## Form **8453-EO**

# PUBLIC INSPECTION COPY

Exempt Organization Declaration and Signature for Electronic Filing

Final Property of the Control of the Contr

For calendar year 2017, or tax year beginning

06/30,2018

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-1879

Name of exempt or	=		Employer identification number					
TRUSTEES	OF TRINITY COLLEGE, THE	1				06	-06469	927
Part I Ty	oe of Return and Return Information (	Whole Dollars Only)						
check the box leave line 1b, 2	for the type of return being filed with Foon line 1a, 2a, 3a, 4a, or 5a below and the b, 3b, 4b, or 5b, whichever is applicable, below. Do not complete more than one line	e amount on that line blank (do not enter -0	of the r	eturn b	eing filed	with	n this form	n was blank, the
3a Form 1120 4a Form 990-	EZ check here b b Total revenue.  b-POL check here b b Total tag  PF check here b b Tax based on	any (Form 990, Part ue, if any (Form 990-E ux (Form 1120-POL, lin investment income ( Form 8868, line 3c)	Z, line 9) le 22) Form 99	0-PF, F	Part VI, line	e 5)	2b 3b	93420239.
Part II De	claration of Officer							
withdra organiz I must date. I informa If a co	prize the U.S. Treasury and its designated awal (direct debit) entry to the financial in teation's federal taxes owed on this return, and contact the U.S. Treasury Financial Agent at also authorize the financial institutions invocation necessary to answer inquiries and resolve is py of this return is being filed with a state at the electronic disclosure consent contain (as specifically identified in Part I above) to the second contains the specifically identified in Part I above)	stitution account indiced the financial institution to 1-888-353-4537 no law led in the processing issues related to the paymagency(ies) regulating ched within this return	ated in on to debater than of the oent.  arrities as allowing	the tax bit the 6 2 busing electron part o	c preparat entry to the ness days ic paymer f the IRS	ion some some some some some some some some	software for ecount. To to the pa taxes to r	or payment of the revoke a payment (settlement ceceive confident ram, I certify that
organization's 20 true, correct, and return. I consen to the IRS and delay in procession	of perjury, I declare that I am an officer of the lectronic return and accompanying school complete. I further declare that the amount to allow my intermediate service provider, to receive from the IRS (a) an acknowledgeing the return or refund, and (c) the date of any re	nedules and statements in Part I above is the transmitter, or electron ment of receipt or reas	, and, to amount ic return	the b shown origina	est of my on the co itor (ERO)	y kno py o to s	owledge ar f the orgar end the o	nd belief, they a nization's electror rganization's retu
Sign			1	AV	P FIN	ANC	!E	
Here F Sig	nature of officer	Date	_ J	Title				
Part III Dec	claration of Electronic Return Originat	or (ERO) and Paid F	Prepare	r (see	instructio	ons)		
my knowledge. I on the return. I information to b IRS <i>e-file</i> Provid- organization's re	have reviewed the above organization's return f I am only a collector, I am not responsible the organization officer will have signed this e filed with the IRS, and have followed all others for Business Returns. If I am also the Paturn and accompanying schedules and state aid Preparer declaration is based on all information.	for reviewing the return form before I submit ther requirements in Pu aid Preparer, under per ments, and, to the bes	and onl the return b. 4163, nalties of st of my	y declar n. I wi Moderr perjury	re that thi II give the nized e-File I declare	s fori e offi e (Me that	m accurate cer a copy F) Informa I have ex	ely reflects the da y of all forms al ation for Authoriz kamined the abo
ERO's ERO's signa		Date 05/10/2019	Check if also paid preparer	X	Check if self- employed		ERO's SSN P01390	
1 111113	s name (or if self-employed), PRICEWATERHOUSECO						13-400	
addre	ss, and ZIP code V 101 SEAPORT BLVD.							7-530-5000
	of perjury, I declare that I have examined the about the true, correct, and complete. Declaration of pre	parer is based on all info						
Paid Preparer	Print/Type preparer's name	Preparer's signature		Date		Che	eck if f-employed	PTIN
Use Only	Firm's name						n's EIN ▶	•
	Firm's address ▶					Pho	one no.	
For Privacy Act	and Paperwork Reduction Act Notice, see back	of form.					Forn	n <b>8453-EO</b> (201

## Form 990

## PUBLIC INSPECTION COPY Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Form **990** (2017)

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

07/01, 2017, and ending 06/30, 20 18 A For the 2017 calendar year, or tax year beginning D Employer identification number C Name of organization B Check if applicable TRUSTEES OF TRINITY COLLEGE, THE 06-0646927 Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Name change 300 SUMMIT STREET (860) 297-2000 Initial return Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated Amended HARTFORD, CT 06106 G Gross receipts \$ 1,180,496,539. Application pending H(a) Is this a group return for F Name and address of principal officer: JOANNE BERGER-SWEENEY Yes Χ Nο subordinates' 300 SUMMIT STREET HARTFORD, CT 06106 No H(b) Are all subordinates included? Yes X | 501(c)(3) If "No." attach a list. (see instructions) Tax-exempt status: 501(c) ( 4947(a)(1) or 527 Website: ▶ WWW.TRINCOLL.EDU **H(c)** Group exemption number СТ Form of organization: X Corporation L Year of formation: 1823 M State of legal domicile: Association Other > Summary Part I 1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O Governance 2 Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets. 34. Number of voting members of the governing body (Part VI, line 1a) 3 Activities & 33. Number of independent voting members of the governing body (Part VI, line 1b) 2,116. 5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 500. Total number of volunteers (estimate if necessary) 6 -1,917,007. 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a -2,021,077. **b** Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 30,814,314. 34,258,132. Revenue 144,522,649. 147,810,286. Program service revenue (Part VIII, line 2g) 207,738,446. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 36,193,802. 10 3,299,851. 3,613,375. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 393,420,239. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . . . 214,830,616. 12 47,336,226. 51,895,049. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) 14 0. Ο. 68,263,815. 70,131,014. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) Ο. 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 75,435,163. 75,553,373. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 191,035,204. 197,579,436. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 23,795,412. 195,840,803. 19 Revenue less expenses. Subtract line 18 from line 12 s or End of Year **Beginning of Current Year** Assets Balance 967,138,015. 941,174,968. 20 Total assets (Part X, line 16) 208,728,688. 203,163,830. 21 Total liabilities (Part X, line 26) Net/ 732,446,280. 763,974,185. 22 Net assets or fund balances. Subtract line 21 from line 20. 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 Signature of officer Date Here GUY P DRAPEAU AVP FINANCE Type or print name and title signatu Print/Type preparer's name PTIN Preparer's Check Paid ERIN COUTURE 05/10/2019 self-employed P01390592 Preparer Firm's EIN ▶ 13-4008324 Firm's name ▶ PRICEWATERHOUSECOOPERS TıTıP **Use Only** Firm's address ▶101 SEAPORT BLVD. BOSTON, MA 02210 617-530-5000 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

## PUBLIC INSPECTION COPY



Department of the Treasury Internal Revenue Service Ogden UT 84201

Notice	CP211A
Tax period	June 30, 2018
Notice date	December 24, 2018
Employer ID number	06-0646927
	Phone 1-877-829-5500
	FAX 801-620-5555

Page 1 of 1

TRINITY COLLEGE
% GUY P DRAPEAU
300 SUMMIT STREET
HARTFORD CT 06106-3100



015359

Important information about your June 30, 2018 Form 990

# We approved your Form 8868, Application for Extension of Time To File an Exempt Organization Return

We approved the Form 8868 for your June 30, 2018 Form 990.

Your new due date is May 15, 2019.

## What you need to do

File your June 30, 2018 Form 990 by May 15, 2019. We encourage you to use electronic filing—the fastest and easiest way to file.

Visit www.irs.gov/charities to learn about approved e-File providers, what types of returns can be filed electronically, and whether you are required to file electronically.

## Additional information

- Visit www.irs.gov/cp211a
- For tax forms, instructions, and publications, visit www.irs.gov or call 1-800-TAX-FORM (1-800-829-3676).
- · Keep this notice for your records.

If you need assistance, please don't hesitate to contact us.

06-0646927 Form 990 (2017) Page 2 Part III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: SEE SCHEDULE O Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? 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 If "Yes," describe these changes on Schedule O. 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Code: ) (Expenses \$ 114,696,660. including grants of \$ 51,895,049. ) (Revenue \$ 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. IN ADDITION, 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. 4b (Code: 21,045,839. including grants of \$ THE COLLEGE PROVIDED RESIDENTIAL AND DINING SERVICES TO STUDENTS. 4c (Code: ) (Expenses \$ 22,584,335. including grants of \$ ) (Revenue \$ THE COLLEGE MAINTAINS A BEAUTIFUL 100 ACRE CAMPUS WITH CLASSIC COLLEGIATE ARCHITECTURE. ATTACHMENT 1 4d Other program services (Describe in Schedule O.) (Expenses \$ 21,836,565. including grants of \$ ) (Revenue \$

180,163,399. **4e** Total program service expenses ▶ JSA 7E1020 1.000

Form **990** (2017) 56801N U509 V 17-7.10

Form 990 (2017)
Part IV Chacklist of Paguired Schodules

Part	Checklist of Required Schedules		· ·	
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8	X	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If		,.	
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X	
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate		v	
4.5	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			v
4.0	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	4.0	v	
47	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	X	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	4-7		v
4.0	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	4.0		v
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	4.		v
	If "Yes," complete Schedule G, Part III	19		Х

Form 990 (2017) Page **4** 

Part	Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			3.5
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		3.7	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated		3.7	
	employees? If "Yes," complete Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b		Х	
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24c		Х
	to defease any tax-exempt bonds?	24c 24d		X
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	<b>24</b> 0		71
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
L	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	ZJa		21
b	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	235		
20	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete</i>			
	Schedule L. Part IV.	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30	X	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			3.7
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	_		v
0.0	Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	_	Х	
	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	Λ	

Page 5 Form 990 (2017)

rai				
	Check if Schedule O contains a response or note to any line in this Part V			. Na
			Yes	No
	Litter the number reported in Box 3 of Form 1090. Effect 40-11 flot applicable 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.			
	Enter the number of Forms W-26 included in line 1a. Enter -0- if not applicable			
С			37	
		1c	X	
2a	0 116			
	Citatements, filed for the calendar year change with or within the year covered by this retains 1		37	
b		2b	X	
		_	37	
		3a	X	
		3b	X	
4a				
		.	v	
	account)?	4a	X	
b				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).	_		37
		5a		X
		5b		X
		5c		
6a				37
		6a		X
b	· · · · · · · · · · · · · · · · · · ·			
		6b		
а				Х
		7a		Λ
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С		<b>-</b> -		Х
_		7c		Λ
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		7e		X
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8				
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		90		
10				
	minutes in the supplier of the			
11 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If 'Yes' to line 5a or 5b, did the organization file Form 8886-T2.  Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  If "Yes," did the organization notify the donor of the value of the goods or services provided?  Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  If "Yes," indicate the number of Forms 8282 filed during the year 7  Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  If the organization received a contribution of cars, bosts, airplanes, or other vehicles, did the organization file a Form 1098-C?.  Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?.  Did the sponsoring organization make any taxable distributions under section 4966?.  Did the sponsoring organization make any taxable distributions under section 4966?.  Did the sponsoring organization make any taxable distributions under section 4966?.  Did the sponsoring organizations. Enter:  Gross income from members or shareholders.  Gross income from members or shar			
	` ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '			
12a	agametamounto ado el roccino mem mem, i i i i i i i i i i i i i i i i i i i	12a		
13				
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b	- · · · · · · · · · · · · · · · · · · ·			
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С				
		14a		Х
		14b		

Sect	ion A. Governing Body and Management			
		_	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year <u>1a</u>	34		
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b	33		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship wi	th		
	any other officer, director, trustee, or key employee?	. 2		X
3	Did the organization delegate control over management duties customarily performed by or under the dire	ect		
	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 governing documents since the prior Form 990 was filed?	. 4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	. 5		X
6	Did the organization have members or stockholders?	. 6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appo	int		
	one or more members of the governing body?	. 7	a	X
b	Are any governance decisions of the organization reserved to (or subject to approval by) membe	rs,		
	stockholders, or persons other than the governing body?	. 7	)	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	ng		
	the year by the following:			
а	The governing body?			
b	Each committee with authority to act on behalf of the governing body?	. 8	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			X
secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co	de.) Yes	No
		40	_	X
	Did the organization have local chapters, branches, or affiliates?	. 10	a	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapte			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			-
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	. 11	a A	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	4.3	a X	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	. 12	a 22	-
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could gi	ve     12	b X	
	rise to conflicts?		D 22	+
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye		c X	
	describe in Schedule O how this was done	•		+
13	Did the organization have a written whistleblower policy?			-
14	Did the organization have a written document retention and destruction policy?			
IJ	Did the process for determining compensation of the following persons include a review and approval independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official		a X	
	Other officers or key employees of the organization		-	+
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	•		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements.	ent		
	with a taxable entity during the year?		а	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate			
-	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?		b	
Secti	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Sec	tion 50	1(c)(3	s only)
	available for public inspection. Indicate how you made these available. Check all that apply.		(-)(0	· · · · · · · · · · · · · · · · · · ·
	X Own website Another's website X Upon request X Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict or	f intere	st poli	cy, and
	financial statements available to the public during the tax year.		,	, ···
20	State the name, address, and telephone number of the person who possesses the organization's books and re-	orde:		

State the name, address, and telephone number of the person who possesses the organization's books and records: ►

GUY P DRAPEAU 300 SUMMIT STREET HARTFORD, CT 06105-3100

Form 99

56801N U509 V 17-7.10

06-0646927

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

						•				
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or direct	unles	Pos heck ss pe	erson	e than control Highest compensated employee	an tee)	(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
ANDITI TO C VIIOIDV	1.00					<u>a</u>				
(1)PHILIP S KHOURY TRUSTEE	1.00	X						0.	0.	0.
(2)NINA MCNEELY DIEFENBACH	1.00	Λ.						0.	0.	<u> </u>
TRUSTEE	1.00	X						0.	0.	0.
(3)JEFFREY E KELTER	1.00							0.	· ·	
TRUSTEE	1.00	X						0.	0.	0.
(4)MICHAEL J KLUGER	1.00									
TRUSTEE	1.00	Х						0.	0.	0.
(5)CORNELIA PARSONS THORNBURGH	1.00									
CHAIR - BOARD OF TRUSTEES	1.00	Х						0.	0.	0.
(6)L PETER LAWRENCE	1.00									
TRUSTEE	1.00	Х						0.	0.	0.
(7)RHEA PINCUS TURTELTAUB	1.00									
TRUSTEE	1.00	Х						0.	0.	0.
(8)KEVIN J MALONEY	1.00									
TRUSTEE	1.00	Х						0.	0.	0
(9)SHAWN T WOODEN	1.00									
TRUSTEE	1.00	Х						0.	0.	0
(10)CHRISTINE E ELIA	1.00									
TRUSTEE	1.00	Х						0.	0.	0.
(11)H SUSANNAH HESCHEL	1.00									
TRUSTEE	1.00	Х						0.	0.	0.
(12)JEAN M WALSHE	1.00									
TRUSTEE	1.00	Х						0.	0.	0.
(13) JOANNE BERGER-SWEENEY	40.00	٠,,		3,7				601 070		120 606
PRESIDENT	1.00	X		Х			-	601,972.	0.	130,686.
(14)WILLIAM E CUNNINGHAM JR TRUSTEE	1.00	X						0.	0.	0.
TRUSTEE	1.00	Λ						0.	0.	 

JSA 7E1041 1.000

Form 990 (2017)

16   KATHRYN GEORGE TYREE	Pa	art VII Section A. Officers, Directors, Tru	ustees, Ke	y En	plo	ye	es,	and I	Hig	hest Compensat	ed Employees (c	ontinue	ed)	
15   ERIC R FOSSUM		• •	Average hours per week (list any hours for	box,	unles er and	Pos heck ss pe	morerson	is both tor/trust	an ee)	Reportable compensation from the	Reportable compensation from related organizations	am com	timated lount of other pensatio	
TRUSTEE			organizations below dotted	ndividual trustee or director	nstitutional trustee	Officer	(ey employee	lighest compensated	ormer		(W-2/1099-MISC)	orga and	anizatior d related	i
16	15	) ERIC R FOSSUM	1.00											
TRUSTEE		TRUSTEE	1.00	Х						0.	0.			0.
177   THOMAS S CHAPPELL	16	) KATHRYN GEORGE TYREE	1.00											
TRUSTEE		TRUSTEE	1.00	Х						0.	0.			0.
18   JAMES W CUMINALE	17	) THOMAS S CHAPPELL	1.00											
TRUSTEE		TRUSTEE	1.00	Х						0.	0.			0.
19	18	) JAMES W CUMINALE	1.00											
TRUSTEE		TRUSTEE	1.00	Х						0.	0.			0.
20   MICHAEL HUEBSCH	19	) NANCY M DAVIS	1.00											
TRUSTEE		TRUSTEE	1.00	Х						0.	0.			0.
21) LING KWOK	20	) MICHAEL HUEBSCH	1.00											
21) LING KWOK TRUSTEE 1.00 X 0.0.0.0.  22) KATHLEEN FOYE MACLENNAN 1.00 TRUSTEE 1.00 X 0.0.0.0.  23) DANIEL MEYER 1.00 X 0.0.0.0.  24) JAMES MURREN TRUSTEE 1.00 X 0.0.0.0.0.  25) SCOTT C BUTERA 1.00 TRUSTEE 1.00 X 0.0.0.0.0.  25) SCOTT C BUTERA 1.00 TRUSTEE 1.00 X 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.		TRUSTEE	1.00	Х						0.	0.			0.
TRUSTEE 1.00 X 0. 0. 0.  22) KATHLEEN FOYE MACLENNAN 1.00	21	) LING KWOK	1.00											
TRUSTEE   1.00   X   0. 0. 0.		TRUSTEE	1.00	Х						0.	0.			0.
TRUSTEE 1.00 X 0. 0. 0. 24) JAMES MURREN 1.00 X 0. 0. 0. 0. 25) SCOTT C BUTERA 1.00 X 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	22	) KATHLEEN FOYE MACLENNAN												
TRUSTEE 1.00 X 0. 0. 0. 24) JAMES MURREN 1.00 X 0. 0. 0. 0. 25) SCOTT C BUTERA 1.00 X 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.			1.00	X						0.	0.			0.
TRUSTEE 1.00 X 0. 0. 0. 24) JAMES MURREN 1.00 X 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	23	) DANIEL MEYER												
24) JAMES MURREN       1.00       X       0.       0.       0.         TRUSTEE       1.00       X       0.       0.       0.         1b Sub-total       Image: square process of the continuation sheets to Part VII, Section A       Image: square process of the continuation sheets to Part VII, Section A       Image: square process of the continuation sheets to Part VII, Section A       Image: square process of the continuation sheets to Part VII, Section A       Image: square process of the continuation sheets to Part VII, Section A       Image: square process of the continuation sheets to Part VII, Section A       Image: square process of the continuation sheets to Part VII, Section A       Image: square process of the continuation sheets to Part VII, Section A       Image: square process of the continuation sheets to Part VII, Section A       Image: square process of the continuation sheets to Part VII, Section A       Image: square process of the continuation sheets to Part VII, Section A       Image: square process of the continuation sheets of the continuation sheets to Part VII, Section A       Image: square process of the continuation sheets of the continuation sheets of the continuation sheets to Part VII, Section A       Image: square process of the continuation sheets of the continuatio			1.00	X						0.	0.			0.
TRUSTEE 1.00 X 0.0.0.  TRUSTEE 1.00 X 0.0.0.0.  TRUSTEE 1.00 X 0.0.0.0.0.  1b Sub-total 601,972.0.0.130,686.  c Total from continuation sheets to Part VII, Section A 2.746,084.0.490,069. d Total (add lines 1b and 1c) 5.0.00.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	24													
TRUSTEE  1.00 X  0.0.0  1b Sub-total  c Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►  148  Yes No  Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			1.00	X						0.	0.			0.
TRUSTEE  1.00 x  0.0.0.130,686.  c Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c).  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 148  Yes No  Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such	25													
1b Sub-total  c Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 148  Yes No  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			+	x						0.	0.			0.
c Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c).  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►  148  Yes No  Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such	11	Sub-total	1							601,972.		1	30,6	
d Total (add lines 1b and 1c)							• •							
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 148  Yes No  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		•	-		• •	• •	• •							
reportable compensation from the organization ▶ 148    Yes   No									re				, .	
<ul> <li>3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual</li></ul>	_					- u u		c) wiid			Ψ 100,000 OI			
employee on line 1a? If "Yes," complete Schedule J for such individual													Yes	No
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such	3											3	Х	
	4	organization and related organizations gre	eater than	\$15	0,0	00?	. It	"Yes	5,"	complete Schedu	le J for such		v	
marriada.												4	Х	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5											5		X

## Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 2		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 24

(A)	(B)			(0	2)			(D)	(E)	(F)	
Name and title	Average hours per week (list any hours for related	box,	unles er and	Pos neck ss pe d a d	ition more rson irect	e than o is both or/trusto	an ee)	Reportable compensation from the	Reportable compensation from related organizations	Estimat amount other compens from th	t of r sation
	organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	ey employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	organiza and rela organizat	ation ated
5) STEVE A ELMENDORF	1.00	-									
TRUSTEE	1.00	X						0.	0.		
7) ELIZABETH ELTING	1.00										
TRUSTEE	1.00	X						0.	0.		
B) PAMELA MCKOIN	1.00										
TRUSTEE	1.00	X						0.	0.		
9) RICHARD WAGNER	1.00										
TRUSTEE	1.00	X						0.	0.		
O) LISA BISACCIA	1.00										
TRUSTEE AS OF 7-1-17	1.00	Х						0.	0.		
1) MICHAEL GARY	1.00										
TRUSTEE AS OF 7-1-17	1.00	X						0.	0.		
2) JUSTIN MACCARONE	1.00										
TRUSTEE AS OF 7-1-17	1.00	X						0.	0.		
3) PAUL MOUNDS	1.00										
TRUSTEE AS OF 7-1-17	1.00	X						0.	0.		
4) CRAIG VOUGHT TRUSTEE AS OF 7-1-17	1.00	X						0.	0.		
5) DICKENS MATHIEU  GENERAL COUNSEL, SECRETARY CLG	40.00			Х				257,504.	0.	52,	. 42
5) DANNY HITCHELL	40.00										
VP FINANCE	1.00			Х				313,035.	0.	68	,03
b Sub-total							$\blacktriangleright$				
c Total from continuation sheets to Part VII, S	ection A						$\blacktriangleright$				
d Total (add lines 1b and 1c)							<b>&gt;</b>				
2 Total number of individuals (including but not reportable compensation from the organization		hose 148		d al	bove	e) who	re	ceived more than	\$100,000 of		
										Yes	s
B Did the organization list any former office employee on line 1a? If "Yes," complete Schedu										3 X	
For any individual listed on line 1a, is the organization and related organizations gro	sum of rep	ortab	le c	om	pen	satior	n ar	nd other compens	sation from the		
individual										4 X	
5 Did any person listed on line 1a receive or	accrue co	mpen	satio	on f	fron	n any	uni	related organization	on or individual		
for services rendered to the organization? If "Ye	es " comple	te Sch	าedu	ıle J	I for	such	per	son		5	

compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax

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

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

Form 990 (2017)

(B)	1		(0	از			(D)	(F)		(F)	
Average hours per week (list any hours for related	box,	unles	Pos heck ss pe d a d	ition more rson lirect		an tee)	Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	an com fr	stimated nount of other pensation om the	f ion
	ividual trustee director	titutional trustee	cer	employee	hest compensated oloyee	mer	(W-2/1099-MISC)		an	d related	d
40.00				х			295,240.	0.		83,6	52
+				х			231,018.	0.		15,7	73
+					Х		388,128.	0.		29,6	57
0.					Х		218,462.	0.		32,1	L 8
s 0.					Х		256,282.	0.		24,4	17
R 0.					Х		218,214.	0.		66,6	50
0.					Х		222,317.	0.		54,6	59
Y 0.						Х	182,865.	0.		45,1	L 9
+						Х	163,019.	0.		17,4	<u>1</u> 3
											_
Section A						<b>&gt; &gt;</b>					_ _ _
			d al	bove	e) who	o re	ceived more than	\$100,000 of			
									3	Yes	N
greater thar	1 \$15	50,0	00?	If	"Yes	s,"	complete Schedu	le J for such	4	x	
or accrue co	mper	sati	on f	fron	n any	un	related organization	on or individual	5	21	
, (t	hours for related organizations below dotted line)  40.00  0.  40.00  40.00  0.  40.00  80.  40.00  R 0.  40.00  Y 0.  40.00  Y 0.  Ot limited to find the second or s	hours for related organizations below dotted line)  40.00  40.00  0.  40.00  0.  40.00  0.  40.00  0.  40.00  0.  40.00  0.  40.00  0.  40.00  TY  0.  40.0	hours for related organizations below dotted line)  40.00  40.00  40.00  0.  40.00  0.  40.00  0.  40.00  0.  40.00  0.  40.00  0.  40.00  0.  40.00  0.  40.00  0.  40.00  0.  40.00  17  0.  40.00  17  0.  40.00  18  40.00  19  0.  40.00  19  0.  40.00  19  0.  40.00  19  0.  40.00  19  0.  40.00  19  0.  40.00  19  0.  40.00  19  0.  40.00  19  0.  40.00  19  0.  40.00  19  0.  40.00  19  0.  40.00  19  0.  40.00  19  0.  40.00  19  0.  40.00  19  0.  40.00  10  10  10  10  10  10  10  10  10	hours for related organizations below dotted line)  40.00  40.00  40.00  40.00  38  40.00  40.00  39  40.00  30  40.00  30  40.00  30  40.00  30  40.00  30  40.00  30  40.00  30  40.00  30  40.00  30  40.00  30  40.00  30  40.00  30  40.00  30  40.00  30  40.00  30  40.00  31  40.00  32  40.00  33  40.00  34  40.00  35  40.00  37  40.00  37  40.00  38  40.00  39  40.00  30  40.00  30  40.00  31  40.00  32  40.00  33  40.00  34  40.00  40.	hours for related organizations below dotted line)  40.00  0.  40.00  0.  40.00  0.  40.00  0.  40.00  0.  40.00  0.  40.00  0.  40.00  0.  40.00  0.  40.00  0.  40.00  0.  40.00  0.  40.00  0.  40.00  0.  40.00  10.  40.00  10.  40.00  10.  40.00  10.  40.00  10.  40.00  10.  40.00  10.  40.00  10.  40.00  10.  40.00  10.  40.00  11.  12.  13.  14.  14.  15.  14.  14.  15.  14.  15.  16.  16.  16.  16.  16.  16.  16	hours for related organizations below dotted line)  40.00  0.	hours for related organizations below dotted line)   hours for line line line line line line line line	the organization related organization (W-2/1099-MISC)    A0.00	Nours for related organizations below dotted line   Nours for related organizations below dotted line   Nours fee   Nours fe	the organizations below dotted organizations below dotted line)  40.00	the organizations below dotted organization below dotted line)  40.00  0.

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

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

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

## Part VIII Statement of Revenue

		Check if Schedule O co	ontains a respon	se or note to an	y line in this Part VII	II		
			·		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ats	1a	Federated campaigns	1a					
Srar our	b	Membership dues						
Contributions, Gifts, Grants and Other Similar Amounts	С	Fundraising events	1 - 1					
	d	Related organizations						
ns,	е	Government grants (contribu		1,408,269.				
er S	f	All other contributions, gifts,	´					
퉏		and similar amounts not included	-	32,849,863.				
nd	g	Noncash contributions included	in lines 1a-1f: \$	2,620,076.				
	h	Total. Add lines 1a-1f		<u></u> ▶	34,258,132.			
Program Service Revenue				Business Code				
eve	2a	TUITION & FEES		900099	124,771,632.	124,771,632.		
e R	b	DINING FACILITIES		722514	9,237,077.	9,237,077.		
ξ	С	DORMITORY FEES		721000	13,752,099.	13,752,099.		
Sel	d	ALUMNI/FACULTY CENTER		900099	49,478.	49,478.		
аш	е							
ogr	f	All other program service rev	enue					
<u> </u>	g	Total. Add lines 2a-2f		<u></u> ▶	147,810,286.			1
	3	Investment income (income	cluding dividen	ds, interest,				
		and other similar amounts).		▶	5,914,492.		-2,971,337.	8,885,829.
	4	Income from investment of	•	•	0.			
	5	Royalties			0.			
			(i) Real	(ii) Personal				
	6a	Gross rents	77,933.					
	b	Less: rental expenses	139,121.					
	С	Rental income or (loss)	-61,188.					
	d	Net rental income or (loss) .			-61,188.			-61,188.
	7a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	989,396,061.	-634,928.				
	b	Less: cost or other basis						
		and sales expenses	786,937,179.					
	С	Gain or (loss)	202,458,882.	-634,928.				
	d	Net gain or (loss)			201,823,954.		1,054,330.	200,769,624.
ē	8a	Gross income from fundra	aising					
en/		events (not including \$						
Other Revenue		of contributions reported on	line 1c).					
Jer		See Part IV, line 18						
₹	b	Less: direct expenses						
	С	Net income or (loss) from fu	_	<u></u>	0.			
	9a	Gross income from gaming						
		See Part IV, line 19						
	b	Less: direct expenses						
	С	Net income or (loss) from g	_		0.			
	10a	Gross sales of invent	•					
	_	returns and allowances						
	b c	Less: cost of goods sold Net income or (loss) from sa	les of inventory		0.			
		Miscellaneous Revenu		Business Code	0.			
	44:	OTHER REVENUE AND FEES		900099	3,674,563.	3,674,563.		
	11a			300033	3,3,1,333.	3,3,1,303.		
	b							
	C	All other revenue						
	d	All other revenue  Total. Add lines 11a-11d			3,674,563.			
	е 12	Total revenue. See instruction			393,420,239.	151,484,849.	-1,917,007.	209,594,265.

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### 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).

(C) Management and (A) Total expenses (B) Program service Do not include amounts reported on lines 6b. 7b. 8b. 9b. and 10b of Part VIII. general expenses expenses expenses 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 48,729,853. 48,729,853. individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 3,165,196 3,165,196. 4 Benefits paid to or for members 5 Compensation of current officers, directors, 2,457,780. 1,153,704. 874,164 429,912. trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and 0 persons described in section 4958(c)(3)(B) 53,145,888. 46,228,618. 3,713,660 3,203,610. 7 Other salaries and wages 8 Pension plan accruals and contributions (include 4,448,372. 3,704,088. 462,600 281,684. section 401(k) and 403(b) employer contributions) 6,311,244 5,594,470. 269,361 447,413. 251,660. 3,767,730. 3,229,688. 286,382. 11 Fees for services (non-employees): 0 a Management 261,326. 35,429 223,197 2,700. **b** Legal 317,857. 34,588. 283,269. c Accounting d Lobbying 0 0. e Professional fundraising services. See Part IV, line 17, 2,605,386. 2,605,386. f Investment management fees 9 Other. (If line 11g amount exceeds 10% of line 25, column 14,531,559. 13,832,725. 417,064 281,770. (A) amount, list line 11g expenses on Schedule O.) 140,333. 5,744. 196,713. 50,636 12 Advertising and promotion 1,725,188. 251,504. 159,037. 1,314,647. 13 Office expenses 1,979,896. 1,790,485. 58,442. 130,969. 14 Information technology 15 Royalties 5,148,040. 5,036,829. 111,211 Occupancy 16 5,646,853. 5,038,991. 215,941. 391,921. 17 Travel Payments of travel or entertainment expenses 0 for any federal, state, or local public officials 11,718. 227,256. 196,139. 19,399 19 Conferences, conventions, and meetings 1,261,590. 1,261,590. Interest Payments to affiliates 15,800,870. 15,568,471. 2,873. 229,526 22 Depreciation, depletion, and amortization 2,680,092. 1,966,268. 713,824. Insurance 23 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 33,820. aBOOKS & PERIODICALS 1,505,429. 1,469,017. 2,592. **b**EQUIP RENTAL & MAINTENANCE 1,278,445 1,166,008. 97,085 15,352. 7,058,918. 6,729,027. 113,259 216,632. c PROGRAM dROOM & BOARD 8,958,081. 8,950,161. 7,920 6,384. 4,369,874. 3,827,074. 536,416. e All other expenses 5,841,971. 197,579,436. 180,163,399. 11,574,066 25 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720) 0

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## Part X Balance Sheet

	Check if Schedule O contains a response or note to any line in this Part X							
		·			(A) Beginning of year		(B) End of year	
	1	Cash - non-interest-bearing			0.	1	0.	
	2	Savings and temporary cash investments			44,286,774.	2	459,940,116.	
	3	Pledges and grants receivable, net			20,332,027.	3	16,861,035.	
	4	Accounts receivable, net			5,152,938.	4	1,524,748.	
	5	Loans and other receivables from current and	forme	r officers, directors,				
		trustees, key employees, and highest co	ompei	nsated employees.				
		Complete Part II of Schedule L Loans and other receivables from other disqualified pers			0.	5	0.	
	6	Loans and other receivables from other disqualified pers	ons (as	s defined under section				
		4958(f)(1)), persons described in section 4958(c)(3)(B) and sponsoring organizations of section 501(c)(9) volu						
G		organizations (see instructions). Complete Part II of Sche			0.	6	0.	
Assets	7	Notes and loans receivable, net			9,498,467.	7	8,825,841.	
As	8	Inventories for sale or use			91,573.	8	73,778.	
	9	Prepaid expenses and deferred charges			280,898.	9	409,687.	
	10 a	Land, buildings, and equipment: cost or						
		- I	10a					
	b	Less: accumulated depreciation			277,848,103.	10c	271,579,275.	
	11	Investments - publicly traded securities			376,754,597.	11	199,236,153.	
	12	Investments - other securities. See Part IV, line 11			206,550,797.	12	6,003,773.	
	13	Investments - program-related. See Part IV, line 11			0.	13	0.	
	14	Intangible assets	0.	14	0.			
	15	Other assets. See Part IV, line 11			378,794.	15	2,683,609.	
	16	Total assets. Add lines 1 through 15 (must equal			941,174,968.	16	967,138,015.	
	17	Accounts payable and accrued expenses	14,198,646.	17	14,902,751.			
	18	Grants payable		0. 4,138,389.	18	3,185,695.		
	19	Deferred revenue			147,156,719.	19	141,882,240.	
	20	Tax-exempt bond liabilities Escrow or custodial account liability. Complete Pa		of Cobodulo D	0.	20	0.	
	21 22	Loans and other payables to current and for			<u> </u>	21	0.	
Liabilities	22	trustees, key employees, highest compen						
ij		disqualified persons. Complete Part II of Schedule			0.	22	0.	
Ë	23	Secured mortgages and notes payable to unrelate			0.	23	0.	
	24	Unsecured notes and loans payable to unrelated			0.	24	0.	
	25	Other liabilities (including federal income tax,						
		parties, and other liabilities not included on lines						
		of Schedule D			43,234,934.	25	43,193,144.	
	26	Total liabilities. Add lines 17 through 25			208,728,688.	26	203,163,830.	
es		Organizations that follow SFAS 117 (ASC 958), complete lines 27 through 29, and lines 33 and	chec					
anc	27	Unrestricted net assets			112,208,870.	27	120,193,346.	
3al;	28	Temporarily restricted net assets			284,141,470.	28	286,797,399.	
둳	29	Permanently restricted net assets			336,095,940.	29	356,983,440.	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958) complete lines 30 through 34.	, chec	k here 🕨 🔲 and				
ts (	30	Capital stock or trust principal, or current funds				30		
sse	31	Paid-in or capital surplus, or land, building, or equ	iipmer	nt fund		31		
Ķ	32	Retained earnings, endowment, accumulated inco	ome,	or other funds		32		
Ne	33	Total net assets or fund balances			732,446,280.	33	763,974,185.	
	34	Total liabilities and net assets/fund balances	<u> </u>		941,174,968.	34	967,138,015.	
_	-				· · · · · · · · · · · · · · · · · · ·	• •	Form <b>QQ</b> (2017)	

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Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		93,4		
2	Total expenses (must equal Part IX, column (A), line 25)	2		97,5		
3	Revenue less expenses. Subtract line 2 from line 1	3		95,8		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		32,4		
5	Net unrealized gains (losses) on investments	5	-1	65,3	79,8	325.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9		1,0	66,9	27.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10	7	63,9	74,1	.85.
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplair	ı in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted o	n a			
	separate basis, consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for	oversi	ight			
	of the audit, review, or compilation of its financial statements and selection of an independent acc	ounta	ant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, e	xplair	n in			
	Schedule O.					
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	n in			
	the Single Audit Act and OMB Circular A-133?			3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und		the		,,	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits.		3b	X	

Form **990** (2017)

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## SCHEDULE A (Form 990 or 990-EZ)

# PUBLIC INSPECTION COPY Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

► Attach to Form 990 or Form 990-E2.

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

OMB No. 1545-0047

20 17

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization
TRUSTEES OF TRINITY COLLEGE, THE

Employer identification number 06-0646927

Pa	rt I	Reason for Public Cha	rity Status (All o	organizations must c	omplet	e this pa	art.) See instructions		
The	org	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)		
1		A church, convention of chu	urches, or associat	tion of churches desci	ribed in <b>s</b>	ection 1	70(b)(1)(A)(i).		
2	X	A school described in <b>secti</b>	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990	)-EZ).)		
3		A hospital or a cooperative	hospital service o	rganization described	in <b>sectio</b>	n 170(b)	(1)(A)(iii).		
4		A medical research organiz	ation operated in	conjunction with a hos	spital de	scribed ir	n section 170(b)(1)(A)	(iii). Enter the	
		hospital's name, city, and st	ate:						
5		An organization operated t	for the benefit of	a college or universit	y owned	d or ope	erated by a governme	ntal unit described in	
		section 170(b)(1)(A)(iv). (C	(Complete Part II.)						
6		A federal, state, or local go	vernment or gover	rnmental unit describe	d in <b>sect</b>	ion 170(	b)(1)(A)(v).		
7		An organization that norma	ally receives a sub	stantial part of its su	pport fro	om a go	vernmental unit or fro	om the general public	
		described in section 170(b)	(1)(A)(vi). (Comple	ete Part II.)					
8		A community trust describe	-		-				
9		An agricultural research org	=			-	<del>-</del>		
		or university or a non-land-	grant college of ag	griculture (see instruct	ions). Ei	nter the i	name, city, and state of	f the college or	
		university:							
10		An organization that norma receipts from activities rela support from gross investmacquired by the organizatio	ted to its exempt f rent income and ur	unctions - subject to on nrelated business tax	certain e able inco	xception me (les	s, and (2) no more tha s section 511 tax) from	n 331/3 % of its	
11		An organization organized	and operated exclu	usively to test for publi	c safety.	See sec	tion 509(a)(4).		
12		An organization organized	•	•				• • • •	
		of one or more publicly su							
	_	Check the box in lines 12a t	hrough 12d that de	escribes the type of s	upporting	g organiz	zation and complete lir	nes 12e, 12f, and 12g.	
а	L	<b>Type I</b> . A supporting orga	•	•	-		• , ,		
		the supported organization	on(s) the power to	regularly appoint or e	lect a m	ajority of	the directors or truste	es of the	
		supporting organization. <b>\</b>	-						
b	L	<b>Type II</b> . A supporting org	•						
		control or management of		=	the sam	e persor	ns that control or man	age the supported	
	_	organization(s). <b>You must</b>	•						
С	L	Type III functionally integrated						ly integrated with,	
_	Г	its supported organization		•					
d	L	Type III non-functionally			-			- ' '	
		that is not functionally inte	-		-		·	an attentiveness	
	Г	requirement (see instruct	•	•					
е	L	Check this box if the orga						ı, rype iii	
f	Er	functionally integrated, or nter the number of supported	• •			•			
'n		ovide the following information							
9		lame of supported organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of	
	(-,	tame of cappoints organization	(,	(described on lines 1-10	listed in yo	ur governing	support (see	other support (see	
				above (see instructions))	Yes	ment?	instructions)	instructions)	
					103	110			
(A)									
(B)									
(C)									
(D)									
(E)									
Tota	al _								

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017 Page **2** 

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

<u>Sec</u>	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨 📙	(a) 2013	<b>(b)</b> 2014	(c) 2015	<b>(d)</b> 2016	<b>(e)</b> 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	26,251,475.	34,467,593.	20,880,337.	30,814,314.	34,258,132.	146,671,851.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	26,251,475.	34,467,593.	20,880,337.	30,814,314.	34,258,132.	146,671,851.
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)						32,926,829.
6	Public support. Subtract line 5 from line 4						113,745,022.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨 📗	(a) 2013	<b>(b)</b> 2014	(c) 2015	<b>(d)</b> 2016	<b>(e)</b> 2017	(f) Total
7	Amounts from line 4	26,251,475.	34,467,593.	20,880,337.	30,814,314.	34,258,132.	146,671,851.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3,550,562.	3,685,339.	3,500,779.	2,127,343.	8,963,762.	21,827,785.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11	Total support. Add lines 7 through 10						168,499,636.
12	Gross receipts from related activities, etc. (se	ee instructions) .				12	726,867,996.
13	First five years. If the Form 990 is for organization, check this box and stop here.						
Sec	tion C. Computation of Public Supp						
14	Public support percentage for 2017 (lin		-			14	67.50%
15	Public support percentage from 2016 S					15	70.75 <b>%</b>
16a	331/3% support test - 2017. If the org	anization did n	ot check the box	x on line 13, an	d line 14 is 33	1/3 % or more, cl	
	box and <b>stop here.</b> The organization qu			-			
b	<b>33</b> 1/3 % <b>support test - 2016.</b> If the org						
	this box and <b>stop here.</b> The organization			_			
17a	10%-facts-and-circumstances test - 2	_					
	10% or more, and if the organization					-	•
	Part VI how the organization meets the			•	•	• •	
	organization						
b	10%-facts-and-circumstances test - 2	-					
	15 is 10% or more, and if the orga						-
	Explain in Part VI how the organization				•	•	
18	supported organization Private foundation. If the organization	did not check a	box on line 13,	16a, 16b, 17a,	or 17b, check	this box and see	. $\square$
	instructions						

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017 Page 3

## Part III

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support				<u> </u>	,	
	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	(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						
3	'						
	unrelated trade or business under section 513 .						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7 a	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 \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less						
_	section 511 taxes) from businesses						
	acquired after June 30, 1975						
_	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly						
	carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for	or the organiza	tion's first, seco	nd, third, fourth,	or fifth tax y	ear as a section	501(c)(3)
	organization, check this box and stop here						<u>▶</u>
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2017 (line 8,	. ,	-			15	%_
16	Public support percentage from 2016 Sche					16	<u></u> %
Sec	tion D. Computation of Investment	Income Perc	centage				
17	Investment income percentage for 2017 (lin					17	<u></u> %
18	Investment income percentage from 2016	3chedule A, Part	III, line 17			18	%
19 a	331/3% support tests - 2017. If the org	janization did no	ot check the box	on line 14, and	d line 15 is mor	e than 331/3 %, a	and line
	17 is not more than 331/3 %, check thi						
b	331/3% support tests - 2016. If the orga						
-	line 18 is not more than 331/3%, check						. $\square$
20	<b>Private foundation.</b> If the organization		•		. ,		<u> </u>
JSA	·			,		Schedule A (Form 9	
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Schedule A (Form 990 or 990-EZ) 2017 Page 4

#### Part IV **Supporting Organizations**

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

## Se

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

Schedule A (Form 990 or 990-EZ) 2017

10b

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

determine whether the organization had excess business holdings.)

Schedule A (Form 990 or 990-EZ) 2017

Jeneau	ne // (1 01111 330 01 330-LZ) 2011			age <b>o</b>
Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44-		
<b>L</b>	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b 11c		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.  on B. Type I Supporting Organizations	110		
00011	on B. Type I dapporting diganizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	_		
0 1		1		
Secti	on D. All Type III Supporting Organizations		V	NI.
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior			
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
-	organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how</i>			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	structi	ions).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	$\overline{}$	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	20		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's position that its supported organization(s) would have engaged in these	2b		
2	-	-10		
3 a	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? <i>Provide details in <b>Part VI.</b></i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
_	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017 Page 6

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

Schedule A (Form 990 or 990-EZ) 2017

Page 7 Schedule A (Form 990 or 990-EZ) 2017 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Secti	on D - Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish ex			
2	Amounts paid to perform activity that directly furthers exen	npt purposes of support	ed	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	zations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	<b>Total annual distributions.</b> Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
;	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017			
	(reasonable cause required-explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
С	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
<u>i</u>	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from			
	Section D, line 7: \$			
<u>а</u>	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in <b>Part VI</b> . See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
7	Excess distributions carryover to 2018. Add lines 3			
,	and 4c.			
8	Breakdown of line 7:			
o a	Excess from 2013			
a b	Excess from 2014			
C	Excess from 2015			
d d	Excess from 2016			
e	Excess from 2017			
-	LACCOC HOIII ZUTT			

Schedule A (Form 990 or 990-EZ) 2017

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Schedule A (Form 990 or 990-EZ) 2017 Page 8

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

Schedule A (Form 990 or 990-EZ) 2017

### SCHEDULE C (Form 990 or 990-EZ)

# PUBLIC INSPECTION COPY Political Campaign and Lobbying Activities

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

2017

Department of the Treasury Internal Revenue Service

➤ Complete if the organization is described below. 
➤ Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

OMB No. 1545-0047

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then • Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C. Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B. Section 527 organizations: Complete Part I-A only. If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B. 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," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization Employer identification number TRUSTEES OF TRINITY COLLEGE, THE 06-0646927 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV. (see instructions for definition of "political campaign activities") Volunteer hours for political campaign activities (see instructions)..... Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 . . . . . ▶ \$ Enter the amount of any excise tax incurred by organization managers under section 4955 . . . . . . . . . . . . . . . . . If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes Nο 4a Was a correction made? Yes No b If "Yes," describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities......▶\$ Enter the amount of the filing organization's funds contributed to other organizations for section Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, Did the filing organization file Form 1120-POL for this year? Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political filing organization's contributions received and funds. If none, enter -0-. promptly and directly delivered to a separate political organization. If none, enter -0-. (1) (2) (3) (4) (5) (6)

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

Schedule C (Form 990 or 990-EZ) 2017

Р		Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).								
A	Check ▶				affiliated group (and excess lobbying exp		ach affiliated group mem	nber's name,		
В	Check ▶	if the filing organiz	ol" provisions app	ly.						
		Limits (The term "expendit		ying Expeneration		)	(a) Filing organization's totals	<b>(b)</b> Affiliated group totals		
<ul> <li>1a Total lobbying expenditures to influence</li> <li>b Total lobbying expenditures to influence</li> <li>c Total lobbying expenditures (add lines of the distribution)</li> <li>d Other exempt purpose expenditures (add f Lobbying nontaxable amount. Enter the columns.</li> </ul>			a legislative a and 1b) d lines 1c ar	e body (direct lobbyi	ng)					
	If the amo	unt on line 1e, column (a	) or (b) is:	The lobbyir	ng nontaxable amount	is:				
	Not over \$		, , ,		amount on line 1e.					
	Over \$500	0,000 but not over \$1,000	0,000	\$100,000 p	lus 15% of the excess	over \$500,000.				
	Over \$1,00	00,000 but not over \$1,5	00,000	\$175,000 p	lus 10% of the excess	over \$1,000,000.				
	Over \$1,50	00,000 but not over \$17,	000,000	\$225,000 p	lus 5% of the excess of	over \$1,500,000.				
	Over \$17,	000,000		\$1,000,000						
9	<b>g</b> Grassroo	ts nontaxable amount	(enter 25	5% of line 1f	)					
ı	h Subtract	line 1g from line 1a. If	zero or le	ess, enter -0						
i		line 1f from line 1c. If z								
j	If there is	s an amount other th	an zero	on either I	ine 1h or line 1i,	did the organiza	tion file Form 4720			
	reporting	section 4911 tax for t						Yes No		
					raging Period Unde	• •				
	(So	me organizations tha			01(h) election do no te instructions for l		ete all of the five colun 2f.)	nns below.		
			Lobb	ying Expe	nditures During 4-Y	ear Averaging Pe	riod			
		r year (or fiscal year eginning in)	(a)	2014	<b>(b)</b> 2015	<b>(c)</b> 2016	<b>(d)</b> 2017	(e) Total		
2	<b>a</b> Lobbying r	nontaxable amount								
		ceiling amount ine 2a, column (e))								
_	Total lobby	ying expenditures								
_	<b>d</b> Grassroots	s nontaxable amount								
_		s ceiling amount ine 2d, column (e))								
1	Grassroots	s lobbying expenditures								

Schedule C (Form 990 or 990-EZ) 2017

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$\overline{}$	dule C (Form 990 or 990-EZ) 2017					Page 3
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has NO (election under section 501(h)).	T file	d For	m 5768		
For	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(8	a)		(b)	
	cription of the lobbying activity.	Yes	No	,	Amount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local					
	legislation, including any attempt to influence public opinion on a legislative matter or					
	referendum, through the use of:					
а	Volunteers?	X				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?.		X			
С	Media advertisements?		X			
d	Mailings to members, legislators, or the public?		Х			
е	Publications, or published or broadcast statements?		X			
f	Grants to other organizations for lobbying purposes?		X			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		X			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X	Λ			1
i	Other activities?					1
j	Total. Add lines 1c through 1i		х			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
c d	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Pa	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	, or s	ection		
	501(c)(6).				Yes	s No
	Managarikatan tigih sali (000/ an mana) duga manaisad manadadu tibla bu manakan 2			Г	1	S NO
1	Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2	
2	Did the organization make only in-nouse lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from				3	
_	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501				<u> </u>	
. ~	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No,"				ine 3. i	s
	answered "Yes."		-,	, , , ,		
1	Dues, assessments and similar amounts from members			1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amo		of			
	political expenses for which the section 527(f) tax was paid).		-			
а	Current year			2a		
b	Carryover from last year			2b		
С	Total			2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du			3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion					
	excess does the organization agree to carryover to the reasonable estimate of nondeductible I					
	and political expenditure next year?	-	- 1	4		
5	Taxable amount of lobbying and political expenditures (see instructions)			5		
	rt IV Supplemental Information					
	vide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliate ee instructions); and Part II-B, line 1. Also, complete this part for any additional information.	d grou	up list	); Part II-	A, lines	1 and
ORO	GANIZATIONS EXEMPT UNDER SECTION 501(C)(3)					
TR	INITY COLLEGE PAID DUES OR MEMBERSHIPS OF \$751,999 DURING THE FISC.	AL				
YE	AR 2018 TO CERTAIN ORGANIZATIONS WHICH MAY LOBBY ON ITS BEHALF.					

Schedule C (Form 990 or 990-EZ) 2017

Schedule C (Form 990 or 990-EZ) 2017 Page 4

Part IV **Supplemental Information** (continued)

Schedule C (Form 990 or 990-EZ) 2017

## PUBLIC INSPECTION COPY

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

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

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

Department of the Treasury Internal Revenue Service Name of the organization

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

TRU	JSTEES OF TRINITY COLLEGE, THE	06-0646927
Pa	organizations Maintaining Donor Advised Funds or Other Similar Funds or	Accounts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held	in donor advised
	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fu	ınds can be used
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for a	
	conferring impermissible private benefit?	Yes No
Pa	art II Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education)	of a historically important land area
	Protection of natural habitat Preservation	of a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in	
	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or termin	ated by the organization during the
	tax 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, inspect	- 1 1 1
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing con	servation easements during the year
	<b>&gt;</b>	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing co	onservation easements during the year
	<b>&gt;</b> \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of sections and the section of the sectio	
_	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financi organization's accounting for conservation easements.	iai statements that describes the
Pa	organizations Maintaining Collections of Art, Historical Treasures, or Other	r Similar Assets
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	- Ca. 7.000.0.
1a		revenue statement and halance sheet
ıa	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its works of art, historical treasures, or other similar assets held for public exhibition, education and the similar assets held for public exhibition, education and the similar assets held for public exhibition, education and the similar assets held for public exhibition, education and the similar assets held for public exhibition.	cation, or research in furtherance of
	public service, provide, in Part XIII, the text of the footnote to its financial statements that des	cribes these items.
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its re-	
	works of art, historical treasures, or other similar assets held for public exhibition, edu- public service, provide the following amounts relating to these items:	cation, or research in furtherance of
	(i) Revenue included on Form 990, Part VIII, line 1	<b>▶</b> \$
	(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 (ASC 958) relating to these items	
а	Revenue included on Form 990, Part VIII, line 1	S. ▶ \$
b	Assets included in Form 990, Part X.	<b>&gt;</b> \$

Schedule D (Form 990) 2017 Page **2** 

Par	Organizations Maintaini	ng Collections of	Art, Historical	Treasures,	or Oth	ner Similar Asse	ets (con	tinue	<u>₹d)</u>
3	Using the organization's acquisition	on, accession, and o	other records, che	ck any of th	ne follow	ving that are a sig	nificant ι	ıse o	fits
	collection items (check all that app	oly):							
а	X Public exhibition		d Loai	n or exchang	e prograr	ms			
b	X Scholarly research		e Othe	er					
С	X Preservation for future gene	erations							
4	Provide a description of the orga	nization's collections	and explain how	they furthe	r the org	ganization's exemp	t purpos	e in	Part
	XIII.								
5	During the year, did the organization	on solicit or receive o	donations of art, hi	storical treas	ures, or	other similar			_
	assets to be sold to raise funds rati	her than to be mainta	ained as part of the	e organizatio	n's collec	ction?	Yes	Х	No
	Escrow and Custodial An Complete if the organiza 990, Part X, line 21.	tion answered "Yes					nt on For	m	
1 a	Is the organization an agent, truste								_
	included on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement i	in Part XIII and comp	olete the following t	able:					
						Amount			
	Beginning balance				:				
d	Additions during the year				I				
е	Distributions during the year				•				
f	Ending balance								
	Did the organization include an am						Yes		No
	If "Yes," explain the arrangement i	in Part XIII. Check h	ere if the explanati	on has been p	orovided	on Part XIII			
Par	t V Endowment Funds.		" F 000	D ( N ( ):	40				
	Complete if the organizat						T		
		(a) Current year	(b) Prior year	(c) Two ye		(d) Three years back	(e) Four		
1 a	Beginning of year balance	584,499,394.	532,344,486			551,798,198.	486,5		
b	Contributions	17,141,393.	9,515,229	5,105	5,594.	16,268,591.	9,.	356,	379.
С	Net investment earnings, gains,	FO C4C F10	70 070 751	10 077	1.71	20 001 020	00 /	-00	<b>C</b> 22
	and losses	50,646,519.	72,078,751			29,881,029.			633.
	Grants or scholarships	7,035,663.	6,699,004	. 5,6/3	3,262.	5,162,582.	4,3	, 00	585.
е	Other expenditures for facilities	01 455 271	10 740 604	16 400	704	16 404 600	1	700	115
	and programs	21,455,371.	18,740,684 3,999,384		3,449.	16,494,699. 4,256,989.			$\frac{115}{266}$ .
f	Administrative expenses	621,190,886.	584,499,394			572,033,548.	551,		
g	End of year balance						) J J T ,	190,	<u></u>
2 a	Provide the estimated percentage Board designated or quasi-endown	of the current year onent ► 2.0000	end balance (line 1 )%	g, column (a)	) held as	:			
	Permanent endowment ► 57.0		_ ` `						
	Temporarily restricted endowment								
	The percentages on lines 2a, 2b, a		100%.						
3a	Are there endowment funds not in			at are held a	nd admir	nistered for the			
	organization by:	•	J				Γ	Yes	No
	(i) unrelated organizations						3a(i)	Х	
	(ii) related organizations						3a(ii)		X
b	If "Yes" on line 3a(ii), are the relate	ed organizations liste	d as required on S	chedule R?			3b		
4	Describe in Part XIII the intended	uses of the organiza	tion's endowment	funds.					
Par	t VI Land, Buildings, and Equ	ipment.	-" F 000	D = v4 I) / Iiv =	- 44 - 0	F 000 D-	V 1!	40	
	Complete if the organiza  Description of property	(a) Cost or		rart IV, IIII6			れる, IINE <b>d)</b> Book val		
		(inves	tment)	(other)		eciation			
1a	Land			,020,662.			49,02		
b	Buildings		417	,141,679.	216,9	36,934.	200,20	)4,7	45.
С	Leasehold improvements								
d	Equipment			,471,972.	48,6	84,737.	13,78		
	Other			,869,037.			8,56		
Tota	I. Add lines 1a through 1e. (Columr	n (d) must equal Forr	n 990, Part X, colu	mn (B), line 1	0c.)	▶	271,57	/9,2	75.

Schedule D (Form 990) 2017

JSA 7E1269 1.000 Schedule D (Form 990) 2017 Page **3** 

Part VII	Investments - Other Securities.  Complete if the organization answered	"Voo" on Form 000	Part IV line 11h See Form 000 De	art V line 12
	(a) Description of security or category	(b) Book value	(c) Method of valuation:	·
	(including name of security)	(b) Book value	Cost or end-of-year market v	
(1) Financia	al derivatives			
	-held equity interests			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)	(h) must agual Form 000 Part V and (D) line 42 \			
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.  Complete if the organization answered	"Vos" on Form 000	Part IV line 11c See Form 000 Pr	art V line 12
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market v	
(4)			Coot of one of your market v	aid 0
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8) (9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
I alt IX	Complete if the organization answered	"Yes" on Form 990	Part IV. line 11d. See Form 990. Pa	art X. line 15.
		scription	, ,	(b) Book value
(1)	(4) 23.			(2) 2001. 10.00
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	umn (b) must equal Form 990, Part X, col. (B) li	ine 15.)		
Part X	Other Liabilities.	,		
	Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11e or 11f. See Form 9	990, Part X,
	line 25.			
1.	(a) Description of liability	(b) Book valu	е	
(1) Feder	ral income taxes	13,0	059.	
(2) PV OI	F SPLIT-INT OBLIGATIONS	5,298,3	377.	
(3) CONTI	RIBUTIONS DUE TO OTHERS	26,2	232.	
(4) FEDEI	RAL STUDENT LOAN FUNDS	2,212,5	596.	
	UED POST-RETIREMENT BENEFI	4,984,5		
	IERI SEVERANCE	182,4		
	ILITY FOR ASSET RETIREMENT	30,475,8		
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 25.)	<b>▶</b> 43,193,1	144.	
1 - 1 - 4111	., , , , , , , , , , , , , , , , , , ,			

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

JSA 7E1270 1.000

TRUSTE PSUBLICIANS RECEIPED NHC OPY 06-0646927 Schedule D (Form 990) 2017 Page 4 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains (losses) on investments . . . . . . . . . . . . . . . . . 2a 2b 2c c Recoveries of prior year grants...... 

3

#### 

Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) . . . . .

Amounts included on Form 990, Part VIII, line 12, but not on line 1:

a Investment expenses not included on Form 990, Part VIII, line 7b......

c Add lines 4a and 4b

**b** Other (Describe in Part XIII.)

а	Donated services and use of facilities		
b	Prior year adjustments		
	Other losses		
d	Other (Describe in Part XIII.)		
	Add lines 2a through 2d	2e	
	Subtract line <b>2e</b> from line <b>1</b>		
	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
	Add lines <b>4a</b> and <b>4b</b>	4c	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		

4b

### Part XIII Supplemental Information.

SEE PAGE 5

3

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, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

	·	·	 •	

JSA Schedule D (Form 990) 2017

7E1271 1.000

## Part XIII Supplemental Information (continued)

SCHEDULE D, PART III, LINE 4:

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.

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, LINE 2:

THE FINANCIAL STATEMENTS DID NOT REPORT A FIN 48 LIABILITY.

56801N U509

## **SCHEDULE E** (Form 990 or 990-EZ)

## PUBLIC INSPECTION COPY

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

► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

**Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

TRUSTEES OF TRINITY COLLEGE, THE

Employer identification number 06-0646927

Par	tl			
			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter,			
	bylaws, other governing instrument, or in a resolution of its governing body?	1	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,		v	
•	programs, and scholarships?	2	X	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program,			
	in a way that makes the policy known to all parts of the general community it serves? If "Yes," please			
	describe. If "No," please explain. If you need more space, use Part II	3	Х	
	describe. If two, pieuse explain. If you need more space, use faithful ful ful ful ful ful ful ful ful ful			
	SEE SUPPLEMENTAL PAGE			
4	Does the organization maintain the following?	_	v	
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	X	
b	Records documenting that scholarships and other financial assistance are awarded on a racially	4b	x	
С	nondiscriminatory basis?  Copies of all catalogues, brochures, announcements, and other written communications to the public dealing	40	23	
·	with student admissions, programs, and scholarships?	4c	X	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Х	
	If you answered "No" to any of the above, please explain. If you need more space, use Part II.			
5	Does the organization discriminate by race in any way with respect to:	_		v
а	Students' rights or privileges?	5a		X
b	Admissions policies?	5b		Х
	Admissions policies:	35		
С	Employment of faculty or administrative staff?	5c		Х
	, , , , , , , , , , , , , , , , , , , ,			
d	Scholarships or other financial assistance?	5d		X
е	Educational policies?	5e		X
				37
f	Use of facilities?	5f		X
~	Athletic programs?	5 ca		х
g	Athletic programs:	5g		
h	Other extracurricular activities?	5h		Х
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.			
_			37	
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a	X	X
b	Has the organization's right to such aid ever been revoked or suspended?  If you answered "Yes" on either line 6a or line 6b, explain on Part II.	6b		A
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through			
•	4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	7	Х	
	orpanion, artilling and an artilling and artilling	•		

Schedule E (Form 990 or 990-EZ) (2017)

Page 2

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

SCHEDULE E, LINE 3:

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.

SCHEDULE E, LINE 6A:

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

## PUBLIC INSPECTION COPY

## **SCHEDULE F** (Form 990)

## Statement of Activities Outside the United States

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

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

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

Inspection

Department of the Treasury Internal Revenue Service

**Employer identification number** Name of the organization TRUSTEES OF TRINITY COLLEGE, THE 06-0646927 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the X grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (b) Number of (c) Number of (d) Activities conducted in the (e) If activity listed in (d) is (f) Total offices in the employees, region (by type) (such as, a program service, expenditures for fundraising, program services, describe specific type of region agents, and and investments investments, grants to recipients located in the region) independent service(s) in the region in the region contractors in the region SUB-SAHARAN AFRICA 1 PROGRAM SERVICES STUDY ABROAD 332,595. (2) SOUTH AMERICA 1. PROGRAM SERVICES STUDY ABROAD 215,764. 1. (3) EUROPE 4. 15. PROGRAM SERVICES STUDY ABROAD 3,891,990. Ω EAST ASIA AND THE PACIFIC Ω PROGRAM SERVICES STUDY ABROAD 146,114. CENTRAL AMERICA/CARIBBEAN 1 6 PROGRAM SERVICES STUDY ABROAD 377,750. (6) MIDDLE EAST AND NORTH AFRICA 0. Ω PROGRAM SERVICES STUDY ABROAD 24,597. EAST ASIA AND THE PACIFIC 0. Ο. GRANTMAKING STUDY ABROAD GRANTS 248,720. (8) EUROPE 0. 0. GRANTMAKING STUDY ABROAD GRANTS 1,928,910. RUSSIA/INDEPENDENT STATES 0. Ο. GRANTMAKING STUDY ABROAD GRANTS 13,693. SOUTH AMERICA 0. GRANTMAKING STUDY ABROAD GRANTS 657,992. SUB-SAHARAN AFRICA 0. 0. GRANTMAKING STUDY ABROAD GRANTS 315,881. (12) EUROPE 0. INVESTMENTS 425,373. Ω (13) CENTRAL AMERICA/CARIBBEAN 10,127,130. 0. 0. INVESTMENTS (14)(15)(16)(17)Sub-total 7. 23. 18,706,509. 3a Total from continuation

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

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

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56801N U509 V 17-7.10 18,706,509

Page **2** 

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method o valuation (book, FMV, appraisal, othe
1)									
2)									
3)									
4)									
5)									
6)									
7)									
3)									
9)									
10)									
11)									
12)									
13)									
14)									
15)									
16)									
<b>2</b> Ent	the IRS, or for which the gra	nt organizations listed above antee or counsel has provide ganizations or entities	d a section 501(c)(3	) equivalency letter			<b>&gt;</b>		

\_ .

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) GRANTS AND SCHOLARSHIPS FOR STUDENTS	EUROPE/ICELAND/GREENLAND	77.	1,928,910.	ON ACCOUNT			
(2) GRANTS AND SCHOLARSHIPS FOR STUDENTS	EAST ASIA/PACIFIC	9.	248,720.	ON ACCOUNT			
(3) GRANTS AND SCHOLARSHIPS FOR STUDENTS	SOUTH AMERICA	23.	657,992.	ON ACCOUNT			
(4) GRANTS AND SCHOLARSHIPS FOR STUDENTS	SUB-SAHARAN AFRICA	12.	315,881.	ON ACCOUNT			
	RUSSIA/NEWLY IND. STATES	2.	13,693.	ON ACCOUNT			
_(6)							
_(7)							
_(8)							
(9)							
<u>(10)</u>							
<u>(11)</u>							
<u>(12)</u>							
(13)							
<u>(</u> 14)							
<u>(</u> 15)							
<u>(</u> 16)							
<u>(</u> 17)							
<u>(</u> 18)							

Schedule F (Form 990) 2017

Page 4

Part IV Foreign Forms

I alt	1 ordigit 1 ortilis		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	X Yes	No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	X Yes	☐ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	X Yes	☐ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	X Yes	☐ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2017

JSA

7E1277 1.000 56801N U509 Schedule F (Form 990) 2017 Page **5** 

## Part V Supplemental Information

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

SCHEDULE F, PART I, COLUMN F:

ACTIVITIES OUTSIDE THE U.S. TOTAL EXPENDITURES IN THE REGION - THE COLLEGE TRACKS EXPENSES FOR ACTIVITIES IN EACH REGION USING A UNIQUE DEPARTMENT ACCOUNT NUMBER FOR EACH REGION ON THE GENERAL LEDGER.

GRANTS MADE IN THE REGION - THE COLLEGE FINANICAL AID OFFICE DETERMINES

ELIGIBILITY FOR FINANCIAL AID AWARDED TO STUDENTS STUDYING OUTSIDE THE US

IN BOTH TRINITY COLLEGE AND OTHER PROGRAMS. THE FINANCIAL AID IS POSTED

ON THE STUDENT ACCOUNTS RECEIVABLE TO COVER PROGRAM COSTS OR TRANSFERS OF

FINANCIAL AID TO OTHER PROGRAMS.

### PUBLIC INSPECTION COPY

## SCHEDULE I (Form 990)

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

OMB No. 1545-0047
2017

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

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

Open to Public Inspection

Name of the organization	TEES OF TRINITY COLLEGE, THE										
TRUSTEES OF TRINITY COLLEGE, THE											
Part I General Information on Grants ar	d Assistanc	e									
<ol> <li>Does the organization maintain records to see the selection criteria used to award the grant Describe in Part IV the organization's process.</li> </ol>	ts or assistan	ce?					X Yes No				
Part II Grants and Other Assistance to I 990, Part IV, line 21, for any recip		_					es" on Form				
(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 noncash assistance	(h) Purpose of grant or assistance				
_(1)											
(2)											
(3)											
(4)											
(5)											
(6)											
(7)											
(8)											
(9)											
(10)											
(11)											
(12)											
<ul> <li>2 Enter total number of section 501(c)(3) and</li> <li>3 Enter total number of other organizations list</li> </ul>											

JSA

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

V 17-7.10

Schedule I (Form 990) (2017)

Schedule I (Form 990) (2017)

Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 GRANTS AND SCHOLARSHIPS FOR STUDENTS	1,069.	48,729,853.			
_ 2					
_ 3					
_4					
_ 5					
_ 6					
_7					

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

PART I, LINE 2 - GRANTS AND ALLOCATIONS:

APPROXIMATELY 52 PERCENT OF TRINITY COLLEGE UNDERGRADUATES ARE RECEIVING

ASSISTANCE FROM THE COLLEGE, FEDERAL OR STATE FUNDS. GRANTS AND

SCHOLARSHIPS ARE AWARDED ON THE BASIS OF FINANCIAL NEED AND ACADEMIC

ACHIEVEMENT. THE COLLEGE'S FINANCIAL AID OFFICE MONITORS THE DISBURSEMENT

OF FINANCIAL AID. SCHEDULE I, PART III: THE CASH GRANT INCLUDES CREDITS

ON STUDENT ACCOUNTS.

Schedule I (Form 990) (2017)

## **SCHEDULE J** (Form 990)

## PUBLIC INSPECTION COPY

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

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

**Open to Public** 

06-0646927

Department of the Treasury Internal Revenue Service Name of the organization

TRUSTEES OF TRINITY COLLEGE, THE

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

Inspection Employer identification number

OMB No. 1545-0047

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form			
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel    X   Housing allowance or residence for personal use			
	X Travel for companions Payments for business use of personal residence			
	X Tax indemnification and gross-up payments X Health or social club dues or initiation fees			
	Discretionary spending account  X Personal services (such as, maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to	1b		Х
2	explain	10		21
2	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2	Х	
2	Indicate which, if any, of the following the filing organization used to establish the compensation of the			
3	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a			
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee Written employment contract			
	Independent compensation consultant  X Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a	X	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X	
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only postion F04/5\(0)\ F04/5\(4)\ and F04/5\(00)\ annoningtions must be smallete lines F.O.			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
5	compensation contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		Х
-	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
	payments not described on lines 5 and 6? If "Yes," describe in Part III.	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			3.5
_	in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			

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

Schedule J (Form 990) 2017

Regulations section 53.4958-6(c)?

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

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

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

(A) Name and Title		<b>(B)</b> Breakdown of	W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
JOHN FRACASSO	(i)	174,057.	0.	214,071.	14,799.	14,871.	417,798.	
1 VP COLLEGE ADVANCEMENT	(ii)	0.	0.	0.	0.	0.	0.	
JOANNE BERGER-SWEENEY	(i)	474,464.	0.	127,508.	53,025.	77,661.	732,658.	49,969.
2 <sup>PRESIDENT</sup>	(ii)	0.	0.	0.	0.	0.	0.	
DICKENS MATHIEU	(i)	257,504.	0.	0.	25,189.	27,240.	309,933.	
3 GENERAL COUNSEL, SECRETARY CLG	(ii)	0.	0.	0.	0.	0.	0.	
SUZANNE ABER	(i)	201,305.	0.	17,157.	19,641.	12,546.	250,649.	
4 <sup>VP</sup> INFORMATION TECHNOLOGY	(ii)	0.	0.	0.	0.	0.	0.	
DANNY HITCHELL	(i)	299,342.	0.	13,693.	31,275.	36,756.	381,066.	
5 <sup>VP</sup> FINANCE	(ii)	0.	0.	0.	0.	0.	0.	
ANGEL PEREZ	(i)	247,730.	0.	8,552.	23,545.	926.	280,753.	
6 PENROLLMNT & STUDENT SUCCESS	(ii)	0.	0.	0.	0.	0.	0.	
JOSEPH DICHRISTINA	(i)	218,214.	0.	0.	21,589.	45,020.	284,823.	
DEAN CAMPUS LIFE, VP ST AFFAIR	(ii)	0.	0.	0.	0.	0.	0.	
TIMOTHY CRESSWELL	(i)	293,815.	0.	1,425.	30,525.	53,103.	378,868.	
8 <sup>VP</sup> ACAD AFFAIRS	(ii)	0.	0.	0.	0.	0.	0.	
MELANIE STEIN	(i)	163,019.	0.	0.	15,524.	1,909.	180,452.	
9 FORMER INTERIM DEAN OF FACULTY	(ii)	0.	0.	0.	10.000	25.25	222 255	
SONIA CARDENAS  10 FORMER INTERIM DEAN OF FACULTY	(i)	182,865.	0.	0.	18,230.	26,960.	228,055.	
	(ii)	0.	0.	0.	0.	0.	0.	
ANGELA SCHAEFFER  11  OF COMMUNICATIONS & MARKETING	(i)	208,517.	0.	13,800.	20,715.	33,976.	277,008.	
	(ii)	0.	0.	0.	0.	0.	0.	
MICHAEL CASEY  12  NOTE: The second of the s	(i)	181,248.	0.	49,770.	15,437.	293.	246,748.	
12	(ii)	0.	0.	0.	0.	0.	0.	
	(i)							
13	(ii)							
	(i)							
	(ii)							
	(i)							
_15	(ii)							
	(i)							
16	(ii)							

#### Part | Supplemental Information

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

SCHEDULE J, PART I, LINE 1A:

TRAVEL FOR COMPANIONS - THE SPOUSES OF THE PRESIDENT, VICE PRESIDENT FOR COLLEGE ADVANCEMENT COLLEGE ADVANCEMENT, AND FORMER VICE PRESIDENT FOR COLLEGE ADVANCEMENT OCCASIONALLY TRAVEL WITH THEM TO PARTICIPATE IN FUNDRAISING EVENTS. THIS TRAVEL IS FOR THE BENEFIT OF THE COLLEGE AND IS STRICTLY FOR BUSINESS PURPOSES. THEREFORE, IT IS NOT TREATED AS TAXABLE COMPENSATION. TRAVEL EXPENSES OF THE VICE PRESIDENT ARE REVIEWED AND APPROVED BY THE PRESIDENT. THE TRAVEL EXPENSES OF THE PRESIDENT ARE REVIEWED AND APPROVED BY THE BOARD.

TAX INDEMNIFICATION AND GROSS-UP PAYMENTS - ONE KEY EMPLOYEE AND ONE HIGHEST COMPENSATED EMPLOYEE RECEIVED TAX INDEMNIFICATION PAYMENTS INCLUDED IN SCHEDULE J, PART II, COLUMN (B)(III).

HOUSING ALLOWANCE - ON CAMPUS HOUSING IS PROVIDED FOR THE PRESIDENT OF
THE COLLEGE AND THE DEAN OF CAMPUS LIFE AS A CONDITION OF EMPLOYMENT FOR
THE CONVENIENCE OF THE EMPLOYER. THE VALUE OF THE HOUSING IS INCLUDED IN
PART II, COLUMN (D). THE VP FOR COLLEGE ADVANCEMENT, FORMER VP FOR
COLLEGE ADVANCEMENT, VP FOR ENROLLMENT AND VP FOR COMMUNICATIONS &

#### Part | Supplemental Information

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

MARKETING RECEIVE A HOUSING ALLOWANCE WHICH IS TREATED AS TAXABLE AND INCLUDED IN PART II, COLUMN (B)(III).

SOCIAL CLUB DUES OR INITIATION FEES - A MEMBERSHIP IN A SOCIAL CLUB IS

PROVIDED FOR THE PRESIDENT, AND IS USED FOR FUNDRAISING ACTIVITIES. THE

PRESIDENT IDENTIFIES AND PAYS FOR ANY PERSONAL USE OF THE SOCIAL CLUB.

PERSONAL SERVICES - IN CONNECTION WITH THE HOUSING PROVIDED FOR THE CONVENIENCE OF THE EMPLOYER, CERTAIN HOUSEKEEPING SERVICES WERE PROVIDED TO THE PRESIDENT. THE VALUE OF THESE SERVICES ARE TREATED AS TAXABLE AND INCLUDED IN SCHEDULE J, PART II, COLUMN (B)(III).

SCHEDULE J, PART I, LINE 1B: IN CONNECTION WITH THE BENEFITS DISCLOSED ON SCHEDULE J, PART I, LINE 1, THE ORGANIZATION PROVIDES PURSUANT TO ITS POLICIES AND/OR THE TERMS OF THE EMPLOYMENT CONTRACT OF THE INDIVIDUAL RECEIVING THE BENEFIT.

SCHEDULE J, PART I, LINE 4A:

EFFECTIVE UPON HIS RETIREMENT ON JUNE 30, 2017, TRINITY COLLEGE AND

#### Part | Supplemental Information

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

FORMER VP FOR ADVANCEMENT FRACASSO AGREED THAT HE WOULD RECEIVE CERTAIN PAYMENTS UNDER A SEPARATION AGREEMENT. IN 2017, HE RECEIVED TOTAL PAYMENTS OF \$157,780 ASSOCIATED WITH THIS AGREEMENT. THESE PAYMENTS ARE INCLUDED IN SCHEDULE J, PART II, COLUMN (B) (III).

SCHEDULE J, PART I, LINE 4B:

PURSUANT TO THE TERMS OF A SECTION 457(F) DEFERRED COMPENSATION PLAN, THE PRESIDENT IS ENTITLED TO CERTAIN DEFERRED COMPENSATION BENEFITS WHICH VEST THE EARLIEST OF (1) AGREED UPON DATE; (2) DEATH; (3) DISABILITY; OR (4) INVOLUNTARY TERMINATION OF EMPLOYMENT FROM THE COLLEGE. A CREDIT OF \$27,375 WAS MADE IN 2017 AND IS INCLUDED IN SCHEDULE J, PART II, COLUMN (C). IN 2017, AMOUNTS UNDER THE PLAN BECAME VESTED AND WERE PAID TO THE PRESIDENT. THE AMOUNTS PAID ARE REFLECTED IN SCHEDULE J, PART II, COLUMN (B) (III).

PURSUANT TO THE TERMS OF A SECTION 457(F) DEFERRED COMPENSATION PLAN, THE VP FINANCE IS ENTITLED TO CERTAIN DEFERRED COMPENSATION BENEFITS WHICH VEST THE EARLIEST OF (1) AGREED UPON DATE; (2) DEATH; (3) DISABILITY; OR

(4) INVOLUNTRAY TERMINATION OF EMPLOYMENT FROM THE COLLEGE. A CREDIT OF

#### Part III Supplemental Information

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

\$5,625 WAS MADE IN 2017 AND IS INCLUDED IN SCHEDULE J, PART II, COLUMN (C).

PURSUANT TO THE TERMS OF A SECTION 457(F) DEFERRED COMPENSATION PLAN, THE VP ACADEMIC AFFAIRS IS ENTITLED TO CERTAIN DEFERRED COMPENSATION BENEFITS WHICH VEST THE EARLIEST OF (1) AGREED UPON DATE; (2) DEATH; (3) DISABILITY; OR (4) INVOLUNTARY TERMINATION OF EMPLOYMENT FROM THE COLLEGE. A CREDIT OF \$4,875 WAS MADE IN 2017 AND IS INCLUDED IN SCHEDULE J, PART II, COLUMN (C).

## PUBLIC INSPECTION GORMANDS BONDS

## SCHEDULE K (Form 990)

## **Supplemental Information on Tax-Exempt Bonds**

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

► Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047
2017
Open to Public Inspection

Name of the organization

TRUSTEES OF TRINITY COLLEGE, THE

D6-0646927

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP#	(d) Date issu	ued (e	) Issue price	<b>(f)</b> D	escription of pu	pose	( <b>g</b> ) De	feased	(h) beha issi	alf of	(i) Pool financi
										Yes No		Yes	No	Yes
A CONN HEALTH & B	ED FAC AUTH - SERIES L	06-0806186	20774UG82	08/05/2	800	15,345,000.	REFINANCE C	HEFA I-2005			х		Х	
D														
D CONN HEALTH & E	ED FAC AUTH - SERIES M	06-0806186	20774UGS1	06/29/2	010	22,554,896.	REFINANCE C	HEFA F-1998			Х		Х	
C CONN HEALTH & E	ED FAC AUTH - SERIES N	06-0806186	000000000	07/15/2	014	22,535,000.	REFINANCE C	HEFA H-2004			х		х	
<b>D</b> CONN HEALTH & E	ED FAC AUTH - SERIES O	06-0806186	000000000	07/01/2	015	22,890,000.	REFINANCE C	HEFA K-2007			x		х	
Part    Procee	eds						ı							
						Α		В	(	;			D	
1 Amount of bo	onds retired				4	,435,000	5,3	360,000.	7,1	.98,68	30.	2	2,41	0,00
	onds legally defeased													
3 Total procee	ds of issue				15	,345,000	. 22,5	554,896.	22,5	35,00	00.	22	2,89	0,000
4 Gross proce	eds in reserve funds													
5 Capitalized in	nterest from proceeds													
6 Proceeds in	refunding escrows													
7 Issuance cos	sts from proceeds					269,841		404,896.	4	24,97	78.		25	8,56
8 Credit enhan	ncement from proceeds					37,059	).							
9 Working cap	ital expenditures from proceeds													
10 Capital expe	nditures from proceeds													
11 Other spent	proceeds				15	,038,100	22,1	L50,000.	22,1	10,02	22.	22	2,63	1,43
12 Other unspe	nt proceeds													
13 Year of subs	stantial completion													
					Yes	No	Yes	No	Yes	No		Yes		No
	nds issued as part of a current refu				X		X		X			Х		
	nds issued as part of an advance re					X		X		Х				Х
	allocation of proceeds been made?				X		X		X			Х		
	organization maintain adequate l													
	on of proceeds?				X		X		X			X	Ш	
Part III Private	e Business Use				1									
						A		В					D	
	ganization a partner in a partners				Yes	No	Yes	No	Yes	No		Yes	<u>.                                    </u>	No
	d property financed by tax-exempt b					X							$\perp$	
	any lease arrangements that ma													
bond-finance	ed property?					X								

## PUBLIC INSPECTION CORNER BONDS

#### **SCHEDULE K** (Form 990)

## **Supplemental Information on Tax-Exempt Bonds**

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

► Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization **Employer identification number** TRUSTEES OF TRINITY COLLEGE, THE 06-0646927 **Bond Issues** (i) Pooled (h) On (g) Defeased (b) Issuer EIN (c) CUSIP# (d) Date issued (f) Description of purpose (a) Issuer name (e) Issue price behalf of financing issuer Yes No Yes No Yes No A CONN HEALTH & ED FAC AUTH - SERIES P 06-0806186 000000000 12/17/2015 23,000,000 CONSTRUCTION Х Х Х B CONN HEALTH & ED FAC AUTH - SERIES O 06-0806186 000000000 04/26/2017 51.100.000 REFINANCE CHEFA J-2007 x Х Х С D **Proceeds** R C D Α 1,308,692. 23,107,831. 51,100,000 6 Proceeds in refunding escrows................... 273,400. 264,049 13,614,971. 3,622. 50,835,951 9,215,838. No Yes No Yes No Χ 15 Were the bonds issued as part of an advance refunding issue?.......... X X Χ 17 Does the organization maintain adequate books and records to support the Χ Χ Part III Private Business Use Α В С D 1 Was the organization a partner in a partnership, or a member of an LLC. No Yes No Yes Nο Yes No X 2 Are there any lease arrangements that may result in private business use of 

X

Part I	Private Business Use (Continued) TA	X-EXEMP	T BONDS							
			A		В	(	С	ı	D	
<b>3a</b> A	re there any management or service contracts that may result in private	Yes	No	Yes	No	Yes	No	Yes	No	
bı	usiness use of bond-financed property?		Х						Х	
	"Yes" to line 3a, does the organization routinely engage bond counsel or other outside bunsel to review any management or service contracts relating to the financed property?									
	re there any research agreements that may result in private business use of ond-financed property?		Х						X	
	"Yes" to line 3c, does the organization routinely engage bond counsel or other utside counsel to review any research agreements relating to the financed property?									
	nter the percentage of financed property used in a private business use by entities ther than a section 501(c)(3) organization or a state or local government		%		%		%	ı	%	
re	nter the percentage of financed property used in a private business use as a sult of unrelated trade or business activity carried on by your organization, nother section 501(c)(3) organization, or a state or local government		%		%		%		%	
6 T	otal of lines 4 and 5		%		%		%		%	
<b>7</b> D	oes the bond issue meet the private security or payment test?		X						X	
	as there been a sale or disposition of any of the bond-financed property to a ongovernmental person other than a 501(c)(3) organization since the bonds were issued?		Х						X	
	"Yes" to line 8a, enter the percentage of bond-financed property sold or sposed of		%		%		%		%	
	"Yes" to line 8a, was any remedial action taken pursuant to Regulations ections 1.141-12 and 1.145-2?									
ne	as the organization established written procedures to ensure that all onqualified bonds of the issue are remediated in accordance with the equirements under Regulations sections 1.141-12 and 1.145-2?	Х		Х		Х		X		
Part I										
			A		В		С	1	D	
1 H	as the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No	
	enalty in Lieu of Arbitrage Rebate?		Х		Х		Х		Х	
	"No" to line 1, did the following apply?				•				,	
	ebate not due yet?		X		Х		Х		Х	
b E	xception to rebate?	Х		Х		X		X		
	o rebate due?		Х		Х		Х		Х	
lf	"Yes" to line 2c, provide in Part VI the date the rebate computation was									
	erformed	37			77		77		177	
	the bond issue a variable rate issue?	Х	-		X		X		X	
	as the organization or the governmental issuer entered into a qualified									
	edge with respect to the bond issue?		X		X		X		X	
	ame of provider									
	erm of hedge									
	/as the hedge superintegrated?						<u> </u>			
e W	/as the hedge terminated?				<u> </u>		<u> </u>			

JSA 7E1296 1.000

Par	Private Business Use (Continued)	CAX-EXEMP	T BONDS						
			A		В	(	С	ľ	D
3a	Are there any management or service contracts that may result in private	Yes	No	Yes	No	Yes	No	Yes	No
	business use of bond-financed property?		Х						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside	)							
	counsel to review any management or service contracts relating to the financed property?								
С	Are there any research agreements that may result in private business use o	f							
	bond-financed property?		Х						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other								
	outside counsel to review any research agreements relating to the financed property?.								
4	Enter the percentage of financed property used in a private business use by entitie								
	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								
	result of unrelated trade or business activity carried on by your organization								
	another section 501(c)(3) organization, or a state or local government		%		%		%		%
	Total of lines 4 and 5		%		%		%		%
	Does the bond issue meet the private security or payment test?		X						
8a	Has there been a sale or disposition of any of the bond-financed property to a								
	nongovernmental person other than a $501(c)(3)$ organization since the bonds were issued?		X						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or								
	disposed of	•	%		<u>%</u>		%		<u>%</u>
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations								
	sections 1.141-12 and 1.145-2?	•							
9	Has the organization established written procedures to ensure that all								
	nonqualified bonds of the issue are remediated in accordance with the								
_	requirements under Regulations sections 1.141-12 and 1.145-2?	. X		X					
Par	t IV Arbitrage								
			Α		B		C		D
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and		No X	Yes	No	Yes	No	Yes	No
	Penalty in Lieu of Arbitrage Rebate?		X		X				
	If "No" to line 1, did the following apply?				X			<del></del>	T
<u>a</u>	Rebate not due yet?	•	X	X	Λ				
	Exception to rebate?		X	Λ	X				
с	No rebate due?		Λ		Λ				
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
	performed		v	v	1				I
	Is the bond issue a variable rate issue?		X	Х					
4a	Has the organization or the governmental issuer entered into a qualified		3.7		37				
	hedge with respect to the bond issue?		X		X				
	Name of provider								
	Term of hedge.				1		1		T
	Was the hedge superintegrated?							-	
е	Was the hedge terminated?	.						1	

JSA 7E1296 1.000

Part IV Arbitrage (Continued)								
	A Yes No		ı	3		C		)
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х		Х		X		X
b Name of provider						•		
c Term of GIC								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		Х		Х		Х		X
7 Has the organization established written procedures to monitor the								
requirements of section 148?	Х		X		X		Х	
Part V Procedures To Undertake Corrective Action								
		Α		 3				
Has the organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No	Yes	No
of federal tax requirements are timely identified and corrected through the								
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations?	Х		X		x		Х	
Part VI Supplemental Information. Provide additional information for responses to		ns on Sche		ee instruct				
Capplemental information: I Tovide additional information for responses to	o questioi	15 011 00110	duic IX. O					

Part IV Arbitrage (Continued)								
	A Yes No		E	3		3	[	)
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х		Х				
b Name of provider						<b>'</b>		
c Term of GIC								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		Х		Х				
7 Has the organization established written procedures to monitor the								
requirements of section 148?	X		X					
Part V Procedures To Undertake Corrective Action					1			
		Α		3		3	[	)
Has the organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No	Yes	No
of federal tax requirements are timely identified and corrected through the								
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations?	X		X					
Part VI Supplemental Information. Provide additional information for responses to		ns on Sche		ee instruct	ions			
Tart VI	9							

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

FORM 990, SCHEDULE K, PARTS I AND II, SERIES P

THE DIFFERENCE BETWEEN PART I, COLUMN (E) AND PART II, LINE 3 IS DUE TO

EARNINGS DURING THE CONSTRUCTION PERIOD.

FORM 990, SCHEDULE K, PART III

TRINITY COLLEGE HAS CONDUCTED AN EXTENSIVE ANALYSIS OF ALL ACTIVITIES

CONDUCTED WITHIN ITS BOND-FINANCED FACILITIES AND HAS DETERMINED THAT

THERE IS NO PRIVATE BUSINESS USE.

JSA

## **PUBLIC INSPECTION COPY**

## SCHEDULE M (Form 990)

## **Noncash Contributions**

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

OMB No. 1545-0047

2017

Open to Public
Inspection
Employer identification number

Department of the Treasury Internal Revenue Service

► Attach to Form 990.

TRUSTEES OF TRINITY COLLEGE, THE

06-0646927

Par	Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash cont			
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	108.	2,592,480.	HIGH-LOW	AVG		
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		1.5	27 506				
25	Other ►( ATCH 1 )		15.	27,596.				
26	Other ►()							
27	Other ►()							
28	Other ►()							
29	Number of Forms 8283 received		•		20			
	which the organization completed I	-orm 8283,	Part IV, Donee Acknowledg	ement	29		Yes	No
20-	During the year did the argenizat	ian raaalisa	hu contribution only propo	why reported in Dort I line	a 1 through		162	NO
30a	During the year, did the organizat			-	-			
	28, that it must hold for at least the	-			•	30a		Х
	to be used for exempt purposes for		olding period?			Jua		
	If "Yes," describe the arrangement in the arrangeme		tance policy that require	os the review of any	nonstandard			
31	Does the organization have a					31	Х	
220	contributions?  Does the organization hire or use					31	21	
s∠a	_	•	_	•		323		Х
L	contributions?					32a		-22
33	If the organization didn't report an	amount in a	alumn (a) for a type of area	perty for which column (a)	is checked			
	describe in Part II.	amount III C	ordining (o) for a type of prop	perty for willen column (a	, is cilected,			

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

Schedule M (Form 990) (2017)

06-0646927

Schedule M (Form 990) (2017) Page 2

Part II

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

SCHEDULE M, COLUMN B:

THE COLLEGE IS REPORTING THE NUMBER OF CONTRIBUTIONS.

Schedule M (Form 990) (2017)

Schedule M (Form 990) (2017) Page **2** 

Part II Suppleme

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

ATTACHMENT 1

#### SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

DESCRIPTION	(A) CHECK	(B) NUMBER OF CONTRIBUTIONS	(C) REVENUES REPORTED	(D) METHOD OF  DETERMINING
FOOD FOR EVENTS	X	5.	26,646.	RECEIPTS PROVIDED
35 CAPS	X	1.	950.	RECEIPT PROVIDED
PHOTOGRAPHS, BELTS, FRAME	ED X	9.	0.	RECEIPT PROVIDED
TOTALS	_	15.	27,596.	

Schedule M (Form 990) (2017)

## PUBLIC INSPECTION COPY

## Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

Name of the organization

**SCHEDULE 0** (Form 990 or 990-EZ)

Employer identification number

TRUSTEES OF TRINITY COLLEGE, THE

06-0646927

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

FORM 990, PART VI, LINE 11:

SUPPORTIVE AND SECURE CAMPUS COMMUNITY.

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 AVP FINANCE AND THE PAID PREPARER.

FORM 990, PART VI, 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, LINES 15A & 15B:

ANNUALLY, THE COMPENSATION COMMITTEE OF THE COLLEGE REVIEWS AND APPROVES COMPENSATION FOR THE PRESIDENT, OFFICERS AND KEY EMPLOYEES. IN DETERMINING COMPENSATION LEVELS, THE COMMITTEE USES INDEPENDENT SALARY

Schedule O (Form 990 or 990-EZ) 2017 Page **2** 

Name of the organization Employer identification number

TRUSTEES OF TRINITY COLLEGE, THE 06-0646927

GUIDES AND BUDGETS. THE COMMITTEE APPROVES THE COMPENSATION AND DOCUMENTS

ITS PROCESS.

FORM 990 PART VI, LINE 18:

THE TRINITY COLLEGE FORM 990 IS AVAILABLE THROUGH GUIDESTAR.ORG.

FORM 990, PART VI, LINE 19:

THE ACCOUNTING SERVICES WEB SITE INCLUDES ALL GOVERNING DOCUMENTS,

CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS.

FORM 990, PART XI, LINE 9:

OTHER CHANGES IN NET ASSETS:

TRANSFER FROM BARBIERI CENTER:

\$1,066,927

ATTACHMENT 1

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

DESCRIPTION
GRANTS
EXPENSES
REVENUE

STUDENT SERVICES
14,535,812.

INSTITUTIONAL SUPPORT
5,697,413.

PUBLIC SERVICE 1,603,340.

TOTALS 21,836,565.

ATTACHMENT 2

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

NAME AND ADDRESS DESCRIPTION OF SERVICES COMPENSATION

CHARTWELLS FOOD SERVICES 9,752,455.

PO BOX 91337

CHICAGO, IL 60693-1337

Schedule O (Form 990 or 990-EZ) 2017

Schedule O (Form 990 or 990-EZ) 2017

Name of the organization
TRUSTEES OF TRINITY COLLEGE, THE

06-0646927
ATTACHMENT 2 (CONT'D)

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

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
ARAMARK 4 YAWKEY WAY BOSTON, MA 02215	FACILITY SERVICES	10,244,831.
CRESCENT STREET AT TRINITY COLLEGE LLC	RESIDENTIAL	4,080,342.
199 WEST ROAD SUITE 101 PLEASANT VALLEY, NY 12569		
ENTERPRISE BUILDERS INC 46 SHEPARD DRIVE NEWINGTON, CT 06111	CONSTRUCTION	1,618,012.
CENAXO 1265 JOHN FITCH BLVD, STE 16 SOUTH WINDSOR, CT 06074	CONSTRUCTION	2,559,118.

Schedule O (Form 990 or 990-EZ) 2017

#### SCHEDULE R (Form 990)

## **Related Organizations and Unrelated Partnerships**

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

► Attach to Form 990.

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

OMB No. 1545-0047
2017
Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

TRUSTEES OF TRINITY COLLEGE, THE

Employer identification number 06-0646927

<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Total income	(e) End-of-year assets	(f) Direct controllin entity
		Primary activity Legal domicile (state	Primary activity Legal domicile (state Total income	Primary activity Legal domicile (state Total income End-of-year assets

(a) (b) (c) (d) (e) (f) **(g)** Section 512(b)(13) Name, address, and EIN of related organization Public charity status Direct controlling Primary activity Legal domicile (state Exempt Code section controlled or foreign country) (if section 501(c)(3)) entity entity? Yes No BARBIERI CENTER, INC. 51-0180636 VIA RAIMONDO DA CAPUA, 2 ROME, IT 00153 CT2 Х 501(C)(3) TRINITY COLL EDUCATION (2) (3) (4) (5)

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

Schedule R (Form 990) 2017

(6)

(7)

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

(a) Name, address, and EIN of related organization	Primary activity L do (st	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		<b>(k)</b> Percentage ownership
		oounity)					Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a)  Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(controll entity)
								Yes N
(1) POOLED INCOME FUND	SUPPORT	CT	N/A	TRUST				
(2) CHARITABLE REMAINDER UNITRUSTS (26)	SUPPORT	CT	N/A	TRUST				
(3)	SUPPORT	CI	N/A	TRUST				
(4)	_							
<u>(5)</u>								
(6)								
(7)								

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Schedule R (F	Form 990) 2017	Page .
Part V	Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.	

Not	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
b	Gift, grant, or capital contribution to related organization(s)	1b	Х	
С	Gift, grant, or capital contribution from related organization(s).	1c	X	
d	Loans or loan guarantees to or for related organization(s)	1d		Х
е	Loans or loan guarantees by related organization(s)	1e		X
	, , , , , , , , , , , , , , , , , , , ,			
f	Dividends from related organization(s)	1f		X
a	Sale of assets to related organization(s)	1g		Х
	Purchase of assets from related organization(s).	1h		Х
	Exchange of assets with related organization(s)	1i		Х
	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х
•				
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х
ī	Performance of services or membership or fundraising solicitations for related organization(s)	11		X
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		Х
	Sharing of paid employees with related organization(s)	10	Х	
р	Reimbursement paid to related organization(s) for expenses	1p	Х	
	Reimbursement paid by related organization(s) for expenses	1q		Х
7	, , , , , , , , , , , , , , , , , , , ,			
r	Other transfer of cash or property to related organization(s)	1r	Х	
s	Other transfer of cash or property from related organization(s).	1s		Х
	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 thres	shold	s.	

(a)  Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) BARBIERI CENTER	Р	1,886,671.	VALUE OF FUNDS
(2) BARBIERI CENTER	0	511,897.	FMV
(3) BARBIERI CENTER	С	1,066,927.	FMV
(4) BARBIERI CENTER	R	64,938.	VALUE OF FUNDS
(5)			
(6)			

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Schedule R (Form 990) 2017

56801N U509 V 17-7.10

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

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

(a) Name, address, and EIN of entity	(a) (b) (c) dress, and EIN of entity Primary activity Legal domicili (state or foreig country)		(state or foreign income (related, section total income)  country) unrelated, excluded 501(c)(3) from tax under organizations?			(f) Share of total income	(f) (g) nare of Share of I income end-of-year assets			(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	ox 20 managi K-1 partne		(k) Percentage ownership
(4)			sections 512-514)	Yes	No			Yes	No		Yes	No	
_(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Schedule R (Form 990) 2017

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Schedule R (Form 990) 2017 Page 5

#### Part VII Supplemental Information

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

PART IV, LINE 3, COLUMN (C)

THE TRUSTS ARE DOMICILED IN CT AND THE FOLLOWING STATES- VA, NY, MD, AND

FL.