

Return of Organization Exempt From Income Tax

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

- ▶ Do not enter social security numbers on this form as it may be made public.
- ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the **2016** calendar year, or tax year beginning 07/01, 2016, and ending 06/30, 2017


B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization TRUSTEES OF TRINITY COLLEGE, THE Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 300 SUMMIT STREET City or town, state or province, country, and ZIP or foreign postal code HARTFORD, CT 06106	D Employer identification number 06-0646927
	F Name and address of principal officer: <u>JOANNE BERGER-SWEENEY</u> 300 SUMMIT STREET HARTFORD, CT 06106	E Telephone number (860) 297-2000
	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	G Gross receipts \$ <u>365,885,346.</u>
	J Website: ▶ <u>WWW.TRINCOLL.EDU</u>	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of formation: <u>1823</u>	M State of legal domicile: <u>CT</u>

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: <u>SEE SCHEDULE O</u>	
Activities & Governance	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3 Number of voting members of the governing body (Part VI, line 1a)	34.
	4 Number of independent voting members of the governing body (Part VI, line 1b)	33.
	5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	2,074.
	6 Total number of volunteers (estimate if necessary)	500.
	7a Total unrelated business revenue from Part VIII, column (C), line 12	-883,368.
	7b Net unrelated business taxable income from Form 990-T, line 34	-982,790.
Revenue	8 Contributions and grants (Part VIII, line 1h)	20,880,337.
	9 Program service revenue (Part VIII, line 2g)	141,703,886.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	27,153,000.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,101,653.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	192,838,876.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		66,729,208.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>6,125,397.</u>		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		83,288,799.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		193,025,439.
19 Revenue less expenses. Subtract line 18 from line 12	-186,563.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	882,760,666.
	21 Total liabilities (Part X, line 26)	214,894,695.
	22 Net assets or fund balances. Subtract line 21 from line 20.	667,865,971.

Part II Signature Block

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

Sign Here	Signature of officer <u>GUY P DRAPEAU</u>	Date _____
	Type or print name and title _____ COMPTROLLER	
Paid Preparer Use Only	Print/Type preparer's name ERIN COUTURE	Preparer's signature 
	Firm's name ▶ <u>PRICEWATERHOUSECOOPERS LLP</u>	Date 05/09/2018
	Firm's address ▶ <u>101 SEAPORT BLVD. BOSTON, MA 02210</u>	Check <input type="checkbox"/> if self-employed PTIN <u>P01390592</u>
	Firm's EIN ▶ <u>13-4008324</u>	Phone no. <u>617-530-5000</u>
May the IRS discuss this return with the preparer shown above? (see instructions) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

For Paperwork Reduction Act Notice, see the separate instructions.



Department of the Treasury
Internal Revenue Service
Ogden UT 84201

Notice	CP211A
Tax period	June 30, 2017
Notice date	December 25, 2017
Employer ID number	06-0646927
To contact us	Phone 1-877-829-5500 FAX 801-620-5555

011470.670175.90446.7760 1 AB 0.403 373



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



Page 1 of 1

11470

Important information about your June 30, 2017 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, 2017 Form 990.

Your new due date is May 15, 2018.

What you need to do

File your June 30, 2017 Form 990 by May 15, 2018. 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.

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

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

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

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 \$ 108,679,094. including grants of \$ 47,336,226.) (Revenue \$ 121,649,388.)

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:) (Expenses \$ 21,800,001. including grants of \$) (Revenue \$ 22,873,261.)

THE COLLEGE PROVIDED RESIDENTIAL AND DINING SERVICES TO STUDENTS.

4c (Code:) (Expenses \$ 18,860,687. including grants of \$) (Revenue \$)

THE COLLEGE MAINTAINS A BEAUTIFUL 1,000 ACRE CAMPUS WITH CLASSIC COLLEGIATE ARCHITECTURE.

4d Other program services (Describe in Schedule O.) ATTACHMENT 1 (Expenses \$ 23,414,984. including grants of \$) (Revenue \$)

4e Total program service expenses 172,754,766.

Part IV Checklist of Required Schedules

Table with 3 columns: Question, Yes, No. Rows 1-19 detailing various organizational requirements and their completion status.

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for line numbers (1a-14b), descriptions, and Yes/No checkboxes. Includes entries for Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 4966, Form 720, and Form 1041.

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

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

Section A. Governing Body and Management

Table with columns for line number, description, and Yes/No checkboxes. Includes lines 1a, 1b, 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with columns for line number, description, and Yes/No checkboxes. Includes lines 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section 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 (Section 501(c)(3)s only) available for public inspection.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records:

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

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

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)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PHILIP S KHOURY TRUSTEE	1.00 1.00	X						0.	0.	0.
(2) SOPHIE BELL AYRES TRUSTEE	1.00 1.00	X						0.	0.	0.
(3) NINA MCNEELY DIEFENBACH TRUSTEE	1.00 1.00	X						0.	0.	0.
(4) LUIS J FERNANDEZ TRUSTEE	1.00 1.00	X						0.	0.	0.
(5) JEFFREY E KELTER TRUSTEE	1.00 1.00	X						0.	0.	0.
(6) MICHAEL J KLUGER TRUSTEE	1.00 1.00	X						0.	0.	0.
(7) CORNELIA PARSONS THORNBURGH CHAIR - BOARD OF TRUSTEES	1.00 1.00	X						0.	0.	0.
(8) L PETER LAWRENCE TRUSTEE	1.00 1.00	X						0.	0.	0.
(9) RHEA PINCUS TURTELTAUB TRUSTEE	1.00 1.00	X						0.	0.	0.
(10) KEVIN J MALONEY TRUSTEE	1.00 1.00	X						0.	0.	0.
(11) SHAWN T WOODEN TRUSTEE	1.00 1.00	X						0.	0.	0.
(12) CHRISTINE E ELIA TRUSTEE	1.00 1.00	X						0.	0.	0.
(13) H SUSANNAH HESCHEL TRUSTEE	1.00 1.00	X						0.	0.	0.
(14) JEAN M WALSH TRUSTEE	1.00 1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
15) JOANNE BERGER-SWEENEY PRESIDENT	40.00 1.00	X		X				456,236.	0.	113,829.
16) WILLIAM E CUNNINGHAM JR TRUSTEE	1.00 1.00	X						0.	0.	0.
17) ERIC R FOSSUM TRUSTEE	1.00 1.00	X						0.	0.	0.
18) KATHRYN GEORGE TYREE TRUSTEE	1.00 1.00	X						0.	0.	0.
19) THOMAS S CHAPPELL TRUSTEE	1.00 1.00	X						0.	0.	0.
20) JAMES W CUMINALE TRUSTEE	1.00 1.00	X						0.	0.	0.
21) NANCY M DAVIS TRUSTEE	1.00 1.00	X						0.	0.	0.
22) PETER ESPY TRUSTEE	1.00 1.00	X						0.	0.	0.
23) MICHAEL HUEBSCH TRUSTEE	1.00 1.00	X						0.	0.	0.
24) LING KWOK TRUSTEE	1.00 1.00	X						0.	0.	0.
25) KATHLEEN FOYE MACLENNAN TRUSTEE	1.00 1.00	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								3,189,366.	0.	490,963.
d Total (add lines 1b and 1c)								3,189,366.	0.	490,963.

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 **144**

	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	X	
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 individual	X	
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		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 **36**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
26) DANIEL MEYER TRUSTEE	1.00 1.00	X						0.	0.	0.
27) JAMES MURREN TRUSTEE	1.00 1.00	X						0.	0.	0.
28) LEE PELTON TRUSTEE	1.00 1.00	X						0.	0.	0.
29) DAVID WAGNER TRUSTEE	1.00 1.00	X						0.	0.	0.
30) SCOTT C BUTERA TRUSTEE AS OF 7/1/16	1.00 1.00	X						0.	0.	0.
31) STEVE A ELMENDORF TRUSTEE AS OF 7/1/16	1.00 1.00	X						0.	0.	0.
32) ELIZABETH ELTING TRUSTEE AS OF 7/1/16	1.00 1.00	X						0.	0.	0.
33) PAMELA MCKOIN TRUSTEE AS OF 7/1/16	1.00 1.00	X						0.	0.	0.
34) RICHARD WAGNER TRUSTEE AS OF 7/1/16	1.00 1.00	X						0.	0.	0.
35) DICKENS MATHIEU GENERAL COUNSEL, SECRETARY CLG	40.00 0.			X				264,596.	0.	58,691.
36) DANNY HITCHELL VP FINANCE AS OF 7/1/16	40.00 1.00			X				160,998.	0.	22,205.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
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 **144**

	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	X	
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 individual	X	
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		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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
37) JOHN FRACASSO VP FOR COLLEGE ADVANCEMENT	40.00 0.				X			427,261.	0.	53,209.
38) TIMOTHY CRESSWELL VP ACAD AFFAIRS, DEAN FR 7/1/16	40.00 0.				X			155,570.	0.	28,530.
39) MELANIE STEIN INTER DEAN FAC FR 1/16-6/16	40.00 0.				X			191,433.	0.	18,549.
40) SONIA CARDENAS INTER DEAN FAC FR 1/16-6/16	40.00 0.				X			207,524.	0.	43,319.
41) PAUL MUTONE VP FINANCE UNTIL 2/1/16	40.00 1.00					X		380,587.	0.	5,229.
42) RAYMOND W BAKER PROF OF INTERNATIONAL POLITICS	40.00 0.					X		183,885.	0.	26,967.
43) SUZANNE ABER VP INFORMATION TECHNOLOGY	40.00 0.					X		194,171.	0.	40,553.
44) ANGEL PEREZ VP ENROLLMNT & STUDENT SUCCESS	40.00 0.					X		258,455.	0.	23,573.
45) JOSEPH DICHRESTINA DEAN CAMPUS LIFE, VP ST AFFAIR	40.00 0.					X		204,039.	0.	45,518.
46) PHILIP SHAPIRO INTERIM VP FIN FR 2/16 - 6/16	40.00 1.00						X	104,611.	0.	10,791.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
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	144
--	-----

	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	X	
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 individual	X	
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		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

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 contains a response or note to any line in this Part VIII.

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions) . .	1e	2,686,598.				
	f All other contributions, gifts, grants, and similar amounts not included above .	1f	28,127,716.				
	g Noncash contributions included in lines 1a-1f: \$		6,112,086.				
	h Total. Add lines 1a-1f			30,814,314.			
Program Service Revenue		Business Code					
	2a TUITION & FEES	900099	121,649,388.	121,649,388.			
	b DINING FACILITIES	722514	9,092,072.	9,092,072.			
	c DORMITORY FEES	721000	13,538,779.	13,538,779.			
	d ALUMNI/FACULTY CENTER	900099	242,410.	242,410.			
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f			144,522,649.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts).		2,053,143.		-1,392,263.	3,445,406.	
	4 Income from investment of tax-exempt bond proceeds .		0.				
	5 Royalties		0.				
	6a Gross rents	(i) Real	74,200.				
		(ii) Personal					
		b Less: rental expenses		119,761.			
	c Rental income or (loss)		-45,561.				
	d Net rental income or (loss).			-45,561.		-45,561.	
	7a Gross amount from sales of assets other than inventory	(i) Securities	185,470,569.				
		(ii) Other		-394,941.			
		b Less: cost or other basis and sales expenses		150,934,969.			
		c Gain or (loss)		34,535,600.			
	d Net gain or (loss)			34,140,659.		508,895.	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a		0.			
		b Less: direct expenses		0.			
c Net income or (loss) from fundraising events.				0.			
9a Gross income from gaming activities. See Part IV, line 19	a		0.				
	b Less: direct expenses		0.				
	c Net income or (loss) from gaming activities.			0.			
10a Gross sales of inventory, less returns and allowances	a		0.				
	b Less: cost of goods sold		0.				
	c Net income or (loss) from sales of inventory.			0.			
Miscellaneous Revenue		Business Code					
11a OTHER REVENUE AND FEES	900099	3,345,412.			3,345,412.		
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d			3,345,412.				
12 Total revenue. See instructions.			214,830,616.	144,522,649.	-883,368.	40,377,021.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0.			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	44,537,655.	44,537,655.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	2,798,571.	2,798,571.		
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	2,201,950.	929,957.	649,006.	622,987.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	501,218.	501,218.		
7 Other salaries and wages	51,652,997.	45,372,416.	2,990,225.	3,290,356.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	4,291,704.	3,613,685.	422,147.	255,872.
9 Other employee benefits	5,954,713.	5,276,897.	254,980.	422,836.
10 Payroll taxes	3,661,233.	3,131,083.	285,323.	244,827.
11 Fees for services (non-employees):				
a Management	0.			
b Legal	377,971.	149,362.	225,009.	3,600.
c Accounting	351,302.	28,330.	322,972.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees	3,999,384.		3,999,384.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	14,765,013.	13,727,388.	558,805.	478,820.
12 Advertising and promotion	208,671.	158,905.	43,395.	6,371.
13 Office expenses	1,701,918.	1,315,060.	222,910.	163,948.
14 Information technology	1,538,041.	1,315,154.	95,456.	127,431.
15 Royalties	0.			
16 Occupancy	4,578,424.	4,525,195.	53,229.	
17 Travel	5,211,751.	4,714,829.	171,168.	325,754.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	248,496.	209,314.	22,682.	16,500.
20 Interest	2,294,275.	2,294,275.		
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	14,853,326.	14,597,714.	252,519.	3,093.
23 Insurance	2,548,689.	1,829,370.	719,319.	
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.)				
a BOOKS & PERIODICALS	1,637,641.	1,628,035.	6,478.	3,128.
b EQUIP RENTAL & MAINTENANCE	968,737.	892,308.	65,788.	10,641.
c PROGRAM	6,862,617.	6,725,365.	20,587.	116,665.
d ROOM & BOARD	8,633,058.	8,624,418.	7,040.	1,600.
e All other expenses _____	4,655,849.	3,858,262.	766,619.	30,968.
25 Total functional expenses. Add lines 1 through 24e	191,035,204.	172,754,766.	12,155,041.	6,125,397.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.			

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	0.	1	0.
	2 Savings and temporary cash investments	41,447,074.	2	44,286,774.
	3 Pledges and grants receivable, net	20,801,052.	3	20,332,027.
	4 Accounts receivable, net	775,169.	4	5,152,938.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	6	0.
	7 Notes and loans receivable, net	9,883,153.	7	9,498,467.
	8 Inventories for sale or use	127,384.	8	91,573.
	9 Prepaid expenses and deferred charges	114,144.	9	280,898.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 529,462,537.		
	b Less: accumulated depreciation	10b 251,614,434.		
		272,567,568.	10c	277,848,103.
	11 Investments - publicly traded securities	325,924,358.	11	376,754,597.
	12 Investments - other securities. See Part IV, line 11	210,820,461.	12	206,550,797.
	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	300,303.	15	378,794.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	882,760,666.	16	941,174,968.	
Liabilities	17 Accounts payable and accrued expenses	13,786,056.	17	14,198,646.
	18 Grants payable	0.	18	0.
	19 Deferred revenue	3,620,541.	19	4,138,389.
	20 Tax-exempt bond liabilities	149,939,926.	20	147,156,719.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	47,548,172.	25	43,234,934.
	26 Total liabilities. Add lines 17 through 25	214,894,695.	26	208,728,688.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	100,381,514.	27	112,208,870.
	28 Temporarily restricted net assets	251,953,093.	28	284,141,470.
	29 Permanently restricted net assets	315,531,364.	29	336,095,940.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	667,865,971.	33	732,446,280.	
34 Total liabilities and net assets/fund balances	882,760,666.	34	941,174,968.	

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	214,830,616.
2	Total expenses (must equal Part IX, column (A), line 25)	2	191,035,204.
3	Revenue less expenses. Subtract line 2 from line 1	3	23,795,412.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	667,865,971.
5	Net unrealized gains (losses) on investments	5	39,729,189.
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	1,055,708.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	732,446,280.

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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	X	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

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

OMB No. 1545-0047

2016

Open to Public Inspection

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

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**.
Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations.
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) 70.75%; 15 Public support percentage from 2015 Schedule A, Part II, line 14 71.54%; 16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization [X]; 16b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; 17a 10%-facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization; 17b 10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization; 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

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.)

Section A. Public Support

Table with 7 columns: (a) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.); 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2015 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2015 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

b 33 1/3% support tests - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>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.</i>		

Section 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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the 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?		
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 the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section 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 instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current 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 (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions.	
7	Total annual distributions. Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9	Distributable amount for 2016 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-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required-explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2016:			
a				
b				
c	From 2013.			
d	From 2014.			
e	From 2015.			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2017. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a				
b	Excess from 2013. . . .			
c	Excess from 2014. . . .			
d	Excess from 2015. . . .			
e	Excess from 2016. . . .			

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 C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

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

2016

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization is described below.** ▶ Attach to Form 990 or Form 990-EZ.
▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

Open to Public Inspection

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

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

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

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- 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 TRUSTEES OF TRINITY COLLEGE, THE	Employer identification number 06-0646927
--	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ _____
- 3 Volunteer hours for political campaign activities (see instructions) _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955. ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities. ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check if the filing organization checked box A and "limited control" provisions apply.

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

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

Table with 3 columns: (a) Yes, (a) No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation...; a Volunteers?; b Paid staff or management...; c Media advertisements?; d Mailings to members...; e Publications...; f Grants to other organizations...; g Direct contact with legislators...; h Rallies, demonstrations...; i Other activities?; j Total. Add lines 1c through 1i...; 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 If "Yes," enter the amount of any tax incurred by organization managers...; d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?...

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Table with 3 columns: Question, Yes, No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members?; 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?; 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

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

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

ORGANIZATIONS EXEMPT UNDER SECTION 501(C)(3)

TRINITY COLLEGE PAID DUES OR MEMBERSHIPS OF \$794,721 DURING THE FISCAL

YEAR 2017 TO CERTAIN ORGANIZATIONS WHICH MAY LOBBY ON ITS BEHALF.

Part IV Supplemental Information *(continued)*

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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.

2016

Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

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

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor advisement.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form for Part II with multiple questions (1-9) regarding conservation easements, including checkboxes for purposes, a table for held at end of tax year, and yes/no questions about monitoring and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form for Part III with questions (1a, 1b, 2) regarding art and historical treasures, including revenue and asset reporting with dollar amounts.

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

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

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

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

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

Table with 2 columns: Description, Amount. Rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows: 1a-1g Balance and expense categories.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment 1.0000%
b Permanent endowment 56.0000%
c Temporarily restricted endowment 43.0000%

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

- (i) unrelated organizations
(ii) related organizations

Yes/No table for 3a(i), 3a(ii), 3b

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows: 1a-1e Land, Buildings, Leasehold improvements, Equipment, Other.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Includes rows for Financial derivatives, Closely-held equity interests, and Other (A) HEDGE FUNDS.

Part VIII Investments - Program Related.

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

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Includes rows (1) through (9).

Part IX Other Assets.

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

Table with 2 columns: (a) Description, (b) Book value. Includes rows (1) through (9).

Part X Other Liabilities.

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

Table with 2 columns: (a) Description of liability, (b) Book value. Includes rows for Federal income taxes, PV OF SPLIT-INT OBLIGATIONS, CONTRIBUTIONS DUE TO OTHERS, etc.

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

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-labels (2a-2d, 4a-4b), and totals (1, 2e, 3, 4c, 5).

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-labels (2a-2d, 4a-4b), and totals (1, 2e, 3, 4c, 5).

Part XIII Supplemental Information.

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.

SEE PAGE 5

Multiple horizontal lines provided for entering supplemental information.

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.

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

Schools

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ 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.

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

Name of the organization
TRUSTEES OF TRINITY COLLEGE, THE

Employer identification number
06-0646927

Part I

	YES	NO
1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	X	
2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	X	
3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II.	X	
SEE SUPPLEMENTAL PAGE		
4 Does the organization maintain the following?		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	X	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	X	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	X	
d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II.	X	
5 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?		X
b Admissions policies?		X
c Employment of faculty or administrative staff?		X
d Scholarships or other financial assistance?		X
e Educational policies?		X
f Use of facilities?		X
g Athletic programs?		X
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.		X
6a Does the organization receive any financial aid or assistance from a governmental agency?	X	
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" on either line 6a or line 6b, explain on Part II.		X
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	X	

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

SCHEDULE E, LINE 3:

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.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2016

Open to Public Inspection

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
- ▶ Attach to Form 990.
- ▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization

TRUSTEES OF TRINITY COLLEGE, THE

Employer identification number

06-0646927

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

1 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 grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) EUROPE			INVESTMENTS		3,306,401.
(2) CENTRAL AMERICA/CARIBBEAN			INVESTMENTS		99,763,353.
(3) SUB-SAHARAN AFRICA	1.	1.	PROGRAM SERVICES	STUDY ABROAD	252,260.
(4) EUROPE	4.	15.	PROGRAM SERVICES	STUDY ABROAD	3,182,825.
(5) SOUTH AMERICA	1.	1.	PROGRAM SERVICES	STUDY ABROAD	197,216.
(6) EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	STUDY ABROAD	152,246.
(7) MIDDLE EAST AND NORTH AFRICA			PROGRAM SERVICES	STUDY ABROAD	22,128.
(8) CENTRAL AMERICA/CARIBBEAN	1.	6.	PROGRAM SERVICES	STUDY ABROAD	374,787.
(9) SUB-SAHARAN AFRICA			GRANTMAKING	STUDY ABROAD GRANTS	83,910.
(10) EAST ASIA AND THE PACIFIC			GRANTMAKING	STUDY ABROAD GRANTS	172,167.
(11) EUROPE			GRANTMAKING	STUDY ABROAD GRANTS	1,959,771.
(12) RUSSIA/INDEPENDENT STATES			GRANTMAKING	STUDY ABROAD GRANTS	4,610.
(13) SOUTH AMERICA			GRANTMAKING	STUDY ABROAD GRANTS	578,113.
(14)					
(15)					
(16)					
(17)					
3a Sub-total,	7.	23.			110,049,787.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	7.	23.			110,049,787.

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

Schedule F (Form 990) 2016

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization listed on Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Part III. 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
(1) GRANTS AND SCHOLARSHIPS FOR STUDENTS	EUROPE/ICELAND/GREENLAND	92.	1,959,771.	ON ACCOUNT	
(2) GRANTS AND SCHOLARSHIPS FOR STUDENTS	EAST ASIA/PACIFIC	9.	172,167.	ON ACCOUNT	
(3) GRANTS AND SCHOLARSHIPS FOR STUDENTS	SOUTH AMERICA	16.	578,113.	ON ACCOUNT	
(4) GRANTS AND SCHOLARSHIPS FOR STUDENTS	SUB-SAHARAN AFRICA	5.	83,910.	ON ACCOUNT	
(5) GRANTS AND SCHOLARSHIPS FOR STUDENTS	RUSSIA/NEWLY IND. STATES	1.	4,610.	ON ACCOUNT	
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
(18)					

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* 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; do not file with Form 990)* Yes 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)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes 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)* 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; do not file with Form 990)* Yes No

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 FINANCIAL 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.

**SCHEDULE I
(Form 990)**

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

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

▶ Attach to Form 990.

Department of the Treasury
Internal Revenue Service

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

Name of the organization
TRUSTEES OF TRINITY COLLEGE, THE

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or a the selection criteria used to award the grants or assistance?
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) nor
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
- 3 Enter total number of other organizations listed in the line 1 table

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

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, 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) Information about the recipient
1 GRANTS AND SCHOLARSHIPS FOR STUDENTS	983.	44,537,655.			
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 49 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 J
(Form 990)**

Department of the Treasury
Internal Revenue Service

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.

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Name of the organization

TRUSTEES OF TRINITY COLLEGE, THE

Employer identification number

06-0646927

Part I Questions Regarding Compensation

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

- | | | | |
|-------------------------------------|---|-------------------------------------|--|
| <input type="checkbox"/> | First-class or charter travel | <input checked="" type="checkbox"/> | Housing allowance or residence for personal use |
| <input checked="" type="checkbox"/> | Travel for companions | <input type="checkbox"/> | Payments for business use of personal residence |
| <input checked="" type="checkbox"/> | Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> | Health or social club dues or initiation fees |
| <input type="checkbox"/> | Discretionary spending account | <input checked="" type="checkbox"/> | 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 explain

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

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

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

- a** The organization?
- b** Any related organization?
- 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:

- a** The organization?
- b** Any related organization?
- 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.

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

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		X
2	X	
4a	X	
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if addit

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from 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, applicab individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation			
1	PAUL MUTONE VP FINANCE UNTIL 2/1/16	(i)	29,191.	0.	351,396.	3,103.	2,126
		(ii)	0.	0.	0.	0.	0
2	RAYMOND W BAKER PROF OF INTERNATIONAL POLITICS	(i)	183,885.	0.	0.	17,763.	9,204
		(ii)	0.	0.	0.	0.	0
3	JOHN FRACASSO VP FOR COLLEGE ADVANCEMENT	(i)	297,494.	0.	129,767.	25,175.	28,034
		(ii)	0.	0.	0.	0.	0
4	JOANNE BERGER-SWEENEY PRESIDENT	(i)	433,652.	0.	22,584.	50,769.	63,060
		(ii)	0.	0.	0.	0.	0
5	DICKENS MATHIEU GENERAL COUNSEL, SECRETARY CLG	(i)	254,596.	0.	10,000.	24,707.	33,984
		(ii)	0.	0.	0.	0.	0
6	SUZANNE ABER VP INFORMATION TECHNOLOGY	(i)	194,171.	0.	0.	19,218.	21,335
		(ii)	0.	0.	0.	0.	0
7	PHILIP SHAPIRO INTERIM VP FIN FR 2/16 - 6/16	(i)	104,611.	0.	0.	9,975.	816
		(ii)	0.	0.	0.	0.	0
8	DANNY HITCHELL VP FINANCE AS OF 7/1/16	(i)	148,320.	0.	12,678.	9,658.	12,547
		(ii)	0.	0.	0.	0.	0
9	ANGEL PEREZ VP ENROLLMNT & STUDENT SUCCESS	(i)	238,417.	0.	20,038.	22,660.	913
		(ii)	0.	0.	0.	0.	0
10	JOSEPH DICHRISTINA DEAN CAMPUS LIFE, VP ST AFFAIR	(i)	204,039.	0.	0.	20,187.	25,331
		(ii)	0.	0.	0.	0.	0
11	TIMOTHY CRESSWELL VP ACAD AFFAIRS, DEAN FR 7/1/16	(i)	145,770.	0.	9,800.	14,250.	14,280
		(ii)	0.	0.	0.	0.	0
12	MELANIE STEIN INTER DEAN FAC FR 1/16-6/16	(i)	175,564.	0.	15,869.	16,714.	1,835
		(ii)	0.	0.	0.	0.	0
13	SONIA CARDENAS INTER DEAN FAC FR 1/16-6/16	(i)	181,603.	0.	25,921.	18,023.	25,296
		(ii)	0.	0.	0.	0.	0
14		(i)					
		(ii)					
15		(i)					
		(ii)					
16		(i)					
		(ii)					

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, or for any additional information.

SCHEDULE J, PART I, LINE 1A:

TRAVEL FOR COMPANIONS - THE SPOUSES OF THE PRESIDENT AND VICE PRESIDENT FOR COLLEGE ADVANCEMENT OCCASIONALLY TRAVEL WITH THEM TO PARTICIPATE IN FUNDRAISING EVENTS. THIS TRAVEL IS FOR 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 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 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 FINANCE AND THE VP FOR COLLEGE ADVANCEMENT RECEIVE A HOUSING ALLOWANCE WHICH IS TREATED AS TAXABLE AND INCLUDED IN PART II, COLUMN (B) (III).

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, or for any additional information.

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 ON SCHEDULE J, PART II, COLUMN (B) (III). ONE KEY EMPLOYEE RECEIVED REIMBURSEMENT IN CONNECTION WITH CERTAIN TAX SERVICES. THE REIMBURSEMENT IS TREATED AS TAXABLE AND INCLUDED ON 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.

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, or for any additional information.

SCHEDULE J, PART I, LINE 4A:

EFFECTIVE UPON HIS SEPARATION ON FEBRUARY 1, 2016, TRINITY COLLEGE AND FORMER VP FOR FINANCE MUTONE AGREED THAT HE WOULD RECEIVE CERTAIN PAYMENTS UNDER A SEPARATION AGREEMENT. IN 2016, HE RECEIVED TOTAL PAYMENTS OF \$333,054 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 \$25,594 WAS MADE IN 2016 AND IS INCLUDED IN SCHEDULE J, PART II, COLUMN (C).

**SCHEDULE K
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

TRUSTEES OF TRINITY COLLEGE, THE

TAX-EXEMPT BONDS

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.

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Employer identification number
06-0646927

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A CONN HEALTH & ED FAC AUTH - SERIES L	06-0806186	20774UG82	08/05/2008	15,345,000.	REFINANCE CHEFA I-2005		X		X		X
B CONN HEALTH & ED FAC AUTH - SERIES M	06-0806186	20774UGS1	06/29/2010	22,554,896.	REFINANCE CHEFA F-1998		X		X		X
C CONN HEALTH & ED FAC AUTH - SERIES N	06-0806186	000000000	07/15/2014	22,535,000.	REFINANCE CHEFA H-2004		X		X		X
D CONN HEALTH & ED FAC AUTH - SERIES O	06-0806186	000000000	07/01/2015	22,890,000.	REFINANCE CHEFA K-2007		X		X		X

Part II Proceeds

	A	B	C	D
1 Amount of bonds retired	3,880,000.	5,270,000.	5,320,764.	1,595,000.
2 Amount of bonds legally defeased				
3 Total proceeds of issue	15,345,000.	22,554,896.	22,535,000.	22,890,000.
4 Gross proceeds in reserve funds				
5 Capitalized interest from proceeds				
6 Proceeds in refunding escrows				
7 Issuance costs from proceeds	269,841.	404,896.	424,978.	258,563.
8 Credit enhancement from proceeds	37,059.			
9 Working capital expenditures from proceeds				
10 Capital expenditures from proceeds				
11 Other spent proceeds	15,038,100.	22,150,000.	22,110,022.	22,631,437.
12 Other unspent proceeds				
13 Year of substantial completion				

	Yes		No	
	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?	X		X	
15 Were the bonds issued as part of an advance refunding issue?			X	
16 Has the final allocation of proceeds been made?	X		X	
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X	

Part III Private Business Use

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

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

JSA 6E1295-6000
56801N U509

V 16-7.17

Schedule K (Form 990) 2016

**SCHEDULE K
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

TRUSTEES OF TRINITY COLLEGE, THE

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A CONN HEALTH & ED FAC AUTH - SERIES P	06-0806186	000000000	12/17/2015	23,000,000.	CONSTRUCTION		X		X		X
B CONN HEALTH & ED FAC AUTH - SERIES Q	06-0806186	000000000	04/26/2017	51,100,000.	REFINANCE CHEFA J-2007		X		X		X
C											
D											

Employer identification number
06-0646927

TAX-EXEMPT BONDS
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.

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

OMB No. 1545-0047

2016

Open to Public Inspection

Part II Proceeds

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Amount of bonds retired								
2 Amount of bonds legally defeased		758,669.						
3 Total proceeds of issue		23,041,827.		51,100,000.				
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds		273,400.		264,049.				
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds		7,654,196.						
11 Other spent proceeds		3,622.		50,835,951.				
12 Other unspent proceeds		15,176,613.						
13 Year of substantial completion								

	Yes		No		Yes		No	
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?		X	X					
15 Were the bonds issued as part of an advance refunding issue?		X		X				
16 Has the final allocation of proceeds been made?		X	X					
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

Part III Private Business Use

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

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

JSA 6E1295 1.000

V 16-7.17

Schedule K (Form 990) 2016

Part III Private Business Use (Continued) TAX-EXEMPT BONDS

Table with 12 columns (A, B, C, D) and rows 3a through 9. Rows 3a-3c have 'X' in column A. Row 4 has percentages in columns A, B, C, D. Row 5 has percentages in columns A, B, C, D. Row 6 has percentages in columns A, B, C, D. Row 7 has 'X' in column A. Row 8a has 'X' in column A. Row 9 has 'X' in column A and 'X' in column C.

Part IV Arbitrage

Table with 12 columns (A, B, C, D) and rows 1 through 5. Row 1 has 'X' in column A. Row 2 has 'X' in column A. Row 3 has 'X' in column A. Row 4a has 'X' in column A and 'X' in column C. Row 5 has 'X' in column A.

Part III Private Business Use (Continued)

TAX-EXEMPT BONDS

Table with columns A (Yes/No), B (Yes/No), C (Yes/No), and D (Yes/No). Rows include questions 3a through 9 regarding management of private business use, bond issue security, and remedial actions.

Part IV Arbitrage

Table with columns A (Yes/No), B (Yes/No), C (Yes/No), and D (Yes/No). Rows include questions 1 through 5 regarding Form 8038-T, arbitrage rebates, and hedge termination.

Part IV Arbitrage (Continued)

Table with 4 main columns (A, B, C, D) and 4 rows of questions regarding GIC investments and regulatory safe harbors.

Part V Procedures To Undertake Corrective Action

Table with 4 main columns (A, B, C, D) and 1 row of questions regarding federal tax requirements and self-remediation programs.

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions

Multiple horizontal lines for providing supplemental information.

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.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2016

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
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	128.	6,077,162.	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				
25 Other ▶ (<u>ATCH 1</u>)		20.	34,924.	
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

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

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.

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.

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>(A) CHECK</u>	<u>(B) NUMBER OF CONTRIBUTIONS</u>	<u>(C) REVENUES REPORTED</u>	<u>(D) METHOD OF DETERMINING</u>
FOOD FOR EVENTS	X	2.	1,169.	RECEIPTS PROVIDED
PHOTOGRAPHS	X	8.	32,000.	APPRAISAL
RED SOX TICKETS - 4-14-17	X	4.	1,472.	TICKET PRICE
SATIN BANNER FOR SWIM AND	X	1.	283.	RECEIPT PROVIDED
BOOKS, SHEET MUSIC, PHOTO	X	5.	0.	
TOTALS		<u>20.</u>	<u>34,924.</u>	

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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.

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

2016

**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

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,
SUPPORTIVE AND SECURE CAMPUS COMMUNITY.

FORM 990, PART VI, LINE 11:

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
COMPROLLER 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

Name of the organization TRUSTEES OF TRINITY COLLEGE, THE	Employer identification number 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:

\$1,055,708

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

ATTACHMENT 1

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

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
STUDENT SERVICES		14,337,233.	
INSTITUTIONAL SUPPORT		7,634,722.	
PUBLIC SERVICE		1,443,029.	
	TOTALS	<u>23,414,984.</u>	

ATTACHMENT 2

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
CHARTWELLS PO BOX 91337 CHICAGO, IL 60693-1337	FOOD SERVICES	9,788,298.
ARAMARK 4 YAWKEY WAY BOSTON, MA 02215	FACILITY SERVICES	10,161,268.
CRESCENT STREET AT TRINITY COLLEGE LLC 199 WEST ROAD SUITE 101 PLEASANT VALLEY, NY 12569	RESIDENTIAL	4,047,774.
ENTERPRISE BUILDERS INC 46 SHEPARD DRIVE NEWINGTON, CT 06111	CONSTRUCTION	4,326,279.
BURTON F CLARK INC PO BOX 427 DELHI, NY 13753	CONSTRUCTION	7,415,346.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

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.

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Name of the organization

TRUSTEES OF TRINITY COLLEGE, THE

Employer identification number

06-0646927

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

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

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

(1)	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
							Yes	No
(1)	BARBIERI CENTER, INC. 51-0180636 VIA RAIMONDO DA CAPUA, 2 ROME, IT 00153	EDUCATION	CT	501(C)(3)	2	TRINITY COLL	X	
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

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

Schedule R (Form 990) 2016

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) POOLED INCOME FUND	SUPPORT	CT	N/A	TRUST					X
(2) CHARITABLE REMAINDER UNITRUSTS (28)	SUPPORT	CT	N/A	TRUST					X
(3)									
(4)									
(5)									
(6)									
(7)									

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

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

		Yes	No
		1a	1b
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	X	
b	Gift, grant, or capital contribution to related organization(s)	X	
c	Gift, grant, or capital contribution from related organization(s)	X	
d	Loans or loan guarantees to or for related organization(s)	X	
e	Loans or loan guarantees by related organization(s)	X	
f	Dividends from related organization(s)	X	
g	Sale of assets to related organization(s)	X	
h	Purchase of assets from related organization(s)	X	
i	Exchange of assets with related organization(s)	X	
j	Lease of facilities, equipment, or other assets to related organization(s)	X	
k	Lease of facilities, equipment, or other assets from related organization(s)	X	
l	Performance of services or membership or fundraising solicitations for related organization(s)	X	
m	Performance of services or membership or fundraising solicitations by related organization(s)	X	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o	Sharing of paid employees with related organization(s)	X	
p	Reimbursement paid to related organization(s) for expenses	X	
q	Reimbursement paid by related organization(s) for expenses	X	
r	Other transfer of cash or property to related organization(s)	X	
s	Other transfer of cash or property from related organization(s)	X	

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	BARBIERI CENTER	P, R	1, 645, 692.	VALUE OF FUNDS
(2)	BARBIERI CENTER	O	624, 243.	FMV
(3)	BARBIERI CENTER	C	1, 055, 708.	FMV
(4)				
(5)				
(6)				

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.

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

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.