Form 990

Return of Organization Exempt From Income Tax

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

20**16**

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

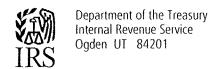
Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Form **990** (2016)

	roi t	HE ZUI	o calendar year, or tax year beginning 07701, 2016, and	enang			0/30, 20 1/						
В	Check if	applicable:	C Name of organization		D Employer ide								
	Adda		TRUSTEES OF TRINITY COLLEGE, THE		06-064	692	1						
_	char		Doing business as		F T-1								
-	-1	e change	Number and street (or P.O. box if mail is not delivered to street address) Room,	/suite	E Telephone number								
		il return	300 SUMMIT STREET		(860) 297-2000								
	term	l return/ inated	City or town, state or province, country, and ZIP or foreign postal code										
L	retur		HARTFORD, CT 06106	G Gross receipts		365,885,346.							
L	Appl pend	ication ling	F Name and address of principal officer: JOANNE BERGER-SWEENEY		H(a) Is this a ground subordinates		rn for Yes X No						
			300 SUMMIT STREET HARTFORD, CT 06106		H(b) Are all subord		xcluded? Yes No						
1	Tax-ex	xempt st	atus: X 501(c)(3) 501(c)() ◀ (insert no.) 4947(a)(1) or	527	If "No," attac	h a list	. (see instructions)						
J	Webs	ite: 🕨	WWW.TRINCOLL.EDU		H(c) Group exemp	otion n	umber 🕨						
K	Form	of organ	ization: X Corporation Trust Association Other ▶ L	Year of format	tion: 1823 M	State	of legal domicile: CT						
Р	art I	Su	mmary										
	1	Briefly	describe the organization's mission or most significant activities: SEE SCHEDI	ULE O									
ė		•	•										
Governance													
ern	2	Check	this box larger if the organization discontinued its operations or disposed of m	ore than 25%	of its net assets								
8	3		er of voting members of the governing body (Part VI, line 1a)			3	34.						
ૐ	4	Numb	er of independent voting members of the governing body (Part VI, line 1b)			4	33.						
Activities &	5	Total	number of individuals employed in calendar year 2016 (Part V, line 2a)			5	2,074.						
Ξ	6					6	500.						
Act	1					-	-883,368.						
_			unrelated business revenue from Part VIII, column (C), line 12			7a	-982,790.						
	D	ivet ur	nrelated business taxable income from Form 990-T, line 34		Prior Year	7b	Current Year						
					20,880,33	7							
ne	8		butions and grants (Part VIII, line 1h)	• • • —			30,814,314.						
Revenue	9	Progra	am service revenue (Part VIII, line 2g)	· · · -	41,703,88		144,522,649.						
Re			ment income (Part VIII, column (A), lines 3, 4, and 7d)		27,153,00		36,193,802.						
	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,101,65		3,299,851.						
	12		evenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		92,838,87		214,830,616.						
	13		s and similar amounts paid (Part IX, column (A), lines 1-3)	• • • • • • • • • • • • • • • • • • • •	43,007,43	2.	47,336,226.						
	14	Benefi	ts paid to or for members (Part IX, column (A), line 4)			0.	0.						
ŝ	15	Salari	es, other compensation, employee benefits (Part IX, column (A), lines 5-10)		66,729,20	8.	68,263,815.						
Expenses	16 a	Profes	sional fundraising fees (Part IX, column (A), line 11e)			0.	0.						
ď	b	Total f	sional fundraising fees (Part IX, column (A), line 11e)	N.									
ш	17	Other	expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		83,288,79	9.	75,435,163.						
	18		expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		93,025,43	191,035,204.							
	19		ue less expenses. Subtract line 18 from line 12	1	-186,56	3.	23,795,412.						
or					ning of Current Y	ear	End of Year						
Net Assets or Fund Balances	20	Total a	ssets (Part X, line 16)	8	82,760,66	6.	941,174,968.						
ASS	21		abilities (Part X, line 26)	2	14,894,69	5.	208,728,688.						
Ę.Ę	22		sets or fund balances. Subtract line 21 from line 20,	6	67,865,97	1.	732,446,280.						
	rt II		nature Block										
			f perjury, I declare that I have examined this return, including accompanying schedules and	statements, a	and to the best of	mv k	nowledge and belief, it is						
true	e, corre	ect, and	complete. Declaration of preparer (other than officer) is based on all information of which prep	arer has any kr	nowledge.								
Sig	n	• 3	Signature of officer		Date								
He	re		GUY P DRAPEAU COMPTROLLEI	₹									
		— -	Type or print name and title										
		1	ype preparer's name Preparer's signature Dat	e	Ob. /	, P	TIN						
Paid	i	ERIN		5/09/2018	Check self-employe	"							
Pre	parer		DD TODIUM PROVINCIA CON DED C. T. I. D.	1			P01390592						
Use	Only	Firm's			Firm's EIN ▶ 1								
N.4	4h = 11	1	address 101 SEAPORT BLVD. BOSTON, MA 02210		Phone no. 6	T / -	530-5000						
ıvıay	tne II	KS disc	cuss this return with the preparer shown above? (see instructions)				X Yes No						

For Paperwork Reduction Act Notice, see the separate instructions.



Notice date	December 25, 2017
Employer ID number	06-0646927
To contact us	Phone 1-877-829-5500
	FAX 801-620-5555
Page 1 of 1	

Tax period

Notice

CP211A

June 30, 2017

011470.670175.90446.7760 1 AB 0.403 373

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



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.

For	rm 990 (2016) Pa	ge 2
P	art III Statement of Program Service Accomplishments	
1	Check if Schedule O contains a response or note to any line in this Part III	Χ
•	SEE SCHEDULE O	

_	Did not the second of the seco	**********
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 If "Yes," describe these new services on Schedule O.	No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?Yes	No
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth 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.	

JSA 6E1020 1.000 56801N U509

Form 990 (2016) Page 3

Par	t IV Checklist of Required Schedules		·	r
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8	X	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional .	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X	
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate		.,	
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			.,
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other		٠,,	
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	X	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			7.7
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			•-
	If "Yes," complete Schedule G, Part III	19		Χ

Page 4

Part	Checklist of Required Schedules (continued)			3-
			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
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? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated		37	
	employees? If "Yes," complete Schedule J	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	24-	Х	
h	through 24d and complete Schedule K. If "No," go to line 25a	24a 24b		X
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		- 21
C	to defease any tax-exempt bonds?	24c		Χ
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	244		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
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?			
	If "Yes," complete Schedule L, Part I	25b		Χ
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? If "Yes," complete Schedule L, Part II	26		Χ
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		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):			3.7
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	201		Х
С	Schedule L, Part IV	28b		
C	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Χ
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30	Х	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		Χ
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Χ
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a		v	
00	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	26		Х
37	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		Х
	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.	38	Х	

Form 990 (2016)

Page 5

Pa	t 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		1						
		· [Yes	No					
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1000000							
	Effect the number of Forms W-2G included in line 1a. Effect to applicable	4							
С	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?								
22		1c	X						
z.a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2 2,074								
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	660200					
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)								
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	×80x(0,0xe)					
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Х						
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority								
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial								
	account)?	4a	Х						
b	If "Yes," enter the name of the foreign country: ▶ ☐ TALY								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts								
	(FBAR).			7.7					
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X					
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X					
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c							
ьа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	60		Х					
h	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		- 1					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).	0.5							
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods								
~	and services provided to the payor?	7a	***************************************	Χ					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was								
	required to file Form 8282?	7с		Χ					
d	If "Yes," indicate the number of Forms 8282 filed during the year								
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X					
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		New York					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
_	sponsoring organization have excess business holdings at any time during the year?	8							
9	Sponsoring organizations maintaining donor advised funds.	0-							
	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b							
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	30							
	Initiation fees and capital contributions included on Part VIII, line 12								
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b								
11	Section 501(c)(12) organizations. Enter:								
	Gross income from members or shareholders								
	Gross income from other sources (Do not net amounts due or paid to other sources								
	against amounts due or received from them.)								
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?	13a							
	Note. See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which								
	the organization is licensed to issue qualified health plans								
	Enter the amount of reserves on hand	44-		Х					
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b							

Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, a response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Se								
	Check if Schedule O contains a response or note to any line in this Part VI				X				
Sect	tion A. Governing Body and Management	***************************************		Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	34							
-	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.								
b	Enter the number of voting members included in line 1a, above, who are independent 1b	33							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations	ship with							
	any other officer, director, trustee, or key employee?	• 1	2		X				
3	Did the organization delegate control over management duties customarily performed by or under t								
•	supervision of officers, directors, or trustees, or key employees to a management company or other personal supervision of officers.	i	3		Х				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.		4		Х				
5	Did the organization become aware during the year of a significant diversion of the organization's assets	1	5		Х				
6	Did the organization have members or stockholders?	1	6		X				
7a	Did the organization have members, stockholders, or other persons who had the power to elect o								
	one or more members of the governing body?	,	7a		Х				
b	Are any governance decisions of the organization reserved to (or subject to approval by) r								
_	stockholders, or persons other than the governing body?		7b		Х				
8	Did the organization contemporaneously document the meetings held or written actions undertake								
•	the year by the following:	ii duiiig	100						
а	The governing body?		8a	Χ	000000000000000000000000000000000000000				
b	Each committee with authority to act on behalf of the governing body?		8b	Χ					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	- 1							
•	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		Х				
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal		Code	∍.)					
				Yes	No				
10 a	Did the organization have local chapters, branches, or affiliates?	[10a		Χ				
b	If "Yes," did the organization have written policies and procedures governing the activities of such	1							
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purpose	. 1	10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing th	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	11a	Χ					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	, 101111:	100						
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>		12a	Χ	- 54000 0000 000 000				
	Were officers, directors, or trustees, and key employees required to disclose annually interests that or								
~	rise to conflicts?		12b	Х					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy?	' • • • •							
·	describe in Schedule O how this was done		12c	Х					
13	Did the organization have a written whistleblower policy?		13	Х					
14	Did the organization have a written document retention and destruction policy?	1	14	Х					
15	Did the process for determining compensation of the following persons include a review and app	45							
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and contemporaneous substantiation and contemporao	- 1							
а	The organization's CEO, Executive Director, or top management official	- 1	15a	Х	****************				
b	Other officers or key employees of the organization	1	15b	Х					
~	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	••••							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arra	naamont							
	with a taxable entity during the year?	- 1	16a		X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to eva	10							
~	participation in joint venture arrangements under applicable federal tax law, and take steps to safego								
	organization's exempt status with respect to such arrangements?	dara trio	16b		\$10.000 P				
Secti	on C. Disclosure		1	1					
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	501/2	1/3/2	only				
	available for public inspection. Indicate how you made these available. Check all that apply.	1 (360001)	JU 1 (C	,)(J)S	orlly)				
	X Own website Another's website X Upon request X Other (explain in Schedule	O)							
19		•	root	i	اسما				
13	Describe in Schedule O whether (and if so, how) the organization made its governing documents, corfinancial statements available to the public during the tax year.	mict of inte	est	JUICY	, and				
20	· · · · · · · · · · · · · · · · · · ·	and recent-							
Æ.U	State the name, address, and telephone number of the person who possesses the organization's books GUY P DRAPEAU 300 SUMMIT STREET HARTFORD, CT 06106-3100 (860) 297-4210	and records	. 📂						

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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.......

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.

(A) Name and Title	(B) Average hours per week (list any	·					an ee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1)PHILIP S KHOURY	1.00									
TRUSTEE	1.00	Х						0.	0.	0.
(2)SOPHIE BELL AYRES	1.00									
TRUSTEE	1.00	Х						0.	0.	0.
(3)NINA MCNEELY DIEFENBACH	1.00									
TRUSTEE	1.00	Х						0.	0.	0.
(4)LUIS J FERNANDEZ	1.00									
TRUSTEE	1.00	X						0.	0.	0.
(5)JEFFREY E KELTER	1.00									
TRUSTEE	1.00	X						0.	0.	0.
(6)MICHAEL J KLUGER	1.00									
TRUSTEE	1.00	Χ						0.	0.	0.
(7)CORNELIA PARSONS THORNBURGH	1.00									
CHAIR - BOARD OF TRUSTEES	1.00	Χ						0.	0.	0.
(8)L PETER LAWRENCE	1.00									
TRUSTEE	1.00	Х						0.	0.	0.
(9)RHEA PINCUS TURTELTAUB	1.00									***************************************
TRUSTEE	1.00	Χ						0.	0.	0.
(10)KEVIN J MALONEY	1.00									
TRUSTEE	1.00	Χ						0.	0.	0.
(11)SHAWN T WOODEN	1.00									
TRUSTEE	1.00	Χ						0.	0.	0.
(12)CHRISTINE E ELIA	1.00									
TRUSTEE	1.00	Х						0.	0.	0.
(13)H SUSANNAH HESCHEL	1.00									
TRUSTEE	1.00	Χ						0.	0.	0.
14)JEAN M WALSHE	1.00									
TRUSTEE	1.00	Χ						0.	0.]	0.

Form 990 (2016)

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Form 990 (2016) Page 8

Part VII Section A. Officers, Directors,		y En	nplo			and F	lig	1	1	
(A)	(B)			(C				(D)	(E)	(F)
Name and title	Average hours per week (list any hours for related organizations below dotted line)	box,	not ch unless er and	s pe	more rson	than the state of	an	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
15. TOTANIA DEPOSE CHIEFIE	10.00					ted				
15) JOANNE BERGER-SWEENEY	40.00							456.006		110 000
PRESIDENT	1.00	Х		Х				456,236.	0.	113,829.
16) WILLIAM E CUNNINGHAM JR	1.00							_	_	
TRUSTEE	1.00	X						0.	0.	0.
17) ERIC R FOSSUM	1.00							_	_	
TRUSTEE	1.00	X						0.	0.	0.
18) KATHRYN GEORGE TYREE	1.00									
TRUSTEE	1.00	Х						0.	0.	0.
19) THOMAS S CHAPPELL	1.00									
TRUSTEE	1.00	Х						0.	0.	0.
20) JAMES W CUMINALE	1.00									
TRUSTEE	1.00	Х						0.	0.	0.
21) NANCY M DAVIS	1.00									
TRUSTEE	1.00	Х						0.	0.	0.
22) PETER ESPY	1.00			T						
TRUSTEE	1.00	Х						0.	0.	0.
23) MICHAEL HUEBSCH	1.00									
TRUSTEE	1.00	Х						0.	0.	0.
24) LING KWOK	1.00									
TRUSTEE	1.00	Х						0.	0.	0.
25) KATHLEEN FOYE MACLENNAN	1.00									
TRUSTEE	1.00	Х						0.	0.	0.
1b Sub-total		I	II			L	•	0.	0.	0.
c Total from continuation sheets to Part VI	Section A						•	3,189,366.	0.	490,963.
d Total (add lines 1b and 1c)	-						•	3,189,366.	0.	490,963.
Total number of individuals (including but reportable compensation from the organization)	ot limited to tl		listed				re	ceived more than	\$100,000 of	
										Voc No

		1		110
3	Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> "Yes," <i>complete Schedule J for such individual</i>	3	Χ	
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	4	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	5		Х

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

Form 990 (2016) Page 8

Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	nplo	yee	es,	and I	Hig	hest Compensat	ed Employees	(continued)
(A)	(B)			((C)			(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours per	1 '				e than c		compensation	compensation from	
	week (list any hours for	office				is both or/trust		from	related	other compensation
	related	악등	1 1		· ·		,	the organization	organizations (W-2/1099-MISC)	from the
	organizations	divio	i iti	Officer	y er	ghe	Forme	(W-2/1099-MISC)	(** 2/1000 MIOO)	organization
	below dotted	ctor	Institutional	7	Key employee	yee	~	(and related
	line)	trus	al tr		yee	μğ				organizations
		Individual trustee or director	trustee			Highest compensated employee				
			ō			ated				
26) DANIEL MEYER	1.00	-								
TRUSTEE	1.00	Х						0.	0	. 0.
27) JAMES MURREN	1.00		+							· · · · · · · · · · · · · · · · · · ·
TRUSTEE	1.00	Х						0.	0	. 0.
28) LEE PELTON	1.00		+						0	•
TRUSTEE	1.00	Х						0.	0	
		^						0.	U	0.
29) DAVID WAGNER	1.00	,,,							_	
TRUSTEE	1.00	Х						0.	0	0.
30) SCOTT C BUTERA	1.00									
TRUSTEE AS OF 7/1/16	1.00	X						0.	0	0.
31) STEVE A ELMENDORF	1.00									
TRUSTEE AS OF 7/1/16	1.00	Х						0.	0	. 0.
32) ELIZABETH ELTING	1.00									
TRUSTEE AS OF 7/1/16	1.00	Х						0.	0	. 0.
33) PAMELA MCKOIN	1.00									
TRUSTEE AS OF 7/1/16	1.00	Х						0.	0	. 0.
34) RICHARD WAGNER	1.00									
TRUSTEE AS OF 7/1/16	1.00	Х						0.	0	. 0.
35) DICKENS MATHIEU	40.00		\vdash					•		•
GENERAL COUNSEL, SECRETARY CLG	0.	•		Х				264,596.	0	58,691.
36) DANNY HITCHELL	40.00		-	^				204,330.	0	30,091.
VP FINANCE AS OF 7/1/16	1.00			Х				1.60,000		22 225
	1.00			Λ				160,998.	0	22,205.
1b Sub-total										
c Total from continuation sheets to Part VII, So							•			***************************************
d Total (add lines 1b and 1c)							>			
2 Total number of individuals (including but not l		nose	listed	d at	oove	e) who	re	ceived more than	\$100,000 of	
reportable compensation from the organization	1 🕨	144	1					·····		
										Yes No
3 Did the organization list any former office	er, directo	r, or	trus	stee	e, I	key e	mp	loyee, or highest	compensated	
employee on line 1a? If "Yes," complete Schedu										3 X
4 For any individual listed on line 1a, is the sorganization and related organizations greater	oulli oi rep aater than	011ab	10 U	ነበን ነበን	pen #	501101 Vac	ı al	complete Schedul	la I for such	
individual										4 X
										-
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye										5 X
Section B. Independent Contractors	s, complet	C 301	icaai	6.0	101	Sucri	pers	3011		3 1
								L _ L	than \$100 000	- f
1 Complete this table for your five highest com- compensation from the organization. Report of year.	ompensatio	naepe on for	the	cal	end	racio	ar e	nat received more ending with or with	nin the organization	or on's tax
							1			
(A) Name and business add	rocc							(B) Description of se	nicos	(C)
ivame and business add	1000						-	Description of se	I VICES	Compensation
							_			
							-			······
A CONTRACTOR AND A CONT							1_			
							1			

more than \$100,000 in compensation from the organization ▶ JSA 6E1055 2.000 56801N U509

2 Total number of independent contractors (including but not limited to those listed above) who received

Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	plo	yee	es,	and I	Hig	hest Compensat	ed Emplo	yees (c	ontinue	Page 8 ed)
(A) Name and title	(B) Average hours per week (list any hours for related	(do i box, office	not ch unless	Pos eck s pe	c) ition more rson irect	e than o is both or/trust	one an	(D) Reportable compensation from the organization	(E) Report compensat relat organiza (W-2/1098	table tion from ed ations	Es an com fr	(F) stimated nount of other pensation om the
	organizations below dotted line)	Individual trustee or director	Institutional trustee	cer	Key employee	Highest compensated employee	ner	(W-2/1099-MISC)			an	anization d related anizations
37) JOHN FRACASSO VP FOR COLLEGE ADVANCEMENT	40.00				Х			427,261.		0.		53,209.
38) TIMOTHY CRESSWELL VP ACAD AFFAIRS, DEAN FR 7/1/16	40.00				Х			155,570.		0.		28,530.
39) MELANIE STEIN INTER DEAN FAC FR 1/16-6/16	40.00				Х			191,433.		0.		18,549.
40) SONIA CARDENAS INTER DEAN FAC FR 1/16-6/16	40.00				Х			207,524.		0.		43,319.
41) PAUL MUTONE VP FINANCE UNTIL 2/1/16	40.00					Х		380,587.		0.		5,229.
42) RAYMOND W BAKER PROF OF INTERNATIONAL POLITICS	40.00					Х		183,885.		0.		26,967.
43) SUZANNE ABER VP INFORMATION TECHNOLOGY	40.00					Х		194,171.		0.		40,553.
44) ANGEL PEREZ VP ENROLLMNT & STUDENT SUCCESS	40.00					Х		258,455.		0.		23,573.
45) JOSEPH DICHRISTINA DEAN CAMPUS LIFE, VP ST AFFAIR	40.00					Х		204,039.		0.		45,518.
46) PHILIP SHAPIRO INTERIM VP FIN FR 2/16 - 6/16	40.00						Х	104,611.		0.		10,791.
1b Sub-total	ection A				 	 	* * *					
2 Total number of individuals (including but not reportable compensation from the organization	limited to th		isted				re	ceived more than	\$100,000	of		
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu											3	Yes No
4 For any individual listed on line 1a, is the sorganization and related organizations graindividual	eater than	\$15	0,00	0?	lf	"Yes	," (complete Schedu	le J for	such	4	X
5 Did any person listed on line 1a receive or for services rendered to the organization? <i>If "Ye</i>	accrue cor	mpen:	satio	n f	rom	any	uni	related organization	on or indiv	/idual	5	X
Section B. Independent Contractors	ss, complet	6 3611	cuan	60	101	Sucri	pers	3011		• • •] 3	
Complete this table for your five highest com- compensation from the organization. Report c year.												www.ac.ut.u
(A) Name and business add	ress							(B) Description of services			(C) ompens	ation
2 Total number of independent contractors (in more than \$100,000 in compensation from the				ted	to	thos	e li	sted above) who	received			

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	<u>1a</u>								
Gra	b	Membership dues	1b								
fts,	С	Fundraising events	1c								
ia G	d	Related organizations	1d								
Sir	е	Government grants (contribu	utions) 1e	2,686,598.							
utic	f	All other contributions, gifts,	grants,								
등		and similar amounts not included	d above . 1f	28,127,716.							
o p	g Noncash contributions included in lines 1a-1f: \$		in lines 1a-1f: \$	6,112,086.							
	h	Total. Add lines 1a-1f	<u></u>		30,814,314.						
une				Business Code							
eve	2a	TUITION & FEES		900099	121,649,388.	121,649,388.					
Program Service Revenue	b	DINING FACILITIES		722514	9,092,072.	9,092,072.					
ζ	С	DORMITORY FEES		721000	13,538,779.	13,538,779.					
Sei	d	ALUMNI/FACULTY CENTER		900099	242,410.	242,410.					
аш	е										
ogr	f	All other program service rev	enue								
7	g	Total. Add lines 2a-2f		<u></u> ▶	144,522,649.						
	3	Investment income (inc	cluding dividen	ds, 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	<u> </u>		0.						
			(i) Real	(ii) Personal							
	6a	Gross rents	74,200.								
	b	Less: rental expenses	119,761.								
	С	Rental income or (loss)	-45,561.								
	d	Net rental income or (loss).	<u> </u>		-45,561.			-45,561.			
	7a	Gross amount from sales of	(i) Securities	(ii) Other							
		assets other than inventory	185,470,569.	-394,941.							
	b	Less: cost or other basis									
		and sales expenses	150,934,969.								
	С	Gain or (loss)	34,535,600.	-394,941.							
	d	Net gain or (loss)		<u></u>	34,140,659.		508,895.	33,631,764.			
ø	8a	Gross income from fundra	nising								
eun		events (not including \$									
Şe		of contributions reported on	line 1c).								
Other Revenue		See Part IV, line 18	a	0.							
÷.	b	Less: direct expenses	b	0.							
-	С	Net income or (loss) from fu	ndraising events.	▶	0.						
	9a	Gross income from gaming	activities.								
		See Part IV, line 19	a	0.							
	b	Less: direct expenses	b	0.							
	С	Net income or (loss) from g	aming activities.		0.						
	10a	Gross sales of inventor									
		returns and allowances	a	0.							
	b	Less: cost of goods sold	b	0.							
	С	Net income or (loss) from sal		<u> </u>	0.						
		Miscellaneous Revenu	е	Business Code							
	11a	OTHER REVENUE AND FEES		900099	3,345,412.			3,345,412.			
	b										
	С										
	d	All other revenue									
	е	Total. Add lines 11a-11d		▶	3,345,412.						
ICA	12	Total revenue. See instructio	ns. 	>	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 resp	oonse or note to any li	ne 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. 0.	2,798,571.		
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.			
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.		422,147.	255,872.
9 Other employee benefits	5,954,713. 3,661,233.		254,980. 285,323.	422,836. 244,827.
10 Payroll taxes	3,001,233.	3,131,003.	203,323.	244,027.
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.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2 000	
f Investment management fees	3,999,384.		3,999,384.	
g Other. (If line 11g amount exceeds 10% of line 25, column	14,765,013.	13,727,388.	558,805.	478,820.
(A) amount, list line 11g expenses on Schedule O.)	208,671.		43,395.	6,371.
12 Advertising and promotion	1,701,918.		222,910.	163,948.
13 Office expenses	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	0.			
for any federal, state, or local public officials 19 Conferences, conventions, and meetings	248,496.	209,314.	22,682.	16,500.
20 Interest	2,294,275.	2,294,275.		10,000
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.)				
aBOOKS & PERIODICALS	1,637,641.	1,628,035.	6,478.	3,128.
bEQUIP RENTAL & MAINTENANCE	968,737.	892,308.	65,788.	10,641.
c PROGRAM	6,862,617.	6,725,365.	20,587.	116,665.
dROOM & 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 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720) 	191,035,204.	172,754,766.	12,155,041.	6,125,397.

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Form 990 (2016) Page **11**

Part X Balance Sheet

1 Cash - non-interest-bearing 2 Savings and temporary cash investments 41,447,074. 2 2 44,286, 3 Pledges and grants receivable, net 70,801,052. 3 20,332, 4 Accounts receivable, net 775,169. 4 5,152, 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5,152, 6 Loans and other receivables from outrent and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4836(I(1)), persons described in section 4836(I(3)8), and contributing employees and spannoning organizations of section 91 (0)(0) oldinary employees thereforary order search of the section 91 (0)(0) oldinary employees thereforary order search of the section 91 (0)(0) oldinary employees thereforary order search of the section 91 (0)(0) oldinary employees thereforary order search of the section 91 (0)(0) oldinary employees thereforary order search of the section 91 (0)(0) oldinary employees thereforary order search of the section 91 (0)(0) oldinary employees thereforary order search of the section 91 (0)(0) oldinary employees thereforary order of the basis. Complete Part II of Schedule D 10a 529, 462, 537. 9 Prepaid expenses and deferred charges 1114,1444. 9 280, 10a Land, buildings, and equipment cost or other basis. Complete Part II of Schedule D 20, 22 2, 4, 358, 11 1, 1, 144. 10a Septiments - other securities. See Part IV, line 11 20, 620, 620, 661. 10a Land, buildings, and equipment cost or other basis. Complete Part II of Schedule D 20, 14 1, 136, 200, 300, 300, 300, 300, 300, 300, 300		ai t A			- 4) = ut V		T I
1			Check if Schedule O contains a response of	or not	e to any line in this P			
2 Savings and temporary cash investments								End of year
3 Pledges and grants receivable, net		1					1	0.
4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f(x1)), persons described in section 4958(c(x3)(B), and contributing employers and sponsoring organizations of section 5016(c(x)) outlarly employees beneficiary organizations (see instructions). Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D 10b Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D 10a Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D 10b Z51, 614, 434. 272, 567, 568. 10c Z77, 848, 11 Investments - publicly traded securities 11 Investments - publicly traded securities 12 Investments - publicly traded securities 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 15 Other assets. See Part IV, line 11 16 Other assets. See Part IV, line 11 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Excrow or custodial account liability. Complete Part IV of Schedule D 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 21 Secured mortgages and notes payable to unrelated third parties 22 Organizations that follow SFAS 117 (ASC 958), check here 23 Turrestricted net assets 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities not included on lines 17-24). Complete Part X of Schedule D 26 Total liabilities not included on lines 17-24. Complete Part X of Schedule D 27 Total liabilities not included on lines 17-2		2	Savings and temporary cash investments				2	44,286,774.
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complete lines 30 through 34.	ses		Organizations that follow SFAS 117 (ASC 958),	check				
complete lines 30 through 34.	ano	27					27	112,208,870.
complete lines 30 through 34.	Bal	28	Temporarily restricted net assets				28	284,141,470.
complete lines 30 through 34.	nd	29	Permanently restricted net assets		315,531,364.	29	336,095,940.	
	or Fu							
7 31 Paid-in or capital surplus, or land, building, or equipment fund 31		30	Capital stock or trust principal, or current funds				30	
	SSE	31			nt fund		31	
32 Retained earnings, endowment, accumulated income, or other funds	t A	32	Retained earnings, endowment, accumulated inco	or other funds		32		
	S	33	Total net assets or fund balances				33	732,446,280.
34 Total liabilities and net assets/fund balances		34	Total liabilities and net assets/fund balances			882,760,666.	34	941,174,968.

Form 990 (2016) Page 12 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	2	14,8	30,6	616.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	91,0	35,2	204.
3	Revenue less expenses. Subtract line 2 from line 1	3		23,7	95,4	112.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6	667,865,97		971.
5	Net unrealized gains (losses) on investments	5		39,7	29,	L89.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0 .
9						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	7	32,4	46,2	280.
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplair	n in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled	lor			
	reviewed on a separate basis, consolidated basis, or both:					1,54
	Separate basis Consolidated basis Both consolidated and separate basis			3.71		
b	Were the organization's financial statements audited by an independent accountant?			2b	Χ	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit					NE
	separate basis, consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

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

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the

Χ Form 990 (2016)

3a

Χ 2c

Schedule O.

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

Pa	Ш	Reason for Public Cha	arity Status (All o	organizations must d	complet	e this pa	art.) See instructions	3.		
The	orga	anization is not a private fou	indation because it	t is: (For lines 1 through	gh 12, ch	eck only	one box.)			
1		A church, convention of ch	urches, or associa	tion of churches desc	ribed in s	ection 1	70(b)(1)(A)(i).			
2	X	A school described in secti	ion 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990)-EZ).)			
3		A hospital or a cooperative	hospital service o	rganization described	in sectio	n 170(b))(1)(A)(iii).			
4		A medical research organization	zation operated in	conjunction with a hos	spital de	scribed i	n section 170(b)(1)(A)	(iii). Enter the		
		hospital's name, city, and s	tate:	•						
5		An organization operated	for the benefit of	a college or universit	y owne	d or ope	erated by a governme	ental unit described in		
		section 170(b)(1)(A)(iv). (C	Complete Part II.)							
6		A federal, state, or local go	overnment or governmental unit described in section 170(b)(1)(A)(v).							
7		An organization that norm	at 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). (Compl	ete Part II.)		Ū				
8		A community trust describe	ed in section 170(b	o)(1)(A)(vi). (Complete	Part II.)					
9		An agricultural research or					d in conjunction with a	land-grant college		
	نــــا	or university or a non-land-					•	-		
		university:		,	,		, , ,	· ·		
10		An organization that normal receipts from activities rela support from gross investmacquired by the organization	ited to its exempt f nent income and u	unctions - subject to on nrelated business tax	certain e able inco	xceptior me (les	is, and (2) no more tha s section 511 tax) from	n 331/3 %of its		
11		An organization organized	and operated excl	usively to test for publi	c safety.	See sec	ction 509(a)(4).			
12		An organization organized	and operated exclu	usively for the benefit	of, to pe	erform th	ne functions of, or to o	carry out the purposes		
		of one or more publicly su	pported organizati	ons described in sec t	tion 509	(a)(1) oi	section 509(a)(2). S	See section 509(a)(3).		
		Check the box in lines 12a t	hrough 12d that d	escribes the type of s	upporting	g organiz	zation and complete li	nes 12e, 12f, and 12g.		
а	L	Type I. A supporting organic	anization operated	, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving		
		the supported organization	on(s) the power to	regularly appoint or e	lect a m	ajority of	f the directors or truste	es of the		
		_ supporting organization.	You must complet	e Part IV, Sections A	and B.					
b	L	<mark>∐ Type II</mark> . A supporting org	anization supervise	ed or controlled in co	nnection	with its	supported organizati	on(s), by having		
		control or management of	of the supporting o	rganization vested in	the sam	e persor	ns that control or man	age the supported		
		_ organization(s). You must	complete Part IV	, Sections A and C.						
С		$oldsymbol{ol}}}}}}}}}} $	grated. A supporti	ng organization opera	ited in co	onnectio	n with, and functional	lly integrated with,		
		_ its supported organization	n(s) (see instruction	s). You must comple	te Part i	V, Section	ons A, D, and E.			
d		☐ Type III non-functionally	integrated. A sup	porting organization o	perated	in conn	ection with its suppor	ted organization(s)		
		that is not functionally inte	egrated. The organ	nization generally mus	t satisfy	a distrib	oution requirement and	d an attentiveness		
		_ requirement (see instruct	ions). You must co	mplete Part IV, Sect	ions A a	nd D, an	d Part V.			
е	L	□ Check this box if the orga	anization received	a written determinatio	n from t	he IRS t	hat it is a Type I, Type I	I, Type III		
		functionally integrated, or	Type III non-funct	ionally integrated sup	porting o	organizat	tion.			
f	Ent	er the number of supported	l organizations				· · · · · · · · · · · · · · · · · · ·			
g	Pro	vide the following information	on about the suppo	orted organization(s).	· · · · · · · · · · · · · · · · · · ·					
	(i) Na	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	listed in you docui	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
					Yes	No				
A)										
B)										
C)										
D)										
E)										
					NATE:					
ota	I									

Schedule A (Form 990 or 990-EZ) 2016 Page **2**

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Cale	ndar year (or fiscal year beginning in)	(a) 2012	1						
	-	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	19,548,705.	26,251,475.	34,467,593.	20,880,337.	30,814,314.	131,962,424.		
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.		
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.		
4	Total. Add lines 1 through 3	19,548,705.	26,251,475.	34,467,593.	20,880,337.	30,814,314.	131,962,424.		
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						27,439,283.		
6	Public support. Subtract line 5 from line 4.			ija sa	A CARACTER A		104,523,141.		
	tion B. Total Support		-		L		104,523,141.		
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total		
7	Amounts from line 4	19,548,705.	26,251,475.	34,467,593.	20,880,337.	30,814,314.	131,962,424.		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,918,021.	3,550,562.	3,685,339.	3,500,779.	2,127,343.	15,782,044.		
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.		
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.		
11	Total support. Add lines 7 through 10						147,744,468.		
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	705,822,879.		
13	First five years. If the Form 990 is forganization, check this box and stop here								
	tion C. Computation of Public Sup		-				70.75 %		
14	Public support percentage for 2016 (lin		•			14	70.75 % 71.54 %		
15	Public support percentage from 2015					15			
16a	331/3% support test - 2016. If the o	•							
	this box and stop here . The organization	•		-					
a	331/3% support test - 2015. If the ocheck this box and stop here. The organization						1 1		
170	10%-facts-and-circumstances test - 2	•							
11 a									
b	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. 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 instructions	did not check a	a box on line 13	, 16a, 16b, 17a	, or 17b, check	this box and see	٠ . ا		

Page 3

Schedule A (Form 990 or 990-EZ) 2016

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513.						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						*
	line 6.)						
Sec	tion B. Total Support			***************************************			
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						, ,,,,
11	Net income from unrelated business	*****					
• •	activities not included in line 10b,						
	whether or not the business is regularly						
40	Carried on						
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)						,
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for	or the organiza	tion's first seco	nd third fourth	or fifth tax ve	ear as a section	501(c)(3)
	organization, check this box and stop here.	ŭ	•		•		```
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2016 (line 8,			nn (f))		15	%
16	Public support percentage from 2015 Sche		-			16	%
	tion D. Computation of Investmen						70
<u> 17</u>	Investment income percentage for 2016 (lin			3 column (f))		17	%
18	Investment income percentage for 2015 (in	•	•			18	
	331/3% support tests - 2016. If the org					······	********
ıJd	17 is not more than 331/3%, check thi						. [7
L	331/3% support tests - 2015. If the orga						
I)	line 18 is not more than 331/3 %, check						
00	Private foundation if the organization of			•		•	

Part IV **Supporting Organizations**

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

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governir documents? If "No," describe in Part VI how the supported organizations are designated. If designated in class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of statu under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answ. (b) and (c) below.
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) ar satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(I purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretic despite being controlled or supervised by or in connection with its supported organizations.
- Did the organization support any foreign supported organization that does not have an IRS determinatio under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization use to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(E purposes.
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and El 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 actio was accomplished (such as by amendment to the organizing document).
- Type I or Type II only. Was any added or substituted supported organization part of a class alread designated in the organization's organizing document?
- 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) t anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefite by one or more of its supported organizations, or (iii) other supporting organizations that also support of benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributo 7 (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Was the organization controlled directly or indirectly at any time during the tax year by one or mordisqualified persons as defined in section 4946 (other than foundation managers and organizations describe in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in whic the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benef from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 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 integrate supporting organizations)? If "Yes," answer 10b below.
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
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Schedule A (Form 990 or 990-EZ) 2016

Schedu	ule A (Form 990 or 990-EZ) 2016		i	Page 5
Part	N Supporting Organizations (continued)		Y	T
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b	-	
C4	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		L
Secu	on B. Type I Supporting Organizations		Vac	No
			162	NO
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in 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.	1	Tage:	1.1
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			3.1.1.1
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.			
C = =4:		2		
Secu	on C. Type II Supporting Organizations		Yes	No
_		[14]	165	NO
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).			
Cooti		1 1		L
Secti	on D. All Type III Supporting Organizations		Vaa	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		res	No
-	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior			
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1	100	
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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).			
		2		<u> </u>
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.			
		3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in:	structio	ons).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	(~~~~~
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
-	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in 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.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		l
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		11.14	12, 7, 11
	of its supported organizations? If "Ves" describe in Part VI the role played by the organization in this regard	3h		

Page 6

instructions. All other Type III non-functionally integrated supporting organization	ations		
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)	
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	71.71		
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):	- , 111		
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			

Schedule A (Form 990 or 990-EZ) 2016

	TROSTEES OF TRINITI	COLLEGE, THE	0 (3-0040327
Sched	ule A (Form 990 or 990-EZ) 2016			Page 7
Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organization	tions (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of support	ed	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	zations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 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	A America digital and the side		
	Underdistributions, if any, for years prior to 2016		***************************************	
2	(reasonable cause required-explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2016:			
а		and production of the		
b		and the state of t		
С	From 2013			
d	From 2014	and the state of the state.		
е	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: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			

Schedule A (Form 990 or 990-EZ) 2016

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Remainder. Subtract lines 4a and 4b from 4.

Part VI. See instructions.

Breakdown of line 7:

Excess from 2013...

Excess from 2014...

Excess from 2015...

Excess from 2016...

and 4c.

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.

Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

Excess distributions carryover to 2017. Add lines 3j

Schedule A (Form 990 or 990-EZ) 2016

Page 8

Part VI

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

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047
2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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

	(see separate instructions), ther Section 501(c)(4), (5), or (6) org							
	e of organization			Employer ide	ntification number			
	JSTEES OF TRINITY COI	LLEGE, THE		06-064				
		organization is exempt under	section 501(c) or	is a section 527 orga	nization.			
1		organization's direct and indirect						
	of "political campaign activit			,				
2		xpenditures (see instructions)		▶ \$				
3		campaign activities (see instructio						
Par		organization is exempt under						
1 2 3 4 2	Enter the amount of any exc If the organization incurred a	cise tax incurred by the organization is tax incurred by organization massection 4955 tax, did it file Form	anagers under secti 4720 for this year?.	on 4955 ▶ \$	Yes No			
	If "Yes," describe in Part IV.				NO			
		organization is exempt under	section 501(c), ex	cept section 501(c)(3).			
1 2 3 4 5	Enter the amount directly expended by the filing organization for section 527 exempt function activities							
(1)					none, enter -0			
(0)								
(2)								
(3)				.,				
(0)								
(4)								
(5)								
(6)								

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

Schedule C (Form 990 or 990-EZ) 2016

Schedule C (Folili 330 of 330-LZ) Z010	THOUSAND OF TH	CINIII COLL	, , ,,,,,		rage z
Part II-A Complete if the o section 501(h)).	organization is exe	mpt under section	n 501(c)(3) and	filed Form 5768 (ele	
A Check ► if the filing or name, address	ganization belongs t s, EIN, expenses, and	o an affiliated groud share of excess l	ip (and list in Pa obbying expend	art IV each affiliated g ditures).	group member's
B Check ► if the filing or	ganization checked	box A and "limited	control" provisi	ons apply.	
	its on Lobbying Expen			(a) Filing	(b) Affiliated
(The term "expen	ditures" means amou	nts paid or incurred	.)	organization's totals	group totals
1a Total lobbying expenditures t					
b Total lobbying expenditures t	to influence a legislativ	e body (direct lobby	ing)		
c Total lobbying expenditures (•) -	AV-8-	
d Other exempt purpose exper					
e Total exempt purpose expen					
f Lobbying nontaxable amour	nt. Enter the amount	from the following	table in both		
columns.					
If the amount on line 1e, column	n (a) or (b) is: The lobbyi	ng nontaxable amount	is:		
Not over \$500,000	20% of the	amount on line 1e.			
Over \$500,000 but not over \$1,0		lus 15% of the excess			
Over \$1,000,000 but not over \$	· · · · · · · · · · · · · · · · · · ·	lus 10% of the excess			
Over \$1,500,000 but not over \$		lus 5% of the excess of	over \$1,500,000.		
Over \$17,000,000	\$1,000,000				
g Grassroots nontaxable amou	· ·		,		
h Subtract line 1g from line 1a.					
i Subtract line 1f from line 1c.					
j If there is an amount other			_		
reporting section 4911 tax fo					Yes No
		raging Period Unde	, -		
(Some organizations t					nns below.
	See the separa	te instructions for l	ines 2a through	21.)	
	Lobbying Exper	nditures During 4-Y	ear Averaging Pe	riod	
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 Johnving expenditures	,				

Schedule C (Form 990 or 990-EZ) 2016

Page **3**

Part II	Complete if the organization is exempt under section 501(c)(3) and has NO (election under section 501(h)).	T file	d For	m 576	8		
<i></i>	ab "Vas" response on lines do through di balan, musida in Dort IV a detailed	(;	a)		(b)		
	ch "Yes," response on lines 1a through 1i below, provide in Part IV a detailed tion of the lobbying activity.	Yes	No		Amou	nt	
leç rel a Vo	uring the year, did the filing organization attempt to influence foreign, national, state or local gislation, including any attempt to influence public opinion on a legislative matter or ferendum, through the use of: olunteers?	X	X				
			Χ				
	edia advertisements?		Х				
	ublications, or published or broadcast statements?		Χ				
	ants to other organizations for lobbying purposes?		Χ	***************************************	*******************************		•
	rect contact with legislators, their staffs, government officials, or a legislative body?		Х				
-	allies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х				
	her activities?	X					1
j To	tal. Add lines 1c through 1i						1
2a Di	d the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X				
	Yes," enter the amount of any tax incurred under section 4912						
	Yes," enter the amount of any tax incurred by organization managers under section 4912 he filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	in the fil				7 g s 11	
Part II	Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6).	(c)(5)	, or s	ection	1		
2 Die 3 Die 1 Die 2 See po a Cu b Ca c To 3 Ag 4 If rexcanded	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes." es, assessments and similar amounts from members ction 162(e) nondeductible lobbying and political expenditures (do not include amount litical expenses for which the section 527(f) tax was paid). rrent year	m the (c)(5) OR (i	prior, or seb) Pa	year? ectior		3, is	No
Provide 2 (see in ORGAN	the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliate istructions); and Part II-B, line 1. Also, complete this part for any additional information. IZATIONS EXEMPT UNDER SECTION 501(C)(3) TY COLLEGE PAID DUES OR MEMBERSHIPS OF \$794,721 DURING THE FISCA		up list); Part	II-A, lin	es 1	and
	2017 TO CERTAIN ORGANIZATIONS WHICH MAY LOBBY ON ITS BEHALF.	713					

Schedule C (Form 990 or 990-EZ) 2016

Page 4

Supplemental Information (continued) Part IV

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number TRUSTEES OF TRINITY COLLEGE, THE 06-0646927 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) 2 3 Aggregate value of grants from (during year) . . Aggregate value at end of year...... Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes No Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation Held at the End of the Tax Year easement on the last day of the tax year. 2a а 2b Number of conservation easements on a certified historic structure included in (a) 2c c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register........... 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year > Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

Schedule D (Form 990) 2016

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

Part IV

3

	TRU	JSTEES OF TRIN	ITY COLLEGE, T	ГНЕ	06-06	46927
Schedu	ule D (Form 990) 2016					Page 2
Part	Organizations Maintaini	ng Collections of	Art, Historical T	reasures, or Ot	her Similar <mark>A</mark> sse	ts (continued)
	Using the organization's acquisition		other records, chec	k any of the follov	ving that are a sigr	nificant use of its
	collection items (check all that app	oly):				
a b	X Public exhibition X Scholarly research			or exchange progra	ms	
b c	X Preservation for future gene	rations	e Other			- Victoriale
	Provide a description of the orga		s and explain how	they further the or	ganization's exemp	t purpose in Part
	XIII.		o and oxplain non		gaeattorro oxomp	· parpood iii i ait
	During the year, did the organization	on solicit or receive o	donations of art, hist	orical treasures, or	other similar	
6	assets to be sold to raise funds ratl	ner than to be maint	ained as part of the	organization's colle	ction? [Yes X No
Part	IV Escrow and Custodial Ar	rangements.				
	Complete if the organiza 990, Part X, line 21.	tion answered "Ye	s" on Form 990, P	art IV, line 9, or re	eported an amoun	t on Form
	s the organization an agent, truste				r assets not	
i	ncluded on Form 990, Part X?					Yes No
b l	f "Yes," explain the arrangement i	n Part XIII and com	plete the following tal	ole:		
					Amount	
	Beginning balance					
	Additions during the year					
	Distributions during the year Ending balance				7.7.7.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4	
	Did the organization include an am				account liability?	Yes No
	f "Yes," explain the arrangement i					
Part						· · · · · · · · · · · · · · · · · · ·
	Complete if the organizat	ion answered "Yes	s" on Form 990, Pa	art IV, line 10.		
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a E	Beginning of year balance	532,344,486.	572,033,548.	551,798,198.	486,507,152.	439,120,044.
	Contributions	9,515,229.	5,105,594.	16,268,591.	9,356,379.	4,747,641.
c N	Net investment earnings, gains,					
a	and losses		-19,872,161.			67,080,248.
	Grants or scholarships	6,699,004.	5,873,262.	5,162,582.	4,938,585.	4,035,953.
	Other expenditures for facilities	10 740 604	16 400 704	16 404 600	15 700 115	16 676 206
	and programs	3,999,384.	16,490,784. 2,558,449.	4,256,989.	5,947,266.	15,576,205. 4,828,623.
	Administrative expenses	584,499,394.	532,344,486.			486,507,152.
~	End of year balance	***************************************				400,307,132.
	Provide the estimated percentage Board designated or quasi-endown			column (a)) neid as	:	
	Permanent endowment ► 56.0		_^			
	emporarily restricted endowment					
T	The percentages on lines 2a, 2b, a	and 2c should equal	100%.			
3a <i>P</i>	Are there endowment funds not in	the possession of th	ne organization that	are held and admir	nistered for the	
C	organization by:					Yes No
(i) unrelated organizations					3a(i) X
	ii) related organizations					3a(ii) X
	f "Yes" on line 3a(ii), are the relate	-	•			3b
1 T	Describe in Part XIII the intended ι	ises of the organiza	tion's endowment fur	nds.		

а	Are there endowment funds not in the possession of the organization that are held and administered for the			
	organization by:	ſ	Yes	No
	(i) unrelated organizations	3a(i)	Х	
		3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

	Complete if the organization answered test on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.								
	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value				
1a	Land		48,754,246.		48,754,246.				
	Buildings		401,584,304.	205,221,026.	196,363,278.				
С	Leasehold improvements								
d	Equipment		60,305,708.	46,393,408.	13,912,300.				
	Other		10,449,393.		18,818,279.				
	II. Add lines 1a through 1e. (Column (d) musi		X, column (B), line 1	0c.)	277,848,103.				

Schedule D (Form 990) 2016

Schedule D (Form 990) 2016			Page
Part VII Investments - Other Securities.	d "Voo" on Form 000	Port IV line 11h See Form 000	Dort V line 10
Complete if the organization answere (a) Description of security or category	(b) Book value	I	
(including name of security)	(b) book value	(c) Method of valua Cost or end-of-year mar	
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A) HEDGE FUNDS	206,550,797.	FMV	
(B)			
(C)			
(D)			
(E)			
(F)			
(G) (H)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	206,550,797.	The state of the s	
Part VIII Investments - Program Related.	200,330,737.		
Complete if the organization answere	d "Yes" on Form 990	. Part IV. line 11c. See Form 990	Part X. line 13.
(a) Description of investment	(b) Book value	(c) Method of value	***************************************
(e) Decemplies of investment	(a) Book value	Cost or end-of-year mar	
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			The second secon
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.			
Complete if the organization answere	d "Yes" on Form 990	Part IV line 11d See Form 990	Part X line 15
	escription	, 1 41 17, 1110 1 14. 000 1 0111 000	(b) Book value
(1)	000111111111		(D) Book Value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	l' dE l		
Total. (Column (b) must equal Form 990, Part X, col. (B) Part X Other Liabilities.	iine 15.)	· · · · · · · · · · · · · · · · · · ·	
Complete if the organization answere	d "Yes" on Form 990	Part IV line 11e or 11f See For	m 000 Part Y
line 25.	a 100 0111 01111 000;	, 1 4 (10, 1110 1 10 0) 1 11. 000 1 0	111 000, 1 arex,
1. (a) Description of liability	(b) Book value	e 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
(1) Federal income taxes	13,2		
(2) PV OF SPLIT-INT OBLIGATIONS	5,337,9	982.	
(3) CONTRIBUTIONS DUE TO OTHERS	27,6	566.	
(4) FEDERAL STUDENT LOAN FUNDS	2,815,8		
(5) ACCRUED POST-RETIREMENT BENEFI	5,430,0		
(6) BARBIERI SEVERANCE	197,2		
(7)LIABILITY FOR ASSET RETIREMENT	29,412,8	350.	
(8)		그를 받을 보다면요. 나는 사이	
(9)	1	 I surface that the control of the first form. 	

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

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶

43,234,934.

6927
Page 4
···
4.5
4; Part X, line

Part 2	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	:	
	Net unrealized gains (10365) on investments		
	Donated Services and use of Identities		
	Accoveries of prior year grants.	-	
	other (Boothibe III are Alle)	2e	
	Add lines 2a through 2d	3	
	Subtract line 2e from line 1	3	
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
	Other (Describe in Part XIII.)	40	
	Add lines 4a and 4b	4c 5	
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Part)	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	
_	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
Part >	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; Pa	art V, line 4; Part X, line	9
2; Part	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information of the complete this part to provide any additional information.	mation.	
SEE	PAGE 5		

JSA 6E1271 1.000

56801N U509

Schedule D (Form 990) 2016

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.

V 16-7.17

SCHEDULE D, PART X, LINE 2:

THE FINANCIAL STATEMENTS DID NOT REPORT A FIN 48 LIABILITY.

SCHEDULE E (Form 990 or 990-EZ)

Schools

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

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

► 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.

Inspection

Name of the organization

TRUSTEES OF TRINITY COLLEGE, THE

Employer identification number 06-0646927

Pa	ti [Υ	
4	Dogs the apprimation have a variable pandicative rate we asked to the desired at the state of th		YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Х	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its	•		
	brochures, catalogues, and other written communications with the public dealing with student admissions,			
	programs, and scholarships?	2	Х	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media			
	during the period of solicitation for students, or during the registration period if it has no solicitation program,			
	in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II	3	X	
	describe. If 140, please explain. If you need more space, use fact it			
	SEE SUPPLEMENTAL PAGE			
4	Does the organization maintain the following?			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Х	
b	Records documenting that scholarships and other financial assistance are awarded on a racially			
	nondiscriminatory basis?	4b	Х	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
d	with student admissions, programs, and scholarships?	4c 4d	X	
u	If you answered "No" to any of the above, please explain. If you need more space, use Part II.	40	21	
	a you allowered the to any of the above, please explain. If you need more space, ase fair in.		14.1	
5	Does the organization discriminate by race in any way with respect to:	_		Х
а	Students' rights or privileges?	5a		
b	Admissions policies?	5b		Х
С	Employment of faculty or administrative staff?	5c		X
	Och danshing an ather formatid assistance 0			v
d	Scholarships or other financial assistance?	5d		X
е	Educational policies?	5e		Х
f	Use of facilities?	5f		X
				3.7
g	Athletic programs?	5g		X
h	Other extracurricular activities?	5h		Х
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.			
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a	x	
b	Has the organization's right to such aid ever been revoked or suspended?	6b		X
	If you answered "Yes" on either line 6a or line 6b, explain on Part II.			i
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through			
	4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	7	Х	

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

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

► Attach to Form 990.

2016

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

	or the organization				Employer identifica	ation number			
TRU	STEES OF TRINITY COLLE				06-06469				
Par	t I General Information o Form 990, Part IV, line 14		Outside the U	nited States. Complete	if the organization answe	red "Yes" on			
1	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? X Yes No.								
2	For grantmakers. Describe in assistance outside the United Sta		ganization's p	rocedures for monitoring	the use of its grants a	and other			
3	Activities per Region. (The follow	ving Part I, line	3 table can be	e duplicated if additional sp	pace 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	(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 b	Sub-total	7.	23.			110,049,787.			

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

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

Schedule F (Form 990) 2016

110,049,787.

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
l)						
<u>)</u>						
)			Westerland to the second secon			
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5)						
6)						

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Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "
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)					MATERIAL PARTIES AND THE PROPERTY OF THE PARTIES AND THE PARTI
(13)					
(14)					
(15)					
(16)					
(17)					
(18)					

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

Part V Suppl

Supplemental Information

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

SCHEDULE F, PART I, COLUMN F:

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

GRANTS MADE IN THE REGION - THE COLLEGE FINANICAL AID OFFICE DETERMINES
ELIGIBILITY FOR FINANCIAL AID AWARDED TO STUDENTS STUDYING OUTSIDE THE US
IN BOTH TRINITY COLLEGE AND OTHER PROGRAMS. THE FINANCIAL AID IS POSTED
ON THE STUDENT ACCOUNTS RECEIVABLE TO COVER PROGRAM COSTS OR TRANSFERS OF
FINANCIAL AID TO OTHER PROGRAMS.

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

Pai	rt I General Information on Grants and	d Assistanc	e				
1	Does the organization maintain records to si	ubstantiate tl	ne amount of the	e grants or assista	nce, the grantees	' eligibility for the grant	ts or a
	the selection criteria used to award the grant						
2	Describe in Part IV the organization's proceed	dures for mo	nitoring the use	of grant funds in the	e United States.		
Pai	rt II Grants and Other Assistance to D 990, Part IV, line 21, for any recipi		_				
	(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)	(gi nor
_(1)							
(2)		-					
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)		-					
(11)							
(12)						MIT AV 1000 AV	
2	Enter total number of section 501(c)(3) and section 501(c)(3)	-	•	ted in the line 1 tab	ole	• • • • • • • • • • • • • • • • • • • •	•••

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

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Schedule I (Form 990) (2016)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, F 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)
1 GRANTS AND SCHOLARSHIPS FOR STUDENTS	983.	44,537,655.			Territoria.
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 addition 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

Compensation Information

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

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

Internal Revenue Service Name of the organization

TRUSTEES OF TRINITY COLLEGE, THE

Employer identification number

06-0646927

Par	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form			
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel X Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	X Tax indemnification and gross-up payments X Health or social club dues or initiation fees			
	Discretionary spending account X Personal services (such as, maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			Х
_	explain	1b		
2				
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	Х	
_			**	
3	Indicate which, if any, of the following the 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.			
	X Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
-	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a	Х	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Х	
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	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:	_		V
a	The organization?	5a		X
b	Any related organization?	5b		
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
а	The organization?	6a		Χ
a h	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.	0.0		
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
,	payments not described on lines 5 and 6? If "Yes," describe in Part III	7		Χ
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	8		Χ
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

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

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.

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

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Part | Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, ar 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).

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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, ar 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.

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Part | Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, ar 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).

TAX-EXEMPT BONDS

SCHEDULE K (Form 990)

Supplemental Information on Tax-Exempt Bonds

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

OMB No. 1545-0047

► Attach to Form 990.

Open to Public Employer identification number Inspection

06-0646927

▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990. THE TRUSTEES OF TRINITY COLLEGE, Name of the organization Department of the Treasury Internal Revenue Service

Part Bond Issues									
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	pose (g) Defeased		(h) On behalf of issuer	(i) Pooled financing
						Yes	No Y	Yes No	Yes No
A CONN HEALTH & ED FAC AUTH - SERIES L	06-0806186	207740G82	08/05/2008	15,345,000.	REFINANCE CHEFA I-2005		×	×	×
B CONN HEALTH & ED FAC AUTH - SERIES M	06-0806186	20774UGS1	06/29/2010	22,554,896.	22,554,896. REFINANCE CHEFA F-1998		×	×	×
C CONN HEALTH & ED FAC AUTH - SERIES N	06-0806186	000000000	07/15/2014	22,535,000.	REFINANCE CHEFA H-2004		×	×	×
D CONN HEALTH & ED FAC AUTH - SERIES O	06-0806186	000000000	07/01/2015	22,890,000.	22,890,000. REFINANCE CHEFA K-2007		×	×	×
Part Proceeds									
				A	В	ပ		۵	
1 Amount of bonds retired		•		3,880,000.	5,270,000.	5,320,764.	4.	1,59	1,595,000.
2 Amount of bonds legally defeased									
3 Total proceeds of issue				15,345,000.	. 22,554,896.	22,535,000.	0.	22,890,000.	000,0
4 Gross proceeds in reserve funds						The state of the s			
5 Capitalized interest from proceeds									

12 Other unspent proceeds.	12 Other unspent proceeds			22,15	22,150,000.				
13 Year of substantial comple	13 Year of substantial completion								
		Yes	No	Yes	No	Yes	°N°	Yes	N _o
14 Were the bonds issued as	14 Were the bonds issued as part of a current refunding issue?	×		×		×		×	
15 Were the bonds issued as	15 Were the bonds issued as part of an advance refunding issue?		×		×		×		×
16 Has the final allocation of p	16 Has the final allocation of proceeds been made?	×		×		×		×	
17 Does the organization r	17 Does the organization maintain adequate books and records to support the								
final allocation of proceeds	final allocation of proceeds?	×		×		×		×	
Part III Private Business Use	Use								
		<							

258,563.

424,978.

404,896.

269,841.

Working capital expenditures from proceeds

37,059.

22,631,437.

22,110,022.

15,038,100.

Other spent proceeds...........

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1 Was the organization a partner in a partnership, or a member of an LLC,	LLC, Yes	N _O	Yes	No	Yes	No	Yes	Š
which owned property financed by tax-exempt bonds?	•	×						
2 Are there any lease arrangements that may result in private business use of	ness use of							
bond-financed property?		×						

For Paperwork Reduction Act Notice, see the Instructions for Form 990. JSA 6E1295-1801 N US09 V 1

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TAX-EXEMPT BONDS

SCHEDULE K (Form 990)

Name of the organization Department of the Treasury Internal Revenue Service

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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.

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

▶ Attach to Form 990.

OMB No. 1545-0047

Open to Public

Employer identification number

(i) Pooled financing Yes No × × ŝ ŝ Δ (h) On behalf of Yes No 06-0646927 × × issuer Yes Yes (g) Defeased Ŷ × × Yes ŝ ŝ ပ ပ Yes Yes (f) Description of purpose 51,100,000. REFINANCE CHEFA J-2007 51,100,000. 264,049. 50,835,951. ŝ ŝ × Ω Ω CONSTRUCTION Yes Yes × \times \bowtie 23,041,827. 3,622. 758,669. 273,400. 7,654,196. 15,176,613. 23,000,000. ŝ ŝ (e) Issue price \bowtie × × \bowtie ⋖ ⋖ Yes Yes \bowtie 04/26/2017 12/17/2015 (d) Date issued Other unspent proceeds Were the bonds issued as part of an advance refunding issue?......... Capitalized interest from proceeds.............. Year of substantial completion......... to support the 1 Was the organization a partner in a partnership, or a member of an LLC, (c) CUSIP # 000000000 000000000 Does the organization maintain adequate books and records which owned property financed by tax-exempt bonds? (p) Issuer EIN 06-0806186 06-0806186 THE TRUSTEES OF TRINITY COLLEGE, B CONN HEALTH & ED FAC AUTH - SERIES Q A CONN HEALTH & ED FAC AUTH - SERIES P Part III Private Business Use (a) Issuer name final allocation of proceeds? **Bond Issues** Proceeds Part II Partl 16 o 9 ω 4 4 S ~ 9 7 12 73 15

For Paperwork Reduction Act Notice, see the Instructions for Form 990. JSA 6E1295-1990 N US09 V $^\circ$

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Are there any lease arrangements that may result in private business use

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Page 2 % % | % % ŝ ŝ × × \approx × × Δ Yes Yes \approx × % % % % ŝ ŝ \bowtie × \bowtie \bowtie \bowtie ပ Yes Yes \approx × % % % % Ŷ ŝ \approx × × \bowtie × Ω Ω Yes Yes × × % % % % TAX-EXEMPT BONDS ° ŝ × × × \bowtie \bowtie \times \times \bowtie ⋖ Yes Yes × × × If "No" to line 1, did the following apply?.............. d Was the hedge superintegrated?...... e Was the hedge terminated?.......... If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside If "Yes" to line 3c, does the organization routinely engage bond counsel or other Enter the percentage of financed property used in a private business use by entities Yield Reduction and If "Yes" to line 2c, provide in Part VI the date the rebate computation was a qualified private ₹ unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government Rebate not due yet?........... outside counsel to review any research agreements relating to the financed property?. g Are there any research agreements that may result in private business use Enter the percentage of financed property used in a private business use nongovernmental person other than a 501(c)(3) organization since the bonds were issued? .⊑ counsel to review any management or service contracts relating to the financed property? other than a section 501(c)(3) organization or a state or local government . . result into If "Yes" to line 8a, enter the percentage of bond-financed property sold or If "Yes" to line 8a, was any remedial action taken pursuant to Regulations requirements under Regulations sections 1.141-12 and 1.145-2?.... nonqualified bonds of the issue are remediated in accordance with the Has the organization established written procedures to ensure that all 3a Are there any management or service contracts that may Has there been a sale or disposition of any of the bond-financed property to a the governmental issuer entered the issuer filed Form 8038-T, Arbitrage Rebate, Does the bond issue meet the private security or payment test? sections 1.141-12 and 1.145-27....... Private Business Use (Continued) business use of bond-financed property?. Is the bond issue a variable rate issue?. hedge with respect to the bond issue?, organization or Total of lines 4 and 5 Exception to rebate? Arbitrage disposed of . . . performed... No rebate due? the result of Part IV Δ 8a ပ Ω

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Schedule K (Form 990) 2016					>	1		Page 2
Part III Private Business Use (Continued)	TAX-EXEMPT	BONDS						
to di cho contra con	A				3		Δ -	
business use of bond-financed property?	S D L	×	res	NO	Tes	NO	Yes	ON
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		×						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		%		%		%		 %
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		%		%		%		%
6 Total of lines 4 and 5.		%		%		%		%
7 Does the bond issue meet the private security or payment test?		×						
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		×						The state of the s
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
ne 8a, was any remedial action taken pursuant to Regul 41-12 and 1.145-2?								0/
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	×		×					
Part IV Arbitrage								
	A	-	Ω.	~	ပ		Ω	
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?	Yes	No ×	Yes	No ×	Yes	No	Yes	No
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?	×			×				
b Exception to rebate?		×	×					
c No rebate due?		×		×				
3 Is the bond issue a variable rate issue?		×	×					
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		×		×				
b Name of provider								***************************************
d Was the hedge superintegrated?								
ASU.						Sc	Schedule K (Form 990) 2016	m 990) 2016

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Page 3

Schedule K (Form 990) 2016

Š ŝ \times ۵ Yes Yes \approx ŝ ŝ × × O ပ Yes Yes \bowtie ŝ ŝ \bowtie œ Yes Yes \bowtie ŝ ŝ \bowtie × Yes Yes \bowtie d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?.... Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations? c Term of GIC..... monitor 5a Were gross proceeds invested in a guaranteed investment contract (GIC)? ಧ the organization established written procedures Procedures To Undertake Corrective Action Arbitrage (Continued) requirements of section 148? Part V

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

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06-0646927

Schedule K (Form 990) 2016

Page 3 °N ŝ ۵ Yes Yes Ŷ ŝ Yes Yes Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions ŝ ŝ × × Ω Ω Yes Yes \bowtie × ŝ ŝ \bowtie \bowtie ⋖ ⋖ Yes Yes \bowtie Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations? the monitor 6 Were any gross proceeds invested beyond an available temporary period? . . . d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? 5a Were gross proceeds invested in a guaranteed investment contract (GIC)? Has the organization established written procedures to Procedures To Undertake Corrective Action c Term of GIC Arbitrage (Continued) requirements of section 148? Part VI Part IV Part V

JSA 6E1328 1.000 56801N U509

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

Open To Public

Department of the Treasury Internal Revenue Service Name of the organization

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.

Inspection Employer identification number

06-0646927

TRUSTEES OF TRINITY COLLEGE, THE

Types of Property Part I (c) (a) Noncash contribution Check if Number of contributions or Method of determining amounts reported on applicable items contributed noncash contribution amounts Form 990, Part VIII, line 1g Art - Works of art. 1 Art - Historical treasures 2 Art - Fractional interests 3 4 Books and publications 5 Clothing and household goods. Cars and other vehicles 6 7 Boats and planes...... Я Intellectual property 6,077,162. HIGH-LOW AVG Χ 128. 9 Securities - Publicly traded 10 Securities - Closely held stock . . . Securities - Partnership, LLC, or trust interests Securities - Miscellaneous 12 Qualified conservation contribution - Historic structures 14 Qualified conservation contribution - Other Real estate - Residential 15 Real estate - Commercial 16 Real estate - Other 17 18 Collectibles....... 19 Drugs and medical supplies 20 21 Historical artifacts 22 23 Scientific specimens..... Archeological artifacts..... 24 34,924. Other ►(ATCH 1 25 Other ►(26 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 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

Χ **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 Χ 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash Χ 32a b If "Yes," describe in Part II. 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.

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

Schedule M (Form 990) (2016)

Page 2

Part II Supple

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.

Page 2

Part II

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

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

DESCRIPTION	(A) CHECK	(B) NUMBER OF CONTRIBUTIONS	(C) REVENUES REPORTED	(D) METHOD OF DETERMINING
FOOD FOR EVENTS	Х	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 A	ND X	1.	283.	RECEIPT PROVIDED
BOOKS, SHEET MUSIC, PHO	ro x	5.	0.	
TOTALS		20.	34,924.	

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

06-0646927

TRUSTEES OF TRINITY COLLEGE, THE

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

COMPTROLLER 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

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		Employer identification	number
TRUSTEES OF TRINITY COLLEGE, THE		06-0646927	
		ATTACHMENT 1	
FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES	Santana Andreas		
DESCRIPTION	GRANTS	EXPENSES	REVENUE
STUDENT SERVICES		14,337,233.	
INSTITUTIONAL SUPPORT		7,634,722.	
PUBLIC SERVICE		1,443,029.	
TOTALS		23,414,984.	

ATTACHMENT	2

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

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
CHARTWELLS PO BOX 91337 CHICAGO, IL 60693-1337	FOOD SERVICES	9,788,298.
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.

06-0646927

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public

OMB No. 1545-0047

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

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

THE

TRUSTEES OF TRINITY COLLEGE,

Partl

Employer identification number 06-0646927 (f)
Direct controlling
entity (e) End-of-year assets (d) Total income (c)
Legal domicile (state
or foreign country) (b) Primary activity (a) Name, address, and EIN (if applicable) of disregarded entity 2 4 (5) 9 Ξ ව

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. Part II

(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	(g) Section 512(b)(13) controlled	12(b)(13) olled
						enui e	, A
						653	
(1) BARBIERI CENIER, INC. 51-0180636							
VIA RAIMONDO DA CAPUA, 2 ROME, IT 00153	EDUCATION	CI	501(C)(3)	2	TRINITY COLL	×	
(2)							
(3)							
(4)							

(5)							
(9)							
(7)							***************************************
For Paperwork Reduction Act Notice, see the Instructions for Form 990.					Schedule R (Form 990) 2016	R (Form 99	30) 2016

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(i) Section 512(b)(13) controlled Page 2 Schedule R (Form 990) 2016 Yes No entity? × × (k) Percentage ownership Percentage ownership Ξ (j) General or 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. managing Yes No partner? 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. (g) Share of end-of-year assets (i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065) (f) Share of total income (h) Disproportorate Yes No aflocations? (g) Share of end-of-year assets (e)
Type of entity
(C corp. S corp. or trust) TRUST TRUST (f) Share of total income (d)
Direct controlling entity N/A N/A (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512-514) (c) Legal domicile (state or foreign U IJ (b) Primary activity (d)
Direct controlling | SUPPORT SUPPORT (c) Legal domicile (state or foreign country) (a) Name, address, and EIN of related organization (b) Primary activity CHARITABLE REMAINDER UNITRUSTS (28) (a) Name, address, and EIN of related organization FUND Schedule R (Form 990) 2016 (1) POOLED INCOME JSA 6E1308 1.000 Part III Part IV 3 (2) 2 <u>ම</u> 4 (2) 2 (3) (1) **€** 9 9 3

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Page 3

Schedule R (Form 990) 2016

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

Schedule R (Form 990) 2016	Sch		JSA RE1300 1 000
			(9)
			(2)
		The second secon	(4)
FMV	1,055,708.	Ü	(3) BARBIERI CENTER
FMV	624,243.	0	(2) BARBIERI CENTER
VALUE OF FUNDS	1,645,692.	P, R	(1) BARBIERI CENTER
(d) Method of determining amount involved	(c) Amount involved	(b) Transaction type (a-s)	(a) Name of related organization
11 X X 15 X Action thresholds.	ered relationships and transa	ris line, including cove	r Other transfer of cash or property to related organization(s). s Other transfer of cash or property from related organization(s). s Other transfer of cash or property from related organization(s). transfer of cash or property from related organization (s). transfer of cash or property from related organization (s).
			p Reimbursement paid to related organization(s) for expenses
			 m Performance of services or membership or fundraising solicitations by related organization(s) n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) o Sharing of paid employees with related organization(s)
			 k Lease of facilities, equipment, or other assets from related organization(s) l Performance of services or membership or fundraising solicitations for related organization(s)
			j Lease of facilities, equipment, or other assets to related organization(s)
			 h Purchase of assets from related organization(s),
1f X			f Dividends from related organization(s)
10 10 ×			 a Loans or loan guarantees to or for related organization(s) b Loans or loan guarantees by related organization(s) c Loans or loan guarantees by related organization(s)
×			
1 1 × × ×			 a Receipt of (1) Interest, (11) annutities, (111) royalties, or (17) rent from a controlled entity
20320074	sted in Parts II-IV?	elated organizations lis	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?

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

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.

Page 5

Part VII Supplemental Information

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

PART IV, LINE 3, COLUMN (C)

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