# 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)

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

<u>A</u>	For t	ne 2020	calendar year, or tax year beginning	0//0	<sup>) ⊥</sup> , 2020, a	nd ending			0.6	5/30 <b>,20</b>	21			
R	Chack i	f applicable:	C Name of organization					D Employer ide			r			
_			TRUSTEES OF TRINITY (	COLLEGE, THE				06-064	692	7				
$\perp$		dress inge	Doing business as			····								
ļ	Na	ne change	Number and street (or P.O. box if mail is	s not delivered to street address)	R	oom/suite		E Telephone nu	mber					
L	<b>→</b>	ial return	300 SUMMIT STREET		(860) 29	7 – 2	2000							
L	terr	al return/ minated	only of tomi, state of province, wantify, and 21 of foreign postar code											
	retu		HARTFORD, CT 06106					G Gross receipts	\$	782,4	45,8	377.		
L		lication iding	F Name and address of principal officer:	JOANNE BERGER-	SWEENEY			H(a) Is this a grow		m for	Yes >	X No		
			300 SUMMIT STREET, HA	RTFORD, CT 06106				H(b) Are all subord		ncluded?	Yes 🗔	No		
1	Тах-е	exempt sta	atus: X 501(c)(3) 501(c) (	) <b>◀</b> (insert no.) 4	1947(a)(1) or	527	,	If "No," a	tach a	list. See instruc	ctions	_		
J	Web	site: 🕨	WWW.TRINCOLL.EDU					H(c) Group exem	ption n	umber 🕨				
K	Form	of organ	ization: X Corporation Trust	Association Other	**********	L Year of	formati	on: 1823 M	State	of legal domi	cile:	CT		
P	art I	Su	mmary							g				
	1		describe the organization's mission	or most significant activities:	SEE SCH	EDULE (								
ψ				or most organizative doubles										
and							***************************************					—		
ern	2	Check	this box lifthe organization of	discontinued its operations	or disposed a	of more the	n 25%	of its not asset						
Governance	3		er of voting members of the governing						1			35.		
		Numbe	er of independent voting members of	the governing hody (Bort)	ino 1h)			• • • • • •	3			34.		
Activities &	5	Total	er of independent voting members of	the governing body (Part VI,	ine ib),			• • • • • •	4					
ξ	6	Total	number of individuals employed in cal	endar year 2020 (Part V, line	za)				5		1,75			
çt	6	Totali	number of volunteers (estimate if neces	ssary)					6	1 0/		00.		
_	10		inrelated business revenue from Part \						7a		23,05			
		Net un	related business taxable income from	Form 990-1, Part I, line 11	<u> </u>	· · · · · · · · ·			7b	****		0.		
						-		Prior Year	_	Currer				
re	8		outions and grants (Part VIII, line 1h).					34,055,24		30,52				
Revenue	9	Progra	m service revenue (Part VIII, line 2g) .	• • • • • • • • • • • • • • • • • • • •				4,331,32		149,30				
æ			ment income (Part VIII, column (A), lin					18,788,64		66,30				
	11		revenue (Part VIII, column (A), lines 5					2,677,35			73 <b>,</b> 5			
	12		evenue - add lines 8 through 11 (mus					9,852,57		249,10				
	13		and similar amounts paid (Part IX, col					59,640,62	1.	61,78	87,13	13.		
	14		ts paid to or for members (Part IX, colu						0.			0.		
es	15		s, other compensation, employee ben					72,901,47	3.	69,16	68 <b>,</b> 1	79.		
Expenses	16 a	Profes	sional fundraising fees (Part IX, columr	n (A), line 11e)		[			0.			0.		
×	b	Total fo	undraising expenses (Part IX, column (	D), line 25) ▶5, 92	3,115.					. :				
ш	17		expenses (Part IX, column (A), lines 11				8	39,024,62	3.	79,30	06,53	33.		
	18		xpenses. Add lines 13-17 (must equal				22	21,566,71	7.	210,26	51,82	25.		
	19	Revenu	ue less expenses. Subtract line 18 fron	n line 12			-1	1,714,14	4.	38,83				
ces			ssets (Part X, line 16)			3	Beginn	ing of Current Y	ear	End of	Year			
sets	20	Total a	ssets (Part X, line 16)				96	0,937,25	9. 1	,148,08	39,79	90.		
ABa	21	Total li	abilities (Part X, line 26)					8,040,31	$\rightarrow$	198,71				
E.E	21 22		sets or fund balances. Subtract line 21			۱ ۲		2,896,942		949,37				
	rt II		nature Block			<u> </u>					-,			
Und	der pe	nalties of	perjury, I declare that I have examined th	is return, including accompanyi	ng schedules	and stateme	ents, an	d to the best of	mv ki	nowledge and	d helief	it is		
true	e, corre	ect, and c	omplete. Declaration of preparer (other than	officer) is based on all informat	ion of which p	reparer has	any kno	wledge.						
Sig	n	Sig	gnature of officer					Date						
Hei	re			A	VP FINA	VCE.								
		Ty	pe or print name and title		VI 2 2 1 1 1 1 1 1									
	1		ype preparer's name	Preparer's signature		Date		Charl	, P	TIN	*****			
aid	l	GWEN	SPENCER			05/10	122	Check self-employe	"	P00641	163			
	oarer		TOT TOTAL BED HOLLOWS	OPERS LLP		03/10			1		403			
Jse	Only	Firm's r	name FRICEWATERHOUSECO		N, MA O	2210		irm's EIN ▶ 13			0			
/les	, the		**************************************			····				530-5000				
			cuss this return with the preparer		uctions)		• • •		· · ·	X Yes		No		
or	rape	rwork R	eduction Act Notice, see the separat	e instructions.						Form <b>9</b>	90 (20	020)		

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	rm 990 (2020)	Page 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  Briefly describe the organization's mission:	X
	SEE SCHEDULE O	
	District the second sec	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	X No
	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	X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measurexpenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe total expenses, and revenue, if any, for each program service reported.	red by others
4a	(Code:) (Expenses \$124,152,145. including grants of \$61,787,113) (Revenue \$128,617,728)	
	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.	
	(Code:) (Expenses \$14,330,352. including grants of \$) (Revenue \$20,684,628) THE COLLEGE PROVIDED RESIDENTIAL AND DINING SERVICES TO STUDENTS.	
	(Code:)(Expenses \$20,613,550. including grants of \$)(Revenue \$) THE COLLEGE MAINTAINS A BEAUTIFUL 100 ACRE CAMPUS WITH CLASSIC COLLEGIATE ARCHITECTURE.	
4d	Other program services (Describe on Schedule O.) ATTACHMENT 1	
	(Expenses \$ 20,754,127. including grants of \$ ) (Revenue \$ )	
	Total program service expenses ► 179,850,174.	

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Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8	Х	
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		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in 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.			1.
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
ď	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		Χ
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		Χ
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Χ
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	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Х	
	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	Х	
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		Χ
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Х	
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		Χ
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Χ
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
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
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		Χ

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Pai	t IV Checklist of Required Schedules (continued)			
			Yes	No
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			
	employees? If "Yes," complete Schedule J	23	Х	
24 a	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			
	through 24d and complete Schedule K. If "No," go to line 25a	24a	Х	
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		X
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Х
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
r.	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?			**
26	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II			v
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	26		X
2.1	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Χ
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? 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		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
24	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,		.,	
25.2	or IV, and Part V, line 1	34	X	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	35a	-^-	
b	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	255	х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b		
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Χ
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	1	Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	<u> </u>		
	19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u> .	<u> </u>	
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 381			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0 .			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
JSA	reportable gaming (gambling) winnings to prize winners?	1c	X	
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	56801N U509 V 20-7.21			

Statements Regarding Other IRS Filings and Tax Compliance (continued)

Part V

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		1.1	
h	Statements, filed for the calendar year ending with or within the year covered by this return 2a 1,758 If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	<b>Note:</b> 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	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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 ▶ ITALY			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	* * * * * * * * * * * * * * * * * * * *		
	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		
ба	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	٠.		Х
h	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		
D	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).	UD		
	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
	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
9	sponsoring organization have excess business holdings at any time during the year?	-	1	····
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	İ	1	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
1	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	4.		
	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			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
a	Note: See the instructions for additional information the organization must report on Schedule O.	100		
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			
С	Enter the amount of reserves on hand			
		14a		Χ
		14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	1		
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.	.		17
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X
	1 100, Complete Form 4720, Coneduce O.			

06-0646927

Governance. Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes Νo 35 1a Enter the number of voting members of the governing body at the end of the tax year . . . . . 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 on Schedule O. 34 Enter the number of voting members included on line 1a, above, who are independent . . . . . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?. . . . X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... 4 Χ Did the organization become aware during the year of a significant diversion of the organization's assets?.... Χ 6 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7h Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Χ 8a X 8b Each committee with authority to act on behalf of the governing body?............. Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O. . . . . . . . 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters. affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . 10b 11a 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Χ 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give Х 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c Χ X 13 Did the organization have a written whistleblower policy?....... 13 Χ Did the organization have a written document retention and destruction policy?...... Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X 15a Χ 15b 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 arrangement 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?........... 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records ▶ GUY P DRAPEAU 300 SUMMIT STREET HARTFORD, CT 06106-3100 20

JSA.

Form 990 (2020)

Part VI

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

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

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

Check this box if neither the organization nor a	any related	organization compensate	ed any current offic	er, director, or trus	stee.
		(C)			

Comparison and related organization and related organizations and re	(A) Name and title	(B) Average hours per week (list any	(C) Position (do not check more than box, unless person is both officer and a director/trus					an lee)	(D)  Reportable  compensation  from the  organization	(E)  Reportable  compensation  from related	(F) Estimated amount of other compensation
PRESIDENT		hours for related organizations below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former		_	organization and
C2DANNY HITCHELL	(1) JOANNE BERGER-SWEENEY	40.00									
VP FINANCE	PRESIDENT	1.00	Х		Х				601,636.	0.	350,223.
(3)MICHAEL CASEY VP ADVANCEMENT O. X 368,255. O. 30,597.  (4)SONIA CARDENAS 40.00 VP ACADEMIC AFFAIRS AND DEAN O. X 280,976. O. 49,656.  (5)DICKENS MATHIEU 40.00 GENERAL COUNSEL, SECRETARY CLG O. X 252,343. O. 51,215.  (6)JOSEPH DICHRISTINA 40.00 VP ST AFFAIRS, DEAN CAMPUS LIFE O. X 237,171. O. 63,577.  (7)SUZANNE ABER 40.00 VP INFORMATION TECHNOLOGY O. X 241,650. O. 31,710.  (8)ANITA DAVIS 40.00 VP DIVERSITY EQUITYGINCLUSION O. X 240,675. O. 15,414.  (9)ANGELA SCHAEFFER 40.00 VP COMMUNICATIONS & MARKETING O. X 209,916. O. 40,682.  (10) DAVARIAN L. BALDWIN 40.00 PROFESSOR OF AMERICAN STUDIES O. X 199,846. O. 14,800.  (11) JOHN S. GATES, JR. 1.00 TRUSTEE 1.00 X 0. 0. 0. 0.  (12)MICHAEL J. KLUGER 1.00 CHAIR - BOARD OF TRUSTEES 1.00 X 0. 0. 0. 0.  (14) RHEA PINCUS TURTELTAUB 1.00 CHAIR - BOARD OF TRUSTEES 1.00 X 0. 0. 0. 0.	(2) DANNY HITCHELL	40.00									
VP ADVANCEMENT	VP FINANCE	1.00			Х				355,272.	0.	59,706.
(4) SONIA CARDENAS											
VP ACADEMIC AFFAIRS AND DEAN   O.   X   280,976.   O.   49,656.						Х			368,255.	0.	30,597.
(5) DICKENS MATHIEU 40.00 GENERAL COUNSEL, SECRETARY CLG 0. X 252,343. 0. 51,215.  (6) JOSEPH DICHRISTINA 40.00 VP ST AFFAIRS, DEAN CAMPUS LIFE 0. X 237,171. 0. 63,577.  (7) SUZANNE ABER 40.00 VP INFORMATION TECHNOLOGY 0. X 241,650. 0. 31,710.  (8) ANITA DAVIS 40.00 VP DIVERSITY EQUITY&INCLUSION 0. X 240,675. 0. 15,414.  (9) ANGELA SCHAEFFER 40.00 VP COMMUNICATIONS & MARKETING 0. X 209,916. 0. 40,682.  (10) DAVARIAN L. BALDWIN 40.00 PROFESSOR OF AMERICAN STUDIES 0. X 199,846. 0. 14,800.  (11) JOHN S. GATES, JR. 1.00 TRUSTEE 1.00 X 0. 0. 0. 0.  TRUSTEE 1.00 X 0. 0. 0. 0.  (13) CORNELIA PARSONS THORNBURGH 1.00 CHAIR - BOARD OF TRUSTEES 1.00 X 0. 0. 0. 0.  (14) RHEA PINCUS TURTELTAUB 1.00  (14) RHEA PINCUS TURTELTAUB											
GENERAL COUNSEL, SECRETARY CLG						Х			280,976.	0.	49,656.
(6) JOSEPH DICHRISTINA       40.00         VP ST AFFAIRS, DEAN CAMPUS LIFE       0.       X       237,171.       0.       63,577.         (7) SUZANNE ABER       40.00       X       241,650.       0.       31,710.         (8) ANITA DAVIS       40.00       X       240,675.       0.       15,414.         (9) ANGELA SCHAEFFER       40.00       X       209,916.       0.       40,682.         (10) DAVARIAN L. BALDWIN       40.00       X       209,916.       0.       40,682.         (11) JOHN S. GATES, JR.       1.00       X       199,846.       0.       14,800.         (11) JOHN S. GATES, JR.       1.00       X       0.       0.       0.         TRUSTEE       1.00       X       0.       0.       0.         (12) MICHAEL J. KLUGER       1.00       X       0.       0.       0.         TRUSTEE       1.00       X       0.       0.       0.       0.         (13) CORNELIA PARSONS THORNBURGH       1.00       0.       0.       0.       0.       0.         (14) RIEA PINCUS TURTELTAUB       1.00       0.       0.       0.       0.       0.											
VP ST AFFAIRS, DEAN CAMPUS LIFE       0.       X       237,171.       0.       63,577.         (7) SUZANNE ABER       40.00       X       241,650.       0.       31,710.         VP INFORMATION TECHNOLOGY       0.       X       241,650.       0.       31,710.         (8) ANITA DAVIS       40.00       X       240,675.       0.       15,414.         (9) ANGELA SCHAEFFER       40.00       X       209,916.       0.       40,682.         (10) DAVARIAN L. BALDWIN       40.00       X       199,846.       0.       14,800.         (11) JOHN S. GATES, JR.       1.00       X       199,846.       0.       0.       0.         TRUSTEE       1.00       X       0.       0.       0.       0.       0.         (13) CORNELIA PARSONS THORNBURGH       1.00       X       0.       0.       0.       0.         (14) RHEA PINCUS TURTELTAUB       1.00       X       0.       0.       0.       0.					Χ				252,343.	0.	51,215.
(7) SUZANNE ABER       40.00         VP INFORMATION TECHNOLOGY       0.         (8) ANITA DAVIS       40.00         VP DIVERSITY EQUITY&INCLUSION       0.         VP COMMUNICATIONS & MARKETING       0.         VP COMMUNICATIONS & MARKETING       0.         VP COMMUNICATIONS & MARKETING       0.         VP ROFESSOR OF AMERICAN STUDIES       0.         TRUSTES       1.00         TRUSTEE       1.00         TRUSTEE       1.00         TRUSTEE       1.00         TRUSTEE       1.00         (13) CORNELIA PARSONS THORNBURGH       1.00         CHAIR - BOARD OF TRUSTEES       1.00         X       20.         0.       0.         0.       0.         0.       0.         0.       0.											
VP INFORMATION TECHNOLOGY       0.       X       241,650.       0.       31,710.         (8) ANITA DAVIS       40.00       X       240,675.       0.       15,414.         VP DIVERSITY EQUITY&INCLUSION       0.       X       240,675.       0.       15,414.         (9) ANGELA SCHAEFFER       40.00       X       209,916.       0.       40,682.         (10) DAVARIAN L. BALDWIN       40.00       X       199,846.       0.       14,800.         (11) JOHN S. GATES, JR.       1.00       X       0.       0.       0.         TRUSTEE       1.00       X       0.       0.       0.       0.         (13) CORNELIA PARSONS THORNBURGH       1.00       X       0.       0.       0.       0.         (14) RHEA PINCUS TURTELTAUB       1.00       X       0.       0.       0.       0.		-					Х		237,171.	0.	63,577.
Reference										_	
VP DIVERSITY EQUITY&INCLUSION       0.       15,414.         (9) ANGELA SCHAEFFER       40.00       X       240,675.       0.       15,414.         VP COMMUNICATIONS & MARKETING       0.       X       209,916.       0.       40,682.         (10) DAVARIAN L. BALDWIN       40.00       X       199,846.       0.       14,800.         (11) JOHN S. GATES, JR.       1.00       X       0.       0.       0.         TRUSTEE       1.00       X       0.       0.       0.         TRUSTEE       1.00       X       0.       0.       0.         (13) CORNELIA PARSONS THORNBURGH       1.00       X       0.       0.       0.         CHAIR - BOARD OF TRUSTEES       1.00       X       0.       0.       0.         (14) RHEA PINCUS TURTELTAUB       1.00       0.       0.       0.       0.							Х		241,650.	0.	31,710.
(9) ANGELA SCHAEFFER       40.00         VP COMMUNICATIONS & MARKETING       0.         (10) DAVARIAN L. BALDWIN       40.00         PROFESSOR OF AMERICAN STUDIES       0.         (11) JOHN S. GATES, JR.       1.00         TRUSTEE       1.00         TRUSTEE       1.00         TRUSTEE       1.00         TRUSTEE       1.00         CHAIR - BOARD OF TRUSTEES       1.00         X       1.00         X       1.00         0.       0.         0.       0.         0.       0.         0.       0.         0.       0.		ļi							0.40 675		<u> </u>
VP COMMUNICATIONS & MARKETING       0.       X       209,916.       0.       40,682.         (10) DAVARIAN L. BALDWIN       40.00       X       199,846.       0.       14,800.         PROFESSOR OF AMERICAN STUDIES       0.       X       199,846.       0.       14,800.         (11) JOHN S. GATES, JR.       1.00       X       0.       0.       0.         TRUSTEE       1.00       X       0.       0.       0.         (12) MICHAEL J. KLUGER       1.00       X       0.       0.       0.         TRUSTEE       1.00       X       0.       0.       0.         (13) CORNELIA PARSONS THORNBURGH       1.00       X       0.       0.       0.         CHAIR - BOARD OF TRUSTEES       1.00       X       0.       0.       0.       0.         (14) RHEA PINCUS TURTELTAUB       1.00       X       0.       0.       0.       0.		ļ			_		Х		240,675.	0.	15,414.
(10) DAVARIAN L. BALDWIN       40.00         PROFESSOR OF AMERICAN STUDIES       0.         (11) JOHN S. GATES, JR.       1.00         TRUSTEE       1.00         (12) MICHAEL J. KLUGER       1.00         TRUSTEE       1.00         (13) CORNELIA PARSONS THORNBURGH       1.00         CHAIR - BOARD OF TRUSTEES       1.00         (14) RHEA PINCUS TURTELTAUB       1.00							.,		200 016		40.000
PROFESSOR OF AMERICAN STUDIES 0. X 199,846. 0. 14,800.  (11) JOHN S. GATES, JR. 1.00 TRUSTEE 1.00 X 0. 0. 0.  (12) MICHAEL J. KLUGER 1.00 TRUSTEE 1.00 X 0. 0. 0.  (13) CORNELIA PARSONS THORNBURGH 1.00 CHAIR - BOARD OF TRUSTEES 1.00 X 0. 0. 0.  (14) RHEA PINCUS TURTELTAUB 1.00				$\dashv$			_X		209,916.	U.	40,682.
(11) JOHN S. GATES, JR.       1.00         TRUSTEE       1.00         (12) MICHAEL J. KLUGER       1.00         TRUSTEE       1.00         (13) CORNELIA PARSONS THORNBURGH       1.00         CHAIR - BOARD OF TRUSTEES       1.00         (14) RHEA PINCUS TURTELTAUB       1.00	<u> </u>						v l		100 046	0	14 000
TRUSTEE 1.00 X 0. 0. 0. (12)MICHAEL J. KLUGER 1.00 TRUSTEE 0. 0. 0. 0. 0. 0. (13) CORNELIA PARSONS THORNBURGH 1.00 CHAIR - BOARD OF TRUSTEES 1.00 X 0. 0. 0. (14) RHEA PINCUS TURTELTAUB 1.00					_	-	_^		199,040.	U.	14,800.
(12) MICHAEL J. KLUGER       1.00         TRUSTEE       1.00       X       0.       0.       0.         (13) CORNELIA PARSONS THORNBURGH       1.00       0.       0.       0.       0.       0.         CHAIR - BOARD OF TRUSTEES       1.00       X       0.       0.       0.       0.         (14) RHEA PINCUS TURTELTAUB       1.00       0.       0.       0.       0.       0.			v						0		0
TRUSTEE 1.00 X 0. 0. 0. (13) CORNELIA PARSONS THORNBURGH 1.00 CHAIR - BOARD OF TRUSTEES 1.00 X 0. 0. (14) RHEA PINCUS TURTELTAUB 1.00					$\dashv$				0.1		<u>v</u> .
(13) CORNELIA PARSONS THORNBURGH 1.00 CHAIR - BOARD OF TRUSTEES 1.00 X 0. 0. (14) RHEA PINCUS TURTELTAUB 1.00			x					1	0	0	0
CHAIR - BOARD OF TRUSTEES 1.00 X 0. 0. 0. (14) RHEA PINCUS TURTELTAUB 1.00					- 1	$\dashv$			V•	0.	· ·
(14) RHEA PINCUS TURTELTAUB 1.00			x						n	n	$\cap$
					-	-			i	9.	<u> </u>
$ \begin{array}{cccccccccccccccccccccccccccccccccccc$	TRUSTEE	1.00	Х					İ	0.	0.	0.

Form 990 (2020)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
(A) Name and title	(B) Average hours per week (list any hours for	box,	unle: er an	Pos heck ss pe	erson	e than is both tor/trus	an tee)	(D) Reportable compensation from the	(E) Reportation compensation related organization	n from I	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-i	VIISC)	from the organization and related organizations
15) KEVIN J. MALONEY	1.00										
TRUSTEE  16) CHRISTINE E. ELIA  TRUSTEE	1.00 1.00 1.00	X						0.		0.	
17) H. SUSANNAH HESCHEL TRUSTEE	1.00	X						0.		0.	
18) JEAN M. WALSHE TRUSTEE	1.00	X						0.		0.	
19) WILLIAM E. CUNNINGHAM JR TRUSTEE	1.00	Х						0.		0.	
20) ERIC R. FOSSUM TRUSTEE	1.00	Х						0.		0.	
21) KATHRYN GEORGE TYREE TRUSTEE	1.00	Х						0.		0.	
22) JAMES W. CUMINALE TRUSTEE	1.00	Х						0.		0.	
23) NANCY M. DAVIS TRUSTEE	1.00	Х						0.		0.	
24) LING S. KWOK TRUSTEE	1.00	Х						0.		0.	
25) KATHLEEN FOYE MACLENNAN TRUSTEE	$\frac{1.00}{1.00}$	Х						0.		0.	
1b Sub-total continuation sheets to Part VII, So d Total (add lines 1b and 1c)							<b>&gt; &gt; &gt;</b>	2,987,740. 0. 2,987,740.		0.	707,58
Total number of individuals (including but not reportable compensation from the organization      Did the organization list any former office employee on line 1a? If "Yes," complete Schedule.	er, directo	164 r, or	tru	stee	 e, k	(ev e	mpl	loyee, or highest	compensal	ted	Yes N
4 For any individual listed on line 1a, is the sorganization and related organizations greated individual	eater than	\$15 	0,00	00?	If	"Yes	," c	complete Schedule	e J for su	ıch • •	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Yes Section B. Independent Contractors	accrue cor es," complet	npens e Sch	edul	on fi le J	rom <i>for</i>	any such	unr bers	elated organizatio	n or individu	<u> </u>	5 X
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 added ATTACHMENT 2	ress							(B) Description of ser	vices	Co	(C) ompensation
Total number of independent contractors (in more than \$100,000 in compensation from the contractors)				ited	to 30		e lis	sted above) who	received		

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	Part VII Section A. Officers, Directors, Tr  (A)  Name and title	(B) (C)  Average Position hours per (do not check more than week (list any box, unless person is bot)							(D)  Reportable compensation	(E) Reportable compensation fror	(F) Estimated amount of
		hours for related organizations below dotted line)					Highest compensated		from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC	other compensation from the organization and related organizations
2	6) DANIEL MEYER TRUSTEE	1.00									
2	7) STEVEN A. ELMENDORF	1.00	Х						0.	0.	
	TRUSTEE	1.00	Х						0.	0.	
2	B) ELIZABETH ELTING	1.00									
2	TRUSTEE  9) LISA G. BISACCIA	1.00	X	_					0.	0.	-
_	TRUSTEE	$\frac{1.00}{1.00}$	Х						0.	0.	
3	O) MICHAEL GARY	1.00							Ŭ ·		
	TRUSTEE	1.00	X						0.	0.	
3	l) CRAIG VOUGHT	1.00									
2	TRUSTEE 2) PETER S. DUNCAN	1.00	X						0.	0.	
<u> </u>	2) PETER S. DUNCAN TRUSTEE	$\frac{1.00}{1.00}$	Х						0.	0.	
3	B) WALTER H. HARRISON	1.00			-	-			0.4	0.	
	TRUSTEE	1.00	Х						0.	0.	
3		1.00							***************************************		
	TRUSTEE	1.00	X						0.	0.	
3.	5) ADRIAN LO TRUSTEE	1.00	v							^	
3	5) ERIC SCOTT ESTES	1.00	Х			_			0.	0.	
_	TRUSTEE	1.00	Х						0	0.	
1	b Sub-total				1		L	<b>•</b>	0.	0	. 0
	c Total from continuation sheets to Part VII, S	ection A 🔒						<b>&gt;</b>			
2	d Total (add lines 1b and 1c)	limited to th	ose I	isted	d ab	ove	) who	re	ceived more than \$	5100,000 of	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s
3	Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu	ıle J for suc	h indi	vidu	al.					• • • • • • • • • •	Yes No
4	For any individual listed on line 1a, is the sorganization and related organizations greated individual	eater than	\$15	0,00	90?	lf	"Yes,	," c	complete Schedule	J for such	4 X
-5	Did any person listed on line 1a receive or for services rendered to the organization? If "Ye ection B. Independent Contractors	accrue con es," complete	pens Sch	atio edul	n fr le J	rom for s	any such p	unr oers	elated organizatio	n or individual	5 X
1		pensated in ompensatio	depe n for	nde the	nt c	onti	ractor ar yea	s th	nat received more nding with or withi	than \$100,000 on the organization	of n's tax
	<b>(A)</b> Name and business add	ress							(B) Description of ser	vices (	(C) Compensation
_											
2	Total number of independent contractors (in more than \$100,000 in compensation from the			limi	ited	to	those	e lis	ted above) who	received	
JS											

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Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	npic	oye	es,	and i	нg	nest Compensat	ea Employees (	continued)
(A) Name and title	(B) Average hours per	(do	not c	Pos		e than c	ne	(D)  Reportable compensation	(E) Reportable	(F) Estimated
	week (list any hours for related organizations below dotted line)	box,	unle	ss pe	rson	bot is Highest compensated is or employee	an	from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
		ustee	trustee		ee	npensated				
37) JEFFREY BROOKS HAWKINS TRUSTEE	1.00	Х						0.	0.	
38) DOUGLAS TANSILL TRUSTEE	1.00	Х						0.	0	
39) KELLI HARRINGTON TOMLINSON	1.00	^						U.	0.	
TRUSTEE  10) ROSS J. BUCHMUELLER	1.00	Х						0.	0.	
TRUSTEE	1.00	Х						0.	0.	
TRUSTEE	$\frac{1.00}{1.00}$	Х						0.	0.	
2) SUSANNAH SMETANA KAGAN TRUSTEE	1.00									
3) DAVID L. SCHNADIG	1.00	Х						0.	0.	
TRUSTEE 4) DAMIAN W. WILMOT	1.00	Х						0.	0.	
TRUSTEE	1.00	Х						0.	0.	
										***************************************
1b Sub-total	ction A		. <i>.</i> .				<b>&gt;</b>	0.	0.	0
d Total (add lines 1b and 1c)	imited to th		isted				red	ceived more than \$	\$100,000 of	
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedu	er, director le J for suc	r, or h indi	tru:	al .	٠.					Yes No
For any individual listed on line 1a, is the sorganization and related organizations greated individual	ater than	\$15	0,00	00?	lf	"Yes,	"с	omplete Schedule	e J for such	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye Section B. Independent Contractors	accrue con	npens	atio	n fr	om	any	unre	elated organizatio	n or individual	5 X
Complete this table for your five highest components compensation from the organization. Report coyear.	pensated in ompensatio	deper n for	nder the	nt c	ontr enda	actor ar yea	s th	at received more nding with or withi	than \$100,000 o	f o's tax
(A) Name and business addr	ess							(B) Description of ser	vices C	(C) ompensation
2 Total number of independent contractors (in more than \$100,000 in compensation from the	cluding but organizatio	not on ▶	limi	ted	to	those	lis	ted above) who i	received	
A										

Form 990 (2020)

## Part VIII Statement of Revenue

		Check if Schedule O c	ontains a respo	nse or note to a	ny 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
ts s	1a	Federated campaigns	1a					
Contributions, Giffs, Grants and Other Similar Amounts	b	Membership dues	1b					
QE	С							
ifts Ir A	d	5 1 1 1 7 2						
	е	Government grants (contribu		6,676,916.				
Sin	f	All other contributions, gifts,	' -					
er (		and similar amounts not include	-	23,844,229.				
듗	g	Noncash contributions inclu	<del> </del>	23/033/223.				
발	9	lines 1a-1f	1 1	\$ 3,489,154.				
ခ မ	h				30,521,145.			
	<del>'</del>	rotal. ridd lines ra-III		Business Code	30,321,143.			
φ		TUITION & FEES		900099	120 617 720	120 (17 720		
Š	2a		-	<del></del>	128,617,728.	128,617,728.	***************************************	
Ser	b	DORMITORY FEES		721000	12,850,195.	12,850,195.		
E §	С	DINING FACILITIES		722514	7,834,233.	7,834,233.		
gra Re	d	ALUMNI/FACULTY CENTER		900099	200.	200.		
Program Service Revenue	e							
Ω.	f	All other program service rev						
	g	Total. Add lines 2a-2f			149,302,356.			
	3	Investment income (inclu-	ding dividends,	interest, and				
		other similar amounts)		▶	4,928,068.		-2,563,905.	7,491,973.
	4	Income from investment of	•	,	0.			
	5	Royalties			0.			
			(i) Real	(ii) Personal				
	6a	Gross rents 6a	43,710.					
	b	Less: rental expenses 6b	139,203.					
	С	Rental income or (loss) 6c	-95,493.					
	d	Net rental income or (loss).			-95,493.			-95,493.
	7a	Gross amount from	(i) Securities	(ii) Other				
		sales of assets						
		other than inventory 7a	594,723,830.	-142,298.				
<u>o</u>	b	Less: cost or other basis						
Ĭ.		and sales expenses 7b	533,206,242.					
ě	С	Gain or (loss) 7c	61,517,588.	-142,298.				- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
ther Revenue	d			_	61,375,290.		3,786,962.	57,588,328.
he	8a		undraising					
ō	ou	events (not including \$	unuraising					
		of contributions reported	on line					
		1c). See Part IV, line 18	1 1	0.				
	h	Less: direct expenses		0.				
	b	Net income or (loss) from full			0.			
		• •			0.			
	9a	Gross income from activities. See Part IV, line 19	gaming	0.				
1				0.				
1	b	Less: direct expenses			0.			W//////
	С	Net income or (loss) from ga	1 1		U.			
	10a	Gross sales of invento						
		returns and allowances		0.		1111		
	b	Less: cost of goods sold		0.				
	С	Net income or (loss) from sale	es or inventory, .		0.			
Sn			ļ	Business Code				
Miscellaneous Revenue	11a	OTHER REVENUE AND FEES		900099	3,069,066.			3,069,066.
la en	b							
lge.	С	Westernam						
Σ	d	All other revenue						
	е	Total. Add lines 11a-11d			3,069,066.			
167	12	Total revenue. See instruction	ns	<u> ▶  </u>	249,100,432.	149,302,356.	1,223,057.	68,053,874.

06-0646927

## Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations no Check if Schedule O contains a re				
Do not include amounts reported on lines 6b, 7b 8b, 9b, and 10b of Part VIII.		(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations	ı			
and domestic governments. See Part IV, line 21	0	•		
2 Grants and other assistance to domestic				
individuals. See Part IV, line 22	61,625,874.	61,625,874.		
3 Grants and other assistance to foreign				
organizations, foreign governments, and	1.61 000	161 000		
foreign individuals. See Part IV, lines 15 and 16	161,239.	161,239.		
4 Benefits paid to or for members	0.	•		
5 Compensation of current officers, directors,	2 412 200	000 000	051 510	***
trustees, and key employees	2,413,380.	800,323.	971,540.	641,517
6 Compensation not included above to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)				
7 Other salaries and wages		44,994,674.	3,974,692.	3,640,826.
8 Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions;				368,641.
9 Other employee benefits				464,865.
10 Payroll taxes	3,817,728.	3,203,143.	320,017.	294 <b>,</b> 568.
11 Fees for services (nonemployees):				
a Management	0.			
b Legal	403,694.	156,109.	243,952.	3,633.
c Accounting	425,245.	30,709.	394,536.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees	10,438,409.		10,438,409.	
g Other. (If line 11g amount exceeds 10% of line 25, column				
(A) amount, list line 11g expenses on Schedule O.)	13,929,767.	12,271,130.	1,585,964.	72,673.
12 Advertising and promotion	82,500.	58,602.	16,468.	7,430.
13 Office expenses		829,309.	259,022.	162,188.
14 Information technology		1,958,015.	332,499.	203,385.
15 Royalties	1 _			
16 Occupancy		5,675,191.	1,056,126.	624.
17 Travel	761,873.	696,596.	58,376.	6,901.
18 Payments of travel or entertainment expenses				
for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	95,123.	79,744.	14,938.	441.
20 Interest	3,129,117.	3,129,117.		
Payments to affiliates	0.			***************************************
22 Depreciation, depletion, and amortization	16,236,527.	15,998,259.	237,928.	340.
23 Insurance	2,974,363.	2,044,119.	930,244.	
24 Other expenses. Itemize expenses not covered				•
above (List miscellaneous expenses on line 24e. If				
line 24e amount exceeds 10% of line 25, column				
(A) amount, list line 24e expenses on Schedule O.)				
aROOM & BOARD	7,518,351.	7,518,351.		
bMEDICAL	4,128,604.	2,816,993.	1,311,611.	
cPROGRAM	1,663,428.	1,608,352.	20,639.	31 127
dBOOKS & PERIODICALS	1,373,258.	1,368,555.	558.	34,437. 4,145.
	5,669,915.	4,203,687.	1,449,727.	16,501.
e All other expenses	210, 261, 825.	179,850,174.		
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 functions solicitation. Check here	210,201,025.	1/9,050,1/4.	24,488,536.	5,923,115.
fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	0.			

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## Part X Balance Sheet

		(A)	T	(B)
		Beginning of year		End of year
1	Cash - non-interest-bearing	0.	1	0
2	Savings and temporary cash investments	48,460,041.	2	67,389,713
3	Pledges and grants receivable, net	25,696,815.	3	29,555,296
4	Accounts receivable, net	2,719,050.	4	9,219,690
5	Loans and other receivables from any current or former officer, director,			ALVANEL SILE
	trustee, key employee, creator or founder, substantial contributor, or 35%		10.1	
	controlled entity or family member of any of these persons	0.	5	0
6	Loans and other receivables from other disqualified persons (as defined			
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	0.	6	0
<u>ح</u> ا	Notes and loans receivable, net	7,218,851.	7	6,100,322
Assets	Inventories for sale or use	25,099.	8	17,230
A 9	Prepaid expenses and deferred charges	705,028.	9	767,042
	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 610, 680, 022.			
h	Less: accumulated depreciation	294,293,014.	400	302,438,423
11	Investments - publicly traded securities	472,413,633.		637,668,158
12		109,067,414.	11	94,688,216
	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11	0.	13	0
14	Intangible assets	0.	14	0
15	Other assets. See Part IV, line 11	338,314.	15	245,700
16	Total assets. Add lines 1 through 15 (must equal line 33)	960,937,259.	16	1,148,089,790
17	Accounts payable and accrued expenses	11,952,755.	17	21,608,766
18	Grants payable	0.	18	0
19	Deferred revenue	4,311,940.	19	2,401,316
20	Tax-exempt bond liabilities	134,339,017.	20	128,906,889
21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0
ខ្ល 22	Loans and other payables to any current or former officer, director,			11 11 11 11 11
22	trustee, key employee, creator or founder, substantial contributor, or 35%			·
<u> </u>	controlled entity or family member of any of these persons	0.	22	0
23	Secured mortgages and notes payable to unrelated third parties	0.	23	0
24	Unsecured notes and loans payable to unrelated third parties	0.	24	0
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D	47,436,605.	25	45,793,126.
26	Total liabilities. Add lines 17 through 25	198,040,317.	26	198,710,097.
3	Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.		N. 2	
27	Net assets without donor restrictions	111,242,481.	27	115,504,307.
28	Net assets with donor restrictions	651,654,461.	28	833,875,386.
5	Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33.			, 3, 3.00.
29 30 31 32	Capital stock or trust principal, or current funds		20	
30	Paid-in or capital surplus, or land, building, or equipment fund.		29	***************************************
31	Retained earnings, endowment, accumulated income, or other funds		30	***************************************
20		762 006 040	31	040 220 600
32	Total lightiffied and not posset find belongs	762,896,942.	32	949,379,693.
33	Total liabilities and net assets/fund balances	960,937,259.	33	1,148,089,790. Form <b>990</b> (2020

Form **990** (2020)

	TRUSTEES OF TRINITY COLLEGE, THE	06-	-0646	927		
orm 9	90 (2020)				Pa	age 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	24	49,1	.00,	432.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2.	10,2	61,	825.
3	Revenue less expenses. Subtract line 2 from line 1	3		38,8	38,	607.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	76	52,8	96,	942.
5	Net unrealized gains (losses) on investments	5	1	48,1	06,	196.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain on Schedule O)	9		- 4	62,0	052.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10	94	19,3	79,6	593.
Part	Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_ 1		33.33	
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	in		18%	
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted on	а			
	separate basis, consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersight	of			
	the audit, review, or compilation of its financial statements and selection of an independent accounta			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, e.	kplain d	n			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set to	th in th				

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits . . .

Χ Form **990** (2020)

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## **SCHEDULE A**

(Form 990 or 990-EZ)

# **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.

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

TRUSTEES OF TRINITY COLLEGE, THE

Employer identification number

06-0646927

Pa	rt I	Reason for Public Ch	arity Status. (All	organizations must	comple	ete this r	part.) See instruction	ns.						
		anization is not a private for	***************************************											
1		A church, convention of ch		,	•		•							
2	Х	A school described in sect												
3	occurace meno	A hospital or a cooperative			•									
4		A medical research organi						N(iii). Enter the						
		hospital's name, city, and s		•	•		( // //	,, ,,						
5		An organization operated	for the benefit of	a college or univers	ity owne	d or op	erated by a governm	ental unit described in						
		section 170(b)(1)(A)(iv). (		· ·	•		, ,							
6		A federal, state, or local go	overnment or gove	ernmental unit describe	ed in sec	tion 170	(b)(1)(A)(v).							
7		An organization that norm	ally receives a su	bstantial part of its s	upport fi	rom a go	overnmental unit or fi	om the general public						
		described in section 170(b	)(1)(A)(vi). (Comp	1)(A)(vi). (Complete Part II.)										
8		A community trust describe	ed in section 170(	in section 170(b)(1)(A)(vi). (Complete Part II.)										
9		An agricultural research or	esearch organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college											
	or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or													
		university:						-						
10	An organization that normally receives (1) more than 331/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)													
11		An organization organized	and operated excl	usively to test for publ	ic safety	See se	ction 509(a)(4).							
12		An organization organized												
		of one or more publicly su												
	_	Check the box in lines 12a	through 12d that d	lescribes the type of s	upportin	g organi	zation and complete li	nes 12e, 12f, and 12g.						
а	L	<b>Type I</b> . A supporting org												
		the supported organization				ajority o	f the directors or truste	ees of the						
	_	supporting organization. `												
b	L													
		control or management of			the sam	ie persoi	ns that control or mar	nage the supported						
	_	organization(s). <b>You mus</b> t												
С	L	Type III functionally inte						lly integrated with,						
	Γ	its supported organization												
d	Ĺ	Type III non-functionally												
		that is not functionally into						d an attentiveness						
	ſ	requirement (see instruct												
е	L	Check this box if the orga						II, Type III						
f	En	functionally integrated, or ter the number of supported												
ď		ovide the following information						• • • • • • • • • • • • • • • • • • • •						
9		ame of supported organization	(ii) EIN	(iii) Type of organization	(iv) is the	organization	(v) Amount of monetary	. (vi) Amount of						
	(.,	ame of supported organization	(11) 2.11	(described on lines 1-10	listed in yo	ur governing	support (see	other support (see						
				above (see instructions))		ment?	instructions)	instructions)						
					Yes	No								
A)														
B)														
C)														
D)														
E1														
E)														
ota														
OLG	•				l	1		Ī						

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.)

Sec	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	30,814,314.	34,258,132.	24,652,410.	34,055,244.	30,521,145.	154,301,245.
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	30,814,314.	34,258,132.	24,652,410.	34,055,244.	30,521,145.	154,301,245.
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)						15,367,339.
6	Public support. Subtract line 5 from line 4			Takin ing s			138,933,906.
Sec	tion B. Total Support	ž. †	<u> </u>				130, 933, 906.
	endar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	30,814,314.	34,258,132.	24,652,410.	34,055,244.	30,521,145.	154,301,245.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,127,343.	8,963,762.	7,157,887.	6,261,605.	4,971,778.	29,482,375.
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0.	0.	0.	0.	0.	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		Neg Net 1				183,783,620.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	766,206,503.
13	First 5 years. If the Form 990 is for organization, check this box and stop here.	<u> </u>		, third, fourth,	or fifth tax yea	r as a section	501(c)(3) ▶
	tion C. Computation of Public Supp		<del></del>				
14	Public support percentage for 2020 (lin						75.60 <b>%</b>
15	Public support percentage from 2019						73.95%
16a	331/3% support test - 2020. If the org	janization did n	ot check the bo:	x on line 13, an	id line 14 is 331	/3 % or more, ch	neck this
	box and stop here. The organization qu	ialities as a pub	licly supported of	organization			▶ X
D	331/3% support test - 2019. If the org						
172	this box and <b>stop here</b> . The organization 10%-facts-and-circumstances test - 2						
110	10% or more, and if the organization	meets the fac	cts-and-circumsta	ances test, che	ck this box an	d stop here. E	xplain in
	Part VI how the organization meets t						
	organization						
b	10%-facts-and-circumstances test - 2 15 is 10% or more, and if the organiz	ation meets the	e facts-and-circu	ımstances test,	check this box	and stop here.	Explain
	in Part VI how the organization meets						
18	organization	n did not check	k a box on line	13, 16a, 16b,	17a, or 17b,	check this box	and see
	instructions						▶ 🔲

Schedule A (Form 990 or 990-EZ) 2020

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

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

Sec	ction A. Public Support								
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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								
Ŭ	furnished by a governmental unit to the								
	organization without charge								
6	Total. Add lines 1 through 5								
/ a	Amounts included on lines 1, 2, and 3								
	received from disqualified persons Amounts included on lines 2 and 3								
Ŋ	received from other than disqualified								
	persons that exceed the greater of \$5,000								
	or 1% of the amount on line 13 for the year								
	Add lines 7a and 7b	Teelig Rajjes, as in in							
8	Public support. (Subtract line 7c from								
<del></del>	line 6.)			-	. i i i				
	tion B. Total Support  ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(a) 2019	(4) 2010	(a) 2020	(A Tatal		
		(a) 2010	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total		
9 10 a	Amounts from line 6								
10 a	payments received on securities loans,								
	rents, royalties, and income from similar								
	sources								
a	Unrelated business taxable income (less								
	section 511 taxes) from businesses								
	acquired after June 30, 1975								
	Add lines 10a and 10b								
11	Net income from unrelated business	1							
	activities not included in line 10b, whether								
	or not the business is regularly carried on.								
12	Other income. Do not include gain or								
	loss from the sale of capital assets								
	(Explain in Part VI.)								
13	Total support. (Add lines 9, 10c, 11,								
	and 12.)								
14	First 5 years. If the Form 990 is for								
	organization, check this box and stop here.						>		
Sect	tion C. Computation of Public Sup		<u> </u>			-			
15	Public support percentage for 2020 (line 8,					15	%		
	Public support percentage from 2019 Sche					16	%		
Sect	ion D. Computation of Investmen	······································	·	A					
17	Investment income percentage for 2020 (lin					17	%		
18	Investment income percentage from 2019	Schedule A, Part I	II, line 17			18	%		
19a	331/3% support tests - 2020. If the or								
	17 is not more than 331/3%, check this	box and stop	<b>here</b> . The organ	ization qualifies	as a publicly su	oported organizat	ion . ▶ 🗌		
b	331/3% support tests - 2019. If the orga								
	line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization								
20	Private foundation. If the organization of								
JSA DE 1221	1.000				Sc	hedule A (Form 99	0 or 990-EZ) 2020		
	1.000 56801N U509		V 20-7.21						

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

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

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

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10a

10b

supporting organizations)? If "Yes," answer line 10b below.

determine whether the organization had excess business holdings.)

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

Part	Supporting Organizations (continued)			r
4.4	Heathe apparientian accorded with a contribution from the first term of		Yes	No
11 a	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			133
a	11c below, the governing body of a supported organization?	110		
b	A family member of a person described in line 11a above?	11a 11b		ļ
	A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide</i>	110		
_	detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			I
-			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
_	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	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 officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part  VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			
***************************************	), in the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	N 16		110
·	or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control</i>			
	or management of the supporting organization was vested in the same persons that controlled or managed		100	
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior		1	
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously provided?			
2	· ·	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, 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		
Section	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 inst	tructio	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 governmental entity (see	_		
2	Activities Test. Answer lines 2a and 2b below.		Yes	NO
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
h				
	Did the activities described in line 2a, above, 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	1	l	
	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. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	-		
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	ganizatio	ons	
1 Check here if the organization satisfied the Integral Part Test as a quali	fying trust	on Nov. 20, 1970 ( <i>explain</i>	in Part VI). See
instructions. All other Type III non-functionally integrated supporting org	ganization	s must complete Section	s A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a	The second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of th	
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)			
u Total (add lines Ta, Tb, and Tc)	1 d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):	1e		
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 0.015 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 0.035.	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 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-function		rated Type III supporting o	proapization
(see instructions).	, intog	. a.ca 1,50 iii oapporting c	- garneauon

Schedule A (Form 990 or 990-EZ) 2020

	dle A (Form 990 of 990-EZ) 2020			Page /
	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organiza	itions (continued)	
	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e			1
2	Amounts paid to perform activity that directly furthers exe	mpt purposes of suppor	ted	
	organizations, in excess of income from activity			2
3	Administrative expenses paid to accomplish exempt purp	oses of supported organ	izations ;	3
4	Amounts paid to acquire exempt-use assets			4
5	Qualified set-aside amounts (prior IRS approval required - p	provide details in <b>Part VI</b>		5
- 6	Other distributions (describe in <b>Part VI</b> ). See instructions.			6
7	Total annual distributions. Add lines 1 through 6.			7
8	Distributions to attentive supported organizations to which			
9	(provide details in Part VI). See instructions.			3
	Distributable amount for 2020 from Section C, line 6			9
10	Line 8 amount divided by line 9 amount		1	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2020			
a	From 2015			
b	From 2016			
c	From 2017			
d	From 2018			
e	From 2019			
f	Total of lines 3a through 3e			
<u>g</u>	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i_	Carryover from 2015 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from			
	Section D, line 7: \$			
a	Applied to underdistributions of prior years  Applied to 2020 distributable amount			
b	Remainder. Subtract lines 4a and 4b from line 4.			
<u>c</u> 	Remaining underdistributions for years prior to 2020, if			
3	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in <b>Part VI</b> . See instructions.			
6	Remaining underdistributions for 2020. Subtract lines 3h			
•	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carry over to 2021. Add lines 3			
•	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2016			
b	Excess from 2017			
	Excess from 2018			
d	Excess from 2019			
	Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

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Schedule A (Form 990 or 990-EZ) 2020

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

Department of the Treasury

► Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

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.

Tax	(See separate instructions), the Section 501(c)(4), (5), or (6) org		oxy rax) (See separate	instructions) or Form 990-	EZ, Part V, line 35c (Prox
	ne of organization	garizations. Complete Fait III.		Employorida	entification number
	USTEES OF TRINITY CO	T.T.FGE THE		06-064	
		organization is exempt und	or saction 501/a) a		
1					
'		e organization's direct and indire	ct political campaign	activities in Part IV. (See i	nstructions for
_	definition of "political campa				
2	Political campaign activity e	expenditures (See instructions).		\$	
3	Volunteer hours for political	campaign activities (See instruc	ctions)		
		organization is exempt unde			
1	Enter the amount of any ex	cise tax incurred by the organiza	ation under section 49	955 ▶ \$	
2	Enter the amount of any ex	cise tax incurred by organization	managers under sed	ction 4955 > \$	
3		a section 4955 tax, did it file Fo			
4a	Was a correction made?				Yes No
	If "Yes," describe in Part IV.				
Pa	rt I-C Complete if the	organization is exempt und	er section 501(c), e	except section 501(c)(3	).
1		expended by the filing organizat			
	activities			▶\$	
2	Enter the amount of the filir	ng organization's funds contribut	ed to other organizat	tions for section	
		ies			
3	Total exempt function expe	enditures. Add lines 1 and 2. I	Enter here and on F	orm 1120-POL,	
	line 17b				
4	Did the filing organization fil	e Form 1120-POL for this year? and employer identification nu			Yes No
5	Enter the names, addresses	and employer identification nu	mber (EIN) of all sect	tion 527 political organiza	ations to which the filing
	organization made payment	ts. For each organization listed,	enter the amount pa	id from the filing organiz	ation's funds. Also enter
	as a senarate segregated for	tributions received that were pr nd or a political action committee	omptiy and directly d	ielivered to a separate po	olitical organization, such
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's funds. If none, enter -0	contributions received and promptly and directly
				runus. Ir none, enter -o	delivered to a separate
					political organization. If
					none, enter -0
1)		-			
					·
2)			····		
3)					A
•					
4)					,
,			-		
5)					
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6)					
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			1	,	

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

Schedule C (Form 990 or 990-EZ) 2020

P	art II-A	Complete if the or section 501(h)).	ganizati	1 501(c)(3) and	and filed Form 5768 (election under						
A	Check ▶	if the filing organi address, EIN, ex						ach affilia	ited group men	nber's name,	
В	Check ▶	if the filing organi	zation che	ecked box	A and "lim	ited contro	ol" provisions app	ily.			
		Limits (The term "expendi		ying Expen eans amou		r incurred.	)	,	a) Filing zation's totals	(b) Affiliated group totals	
i 0	1a Total lobbying expenditures to influence public opinion (grassroots lobbying) b Total lobbying expenditures to influence a legislative body (direct lobbying) c Total lobbying expenditures (add lines 1a and 1b)										
	If the amo	ount on line 1e, column (a	ı) or (b) is:	The lobbying	ng nontaxal	le amount	is:				
	Not over S	500,000		20% of the	amount on	ine 1e.					
	Over \$500	0,000 but not over \$1,00	0,000	\$100,000 p	us 15% of	the excess	over \$500,000.				
			0,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000.								
	1	00,000 but not over \$17,	000,000			ne excess o	ver \$1,500,000.				
	Over \$17,	000,000 ots nontaxable amount	· · · · · ·	\$1,000,000				70,44,534			
j 	h Subtract line 1g from line 1a. If zero or less, enter -0										
			Lobb	ying Exper	nditures D	uring 4-Ye	ar Averaging Pe	iod			
		r year (or fiscal year eginning in)	(a)	2017	<b>(b)</b> 2	018	(c) 2019		(d) 2020	(e) Total	
2a	Lobbying	nontaxable amount									
b		ceiling amount line 2a, column (e))									
С	Total lobb	pying expenditures									
d	Grassroo	ts nontaxable amount							***************************************		
е		ts ceiling amount line 2d, column (e))			·						
f	Grassroo	ts lobbying expenditures									

Schedule C (Form 990 or 990-EZ) 2020

Pe	rt II-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	file	d For	m 576	<b>i</b> 8		
For	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(8	1)		(b)	******	
	ccription of the lobbying activity.	Yes	No		Amou	nt	
1 a	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:  Volunteers?	X					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?.		X				
C	Media advertisements?		X				
d	Mailings to members, legislators, or the public?		X				
e f	Publications, or published or broadcast statements?		Х				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Х				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х				
i	Other activities?	Х					
j	Total. Add lines 1c through 1i	H 54	3.54.1				
, 2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х		SHOW T		
b	If "Yes," enter the amount of any tax incurred under section 4912						
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912						
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?						
Pa	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501(	c)(5),	ors	ectior	1		
	501(c)(6).			***************************************	<del></del>	es	No
2 3 Pa	Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from  till-B  Complete if the organization is exempt under section 501(c)(4), section 501(c)  501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" Canswered "Yes."	the c)(5),	prior or s	year? ectior		is	
1	Dues, assessments and similar amounts from members			1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amour	nts c	of				
	political expenses for which the section 527(f) tax was paid).						
а	Current year			2a			
b	Carryover from last year			2b			
С	Total			2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues			3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion						
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lot	•	g				
5	and political expenditure next year?		• • •	5			
_	t IV Supplemental Information	• • •	• • •	3			
	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated	arou	n list)	Part	II-Δ line	e 1 .	- nd
	ee instructions); and Part II-B, line 1. Also, complete this part for any additional information.	grou	P 1101)	, , , ,,,	, , m.c	.5 , ,	and
`	, , , , , , , , , , , , , , , , , , ,						
ORG	ANIZATIONS EXEMPT UNDER SECTION 501(C)(3)						
TRI	NITY COLLEGE PAID DUES OR MEMBERSHIPS OF \$617,392 DURING THE FISCAL						
YEA	R 2021 TO CERTAIN ORGANIZATIONS WHICH MAY LOBBY ON ITS BEHALF.						
		<del></del>					

Schedule C (Form 990 or 990-EZ) 2020

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Part IV Supplemental Information (continued)

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

## Supplemental Financial Statements

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

Attach to Form 990.

**Open to Public** Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer identification number TRUSTEES OF TRINITY COLLEGE, THE 06-0646927 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year . . . . . . . . . . . . 1 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) . . Aggregate value at end of year. . . . . . . . . . . 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 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 Part II 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 (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a 2b Number of conservation easements on a certified historic structure included in (a) . . . . . 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register.......... 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ \_ 4 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 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. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB 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 FASB 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: 

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

following amounts required to be reported under FASB ASC 958 relating to these items:

JSA 0E1268 1.000

56801N U509

V 20-7.21

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

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 Page 2

Pá	rt III Organizations Maintaining	Collections of	Art, Histor	rical Tre	easures	s, or	Other	Similar A	Assets (d	continue	d)	
3	Using the organization's acquisition,	accession, and	other record	ds, chec	k any o	f the	follow	ing that n	nake sigi	nificant u	se of	fits
	collection items (check all that apply):											
а	X Public exhibition		d	Loan	or excha	ange	progra	m				
b	X Scholarly research		e	Other		Ü						
С	X Preservation for future generation	ions		_								
4	Provide a description of the organiza		s and expla	in how t	thev fur	ther	the or	ganization'	s exemn	t nurnose	in l	Part
•	XIII.		o and onpid					941112411011	o oxop	· pa.poo.		
5	During the year, did the organization s	solicit or receive o	lonations of	fart hist	orical tr	easu	res or	other simil	ar			
•	assets to be sold to raise funds rather									Yes	X	No
Ps	rt IV Escrow and Custodial Arra	······································	arrica ao par	it of the v	organiza	20011	o conc.	otton:	L	, , , ,	1	-140
3 0	Complete if the organization 990, Part X, line 21.		es" on Forr	n 990, F	Part IV,	line	9, or r	eported a	n amour	nt on Foi	m	
1 a	Is the organization an agent, trustee	e, custodian or o	ther interm	ediary fo	or contr	ibuti	ons or	other ass	ets not			
	included on Form 990, Part X?											
b	If "Yes," explain the arrangement in P											
									Amount			
С	Beginning balance				[	1c						
d	Additions during the year				1							
е	Distributions during the year					1e						
f	Ending balance					1f						
2a	Did the organization include an amour						stodial	account lia	bility?	Yes		No
b	If "Yes," explain the arrangement in P.										$\square$	
	rt V Endowment Funds.											
	Complete if the organization	n answered "Ye	es" on Forn	n 990, F	Part IV,	line	10.					
		(a) Current year	(b) Prior	year	(c) Two	year	s back	(d) Three ye	ears back	(e) Four y	ears b	ack
1a	Beginning of year balance	14,772,658.	640,845	5,506.	621,1	190,	.886.	584,499	3,394.	532,3		
b	Contributions	9,426,958.	3,421	.,687.	10,0	005	,399.	17,141	1,393.	9,5		
C	Net investment earnings, gains,									· · · ·		
C	and losses	13,126,028.	10,465	,106.	47,0	068	216.	50,646	5,519.	72,0	78,	751.
	and 103303	8,090,939.	***************************************	639.		<del></del>	.443.		663.	6,6		
	Grants or scholarships											
е	Other expenditures for facilities	23,589,339.	22,739	.494.	24.8	301.	350.	21,455	3,371.	18,7	40.6	684.
	and programs	10,438,409.		,508.			202.		386.	3,9		
f	Administrative expenses	95,206,957.	614,772		640,8			621,190		584,4		
g	Lift of year balance				L				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
2 a	Provide the estimated percentage of t Board designated or quasi-endowment		end balance %	(line 1g,	column	(a))	neid as:					
b	Permanent endowment > 45.000		70									
	Term endowment ► 55.0000 %	<del>/ 0</del> /0										
C	The percentages on lines 2a, 2b, and	2c should equal 1	100%									
3 a	Are there endowment funds not in the	•		tion that	are held	i and	d admin	istared for	the			
Ju	organization by:	p0000000000000000000000000000000000000	ic organizat	non mac	are nere	aan	a admin	iiotorea ioi	ano.	Y	es	No
	(i) Unrelated organizations									3a(i)		
	(ii) Related organizations									3a(ii)	-	X
h	If "Yes" on line 3a(ii), are the related of									3b		<del></del>
4	Describe in Part XIII the intended uses	•	•									
سند	TVI Land, Buildings, and Equipr	ment.										
	Complete if the organization	n answered "Ye	es" on Forr	n 990, F	Part IV,	line	11a. S	See Form	990, Pa	rt X, line	10.	
	Description of property	(a) Cost or (invest		(b) Cost o		sis		umulated eciation	(d	) Book valu	е	
12	Land		uitj		ther) 67,66	8.	ucpit	Jointoll		57,56	7.69	58.
b	Buildings	· · · · <del>  </del>			16,87	_	253.0	93,270.		183,323		
	Leasehold improvements			, *	-, - '	+	, -	,		/	,	
d	Equipment		+	66.7	72,12	4.	55.1	48,329.		11,623	3.70	95.
e	Other		97,825.		25,52		/-	-,		49,923		
	I. Add lines 1a through 1e. (Column (d)						2)	<b>D</b>		302,438		
· ota			. 555, r art /	., coluitii	. ( <i>D)</i> , III (	, , ,	·/· · ·			ulo D (Form		

Schedule D (Form 990) 2020

Part VII	Investments - Other Securities.	- III/ II	D 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
***************************************			, Part IV, line 11b. See Form 990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financ	ial derivatives		
	held equity interests		
(3) Other_			
<del></del>	GE FUNDS	94,688,216.	FMV
(B)			
(C)			
(D)			***************************************
(E)			
(F)			
(G)			
(H)		04 600 016	
	in (b) must equal Form 990, Part X, col. (B) line 12.)	94,688,216.	
Part VIII		"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 valuation: Cost or end-of-year market value
(1)		. , , , , , , , , , , , , , , , , , , ,	
(2)		11	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 13.) . 🕨		
Part IX	Other Assets.		
	Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11d. See Form 990, Part X, line 15.
***************************************	(a) Des	scription	(b) Book value
(1)			
(2)		AMAGA BIGHINAGO	
(3)			
(4)		***************************************	
(5)			
(6)			
(7)			
(8)			
(9)			
	umn (b) must equal Form 990, Part X, col. (B) li	ne 15.)	
Part X	Other Liabilities.		
	line 25.	"Yes" on Form 990	, Part IV, line 11e or 11f. See Form 990, Part X,
			γ
1.	· · · · · · · · · · · · · · · · · · ·	ion of liability	(b) Book value
(1) Feder	317,513.		
(2) PV O	4,570,590.		
(3) CONT	-25,912.		
(4) FEDE	1,264,637.		
	UED POST-RETIREMENT BENEFIT		2,614,350.
	IERI SEVERANCE	X	130,766.
	ILITY FOR ASSET RETIREMENT		34,567,462.
	R LIABILITY		2,353,720.
(9)			
	nn (b) must equal Form 990, Part X, col. (B) line 25.)		
2. Liability fo	or uncertain tax positions. In Part XIII, provide the	text of the footnote to t	he organization's financial statements that reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII .

1 Total revenue, gains, and other support per audited financial statements	Part XI	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	rn.
Amounts included on line 1 but not on Form 990, Part VIII, line 12:  a Net unrealized gains (losses) on investments  b Donated services and use of facilities  c Recoveries of prior year grants  d Other (Describe in Part XIII.)  e Add lines 2a through 2d  3 Subtract line 2e from line 1  a Investment expenses not included on Form 990, Part VIII, line 7b  b Other (Describe in Part XIII.)  c Add lines 4a and 4b  Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  5 Total revenue and line 1 but not on Form 990, Part VIII, line 12.)  1 Total expenses and losses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements  1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities  b Prior year adjustments  c Other (Describe in Part XIII.)  e Add lines 2a through 2d  3 Subtract line 2e from line 1  4 Amounts included on Form 990, Part IX, line 25, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 7b  4 Amounts included on Form 990, Part IX, line 25, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 7b  5 Other (Describe in Part XIII.)  c Add lines 4a and 4b  5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18).  5 Deart XIII Supplemental Information.	1 To		1
a Net unrealized gains (losses) on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 10 Other (Describe in Part XIII.) c Add lines 4a and 4b 10 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 11 Total expenses and losses per audited financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 11 Total expenses and losses per audited financial statements 12 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 5 Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18). 5 Sart XIII Supplemental Information.  5 Jart XIII Supplemental Information.			
b Donated services and use of facilities c Recoveries of prior year grants. d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Total revenue. Add lines 7a Amounts included on In 1 but not on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities c Other (Describe in Part XIII.) c Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IV, line 7b 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IV, line 7b 5 Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part IV, line 18). 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part IV, line 18). 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part IV, lines 1b and 2b; Part IV, line 4; Part X, line 2rt XIII Supplemental Information. Part XIII Supplemental Information. Part XIII Supplemental Information.		1 1	
d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Total expenses and losses per audited financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements Donated services and use of facilities b Prior year adjustments Donated services and use of facilities b Prior year adjustments Cother losses. Cother (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 a Investment expenses not included on Form 990, Part IV, line 12 a Investment expenses not included on Form 990, Part VIII, line 7b 4a  Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18).  5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18).  5 Supplemental Information.  Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.			
e Add lines 2a through 2d		<b>↑</b> .	
e Add lines 2a through 2d	d Oth	ner (Describe in Part XIII.)	
Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b			2e
a Investment expenses not included on Form 990, Part VIII, line 7b	3 Sul	btract line 2e from line 1	3
b Other (Describe in Part XIII.)  c Add lines 4a and 4b  5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  1 Total expenses and losses per audited Financial Statements With Expenses per Return.  Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities  b Prior year adjustments  c Other losses.  d Other (Describe in Part XIII.)  e Add lines 2a through 2d  3 Subtract line 2e from line 1  4 Amounts included on Form 990, Part IX, line 25, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 7b  b Other (Describe in Part XIII.)  c Add lines 4a and 4b  5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  5 Supplemental Information.  Tovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line Part XI, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.	4 Am	ounts included on Form 990, Part VIII, line 12, but not on line 1:	
c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 Part XIII Supplemental Information.  Tovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, lines 1t III. Part XI, lines 2d and 4b. Also complete this part to provide any additional information.	a Inv	estment expenses not included on Form 990, Part VIII, line 7b 4a	
Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	<b>b</b> Oth	ner (Describe in Part XIII.)	4.25
Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements			
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements			
Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities  b Prior year adjustments  c Other losses  d Other (Describe in Part XIII.)  e Add lines 2a through 2d  3 Subtract line 2e from line 1  4 Amounts included on Form 990, Part IX, line 25, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 7b  b Other (Describe in Part XIII.)  c Add lines 4a and 4b  5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  5 Part XIII Supplemental Information.  Trovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line Part XI, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.	Part XII		urn.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities	1 Tot	al expenses and losses per audited financial statements	1
a Donated services and use of facilities			
b Prior year adjustments			
d Other (Describe in Part XIII.) e Add lines 2a through 2d			
e Add lines 2a through 2d	c Oth	ner losses	
3 Subtract line 2e from line 1	d Oth	ner (Describe in Part XIII.)	<u> </u>
4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b		•	2e
a Investment expenses not included on Form 990, Part VIII, line 7b	3 Sub	otract line 2e from line 1	3
b Other (Describe in Part XIII.)	4 Am	ounts included on Form 990, Part IX, line 25, but not on line 1:	
c Add lines 4a and 4b	a Inve	estment expenses not included on Form 990, Part VIII, line 7b 4a	
Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	<b>b</b> Oth	ner (Describe in Part XIII.)	]
Part XIII Supplemental Information.  rovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	<b>c</b> Add	d lines 4a and 4b	4c
rovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.			5
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## Part XIII Supplemental Information (continued)

SCHEDULE D, PART III, LINE 4:

THE LIBRARY COLLECTIONS OF TRINITY COLLEGE SUPPORT TEACHING, STUDY AND RESEARCH IN THE DISCIPLINES REPRESENTED IN THE TRINITY COLLEGE

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

SCHEDULE D, PART V, LINE 4:

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

SCHEDULE D, PART X, LINE 2:

THE FINANCIAL STATEMENTS DID NOT REPORT A FIN 48 LIABILITY.

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

Schools

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

► Attach to Form 990 or Form 990-EZ.

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

0MB №. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

TRUSTEES OF TRINITY COLLEGE, THE

Employer identification number 06-0646927

Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, Χ 1 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. 2 Χ Has the organization publicized its racially nondiscriminatory policy on its primarily publicly accessible Internet homepage at all times during its taxable year in a manner reasonably expected to be noticed by visitors to the homepage, or 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 Χ SEE SUPPLEMENTAL PAGE Does the organization maintain the following? Records indicating the racial composition of the student body, faculty, and administrative staff?...... 4a Records documenting that scholarships and other financial assistance are awarded on a racially 4b c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing Χ 4c d Copies of all material used by the organization or on its behalf to solicit contributions?........ Χ 4d If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Χ Χ 5b 5c Χ 5d Χ 5e Χ 5f 5g Χ Χ 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? . . . . . . . . . . . . . . . . Χ Χ If you answered "Yes" on either line 6a or line 6b, explain on Part II. 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 . . . . . .

**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 DISPLAYED ON THE COLLEGE'S HOMEPAGE IN THE CAMPUS CLIMATE INCIDENT RESPONSE TEAM SITE. IT ALSO APPEARS ON THE STUDENT LIFE SITE IN THE STUDENT HANDBOOK, AND IN THE HUMAN RESOURCES SITE AND FACULTY SITE IN THEIR RESPECTIVE EMPLOYEE AND FACULTY MANUALS.

TRINITY COLLEGE MEETS THE REQUIREMENTS OF SECTIONS 4.01 THROUGH 4.05 OF REV. PROC 75-50, COVERING RACIAL NONDISCRIMINATION, BECAUSE IT DRAWS A SUBSTANTIAL PERCENTAGE OF ITS STUDENTS FROM AROUND THE U.S. AND WORLD, ENROLLS STUDENTS OF RACIAL MINORITY GROUPS IN MEANINGFUL NUMBERS, AND FOLLOWS A RACIALLY NONDISCRIMINATORY POLICY AS TO STUDENTS.

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.

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

2020
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Employer identification number TRUSTEES OF TRINITY COLLEGE, THE 06-0646927 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to X Yes award the grants or assistance? No For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (c) Number of (b) Number (d) Activities conducted in the (f) Total (a) Region (e) If activity listed in (d) is employees, of offices in region (by type) (such as, a program service. expenditures for agents, and the region fundraising, program services, describe specific type of and investments independent nvestments, grants to recipients service(s) in the region in the region contractors located in the region) in the region (1) SUB-SAHARAN AFRICA PROGRAM SERVICES STUDY ABROAD 1. 7,441. (2) EAST ASIA AND THE PACIFIC 0. 0. PROGRAM SERVICES STUDY ABROAD 53,442. (3) EUROPE 4. 15. PROGRAM SERVICES STUDY ABROAD 824,241. (4) CENTRAL AMERICA/CARIBBEAN 1. 6. PROGRAM SERVICES STUDY ABROAD 139,346. (5) EUROPE O. 0. GRANTMAKING STUDY ABROAD GRANTS 161,239. (6) CENTRAL AMERICA/CARIBBEAN 0. 0. INVESTMENTS 129,134,794. (7) EUROPE INVESTMENTS 0. 0. 4,417,805. (8) (9) (10)(11)(12) (13)(14)(15)(16)(17)3a 6. 22. 134,738,308. Total from continuation sheets to Part I . . . . . . .

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

Schedule F (Form 990) 2020

134,738,308.

Totals (add lines 3a and 3b)

Schedule F (Form 990) 2020

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, othe
(1)									
(2)									
(3)									
(4)					·····				
(5)									
(6)									
(7)							······		
(8)									
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14)			WATER TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TO						
15)									
16)									

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Page 3

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (b) Region (a) Type of grant or assistance (e) Manner of cash disbursement (f) Amount of noncash assistance (c) Number of recipients (d) Amount of cash grant (g) Description of noncash assistance (h) Method of valuation (book, FMV, appraisal, other) (1) GRANTS AND SCHOLARSHIPS FOR STUDENTS EUROPE/ICELAND/GREENLAND 161,239. ON ACCOUNT (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17)

Schedule F (Form 990) 2020

(18)

Schedule F (Form 990) 2020 Page **4** 

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

Schedule F (Form 990) 2020

# Part V S

**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.

### SCHEDULEI (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.

2020

Department of the Treasury

Open to Public

OMB No. 1545-0047

Internal R	Revenue Service	<b>▶</b> Go	to www.irs.gov	/Form990 for the	latest informatio	n.		Inspection
	the organization						Employer identificati	on number
	EES OF TRINITY COLLEGE, THE						06-064692	:7
Part I	General Information on Grants a	and Assistanc	е					
the	oes the organization maintain records to e selection criteria used to award the gra escribe in Part IV the organization's proc	ants or assistand	æ?					X Yes No
Part II	Grants and Other Assistance to	Domestic Or	ganizations a	nd Domestic Go	vernments. Con	plete if the organiz	ation answered "Y	es" on Form 990,
	Part IV, line 21, for any recipient	that received	more than \$5	,000. Part II can	be duplicated if	additional space is r	needed.	·
	1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)								
(2)								
(3)								
(4)								
(5)				3		,		
(6)								
(7)								
(8)								
(9)								
(10)								
(11)							***************************************	
(12)								
2 En	ter total number of section 501(c)(3) and	d government o	ranizatione lie	tod in the line 1 tol				

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

Schedule I (Form 990) 2020

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or and or an and or an and or an and or an an an an an an an an an an an an an					
chedule I (Form 990) (2020)					P
Part III Grants and Other Assistance to E Part III can be duplicated if addition		. Complete if t	he organization	answered "Yes" on For	m 990, Part IV, line 22.
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 GRANTS AND SCHOLARSHIPS FOR STUDENTS	1,306.	61,625,874.			
2					
3				·	
4					
5					
6					

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

PART I, LINE 2 - GRANTS AND ALLOCATIONS:

APPROXIMATELY 62 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

Schedule I (Form 990) (2020)

ACCOUNTS.

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# **SCHEDULE J** (Form 990)

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

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

TRUSTEES OF TRINITY COLLEGE, THE

Questions Regarding Compensation

Employer identification number

06-0646927

			Yes	No		
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form					
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.					
	First-class or charter travel  X Housing allowance or residence for personal use					
	X   Travel for companions   Payments for business use of personal residence					
	Tax indemnification and gross-up payments					
	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 explain	1b		Х		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all		1.41			
_	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 organization used to establish the compensation of the	-				
J	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	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
4	organization or a related organization:		15.5%			
а	Receive a severance payment or change-of-control payment?	4a	Х	X		
b	, ,					
С	c Participate in or receive payment from an equity-based compensation arrangement?					
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
	Only postion 504(a)(2), 504(a)(4), and 504(a)(00), annuinting most annual to live 5.0					
_	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:	44				
_		_		Χ		
a	The organization?	5a 5b		X		
b	Any related organization?	ວມ	7.11.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any					
O	compensation contingent on the net earnings of:					
2	The organization?	6a		Х		
a h	Any related organization?	6b		$\frac{X}{X}$		
	If "Yes" on line 6a or 6b, describe in Part III.	OD				
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed					
′	payments not described on lines 5 and 6? If "Yes," describe in Part III	7		Х		
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject					
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe					
	in Part III	8		Х		
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.

Schedule J (Form 990) 2020

Schedule J (Form 990) 2020

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

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

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

		(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
JOANNE BERGER-SWEENEY	(i)	504,070.	0.	97,566.	264,562.	85,661.	951,859.	41,316.
1 PRESIDENT		0.	0.	0.	0.	0.	0.	0.
DICKENS MATHIEU	(i)	252,343.	0.	0.	18,594.	32,621.	303,558.	0.
2 GENERAL COUNSEL, SECRETARY CLG	(ii)	0.	0.	0.	0.	0.	0.	0.
DANNY HITCHELL	(i)	316,554.	0.	38,718.	31,822.	27,884.	414,978.	9,032.
3 <sup>VP</sup> FINANCE	(ii)	0.	0.	0.	0.	0.	0.	0.
JOSEPH DICHRISTINA	(i)	237,171.	0.	0.	17,774.	45,803.	300,748.	0.
4 VP ST AFFAIRS, DEAN CAMPUS LIFE	(ii)	0.	0.	0.	0.	0.	0.	0.
SONIA CARDENAS 5 <sup>VP</sup> ACADEMIC AFFAIRS AND DEAN	(i)	280,976.	0.	0.	21,787.	27,869.	330,632.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
ANGELA SCHAEFFER	(i)	209,916.	0.	0.	15,507.	25,175.	250,598.	0.
6 P COMMUNICATIONS & MARKETING	(ii)	0.	0.	0.	0.	0.	0.	0.
SUZANNE ABER	(i)	241,650.	0.	0.	18,137.	13,573.	273,360.	0.
7 <sup>VP</sup> INFORMATION TECHNOLOGY	(ii)	0.	0.	0.	0.	0.	0.	0.
MICHAEL CASEY	(i)	318,008.	0.	50,247.	30,098.	499.	398,852.	22,837.
8 <sup>VP</sup> ADVANCEMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
ANITA DAVIS	(i)	211,150.	0.	29,525.	15,044.	370.	256,089.	0.
9 OIVERSITY EQUITY&INCLUSION	(ii)	0.	0.	0.	0.	0.	0.	0.
DAVARIAN L. BALDWIN	(i)	198,346.	0.	1,500.	14,086.	714.	214,646.	0.
10 PROFESSOR OF AMERICAN STUDIES	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							,
16	(ii)							

Schedule J (Form 990) 2020

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Schedule J (Form 990) 2020

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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, and for Part II. Also complete this part for any additional information.

SCHEDULE J, PART I, LINE 1A:

TRAVEL FOR COMPANIONS - THE SPOUSES OF THE PRESIDENT AND THE VICE

PRESIDENT 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.

HOUSING ALLOWANCE - ON CAMPUS HOUSING IS PROVIDED FOR THE PRESIDENT OF
THE COLLEGE AND THE DEAN OF CAMPUS LIFE AS A CONDITION OF EMPLOYMENT FOR
THE CONVENIENCE OF THE EMPLOYER. THE VALUE OF THE HOUSING IS INCLUDED IN
PART II, COLUMN (D). THE VICE PRESIDENT ADVANCEMENT RECEIVES A HOUSING
ALLOWANCE WHICH IS TREATED AS TAXABLE AND INCLUDED IN PART II, COLUMN
(B) (III).

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

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

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

Schedule J (Form 990) 2020

JSA

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TRUSTEES OF TRINITY COLLEGE, THE

06-0646927

Schedule J (Form 990) 2020

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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, and for Part II. Also complete this part for any additional information.

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

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

SCHEDULE J, PART I, LINE 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 \$243,539 WAS MADE IN 2020 AND IS INCLUDED IN SCHEDULE J, PART II, COLUMN (C). IN 2020, AMOUNTS UNDER THE PLAN BECAME VESTED AND WERE PAID TO THE PRESIDENT. THE AMOUNTS PAID ARE REFLECTED IN SCHEDULE J, PART II, COLUMN

Schedule J (Form 990) 2020

JSA

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Schedule J (Form 990) 2020

### Part III Supplemental Information

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

(B) III.

PURSUANT TO THE TERMS OF A SECTION 457(F) DEFERRED COMPENSATION PLAN, THE VP FINANCE IS ENTITLED TO CERTAIN DEFERRED COMPENSATION BENEFITS WHICH VEST THE EARLIEST OF (1) AGREED UPON DATE, (2) DEATH; (3) DISABILITY; OR (4) INVOLUNTARY TERMINATION OF EMPLOYMENT FROM THE COLLEGE. A CREDIT OF \$9,032 WAS MADE IN 2020 AND IS INCLUDED IN SCHEDULE J, PART II, COLUMN (C). IN 2020, AMOUNTS UNDER THE PLAN BECAME VESTED AND WERE PAID TO THE VP FINANCE. THE AMOUNTS PAID ARE REFLECTED IN SCHEDULE J, PART II, COLUMN (B) III.

PURSUANT TO THE TERMS OF A SECTION 457(F) DEFERRED COMPENSATION PLAN, THE VP ACADEMIC AFFAIRS IS ENTITLED TO CERTAIN DEFERRED COMPENSATION BENEFITS WHICH VEST THE EARLIEST OF (1) AGREED UPON DATE; (2) DEATH; (3) DISABILITY; OR (4) INVOLUNTARY TERMINATION OF EMPLOYMENT FROM THE COLLEGE. A CREDIT OF \$1,125 WAS MADE IN 2020 AND IS INCLUDED IN SCHEDULE J, PART II, COLUMN (C).

Schedule J (Form 990) 2020

Schedule J (Form 990) 2020

Part III Supplemental Information

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

PURSUANT TO THE TERMS OF A SECTION 457(F) DEFERRED COMPENSATION PLAN, THE VP ADVANCEMENT 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 \$7,837 WAS MADE IN 2020 AND IS INCLUDED IN SCHEDULE J, PART II, COLUMN (C). IN 2020, AMOUNTS UNDER THE PLAN BECAME VESTED AND WERE PAID TO THE VP ADVANCEMENT. THE AMOUNTS PAID ARE REFLECTED IN SCHEDULE J, PART II, COLUMN (B) III.

Schedule J (Form 990) 2020

### 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.

► Attach to Form 990.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

TRUSTEES OF TRINITY COLLEGE, THE

Employer identification number 06-0646927

(a) Issuer name	(b) Issuer EIN	(c) CUSIP#	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) De	feased	(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes N	
A CONN HEALTH & ED FAC AUTH - SERIES L	06-0806186	20774UG82	08/05/2008	15,345,000.	REFINANCE CHEFA I - 2005		Х		Х		
B CONN HEALTH & ED FAC AUTH - SERIES N	06-0806186	000000000	07/15/2014	22,535,000.	REFIN. CHEFA H-2004, CHEFA E-1996		х		х		
C CONN HEALTH & ED FAC AUTH - SERIES Q	06-0806186	000000000	04/26/2017	51,100,000.	REFIN. CHEFA J-2007, CHEFA G-2001	ļ	х		х		
D CONN HEALTH & ED FAC AUTH - SERIES R	06-0806186	20775DHF2	06/29/2020	59,245,776.	REFINANCE CHEFA M-2010 CHEFA 0-201		х		х		

Part II Proceeds	·····	A	,-,,	В		С		D
1 Amount of bonds retired	6,0	90,000.	12,8	32,430.				***************************************
2 Amount of bonds legally defeased								
3 Total proceeds of issue	15,3	45,000.	22,5	35,000.	51,1	00,000.	59,245,776	
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds	2	69,841.			2	264,049.	{	33,605.
8 Credit enhancement from proceeds		37,049.						
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds								
11 Other spent proceeds	15,0	15,038,100. 22,110,022.		10,022.	50,835,951.			
12 Other unspent proceeds							1,2	61,455.
13 Year of substantial completion								•
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or,								
if issued prior to 2018, a current refunding issue)?	X		X		X		X	
15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if								
issued prior to 2018, an advance refunding issue)?		X		Х		X		Х
16 Has the final allocation of proceeds been made?	Х		Х		X		X	
17 Does the organization maintain adequate books and records to support the								
final allocation of proceeds?	X		X		X		Х	ĺ

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

Schedule K (Form 990) 2020

JSA

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Part III Private business use	IV PVPLII	1 DONDS						
		A		В		С		D
1 Was the organization a partner in a partnership, or a member of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No
which owned property financed by tax-exempt bonds?		X						X
2 Are there any lease arrangements that may result in private business use of		x						
bond-financed property?		^						X
3a Are there any management or service contracts that may result in private		l x		İ				
business use of bond-financed property?	ļ	<u> </u>						X
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?		X						Х
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other								
outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by 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?		Х						Х
8a Has there been a sale or disposition of any of the bond-financed property to a								
nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						X
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or								
disposed of		%		%		%		
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations								
sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all								
nonqualified bonds of the issue are remediated in accordance with the								
requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		Х		Χ	
Part IV Arbitrage								
		Α		3	(	C		)
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
Penalty in Lieu of Arbitrage Rebate?		X		Х		X		Х
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		Х		X		X		Х
b Exception to rebate?	Х		Х		Х		Х	
c No rebate due?		X		Х		X		Х
If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
performed		1						

Schedule K (Form 990) 2020

X

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V 20-7.21

3 Is the bond issue a variable rate issue?.............

JSA 0E13281.000 56801N U509

Schedule K (Form 990) 2020

Schedule K (Form 990) 2020

Schedule K (Form 990) 2020

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

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)

Department of the Treasury Internal Revenue Service

# **Noncash Contributions**

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

► Attach to Form 990.

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

OMB No. 1545-0047

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

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method o			
1	Art - Works of art					***************************************		
2	Art - Historical treasures							
3	Art - Fractional interests					***************************************		
4	Books and publications							
5	Clothing and household	,						
•	goods							
6	Cars and other vehicles			*				
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded		109.	2,535,854.	HIGH-LOW	AVG		
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
''	or trust interests							
12	Securities - Miscellaneous					***************************************		***************************************
13	Qualified conservation							
10	contribution - Historic							
	structures							
14	Qualified conservation							
14	contribution - Other							
15	Real estate - Residential							
16 17	Real estate - Commercial							
	Real estate - Other							
18	Collectibles							
19	Food inventory						***************************************	***
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts			***************************************				
23	Scientific specimens							
24	Archeological artifacts	:	7.	953,300.				
25	Other ►( ATCH 1 )		, .	933,300.			-	
26	Other ►()							
27	Other ►()			······································				
	Other ►(				<u> </u>			
29	Number of Forms 8283 received	-			00	•		7.
	which the organization completed F	orm 8283,	Part V, Donee Acknowledge	ement	29	****		
							Yes	NO
30a	During the year, did the organizati				-			
	28, that it must hold for at least th	-			-			.,
	to be used for exempt purposes for		olding period?		• • • • • • •	30a		X
	If "Yes," describe the arrangement in							
31	Does the organization have a	gift accept	ance policy that require	s the review of any r	nonstandard			
	contributions?					31	Х	
32a	Does the organization hire or use	•	•	•				
	contributions?					32a		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an a describe in Part II.	amount in c	olumn (c) for a type of prop	perty for which column (a)	is checked,			

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

Schedule M (Form 990) 2020

Part II

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

SCHEDULE M, COLUMN B:

THE COLLEGE IS REPORTING THE NUMBER OF CONTRIBUTIONS.

**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. Part II

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

DESCRIPTION	(A) CHECK	(B) NUMBER OF CONTRIBUTIONS	(C) REVENUES REPORTED	(D) METHOD OF DETERMINING
FINE ART PHOTOGRAPHS	X	7.	953,300.	APPRAISALS PROVIDED
TOTALS		7.	953,300.	

# **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.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

TRUSTEES OF TRINITY COLLEGE, THE

Employer identification number 06-0646927

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 AVP FINANCE AND THE PAID PREPARER.

FORM 990, PART VI, LINE 12C:

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

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

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

Name of the organization
TRUSTEES OF TRINITY COLLEGE, THE

Employer identification number 06-0646927

GUIDES AND BUDGETS. THE COMMITTEE APPROVES THE COMPENSATION AND DOCUMENTS ITS PROCESS.

FORM 990 PART VI, LINE 18:

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

FORM 990, PART VI, LINE 19:

THE ACCOUNTING SERVICES WEB SITE INCLUDES ALL GOVERNING DOCUMENTS,

CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS.

FORM 990, PART XI, LINE 9:

OTHER CHANGES IN NET ASSETS:

BARBIERI CENTER EXPENSES: (\$462,052)

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVIC	ES	ATTACHMENT	1
DESCRIPTION	GRANTS	EXPENSES	REVENUE
STUDENT SERVICES		16,075,335.	
INSTITUTIONAL SUPPORT		3,279,160.	
PUBLIC SERVICE		1,399,632.	
TOTALS		20,754,127.	

ATTACHMENT 2

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

NAME AND ADDRESS

DESCRIPTION OF SERVICES

COMPENSATION

ABM INDUSTRY GROUPS LLC
1350 EUCLID AVENUE
CLEVELAND, OH 44115

CHARTWELLS

DESCRIPTION OF SERVICES
11,230,217.

FOOD SERVICES
6,543,880.

Schedule O (Form 990 or 990-EZ) 2020

1,601,795.

Name of the organization	Employer id	entification number
TRUSTEES OF TRINITY COLLEGE, THE	06-0	646927
	ATTACHME	NT 2 (CONT'D)
990, PART VII- COMPENSATION OF THE FIVE HIGHE	ST PAID IND. CONTRACTORS	
NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
PO BOX 91337 CHICAGO, IL 60693-1337		
CRESCENT STREET AT TRINITY COLLEGE LLC 199 WEST ROAD SUITE 101 PLEASANT VALLEY, NY 12569	RESIDENTIAL	3,894,343.
CLINICAL RESEARCH SEQUENCING PLATFRM LLC	MEDICAL TESTING	2,770,824.

CONSTRUCTION

MODERN MECHANICAL SYSTEMS INC PO BOX 492 FARMINGTON, CT 06034

415 MAIN STREET CAMBRIDGE, MA 02142

06-0646927

SCHEDULE R (Form 990)

TRUSTEES OF TRINITY COLLEGE, THE

## **Related Organizations and Unrelated Partnerships**

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

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

Department of the Treasury Internal Revenue Service Name of the organization

06-0646927

OMB No. 1545-0047

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I (b) Primary activity (f) Direct controlling entity (c) Legal domicile (state or foreign country) (a)
Name, address, and EIN (if applicable) of disregarded entity (e) End-of-year assets (d) Total income (1) (2) (3) (4) (5) (6)

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))		(g) Section 512(b)( controlled entity?		
						Yes	No	
(1) BARBIERI CENTER, INC. 51-0180636							1	
VIA RAIMONDO DA CAPUA, 2 ROME, IT 00153	EDUCATION	CT	501(C)(3)	2	TRINITY COLL	Х		
(2)								
							ļ	
(3)	4							
(4)								
(5)								
(6)								
(7)								

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

Schedule R (Form 990) 2020

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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. Part III (c) Legal domicile (state or foreign country) (e)
Predominant income (related, unrelated, excluded from (a) Name, address, and EIN of related organization (b) Primary activity (d) Direct controlling (i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065) (f) Share of total (g) Share of end-of-year assets (j) General or managing partner? (k) Percentage ownership (h) entity income Yes No Yes No (1) ACADIAN INTRNTL EXT PLUS EQUIT 260 FRANKLIN STREET BOSTON, MA INVESTMENT MA TRINITY EXCLUDED FROM TAX -1,998,724 9,206,348. 56.6511 (2) (3) (4) (5) (6) (7)

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. Part IV

(a) Name, address, and £IN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)		(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	entity?
(1) POOLED INCOME FUND	SUPPORT	ст	n/A	TRUST				Yes No
(2) CHARITABLE REMAINDER UNITRUSTS (19)	SUPPORT			TRUST				
(3)								
(4)								
(5)								
(6)								
(7)				-				

Schedule R (Form 990) 2020

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Page	

Schedule R (Form 990) 2020

Part	Transactions With Related Organizations. Complete if the organization answered "Ye	es" on Form 990, Pa	art IV, line 34, 35b, or 36.								
Note	: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				١	res	No				
1											
а	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.										
b	b Gift, grant, or capital contribution to related organization(s)										
С	c Gift, grant, or capital contribution from related organization(s).										
d	Loans or loan guarantees to or for related organization(s) ..........................			L	1d		Х				
е	Loans or loan guarantees by related organization(s)				1e		Χ				
							X				
f											
g	Sale of assets to related organization(s)				1g		Х				
h	Purchase of assets from related organization(s)				1h		Х				
i	Exchange of assets with related organization(s)				1i		Х				
j	Lease of facilities, equipment, or other assets to related organization(s)				1j	_	X				
k i	Lease of facilities, equipment, or other assets from related organization(s)				1k		X				
1 1	Performance of services or membership or fundraising solicitations for related organization(s)				1I Im	-	X				
m	m Performance of services or membership or fundraising solicitations by related organization(s).										
n	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)										
0 :	Sharing of paid employees with related organization(s)			· · · · ·	10	X					
	Doimhuran most poid to related experiention(s) for experient				.	x					
	Reimbursement paid to related organization(s) for expenses					4	X				
q	Reimbursement paid by related organization(s) for expenses				1q	$\dashv$					
r (	Other transfer of cash or property to related organization(s)				1r	$_{\rm X}$					
s (	Other transfer of cash or property from related organization(s).			• • • • •	11 1s	+	Х				
2	f the answer to any of the above is "Yes," see the instructions for information on who must complete	this line, including cove	ered relationships and trans	action thresh							
	(a)	(b)	(c)	T	d)						
	Name of related organization	Transaction type (a-s)	Amount involved	Method of amount			ļ				
		type (a-s)		amount	HIVOIV	eu					
(1)	BARBIERI CENTER	P	479,107.	VALUE O	F F	UND	S				
(2)	BARBIERI CENTER	0	717,681.	FMV							
	DIRRIERI GENORD	_									
(3)	BARBIERI CENTER	В	462,052.	FMV							
(4)											
(4)											
(5)		- Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Cont									
(0)		·		·							
(6)											
(0)		1.	1	1							

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Schedule R (Form 990) 2020

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

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

	(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	Are all	e) partners tion (c)(3) tations?	(f) Share of total income	(g) Share of end-of-year assets	Disprog alloc	h) ortionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	part	ner?	(k) Percentage ownership
				sections 512 - 514)	Yes	No			Yes	No		Yes	No	<u> </u>
(1)	·····			***************************************										
(2)														
(3)														
(4)														
(5)														
(6)														
(7)														
(8)														
(9)														
(10)														
(11)														
(12)														
(13)														
(14)											***************************************			
(15)														
(16)														

- Schedule R (Form 990) 2020

Schedule R (Form 990) 2020

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.