCOUNT.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990. To be completed by organizations
that answered "Yes" to Form 990, Part IV, line 23.

Name of the organization

TRUSTEES OF TRINITY COLLEGE, THE

Employer identification number

06-0646927

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input checked="" type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

	Yes	No
1b		X
2	X	
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X

b If line 1a is 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 explain.

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a:

a Receive a severance payment or change of control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

b Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

b Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III.

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

Schedule J (Form 990) 2008

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

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation					(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(i) Base compensation	(ii) Bonus & incentive compensation				
JAMES F JONES JR	(i) 380,450. (ii) NONE	NONE NONE	41,544. NONE	103,000. NONE	49,759. NONE	574,753. NONE	188,529. NONE		
RENA FRADEN	(i) 220,650. (ii) NONE	NONE NONE	36,000. NONE	22,065. NONE	27,495. NONE	306,210. NONE	108,150. NONE		
RONALD A JOYCE	(i) 255,000. (ii) NONE	NONE NONE	26,500. NONE	23,000. NONE	13,028. NONE	317,528. NONE	126,124. NONE		
KATHLEEN O'CONNOR BOELHOU	(i) 175,950. (ii) NONE	NONE NONE	33,095. NONE	15,500. NONE	17,989. NONE	242,534. NONE	86,250. NONE		
SCOTT W REYNOLDS	(i) 283,500. (ii) NONE	NONE NONE	8,505. NONE	23,000. NONE	10,528. NONE	325,533. NONE	115,000. NONE		
RAYMOND W BAKER	(i) 168,456. (ii) NONE	NONE NONE	8,423. NONE	16,846. NONE	10,540. NONE	204,265. NONE	85,352. NONE		
GERALD A GUNDERSON	(i) 168,042. (ii) NONE	NONE NONE	9,000. NONE	15,274. NONE	11,318. NONE	203,634. NONE	82,449. NONE		
BARRY A KOSMIN	(i) 166,820. (ii) NONE	NONE NONE	20,500. NONE	16,682. NONE	15,440. NONE	219,442. NONE	81,775. NONE		
LOUIS P. MASUR	(i) 165,434. (ii) NONE	NONE NONE	15,928. NONE	15,928. NONE	11,758. NONE	209,048. NONE	83,960. NONE		
	(i) ----- (ii) -----	----- -----	----- -----	----- -----	----- -----	----- -----	----- -----		
	(i) ----- (ii) -----	----- -----	----- -----	----- -----	----- -----	----- -----	----- -----		
	(i) ----- (ii) -----	----- -----	----- -----	----- -----	----- -----	----- -----	----- -----		
	(i) ----- (ii) -----	----- -----	----- -----	----- -----	----- -----	----- -----	----- -----		
	(i) ----- (ii) -----	----- -----	----- -----	----- -----	----- -----	----- -----	----- -----		
	(i) ----- (ii) -----	----- -----	----- -----	----- -----	----- -----	----- -----	----- -----		
	(i) ----- (ii) -----	----- -----	----- -----	----- -----	----- -----	----- -----	----- -----		
	(i) ----- (ii) -----	----- -----	----- -----	----- -----	----- -----	----- -----	----- -----		
	(i) ----- (ii) -----	----- -----	----- -----	----- -----	----- -----	----- -----	----- -----		
	(i) ----- (ii) -----	----- -----	----- -----	----- -----	----- -----	----- -----	----- -----		

Part III Supplemental Information

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

SCHEDULE J, PART I, LINE 1A

TRAVEL FOR COMPANIONS

THE SPOUSES OF THE PRESIDENT AND VICE PRESIDENT FOR COLLEGE ADVANCEMENT

OCCASIONALLY TRAVEL WITH THEM TO PARTICIPATE IN FUNDRAISING EVENTS. THIS

TRAVEL IS FOR BENEFIT OF THE COLLEGE AND IS STRICTLY FOR BUSINESS

PURPOSES.

HOUSING ALLOWANCE

ON CAMPUS HOUSING IS PROVIDED FOR THE PRESIDENT OF THE COLLEGE AS A

CONDITION OF EMPLOYMENT FOR THE CONVENIENCE OF THE EMPLOYER.

HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES

A MEMBERSHIP IN A SOCIAL CLUB IS PROVIDED FOR THE VICE PRESIDENT FOR

COLLEGE ADVANCEMENT AND IS USED FOR FUNDRAISING ACTIVITIES. HE IDENTIFIES

AND PAYS FOR ANY PERSONAL USE OF THIS SOCIAL CLUB.

SCHEDULE J, PART I, LINE 1B

THE COLLEGE DOES NOT CURRENTLY HAVE POLICIES IN PLACE FOR THE BENEFITS

Part III Supplemental Information

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

LISTED IN PART I, LINE 1A. THESE BENEFITS ARE PROVIDED PURSUANT TO THE
INDIVIDUAL CONTRACTS AND REQUIRE APPROPRIATE APPROVAL.

SCHEDULE J, PART I, LINE 3

THE COLLEGE'S COMPENSATION COMMITTEE WILL REVIEW AND PARTICIPATE IN
DETERMINATION OF THE PRESIDENT'S COMPENSATION IN FISCAL YEAR 2010 AND
GOING FORWARD.

SCHEDULE J, PART I, COLUMN (A)

SCOTT W REYNOLDS ALSO SERVED AS INTERIM CFO FROM JULY 1, 2008 UNTIL
SEPTEMBER 30, 2008.

SCHEDULE J, PART II COLUMN (F)

THE COLLEGE REPORTED COMPENSATION ON A FISCAL YEAR BASIS ON FORM 990 FOR
FISCAL YEARS 2008 AND PRIOR. PURSUANT TO IRS REGULATIONS, THE COLLEGE
REPORTED COMPENSATION FOR THE CALENDAR YEAR 2008 ON FORM 990 FOR FISCAL
YEAR 2009 AND WILL CONTINUE TO REPORT COMPENSATION ON A CALENDAR YEAR
BASIS GOING FORWARD. THE COMPENSATION REPORTED IN COLUMN F REPRESENTS

Part III Supplemental Information

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

COMPENSATION FOR THE SECOND HALF OF FISCAL YEAR 2008 WHICH WAS PREVIOUSLY REPORTED. THERE WILL BE NO REPORTING DUPLICATIONS GOING FORWARD.

SCHEDULE J, PART II - OTHER TAXABLE COMPENSATION

THE FOLLOWING INDIVIDUALS RECEIVED TAXABLE COMPENSATION FOR

EMPLOYER-PROVIDED AUTOMOBILES:

JAMES F JONES, JR \$2,063

RONALD A JOYCE \$2,248

THESE AMOUNTS WERE REPORTED ON FORM W-2, BOX 1.

SCHEDULE J, PART II

SECTION 457(F) PLAN

IN FY05 THE COLLEGE ESTABLISHED A CONTINGENT DEFERRED COMPENSATION PLAN

FOR PRESIDENT JONES. UNDER THE AGREEMENT THE COLLEGE CONTRIBUTED \$35,000

A YEAR. CONTRIBUTIONS UNDER THIS PLAN STOPPED WITH THE YEAR ENDED JUNE

30, 2006. ALL ACCRUED DEFERRED COMPENSATION SHALL VEST AND BE PAID TO THE

PRESIDENT OR HIS ESTATE ON THE EARLIER OF: THE PRESIDENT'S DEATH, THE

PRESIDENT'S DISABILITY, THE PRESIDENT'S INVOLUNTARY TERMINATION OF

Part III Supplemental Information

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

EMPLOYMENT FOR REASONS OTHER THAN CAUSE OR THE PRESIDENT'S CONTINUED

EMPLOYMENT WITH THE COLLEGE THROUGH JUNE 30, 2009.

IN FY07 THE COLLEGE ESTABLISHED A NEW CONTINGENT DEFERRED COMPENSATION

PROGRAM FOR PRESIDENT JONES. UNDER THE AGREEMENT THE COLLEGE SHALL

CONTRIBUTE AN AMOUNT EQUAL TO \$80,000 FOR EACH CONTRACT YEAR BEGINNING

WITH THE YEAR ENDED JUNE 30, 2007. ALL ACCRUED DEFERRED COMPENSATION

SHALL VEST AND BE PAID TO THE PRESIDENT OR HIS ESTATE ON THE EARLIER OF:

THE PRESIDENT'S DEATH, THE PRESIDENT'S PERMANENT DISABILITY, THE

PRESIDENT'S TERMINATION WITHOUT CAUSE BY THE COLLEGE OR THE PRESIDENT'S

COMPLETION OF THE TERM OF HIS CURRENT EMPLOYMENT AGREEMENT ON JUNE 30,

2012.

**SCHEDULE J-2
(Form 990)**

Continuation Sheet for Form 990

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Name of the Organization

Employer Identification number

TRUSTEES OF TRINITY COLLEGE, THE

06-0646927

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
PAUL E RAETHER CHAIR-BOARD TRUSTEES	1.	X					NONE	NONE	NONE	
ANDY F BESSETTE TRUSTEE	1.	X					NONE	NONE	NONE	
E THAYER BIGELOW JR ESQ TRUSTEE	1.	X					NONE	NONE	NONE	
THOMAS R SAVAGE TRUSTEE	1.	X					NONE	NONE	NONE	
ALFONSO L CARNEY JR TRUSTEE	1.	X					NONE	NONE	NONE	
RODNEY D DAY TRUSTEE	1.	X					NONE	NONE	NONE	
GEORGE A KELLNER ESQ TRUSTEE	1.	X					NONE	NONE	NONE	
ALEXANDER H LEVI TRUSTEE	1.	X					NONE	NONE	NONE	
MARK A LEAVITT TRUSTEE	1.	X					NONE	NONE	NONE	
MICHAEL LOBERG TRUSTEE	1.	X					NONE	NONE	NONE	
ALEXANDER P LYNCH TRUSTEE	1.	X					NONE	NONE	NONE	
WILLIAM C RICHARDSON TRUSTEE	1.	X					NONE	NONE	NONE	
MITCHELL M MERIN TRUSTEE	1.	X					NONE	NONE	NONE	
RONALD V WATERS TRUSTEE	1.	X					NONE	NONE	NONE	
ALICE M OCONNOR TRUSTEE	1.	X					NONE	NONE	NONE	
PENNY SANCHEZ TRUSTEE	1.	X					NONE	NONE	NONE	
EDWARD C RORER TRUSTEE	1.	X					NONE	NONE	NONE	
CORNELIA PARSONS THORNBURGH TRUSTEE	1.	X					NONE	NONE	NONE	
W JAMES TOZER JR TRUSTEE	1.	X					NONE	NONE	NONE	
WILLIAM H TURNER TRUSTEE	1.	X					NONE	NONE	NONE	
MARGARET J YOUNG TRUSTEE	1.	X					NONE	NONE	NONE	

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

Schedule J-2 (Form 990) 2008

**SCHEDULE J-2
(Form 990)**

Continuation Sheet for Form 990

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Name of the Organization

Employer Identification number

TRUSTEES OF TRINITY COLLEGE, THE

06-0646927

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
PETER R BLUM TRUSTEE	1.	X					NONE	NONE	NONE	
ROBERT E BRICKLEY TRUSTEE	1.	X					NONE	NONE	NONE	
PHILIP S KHOURY VICE CHAIRMAN	1.	X					NONE	NONE	NONE	
ELAINE PATTERSON TRUSTEE	1.	X					NONE	NONE	NONE	
TIMOTHY J WALSH TRUSTEE	1.	X					NONE	NONE	NONE	
EMILY L BOGLE TRUSTEE	1.	X					NONE	NONE	NONE	
JAMES F JONES JR PRESIDENT	40.	X		X			421,994.	NONE	152,759.	
SOPHIE BELL AYERS TRUSTEE	1.	X					NONE	NONE	NONE	
PATRICE BALL-REED TRUSTEE	1.	X					NONE	NONE	NONE	
THOMAS R DIBENEDETTO TRUSTEE	1.	X					NONE	NONE	NONE	
JOHN S GATES, JR TRUSTEE	1.	X					NONE	NONE	NONE	
LUTHER L TERRY, JR TRUSTEE	1.	X					NONE	NONE	NONE	
WILLIAM K MARIMOW TRUSTEE	1.	X					NONE	NONE	NONE	
SCOTT W REYNOLDS SECRETARY OF THE COLLEGE	40.			X			292,005.	NONE	33,528.	
PAUL MUTONE VP FOR FINANCE, OPS, & TREAS	40.			X			81,138.	NONE	27,954.	
RENA FRADEN DEAN OF FACULTY, VP FOR ACAD.	40.				X		256,650.	NONE	49,560.	
RONALD A JOYCE VP COLLEGE ADVANCEMENT	40.				X		281,500.	NONE	36,028.	
KATHLEEN O'CONNOR BOELHOUWER VP ALUMNI AFF & COM	40.					X	209,045.	NONE	33,489.	
RAYMOND W BAKER PROF OF INTERNATIONAL POLITICS	40.					X	176,879.	NONE	27,386.	
GERALD A GUNDERSON PROF OF AMERICAN BUSINESS	40.					X	177,042.	NONE	26,592.	
BARRY A KOSMIN DIRECTOR, INST FOR SECULARISM	40.					X	187,320.	NONE	32,122.	

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

Schedule J-2 (Form 990) 2008

JSA

8E1294 1.000

56801N 7377

**SCHEDULE J-2
(Form 990)**

Continuation Sheet for Form 990

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Name of the Organization: **TRUSTEES OF TRINITY COLLEGE, THE** Employer identification number: **06-0646927**

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
LOUIS P. MASUR PROF. IN AMERICAN INST. & VAL	40.					X		181,362.	NONE	27,686.

Name of the organization

TRUSTEES OF TRINITY COLLEGE, THE
Part I Bond Issues (Required for 2008)

Supplemental Information on Tax-Exempt Bonds

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information on Schedule O (Form 990).

Employer identification number
06-0646927

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer	
						Yes	No	Yes	No
A CHEFA SERIES H	06-0646927	207741N84	07/08/2004	33,370,000.	CONSTRUCTION		X		X
B CHEFA SERIES L	06-0646927	20774UG82	08/05/2008	15,345,000.	CONSTRUCTION		X		X
C CHEFA SERIES J	06-0646927	20774UJF3	03/07/2007	49,805,000.	CONSTRUCTION		X		X
D CHEFA SERIES K	06-0646927	20774UK53	12/31/2007	25,000,000.	CONSTRUCTION		X		X
E									

Part II Proceeds (Optional for 2008)

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1 Total proceeds of issue										
2 Gross proceeds in reserve funds										
3 Proceeds in refunding or defeasance escrows										
4 Other unspent proceeds										
5 Issuance costs from proceeds										
6 Working capital expenditures from proceeds										
7 Capital expenditures from proceeds										
8 Year of substantial completion										

9 Were the bonds issued as part of a current refunding issue?										
10 Were the bonds issued as part of an advance refunding issue?										
11 Has the final allocation of proceeds been made?										
12 Does the organization maintain adequate books and records to support the final allocation of proceeds?										

Part III Private Business Use (Optional for 2008)

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?										
2 Are there any lease arrangements with respect to the financed property which may result in private business use?										

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

Part III Private Business Use (Continued)

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3 a. Are there any management or service contracts with respect to the financed property which may result in private business use?										
b. Are there any research, agreements with respect to the financed property which may result in private business use?										
c. Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
4. Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		%		%		%		%		%
5. Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		%		%		%		%		%
6. Total of lines 4 and 5		%		%		%		%		%
7. Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										

Part IV Arbitrage (Optional for 2008)

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1. Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?										
2. Is the bond issue a variable rate issue?										
3 a. Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?										
b. Name of provider										
c. Term of hedge										
4 a. Were gross proceeds invested in a GIC?										
b. Name of provider										
c. Term of GIC										
d. Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5. Were any gross proceeds invested beyond an available temporary period?										
6. Did the bond issue qualify for an exception to rebate?										

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ Attach to Form 990 or Form 990-EZ.
▶ To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, lines 38b or 40b.

OMB No. 1545-0047

2008

Open To Public
Inspection

Name of the organization

TRUSTEES OF TRINITY COLLEGE, THE

Employer identification number

06-0646927

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a or 25b, or Form 990-EZ, Part V, line 40b.

Table with columns: 1 (a) Name of disqualified person, (b) Description of transaction, (c) Corrected? (Yes/No)

- 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

Part II Loans to and/or From Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

Table with columns: (a) Name of interested person and purpose, (b) Loan to or from the organization? (To/From), (c) Original principal amount, (d) Balance due, (e) in default?, (f) Approved by board or committee?, (g) Written agreement?

Total \$

Part III Grants or Assistance Benefiting Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

Table with columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 28a, 28b, or 28c.

Table with columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of transaction, (d) Description of transaction, (e) Sharing of organization's revenues?

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

Schedule L (Form 990 or 990-EZ) 2008

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Non-Cash Contributions

▶ To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

OMB No. 1545-0047

2008

**Open To Public
Inspection**

Name of the organization **TRUSTEES OF TRINITY COLLEGE, THE** Employer identification number **06-0646927**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art-Works of art	X	1	750.	APPRAISAL
2 Art-Historical treasures				
3 Art-Fractional interests				
4 Books and publications	X		135,186.	APPRAISAL
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities-Publicly traded	X	192	1,830,677.	HIGH-LOW AVERAGE
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 ▶ (STMT 3)		5.	8,000.	
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30 a During the year, did the organization receive by contribution any property reported in Part I, line 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32 a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.		

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2008

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

SCHEDULE M, PART I, LINE 32

THE COLLEGE USES MELLON BANK TO SELL THE SECURITIES/STOCK RECEIVED FROM
DONORS. HOWEVER, DONORS OFTEN SEND STOCK TO OTHER COMPANIES TO PROCESS.

SCHEDULE M, COLUMN B

THE COLLEGE IS REPORTING THE NUMBER OF CONTRIBUTIONS.

SCHEDULE O
(Form 990)

Supplemental Information to Form 990

OMB No. 1545-0047

2008

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations to provide
additional information for responses to specific questions for the
Form 990 or to provide any additional information.

Name of the organization

Employer identification number

TRUSTEES OF TRINITY COLLEGE, THE

06-0646927

FORM 990, PART I AND III, LINE 1

ORGANIZATION'S MISSION

TRINITY COLLEGE'S MISSION IS TO PROVIDE EXCELLENCE IN LIBERAL ARTS

EDUCATION WITH EMPHASIS ON MAINTAINING AN OUTSTANDING FACULTY, RIGOROUS

CURRICULUM, TALENTED AND MOTIVATED STUDENT BODY AND AN ATTRACTIVE,

SUPPORTIVE AND SECURE CAMPUS COMMUNITY.

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

DESCRIPTION

GRANTS

EXPENSES

REVENUE

PLANT

8,272,038

STUDENT SERVICES

9,359,066

INSTITUTIONAL SUPPORT

1,843,169

PUBLIC SERVICES

1,504,722

TOTALS

20,978,995

FROM 990, PART IV, LINE 12 AND PART XI, LINE 2

TRINITY COLLEGE HAS AUDITED FINANCIAL STATEMENTS. HOWEVER, BECAUSE THE

FINANCIAL STATEMENTS ARE CONSOLIDATED, THIS QUESTION IS ANSWERED "NO".

FORM 990, PART VI, SECTION A, LINE 2

SEVERAL TRUSTEES OF THE COLLEGE WORK FOR MAJOR FINANCIAL INSTITUTIONS OR

SERVICE PROVIDER FIRMS. AS SUCH, THERE EXIST RELATIONSHIPS BETWEEN

TRUSTEES. MANAGEMENT DOES NOT BELIEVE THESE RELATIONSHIPS BETWEEN

SCHEDULE O
(Form 990)

Supplemental Information to Form 990

OMB No. 1545-0047

2008

Open to Public
Inspection

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

TRUSTEES EFFECT THE MANAGEMENT OR OPERATION OF THE COLLEGE IN ANY
MATERIAL WAY.

FORM 990, PART VI, SECTION A, LINE 10

TRINITY COLLEGE PREPARES THE RETURN FOR REVIEW BY AN OUTSIDE PAID
PREPARER AND SENIOR MANAGEMENT. THE BOARD OF TRUSTEES AUDIT COMMITTEE
REVIEWS FORM 990. A FULL COPY OF FORM 990 IS DISTRIBUTED TO ALL TRINITY
COLLEGE TRUSTEES BEFORE IT IS FILED. THE RETURN IS SIGNED BY THE
COMPTROLLER AND THE PAID PREPARER.

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

THE COLLEGE DISTRIBUTES THE CONFLICT OF INTEREST POLICY AND A RELATED
SURVEY TO ALL TRUSTEES, OFFICERS, DIVISION HEADS, DIRECTORS AND MANAGERS.
THE SURVEY REQUIRES DISCLOSURE OF ALL RELATED PARTY TRANSACTIONS. THE
AUDIT COMMITTEE REVIEWS THIS INFORMATION AND DETERMINES IF RESTRICTIONS
SHOULD BE IMPOSED ON INDIVIDUALS WITH POTENTIAL CONFLICTS.

FORM 990, PART VI, SECTION B, LINES 15A AND 15B

THE CHAIRMAN OF THE COLLEGE'S BOARD OF TRUSTEES REVIEWS INDEPENDENT
SALARY GUIDES ANNUALLY TO DETERMINE THE PRESIDENT'S SALARY.
THE COLLEGE'S PRESIDENT CURRENTLY REVIEWS INDEPENDENT SALARY GUIDELINES
AND EVALUATES ALL SENIOR STAFF AND OFFICER'S SALARY TO DETERMINE SALARY
LEVELS.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2008

Open to Public Inspection

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ See separate instructions.

Name of the organization

Employer identification number

TRUSTEES OF TRINITY COLLEGE, THE

06-0646927

Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
BARBIERI CENTER, INC. VIA RAIMONDO DA CAPUA, 2 00153 ROME, IT EIN: 51-0180636	EDUCATION	CT	501(C)(3)	2	N/A

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

Schedule R (Form 990) 2008

Part III Identification of Related Organizations Taxable as a Partnership

(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, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportionate allocations?		(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		(J) General or managing partner?	
							Yes	No	Yes	No	Yes	No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
97 & 99 CRESCENT STREET INC. 300 SUMMIT STREET HARTFORD, CT 06106 EIN: 06-1441599	COLLEGE OFFICE	CT	N/A	CORPORATION	NONE	120,190	99.0000

Part V Transactions With Related Organizations

Note. Complete line 1 if any entity is listed in Parts II, III, or IV.

1 During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a Receipt of (f) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity
- b Gift, grant, or capital contribution to other organization(s)
- c Gift, grant, or capital contribution from other organization(s)
- d Loans or loan guarantees to or for other organization(s)
- e Loans or loan guarantees by other organization(s)
- f Sale of assets to other organization(s)
- g Purchase of assets from other organization(s)
- h Exchange of assets
- i Lease of facilities, equipment, or other assets to other organization(s)
- j Lease of facilities, equipment, or other assets from other organization(s)
- k Performance of services or membership or fundraising solicitations for other organization(s)
- l Performance of services or membership or fundraising solicitations by other organization(s)
- m Sharing of facilities, equipment, mailing lists, or other assets
- n Sharing of paid employees
- o Reimbursement paid to other organization for expenses
- p Reimbursement paid by other organization for expenses
- q Other transfer of cash or property to other organization(s)
- r Other transfer of cash or property from other organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(A) Name of other organization(s)	(B) Transaction type (a-f)	(C) Amount involved
(1)	BARBIERI CENTER	Q	3,323,520.
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership

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

(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproportionate allocations?		(G) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No

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

=====

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
-----	-----	-----
CHARTWELLS PO BOX 91337 CHICAGO, IL 60693-1337	FOOD SERVICES	9,081,959.
CONSIGLI CONSTRUCTION CO. INC. 72 SUMNER ST MILFORD, MA 01757	CONSTRUCTION	5,668,653.
TRADESMAN OF NEW ENGLAND LLC 21 EAST DUDLEY TOWN RD BLOOMFIELD, CT 06002-1409	CONSTRUCTION	1,685,890.
ENTERPRISE BUILDERS INC 46 SHEPARD DR NEWINGTON, CT 06111	CONSTRUCTION	1,497,913.
O & G INDUSTRIES INC 112 WALL STREET TORRINGTON, CT 06790	CONSTRUCTION	797,979.
	TOTAL COMPENSATION	----- 18,732,394. =====

SCHEDULE E - EXPLANATION FOR LINE 6A
=====

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

TRUSTEES OF TRINITY COLLEGE, THE
SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

DESCRIPTION	(A) CHECK	(B) NUMBER OF CONTRIBUTIONS	(C) REVENUES REPORTED	(D) METHOD OF DETERMINING
RECEPTIONS	X	3	6,157.	RECEIPTS PROVIDED
FLAGS	X	1	1,783.	RECEIPTS PROVIDED
FLORAL ARRANGEMENT	X	1	60.	RECEIPT PROVIDED
TOTALS		5.	8,000.	