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DLN: 93493134001470

Form **990** 

Department of the Treasury Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

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

► The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047 2008

Open to Public Inspection

Fo	r the 2	2008 calend	ar yea	r, or tax year beginning 07-01-2008 and	ending 06-30-200	9	D Employer ider	stification number					
_	•	pplicable Plea		C Name of organization Trustees of Trinity College The			D Employer identification number						
_	iress cha	labe	IRS elor	Doing Business As			06-0646927 E Telephone nui						
_	me char	type	nt or e. See				(860) 207-2	000					
Inıt	al retur		cific truc-	Number and street (or P O box if mail is not deli 300 Summit Street	ss) Room/suite	(860) 297-2000 <b>G Gross receipts</b> \$ 444,557,365							
Ter	mınatıoı			300 Summit Street				· · · · · · · · · · · · · · · · · · ·					
Am	ended r	return		City or town, state or country, and ZIP + 4 Hartford, CT 06106									
App	olication	pending		Hardera, CT cores									
				ne and address of Principal Officer		H(a) Is this	s a group return i	for					
				F JO NES JR JMMIT STREET		affiliat	es?	┌ Yes ┌ No					
				ORD,CT 06106		H(b) Are all	affiliates included	d?					
Ta	x-exem	pt status 🔽	501(c	) (3) ◀ (insert no )				See instructions )					
W	eb site	e: 🕨 www trin	ncoll e	du		H(c) Group	Exemption Nun	nber 🟲					
Тур	e of org	janization 🔽 C	Corporat	ion		<b>L</b> Year of For	mation 1823 <b>M</b> 9	State of legal domicile CT					
Pa	rt I	Summar											
				e organization's mission or most significan	it activities								
•		SEE SCHED	ULE	)									
	2	Check this b	oox [	if the organization discontinued its operati	ons or disposed o	f more than 2!							
	3	Number of v	otıng ı	nembers of the governing body (Part VI, li	ne 1a)		3 _	33					
	4	Number of in	ndeper	ndent voting members of the governing bod	y (Part VI, line 1t	)	. 4 _	31					
	5	Total numbe	erofer	nployees (Part V , line 2a)			5 _	2,240					
	6	Total numbe	erofvo	olunteers (estimate if necessary)			6 _	500					
	7a	Total gross	unrela	ted business revenue from Part VIII, line :	12, column (C)		7a	109,516					
	ь	Net unrelate	d bus	ness taxable income from Form 990-T, lin	e 34		7b	-36,337					
						Prio	r Year	Current Year					
	8	Contributio	ns an	d grants (Part VIII, line 1h)		38,812,721	36,985,265						
<u> </u>	9	Program se	ervice	revenue (Part VIII, line 2g)		1	109,579,584	111,055,367					
Priverille	10	Investmen	t incoi	me (Part VIII, column (A), lines 3, 4, and 7	'd)		-17,143,125	-34,106,971					
ž	11	O ther reve	nue (P	art VIII, column (A), lines 5, 6d, 8c, 9c, 1	Oc, and 11e)		-20,864	4,307,418					
	12	Total rever	nue —a	dd lınes 8 through 11 (must equal Part VII	I, column (A), lin								
		12)					131,228,316	118,241,079					
	13			ar amounts paid (Part IX, column (A), lines			26,149,026	28,814,905					
	14	•		or for members (Part IX, column (A), line 4)	•	_		C					
8	15	Salaries, of 10)	therco	ompensation, employee benefits (Part IX, c	column (A), lines 5	53,788,355 62,3							
EXD enses	16a	•	al func	raising fees (Part IX, column (A), line 11e			C						
<del>*</del>	ь	(Total fundra	isina ex	penses, Part IX, column (D), line 25 6,721,603									
П	17	•	_	(Part IX, column (A), lines 11a-11d, 11f-2			75,441,004	65,793,152					
	18	•		add lines 13–17 (must equal Part IX, line	•	1	155,378,385	156,955,529					
	19			penses Subtract line 18 from line 12		-24,150,069	-38,714,450						
<u>ن</u>	<del></del>						ng of Year	End of Year					
<b>6</b>	20	Total acco	ts (D=	rt X, line 16)			741,196,409	675,800,298					
8.5							, ,						
Fund Balances	21		•	Part X, line 26)			214,524,982	204,320,044					
	22			d balances Subtract line 21 from line 20			526,671,427	471,480,254					
i ci	rt II	Signatu			aludusa a	anhadulaa aada	entomorte and to 11	a boot of limland					
				erjury, I declare that I have examined this return, incorrect, and complete Declaration of preparer (othe									
lea	se	lk .				2010-	05-13						
ign		Signature	of office	21		Date							
ere	е	GUY P DRA	APEAU	COMPTROLLER									
				e and title									
		Preparer's		Date		Check If	Preparer's PTIN (S	See Gen Inst )					
aid		signature	Pricew	aterhousecoopers LLP	!	self- empolyed 🕨 🦵		,					
	arer's	Firm's name (	or vou	s		cilipolyeu F							
•	Only	ıf self-employ	ed),	· • · · · · · · · · · · · · · · · · · ·			EIN ▶						
(	,	address, and 2	ZIP + 4	125 High Street			Dhan	7) 520 5000					
				Boston, MA 02110			Phone no 🕨 (61	/) 530-5000					
2 V 1	tha TD	S discuss the	ic ratii	rn with the preparer shown above? (See ins	tructions \			Vas I No					

# Form 990 (2008) Part III Statement of Program Service Accomplishments (See the instructions.)

1	Briefly describe the organization's mission SEE SCHEDULE O	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	┌ Yes ┌ No
_	If "Yes," describe these new services on Schedule O	
3	Did the organization cease conducting or make significant changes in how it conducts any program services?	┌ Yes ┌ No
4	Describe the exempt purpose achievements for each of the organization's three largest program services by Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants a others, the total expenses, and revenue, if any, for each program service reported	
4a	(Code ) (Expenses \$ 65,677,458 including grants of \$ ) (Revenue \$ THE COLLEGE PROVIDED INSTRUCTION, RESEARCH OPPORTUNITIES AND RELATED SUPPORT TO FACULTY AND STUDENTS TO ENDEVELOPMENT AND A WIDE CURRICULUM FOR LIBERAL ARTS EDUCATION	92,556,460 ) COURAGE PROFESSIONAL
4b	(Code ) (Expenses \$ 28,814,905 including grants of \$ 28,814,905) (Revenue \$ THE COLLEGE PROVIDED GRANTS AND SCHOLARSHIPS TO STUDENTS WHO ARE JUDGED WORTHY BY THE INSTITUTION'S ASSESSI ACHIEVEMENT AND FINANCIAL NEED	0 ) MENT ON THE BASIS OF ACADEMIC
4c	(Code ) (Expenses \$ 18,433,778 including grants of \$ ) (Revenue \$ THE COLLEGE PROVIDED RESIDENTIAL AND DINING SERVICES TO STUDENTS	18,498,907 )
4d	Other program services (Describe in Schedule O ) (Expenses \$ 20,978,995 including grants of \$ ) (Revenue \$	)
<u></u>	Total program service expenses \$ 133,905,136 Must equal Part IX Line 25, column (B)	

art IV	Che	cklist	of Re	eauired	Sche	dules

			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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
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		Νο
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
5	Section $501(c)(4)$ , $501(c)(5)$ , and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where 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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21, 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		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12		Νο
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part $I$	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II $\Box$	21		Νo
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a	Yes	
Ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νο
25a	Section 501(c)(3) and 501(c)(4) 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		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

## Part IV Checklist of Required Schedules (Continued)

			res	NO
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
	IV	28a		Νo
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b	Yes	
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,  Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		Νo
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νo
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	Yes	
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	37		Νο
	Part VI 📆	•		

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal			
	of U.S. Information Returns. Enter -0- if not applicable			
	1a	416		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b	О		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and report	:able		
	gaming (gambling) winnings to prize winners?	<u>1c</u>	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  Statements filed for the calendar year ending with or within the year covered by this return	2,240		
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns?  Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.	·	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered b	y this		
	return?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	. Зь	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other aut over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		Yes	
b	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1,</b> Report of Foreign Bank a Financial Accounts.	nd		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? $$ .	. 5a		No
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transacti	on? <b>5b</b>		No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Pro	phibited <b>5c</b>		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		No
ь	If "Yes," did the organization include with every solicitation an express statement that such contribution	s or gifts		
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was re			   N -
الد	file Form 8282?	7c		No
u	74			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a pers benefit contract?	onal <b>7e</b>		No
f		? <b>7f</b>		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? .	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h		
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds and section $509(a)(3)$ supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organizate excess business holdings at any time during the	ion, have		
9	year?		1	
		93		
a b	Did the organization make any taxable distributions under section 4966?	. 9a . 9b		
10	Section 501(c)(7) organizations. Enter	. 30		
	Initiation fees and capital contributions included on Part VIII, line 12   10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11				
	Gross income from members or shareholders			
	11a			
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

Section A. Governing Body and Management

No

Νo

Νo

Νo

Νo

Νo

Νo

Yes

Yes

2

3

4

5

6

7a

7b

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

	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below processes, or changes in Schedule O. See instructions.	ı, descr	the the circumstances,
1a	Enter the number of voting members of the governing body	1a	33
ь	Enter the number of voting members that are independent	1b	31
2	Did any officer, director, trustee, or key employee have a family relationship or a bu	siness	relationship with any

	other officer, director, trustee, or key employee?
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?
1	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?

	med'
;	Did the organization become aware during the year of a material diversion of the organization's assets?
,	Does the organization have members or stockholders?

Does the organization have members of stockholders?	
Does the organization have members, stockholders, or other persons who may elect	t one or more members of the
governing body?	

D	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	•
	Did the organization contemporaneously document the meetings held or written actions undertaken during t	he
	year by the following	

	year by the following		•		•			•						•	
ı	the governing body?														

Ь	each committee with authority to act on behalf of the governing body?						
1	Does the organization have local chapters, branches, or affiliates? .						

Ь	If "Yes," does the organization have written policies and procedures governing the activities of su	ıch	cha	pter	s,
	affiliates, and branches to ensure their operations are consistent with those of the organization?	•	•	•	•

Was a copy of the Form 990 provided to the organization's governing body before it was filed? All or	ganız	zatı	ons	
must describe in Schedule O the process, if any, the organization uses to review the Form 990 .		•		•

11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O

8a	Yes	
8b	Yes	
9a		Νo
9b		
10	Yes	
11		No

#### Section B. Policies

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

#### Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed CT
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website. I another's website.
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

GUY P DRAPEAU 300 SUMMIT STREET HARTFORD, CT 061063100 (860) 297-4210

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

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

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

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

The check this box in the organization and i	(B) Average hours per week	Posit	(C	) chec	:k al				(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F)
(A) Name and Title		Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)		Estimated amount of other compensation from the organization and related organizations
							_			

# Part VII Continued

		(C) Position (check all that apply)							(E)	(F)
<b>(A)</b> Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
			$\vdash$	$\vdash\vdash$	$\vdash$		$\vdash$			
				$\vdash$						
			<u> </u>	Ш.	<u> </u>		<b> </b>	2,264,935	5 0	447,104

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

			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> "Yes," complete Schedule J for such individual	3		Νο
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No

### **Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
CHARTWELLS PO BOX 91337 CHICAGO, IL 606931337	FOOD SERVICES	9,081,959
CONSIGLI CONSTRUCTION CO INC 72 SUMNER ST MILFORD, MA 01757	CONSTRUCTION	5,668,653
TRADESMAN OF NEW ENGLAND LLC 21 East Dudley Town Rd BLOOMFIELD, CT 060021409	CONSTRUCTION	1,685,890
ENTERPRISE BUILDERS INC 46 SHEPARD DR NEWINGTON, CT 06111	CONSTRUCTION	1,497,913
O G INDUSTRIES INC 112 WALL STREET TORRINGTON, CT 06790	CONSTRUCTION	797,979
2 Total number of independent contractors (including those in 1) who rec from the organization	. , ,	37

# Statement of Revenue

					(A) Total Revenue	<b>(B)</b> Related or Exempt Function Revenue	<b>(C)</b> Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
	1a	Federated can	npaigns 1a					
m ts	ь	Membership d	ues					
Contributions, gifts, grants and other similar amounts	c	Fundraising ev	1b vents 1c					
<u>#</u>	d	Related organ	izations 1d					
E)	e	Government gran	its (contributions) <b>1e</b>	2,045,074				
oution her s	f		cions, gifts, grants, and not included above	34,940,191				
ontrij nd ot	g		<b>1f</b> ributions included in 1 974 613					
ं ल	h	Total (Add line	1,974,613 es 1a-1f)		36,985,265			
		<u> </u>	<u> </u>	<b>▶</b> Business Code				
<u>e</u>	2a	TUITION & FEES		900,099	92,556,460	92,556,460		
ē.	ь	DINING FACILITIE		722,210				
æ				,	6,568,508	· · ·		
921	C	DORMITORY FEES		721,000	11,889,772	11,889,772		
<u>.</u>	d	ALUMNI/FACULTY	CENTER	900,099	40,627	40,627		
an S	e							
Program Serwce Revenue	f		ram service revenue					
4	g	Total. Add line  ▶ \$ 111,055,3	<b>es 2a-2f</b> 67					
	3		come (including divi	dends, interest				
		othersımılara	imounts)	[	3,439,526		109,516	3,330,010
	4	Income from inve	estment of tax-exempt be	ond proceeds	0			
				•				
	5	Royalties .			0			
	6a	Gross Rents	(ı) Real 131,300	(11) Personal				
	b	Less rental	118,953					
		expenses	,					
	d	Rental income or (loss) Net rental inco	12,347 ome or (loss)		12,347			12,347
				<b>•</b>				
	7a	Gross amount from sales of	(ı) Securities 289,134,658	(II) O ther -483,822				
		assets other than inventory						
	ь	Less cost or other basis and	326,197,333					
		sales expenses	-37,062,675	-483,822				
	d	Gain or (loss) Net gain or (lo		-403,022	-37,546,497			-37,546,497
	8a	Gross income	from fundraising					
une		events (not in \$	ns reported on line					
Other Revenue		Attach Schedul	e G ıf total exceeds					
4	ь		xpensesb					
ŧ	с		(loss) from fundraisi	ing events	0			
	9a	Gross income activities See Complete Sched exceeds \$15,00	part IV , line 19 dule G if total					
			а					
	b c		xpensesb (loss) from gaming a	activities	0			
	10a	Gross sales or returns and al	finventory, less lowances	•				
	b	Less cost of						
	С		(loss) from sales of		0			
	11-	Miscellaneou		Business Code 900,099	1,650,895			1,650,895
	11a	INSURANCE		900,099	2,644,176			2,644,176
	b c	OTHER REVE	NUE	900,099	2,044,176			2,044,176
	d	All other revei	nue					
	e	Total. Add line						
				\$ 4,295,071	440.040.555	444.055.55	100	20.000.000
	12	8c,	. Add lines 1h, 2g, 3		118,241,079	111,055,367	109,516	-29,909,069

# Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) organizations must complete all columns.  All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).									
Do r	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses					
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0			·					
2	Grants and other assistance to individuals in the U S See Part IV, line 22	28,814,905	28,814,905							
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16	0								
4	Benefits paid to or for members	0								
5	Compensation of current officers, directors, trustees, and key employees	2,507,302	1,221,959	578,828	706,515					
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	40,000			40,000					
7	Other salaries and wages	46,787,174	39,911,776		2,811,411					
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	3,648,855	3,059,272	360,018	229,565					
9	Other employee benefits	6,029,466	5,289,142	407,344	332,980					
10	Payroll taxes	3,334,675	2,804,144	307,122	223,409					
11	Fees for services (non-employees)				·					
а	Management	0								
ь	Legal	209,841	105,198	101,043	3,600					
c	Accounting	312,914	70,314	242,600	·					
d	Lobbying	0	•	,						
e	Professional fundraising See Part IV, line 17	0								
f	Investment management fees	3,641,195		3,641,195						
g	Other	4,270,045	3,486,962	223,506	559,577					
12	Advertising and promotion	248,225	150,877	16,628	80,720					
13	Office expenses	2,578,892	1,321,189	709,443	548,260					
14	Information technology	1,398,365	536,271	721,362	140,732					
15	Royalties	0		,						
16	Occupancy	3,007,339	2,902,122	96,566	8,651					
17	Travel	3,851,527	3,185,548	147,208	518,771					
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0	, ,	,	· · · · · ·					
19	Conferences, conventions and meetings	172,924	134,674	30,879	7,371					
20	Interest	6,405,883	5,634,568	771,315						
21	Payments to affiliates	0								
22	Depreciation, depletion, and amortization	13,471,972	11,283,166	2,188,640	166					
23	Insurance	1,373,954	945,098	428,856						
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)									
а	ROOM AND BOARD	8,500,212	8,500,212							
ь	UTILITIES	5,022,553	5,022,256	297						
c	PROGRAM	4,575,309	4,394,494		180,815					
d	BOOKS AND PERIODICALS	2,011,730	1,870,197	963	140,570					
e	EQUIP RENTAL AND MAINENANCE	1,209,874	908,411	205,710	95,753					
f	All other expenses	3,530,398	2,352,381	1,085,280	92,737					
25	Total functional expenses. Add lines 1 through 24f	156,955,529	133,905,136	16,328,790	6,721,603					
26	Joint Costs. Check if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				·					

Part X	Balance	Sheet

			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	beginning of year	1	Liid Oi yeai
	2	Savings and temporary cash investments	39,568,578	2	73,353,328
	3	Pledges and grants receivable, net	43,383,306		38,596,179
	4	Accounts receivable, net	1,327,430		929,118
	5	Receivables from current and former officers, directors, trustees, key employees or	1,021,100		525,
	6	other related parties Complete Part II of Schedule $L$		5	
		persons described in section $4958(c)(3)(B)$ Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net	4,726,250		5,287,990
	8	Inventories for sale or use	85,228	8	64,747
ts.	9	Prepaid expenses and deferred charges	1,031,746	9	694,732
Assets	10a	Land, buildings, and equipment cost basis   10a   438,490,153			
	ь	Less accumulated depreciation Complete Part VI of			
		Schedule D	256,536,193	10c	269,583,798
	11	Investments—publicly traded securities	245,912,921	11	72,067,256
	12	Investments—other securities See Part IV, line 11 Complete Part VII of Schedule D	144,697,048	12	211,376,906
	13	Investments—program-related See Part IV, line 11 <i>Complete Part VIII</i> of Schedule D .		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule	3,927,709	15	3,846,244
	4.0	D	741,196,409		675,800,298
	16	Total assets. Add lines 1 through 15 (must equal line 34)	22,548,335		13,436,457
	17	Accounts payable and accrued expenses .	22,540,555	18	13,436,437
	18 19	Grants payable	1,952,908		1,700,631
		Deferred revenue	155,743,901	20	153,606,941
92	20	Tax-exempt bond liabilities	155,745,901		153,606,941
ij	21	Escrow account liability Complete Part IV of Schedule D		21	
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified		i	
		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	608,359	23	532,954
	24	Unsecured notes and loans payable		24	
	25	Other liabilities Complete Part X of Schedule D	33,671,479	25	35,043,061
	26	Total liabilities. Add lines 17 through 25	214,524,982	26	204,320,044
ş A		Organizations that follow SFAS 117, check here ► ✓ and complete lines 27 through 29, and lines 33 and 34.			
anc	27	Unrestricted net assets	224,951,598	27	65,279,089
Balance	28	Temporarily restricted net assets	64,741,761	28	168,336,558
Ξ	29	Permanently restricted net assets	236,978,068	29	237,864,607
Fund		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
0 C	30	Capital stock or trust principal, or current funds		30	
Ą.	31	Paid-in or capital surplus, or land, building or equipment fund		31	
Assets	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net /	33	Total net assets or fund balances	526,671,427	33	471,480,254
Ž	34	Total liabilities and net assets/fund balances	741,196,409		675,800,298
					, .===
Pa	rt XI	Financial Statements and Reporting			

Dowl VI	Financial	Ctatamanta	and Reporting
7.11.5	l Financiai	Statements	and Reporting

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

**Employer identification number** 

# **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

# **Public Charity Status and Public Support**

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Truste	es of T	rınıty College T	he						,			
		_							-064692			
	rt I			harity Status (to be co					Instruct	ions)		
1 ne c	rgani.			ation because it is (Please nurches, or association of ch					(A \/i\			
2	ر حا	•		t <b>ion 170(b)(1)(A)(ii).</b> (Atta			Section .	L/U(D)(I)	(A)(I).			
3	ļ.			e hospital service organizati		•	tion 170/l	-\/1\/A\/i	iii) (Attac	h Schadu	lo H )	
4	<u>'</u>	-	·	zation operated in conjuncti			-		• '		•	
7	'		name, city, and	•	OII WILII a I	nospital u	escribeur	ii Section	170(D)(1)	(A)(III). L	inter the	
5	Г	•		or the benefit of a college or	runiversit	v owned o	r operated	l hv a dove	ernmental	unit desc	rihed in	
-	,			(Complete Part II )	am versic	, 0,,,,,,,,,	, operates	, b, a gov		aint acoc		
6	Г			overnment or governmental	unit descr	ibed in <b>Se</b>	ction 170	(b)(1)(A)	(v).			
7	Ţ.	•	-	ally receives a substantial p						n the aene	eral publi	c
_	,			o)(1)(A)(vi) (Complete Par			<b> </b>			<b>3</b>	<b>F</b>	
8	Г		-	ped in <b>Section 170(b)(1)(A)</b>	•	nplete Par	tII)					
9			•	ally receives (1) more than		•	•	ontribution	ns, membe	rship fees	s, and gro	ss
				lated to its exempt functions								
		ıts support	from gross inve	estment income and unrelate	ed busines	s taxable	ıncome (l	ess section	on 511 tax	k) from bu	sınesses	
		acquired by	the organizati	on after June 30, 1975 See	Section 5	09(a)(2).	(Complet	e Part III	)			
10	Γ	An organiza	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See <b>Se</b>	ction 509	<b>(a)(4).</b> (Se	ee instruc	tions )	
11	Γ	one or more	e publicly support of describes the	and operated exclusively foorted organizations describe type of supporting organiza Type II <b>c</b>	d in section	on 509(a) omplete li	(1) or sec nes 11e t	tion 509(a hrough 11	a)(2) See	Sect ion 5		.Check
e f	Γ	other than section 50	foundation man 9(a)(2)	rtify that the organization is agers and other than one or d a written determination fro	more publ	ıcly suppo	orted orga	nızatıons	described	ın sectior	n 509(a)(	1) or
		check this	box							• •	3 3	ŕ
g		Since Augu following pe		as the organization accepte	d any gift	or contrib	utıon from	any of the	<u></u>			
				r indirectly controls, either	alone or to	gether wi	th persons	describe	d in (ii)		Yes	No
			·	ng body of the the supported		_	·		. ,	11g		<del>                                     </del>
		(ii) a family	/ member of a p	erson described in (i) above	,?					11g(		<del>                                     </del>
		(iii) a 35%	controlled enti	ty of a person described in (	(ı) or (ıı) al	bove?				11g(	iii)	
h		Provide the	following inform	mation about the organizatio	ns the org	janızatıon	supports				•	
		ame of	(ii) EIN	(iii) Type of organization		s the		ou notify		s the		nount of
		oorted nization		(described on lines 1-9 above or IRC section	_	ation in Iisted in		inization i) of your		ation in organized	supp	ort?
	o i gui	ii Latioii		(See Instructions))		verning		ort?		US?		
					docur	nent?						
					Yes	No	Yes	No	Yes	No		
			l	I	I	ı	1	I	I	I	1	

Total

Part II	Support Schedule for Organizations Described in IRC 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.)

Pι	ıblic Support		, ,	,				
Cale	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not							
	include any "unusual grants ")							
2	Tax revenues levied for the organization's							
	benefit and either paid to or expended on							
_	its behalf The value of services or facilities					<del> </del>		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					1		
5	The portion of total contribution by each							
5	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	· (f)							
6	Public Support subtract line 5 from line							
	4							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts from line 4							
8	Gross income from interest, dividends,							
	payments received on securities loans,							
	rents, royalties and income from similar							
_	sources							
9	Net income from unrelated business							
	activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss							
10	from the sale of capital assets (Explain in							
	Part IV )							
11	Total Support (Add lines 7 through 10)							
12	Gross receipts from related activities, etc	(See instructio	ns )		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and <b>stop here</b>		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	<b>▶</b> □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 School	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.		this box	
	and <b>stop here.</b> The organization qualifies a				,			<b>▶</b> □
b	33 1/3% Test - 2007. If the organization d				15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				<b>▶</b> □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							<b>►</b> □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		•					_
4.0	the organization meets the "facts and circu							n ▶
18	<b>Private Foundation.</b> If the organization did	not check the b	oux on line 13, 1	oa, 160, 1/a or	1/D, check this	oox an	u see	<b>▶</b> □
	ınstructions							F-1

Pa	Support Schedule for On (Complete only if you ched				)(2)		
	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services performed,						
	or facilities furnished in any activity that						
	is related to the organization's tax-						
	exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under						
	section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total Add lines 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
c	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
·	line 6)						
To	tal Support		•	•			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	<b>(f)</b> Total
9	A mounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income Do not include gain or loss						
12	from the sale of capital assets						
	(Explain in Part IV )						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organization's fi	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and <b>stop here</b>						▶□
	mputation of Public Support Perc					<del></del>	
15	Public Support Percentage for 2008 (line		•	olumn (f))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
	mputation of Investment Income			40 1 1			
17	Investment Income Percentage for 2008 (			-	))	17	
18	Investment Income Percentage from 2007	'Schedule A , Pa	rt IV-A, line 27	h		18	

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

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

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

Schedule A (Form 990 or 990-EZ) 2008

**▶**□

Part IV	<b>Supplemental Information.</b> Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)								
	Facts and Circumstances Test								

Schedule A (Form 990 or 990-EZ) 2008

Software ID: Software Version:

**EIN:** 06-0646927

Name: Trustees of Trinity College The

#### Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa										_
		Posit t	(C non ( hat a	ched		I			(E)	(F)
<b>(A)</b> Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Paul E Raether , Chair-Board Trustees	1 0	Х						0	0	0
Andy F Bessette , TRUSTEE	1 0	Х						0	0	0
E Thayer Bigelow Jr ESQ , TRUSTEE	1 0	X						0	0	0
Thomas R Savage , TRUSTEE	1 0	Х						0	0	0
Alfonso L Carney Jr , TRUSTEE	1 0	Х						0	0	0
Rodney D Day , TRUSTEE	1 0	Х						0	0	0
George A Kellner Esq , TRUSTEE	1 0	Х						0	0	0
ALEXANDER H LEVI , TRUSTEE	1 0	Х						0	0	0
Mark A Leavitt , TRUSTEE	1 0	Х						0	0	0
Michael Loberg , TRUSTEE	1 0	Х						0	0	0
Alexander P Lynch , TRUSTEE	1 0	Х						0	0	0
WILLIAM C RICHARDSON , TRUSTEE	1 0	Х						0	0	0
Mitchell M Merin , TRUSTEE	1 0	Х						0	0	0
RONALD V WATERS, trustee	1 0	Х						0	0	0
Alice M O Connor , TRUSTEE	1 0	Х						0	0	0
Penny Sanchez , TRUSTEE	1 0	Х						0	0	0
Edward C Rorer , TRUSTEE	1 0	Х						0	0	0
Cornelia Parsons Thornburgh , TRUSTEE	1 0	х						0	0	0
W James Tozer Jr , TRUSTEE	10	Х						0	0	0
William H Turner , TRUSTEE	10	Х						0	0	0
Margaret J Young , trustee	10	Х						0	0	0
Peter R Blum , TRUSTEE	10	Х						0	0	0
Robert E Brickley , TRUSTEE	1 0	Х						0	0	0
Philip S Khoury , Vice Chairman	1 0							0	0	0
Elaine Patterson , TRUSTEE	1 0							0	0	0
Timothy J Walsh , TRUSTEE	1 0	Х						0	0	0
EMILY L BOGLE , TRUSTEE	1 0	Х						0	0	0
James F Jones JR , President	40 0	Х		Х				421,994	0	152,759
SOPHIE BELL AYERS , TRUSTEE	1 0	Х						0	0	0
PATRICE BALL-REED , TRUSTEE	1 0							0	0	0

Form 990, Part VII - Section Aaa

roilli 990, Pait VII - Section Ada										
		Posit t	(C non ( hat a	chec		I				(F)
<b>(A)</b> Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
THOMAS R DIBENEDETTO , TRUSTEE	1 0	Х						0	0	0
JOHN S GATES JR , TRUSTEE	1 0	Х						0	0	0
LUTHER L TERRY JR , TRUSTEE	1 0	Х						0	0	0
WILLIAM K MARIMOW , TRUSTEE	1 0	Х						0	0	0
Scott W Reynolds , SecRETARY of THE College	40 0			х				292,005	0	33,528
PAUL MUTONE , VP FOR FINANCE, OPS, & TREAS	40 0			х				81,138	0	27,954
Rena Fraden , Dean of Faculty, VP FOR ACAD	40 0				х			256,650	0	49,560
Ronald A Joyce , VP College Advancement	40 0				х			281,500	0	36,028
Kathleen O'CONNOR Boelhouwer , VP Alumnı Aff & Com	40 0					Х		209,045	0	33,489
RAYMOND W BAKER , PROF OF INTERNATIONAL POLITICS	40 0					Х		176,879	0	27,386
GERALD A GUNDERSON , PROF OF AMERICAN BUSINESS	40 0					Х		177,042	0	26,592
BARRY A KOSMIN , DIRECTOR, INST FOR SECULARISM	40 0					Х		187,320	0	32,122
LOUIS P MASUR , PROF IN AMERICAN INST & VAL	40 0					Х		181,362	0	27,686

# **SCHEDULE C**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Political Campaign and Lobbying Activities**

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

OMB No 1545-0047

Open to Public Inspection

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

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities)

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

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

- ◆ 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

	me of the organization stees of Trinity College The			Employer iden	tification number
iiu:	stees of Triffity College The			06-0646927	
Par		by all organizations exemple the instructions for Schedule		n 501(c) and section	527
1	-	rganızatıon's dırect and ındırect po		ivities in Part IV	
2	Political expenditures				\$
3	V olunteer hours				
Par	for Schedule C for c	by all organizations exemp details.)	ot under section	n <b>501(c)(3).</b> (See the	instructions
1	Enter the amount of any excis	e tax incurred by the organization	under section 4955	;	\$
2	Enter the amount of any excis	e tax incurred by organization man	nagers under sectio	n 4955	\$
3	If the organization incurred in	a section 4955 tax, did it file Forn	n 4720 for this yeai	-7	┌ Yes ┌ No
4a	Was a correction made?				┌ Yes ┌ No
b	If "Yes," describe in Part IV				
Par		<b>by all organizations exemp</b> s for Schedule C for detaıls.)	ot under section	n 501(c), except sect	ion 501(c)(3).
1	Enter the amount directly exp	ended by the filing organization for	section 527 exemp	ot function activities	\$
2	Enter the amount of the filing 527 exempt funtion activities	organızatıon's ınternal funds contrı	buted to other orga	nizations for section	\$
3	Total of direct and indirect ex 1120-POL, line 17b	empt function expenditures Add Ii	nes 1 and 2 and ent	er here and on Form	\$
4	Did the filing organization file	Form 1120-POL for this year?			┌ Yes ┌ No
5	were made Enter the amount political contributions receive	and Employer Identification Numbe paid and indicate if the amount was dand promptly and directly delive action committee (PAC) If addition	s paid from the filing red to a separate po	g organization's own interna olitical organization, such a	l funds or were s a separate
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's internal funds If none, enter - 0-	(e) A mount of political contributions receive and promptly and directly delivered to a separate political organization If none, enter - 0 -
				+	

	(election under sec	organizations exempt under section 501( tion 501(h)). (See the instructions for Schedule belongs to an affiliated group		768
	<u> </u>	checked box A and "limited control" provisions apply		
	Limits on Lo	bbying Expenditures— s" means amounts paid or incurred.)	(a) Filing Organization's Totals	<b>(b)</b> A ffiliated Group Totals
<b>1</b> a	Total lobbying expenditures to influe	nce public opinion (grass roots lobbying)		
b	Total lobbying expenditures to influe	nce a legislative body (direct lobbying)		
c	Total lobbying expenditures (add line	es 1a and 1b)		
d	Other exempt purpose expenditures			
е	Total exempt purpose expenditures	(add lines 1c and 1d)		
f	columns—  If the amount on line 1e, column (a) or (b) is:  Not over \$500,000  Over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,500,000  Over \$1,500,000 but not over \$17,000,000	The lobbying nontaxable amount is: 20% of the amount on line 1e \$100,000 plus 15% of the excess over \$500,000 \$175,000 plus 10% of the excess over \$1,000,000 \$225,000 plus 5% of the excess over \$1,500,000		
 g h	•	0- If line g is more than line a		
i	Subtract line 1f from line 1c Enter-			
j 	If there is an amount other than zero section 4911 tax for this year?	on either line 1h or line 1i, did the organization file Forr	n 4720 reporting	┌ Yes ┌ No

# 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 1a through 1f of the instructions.)

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

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

		(;	a)	(b)
		Yes	No	A mount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
а	Volunteers?		Νo	
b	Paid staff or management (include compensation in expenses reported on lines c through i)?		Νo	
c	Media advertisements?		Νo	
d	Mailings to members, legislators, or the public?		Νo	
e	Publications, or published or broadcast statements?		Νo	
f	Grants to other organizations for lobbying purposes?		Νo	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Νo	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?	Yes		
i	Other activities If "Yes," describe in Part IV		Νo	
j	Total lines 1c through			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes" enter the amount of any tax incurred under section 4912			
c	If "Yes" enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
Par	t III-A To be completed by all organizations exempt under section 501(c)(4), se	ection	501(c	)(5), or

# **section 501(c)(6).** (See the instructions for Schedule C for details.)

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

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

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

#### Part IV Supplemental Information

Dues, assessments and similar amounts from members

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 11 Also, complete this part for any additional information

Ident if ier	Return Reference	Explanation
		THE FISCAL YEAR 2009 TO CERTAIN ORGANIZATIONS WHICH MAY LOBBY ON ITS BEHALF

1 \$

Part IV Supplemental II	Part IV Supplemental Information				
Ident if ier	Return Reference	Explanation			

Schedule C (Form 990 or 990EZ) 2008

OMB No 1545-0047

Open to Public Inspection

# **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

► Attach to Form 990. To be completed by organizations that

**Supplemental Financial Statements** 

answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

**Employer identification number** Name of the organization Trustees of Trinity College The 06-0646927 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate Contributions to (during year) 3 Aggregate Grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year 2a Total number of conservation easements h 2b Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) 2d d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year 🕨 7 A mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year 🕨 \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1

following amounts required to be reported under SFAS 116 relating to these items

(ii) Assets included in Form 990, Part X

Assets included in Form 990, Part X

Revenues included in Form 990, Part VIII, line 1

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

**►** \$

Par	<b>444</b> Organizations Maintaining Co	llections of Art,	Hist	oric	cal Treas	ures, or Othe	er Similar Ass	ets (co	ontinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any o	of the	e foll	owing that a	are a significant i	use of its collecti	on	
а	Public exhibition		d	Γ	Loan or ex	change program:	5		
b	▼ Scholarly research e								
c	▼ Preservation for future generations								
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV								
5	During the year, did the organization solicit assets to be sold to raise funds rather than							Yes	<b>√</b> No
Pai	t IV Trust, Escrow and Custodial					janization ansv	vered "Yes" to	Form 9	90,
	Part IV, line 9, or reported an ar		•						
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?		iary f	forco	ontributions	or other assets		Yes	┌ No
Ь	If "Yes," explain why in Part XIV and comple	ete the following table							
_							Ame	ount	
C _	Beginning balance					1c			
d	Additions during the year					1d			
e	Distributions during the year					1e			
f	Ending balance					1f	_		
2a	Did the organization include an amount on F	•	217				Ţ	Yes	No
b	If "Yes," explain the arrangement in Part XI\				1 1157 11 1	- 000 B			
Рa	rt V Endowment Funds. Complete	(a)Current Year		vere Prior		Form 990, Pa Two Years Back (d		<b>(e)</b> Four Y	ears Back
1a	Beginning of year balance	434,330,841	(5)	11101	(c)	TWO TEATS BACK   (a	Timee rears back	(C) our r	curs back
ь	Contributions	8,885,776							
c	Investment earnings or losses	-79,414,718							
d	Grants or scholarships	4,371,772							
e	Other expenditures for facilities	16,031,236							
_	and programs	2 644 405							
f	Administrative expenses	3,641,195							
g	End of year balance	339,757,696							
2	Provide the estimated percentage of the year								
а	Board designated or quasi-endowment 🕨	6 %							
Ь	Permanent endowment 🕨 94 %								
С	Term endowment ►								
3a	Are there endowment funds not in the posse organization by	ssion of the organizati	ion th	hat a	re held and	administered for	r the	Yes	No
	(i) unrelated organizations						3a(i		No
	(ii) related organizations						3a(ii	)	Νο
b	If "Yes" to 3a(II), are the related organization						3b		
4	Describe in Part XIV the intended uses of th								
Pai	t VI Investments—Land, Building	s, and Equipment	<b>t.</b> Se	ee Fo	orm 990, I	Part X, line 10.	ı		
	Description of investment				Cost or other (investment)	( <b>b)</b> Cost or other basis (other)	(c) Depreciation	( <b>d</b> ) Bo	ok value
1a	and					26,566,207		2	6,566,207
Ь	Buildings					348,014,488	128,475,978	21	9,538,510
c	easehold improvements		. [						
d	Equipment		. [			52,295,179	40,430,377	1	1,864,802
e	Other				10,976,638	637,641		1	1,614,279

269,583,798

Part VII Investments—Other Securities. Se	e Form 990, Part X, line 12.	
<ul><li>(a) Description of security or cateory (including name of security)</li></ul>	(b)Book value	<b>(c)</b> Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other HEDGE FUNDS	211,376,906	
	+	
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	211,376,906	
Part VIII Investments—Program Related. S	ee Form 990, Part X, line 13	3.
(a) Description of investment type	(b) Book value	(c) Method of valuation
	+ ` '	Cost or end-of-year market value
	+	
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	+	
Part IX Other Assets. See Form 990, Part X,	line 15.	
(a) Desc	ription	(b) Book value
CHEFA BOND COST OF ISSUANCE		3,608,310
LIFE INSURANCE POLICIES		118,678
MISCELLANEOUS		119,256
Total. (Column (b) should equal Form 990, Part X, col.(B) lin		
Part X Other Liabilities. See Form 990, Part		
(a) Description of Liability	(b) A mount	
Federal Income Taxes	25,357	
PV OF SPLIT-INT OBLIGATIONS	3,976,795	
CONTRIBUTIONS DUE TO OTHERS	106,765	
FEDERAL STUDENT LOAN FUNDS	3,200,505	
ACCRUED POST-RETIREMENT BENEFI	5,038,282	
BARBIERI SEVERANCE	33,275	
LIABILITY FOR ASSET RETIREMENT	22,662,082	
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 25)	35,043,061	

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Re	turn
1	Total revenue, gains, and other support per audited financial statements	1	
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per R	eturn
1	Total expenses and losses per audited financial statements	1	
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
С	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	
	rt XIV Supplemental Information		
	nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa t V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b	art XIV,	lines 1b and 2b,

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

Ident if ier	Return Reference	Explanation
COLLECTIONS OF ART, HISTORICAL TREASURES, OR OTHER SIMILAR ASSETS	FORM 990, SCHEDULE D, PART III, LINE 1A	The library collections of Trinity College support teaching, study and research in the disciplines represented in the Trinity College curriculum. The collections offer both historical depth in established fields of knowledge as well as current scholarship in new areas of research. The main print collections of the library contain over one million volumes. The college's Watkinson Library holds approximately two hundred thousand volumes, consisting of rare books, manuscripts and a number of special collections. Exhibitions are a regular feature of the Watkinson Library. The Library also offers open house programs with speakers on a variety of topics. Both exhibitions and open houses are open to the public form 990, schedule D, Part V, line 4. THE COLLEGE'S ENDOWMENT FUNDS ARE USED TO PROVIDE FINANCIAL RESOURCES TO SUPPLEMENT COLLEGE OPERATING FUNDS AND OTHER RESTRICTED GIFTS FOR MANY PURPOSES AS DETERMINED BY DONORS SUCH AS CLASSROOMS, INFORMATION TECHNOLOGY, RESEARCH MATERIALS, BUILDINGS, FINANCIAL AID AND ATHLETIC FACILITIES schedule d, part x the financial statements did not report a fin 48 liability

## OMB No 1545-0047

# IB NO 1345-004

2008

Open to Public Inspection

Employer identification number

## SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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

**Schools** 

Trustees of Trinity College The 06-0646927 YES NO 1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? 1 Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 2 Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain 3 Yes TRINITY COLLEGE'S RACIALLY NONDISCRIMINATORY POLICY IS PUBLISHED IN THE COLLEGE BULLETIN IT ALSO APPEARS ON THE TRINITY COLLEGE WEB SITE UNDER STUDENT LIFE - DIVERSITY GENDER AND FACULTY MANUAL PAGES Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c Yes d Copies of all material used by the organization or on its behalf to solicit contributions? 4d Yes If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement) Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Νo **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? 5c Νo d Scholarships or other financial assistance? 5d Νo e Educational policies? 5e Νo f Use of facilities? 5f Νo g Athletic programs? 5g Νo h Other extracurricular activities? 5h Νo If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement) 6a Does the organization receive any financial aid or assistance from a governmental agency? 6a Yes **b** Has the organization's right to such aid ever been revoked or suspended? 6b Νo If you answered "Yes" to either 6a or b, please explain using an attached statement 🍠 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493134001470

OMB No 1545-0047

2008

# **SCHEDULE F** (Form 990)

Department of the Treasury Internal Revenue Service

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

**Statement of Activities Outside the United States** 

Open to Public **Inspection** 

	ne of the organization					Employer ide	entification number
Trus	stees of Trinity College Th	e				06-064692	7
P:	art I General Infor	mation on Ac	tivities Outsi	de the United States	s. Complete		•
	"Yes" to Form 9			and the difficult diameter.	o complete	e ii tiie orgai	neadon anomerea
1	For grantmakers. Doe	es the organiza	tion maintain r	ecords to substantiate	the amount	of the grant	s or
	assistance, the grante	es' eligibility fo	or the grants or	assistance, and the se	lection crite	ria used to a	ward
	the grants or assistan	ce					┌ Yes ┌ No
2	<b>For grant makers.</b> Descri United States	be in Part IV the	organization's pi	ocedures for monitoring th	ne use of grai	nt funds outsic	e the
3	Activites per Region (U:	se Schedule F-1	(Form 990) If ad	ditional space is needed )			
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	is a progr describe st	ty listed in (d) am service, pecific type of s) in region	<b>(f)</b> Total expenditures in region
	ope (Including Iceland and enland)	1	5	Program Services	STUDY ABR	ROAD	445,131
Sub	-Saharan Afrıca	1	1	Program Services	STUDY ABR	ROAD	100,033
	sıa and the Newly ependent States	0	0	Program Services	PROGRAM	CLOSED	10,299
	ope (Including Iceland and enland)	1	6	Program Services	STUDY ABR	ROAD	616,966
Sou	th America	1	3	Program Services	STUDY ABR	ROAD	194,058
Sou	th America	1	4	Program Services	STUDY ABR	ROAD	251,091
	ope (Including Iceland and enland)	1	1	Program Services	STUDY ABR	ROAD	56,948

20

Totals.

1,674,526

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other
	_							
	_							
	_							
	_							
	_							
	_							
	_							
	_							
	_							
	_							
	_							
	_							
	_							
	_							

	F-1 (Form 990) if a			tea States. Complete	if the organization a	inswered "Yes" to Form	990, Part IV, line 16.
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non- cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
	I			1	1	1	I

Schedule F (Form 990) 2008

Complete this part to provide the information required in Part 1, line 2, and any other Explanation  ReturnReferice Explanation  CHEDULE F, PART I, COLUMN F  CHEDULE F, PART I, COLUMN F  ACTIVITIES OUTSIDE THE US  TRACKS EXPENSES FOR ACTIVITIES IN EACH REGION USING UNIQUE DEPARTMENT ACCOUNT NUMBERS FOR EACH REGION ON THE GENERAL LEDGER  CHEDULE F, PART I, COLUMN F  ACTIVITIES OUTSIDE THE US  TRACKS EXPENSES FOR ACTIVITIES IN EACH REGION USING UNIQUE DEPARTMENT ACCOUNT NUMBERS FOR EACH REGION ON THE GENERAL LEDGER  CHEDULE F, PART I, COLUMN F  ACTIVITIES OUTSIDE THE US  TRACKS EXPENSES FOR ACTIVITIES IN EACH REGION ON THE GENERAL LEDGER  CHEDULE F, PART I, COLUMN F  ACTIVITIES OUTSIDE THE US  TRACKS EXPENSES FOR ACTIVITIES IN EACH REGION ON THE GENERAL LEDGER  CHEDULE F, PART I, COLUMN F  ACTIVITIES OUTSIDE THE US  TRACKS EXPENSES FOR ACTIVITIES IN EACH REGION ON THE GENERAL LEDGER  CHEDULE F, PART I, COLUMN F  ACTIVITIES OUTSIDE THE US  TRACKS EXPENSES FOR ACTIVITIES IN EACH REGION ON THE GENERAL LEDGER  CHEDULE F, PART I, COLUMN F  ACTIVITIES OUTSIDE THE US  TOTAL EXPENSES FOR ACTIVITIES IN EACH REGION ON THE GENERAL LEDGER  CHEDULE F, PART I, COLUMN F  ACTIVITIES OUTSIDE THE US  TOTAL EXPENSES FOR ACTIVITIES IN EACH REGION ON THE GENERAL LEDGER  TOTAL EXPENSES FOR ACTIVITIES IN EACH REGION ON THE GENERAL LEDGER  TRACKS EXPENSES FOR ACTIVITIES IN EACH REGION ON THE GENERAL LEDGER  CHEDULE F, PART I, COLUMN F  ACTIVITIES OUTSIDE THE US  TOTAL EXPENSES FOR ACTIVITIES IN EACH REGION ON THE GENERAL LEDGER  TOTAL EXPENSES FOR ACTIVITIES IN EACH REGION ON THE GENERAL LEDGER  TOTAL EXPENSES FOR ACTIVITIES IN EACH REGION ON THE GENERAL LEDGER  TOTAL EXPENSES FOR EXPENSES FO	Part IV Supplemental Info	ormation	d in Dark I. line 2. and any other additional information
CHEDULE F, PART I, COLUMN F ACTIVITIES OUTSIDE THE US  TOTAL EXPENDITURES IN THE REGION - THE COLLEGE  TRACKS EXPENSES FOR ACTIVITIES IN EACH REGION USING UNIQUE DEPARTMENT ACCOUNT NUMBERS FOR	Complete this part to	Peturn Peterance	Fynlanation
	SCHEDULE F, PART I, COLUMN F		TOTAL EXPENDITURES IN THE REGION - THE COLLEGE TRACKS EXPENSES FOR ACTIVITIES IN EACH REGION USING UNIQUE DEPARTMENT ACCOUNT NUMBERS FOR

Software ID:

**Software Version:** 

**EIN:** 06-0646927

Name: Trustees of Trinity College The

Form 990 Schedule F Part II - Grants and Other Assistance to Organizations or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraisal, other)
--------------------------	--	------------	-------------------------	------------------------------	------------------------------------	---	--	--

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

DLN: 93493134001470

2008

Schedule I (Form 990) 2008

OMB No 1545-0047

**Grants and Other Assistance to Organizations,** Governments and Individuals in the U.S.

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

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

Open to Public **Inspection** 

Name of the organization						Employer identif	ication number
Trustees of Trinity College The	)					06-0646927	
Part I General Infor	mation on Gra	nts and Assistance	•				
	d to award the grai	nts or assistance?			Jibility for the grants or as		<b>∀</b> Yes
Form 990, Part : Part IV and Sch	IV, line 21 for ar edule I-1 if addi	ny recipient that rece tional space is	eived more than \$5,0	00. Check this box	tes. Complete if the oil if no one recipient rece	eived more than \$5,	
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
2 Enter total number of sec				_			
organizations 3 Enter total number of oth						<u></u> . •	•

Cat No 50055P

Schedule I	(Form 990) 2008
Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22
	Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	<b>(b)</b> Number of recipients	(c)A mount of cash grant	( <b>d)</b> A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
GRANTS AND SCHOLARSHIPS FOR STUDENTS	971	28,814,905	0		

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

See Additional Data Table

Ident if ier	Return Reference	Explanation
PART I, LINE 2 - Grants and Allocations		APPROXIMATELY 47 PERCENT OF TRINITY COLLEGE UNDERGRADUATES ARE RECEIVING ASSISTANCE FROM COLLEGE, FEDERAL OR STATE FUNDS GRANTS AND SCHOLARSHIPS ARE AWARDED ON THE BASIS OF FINANCIAL NEED AND ACADEMIC ACHIEVEMENT A COMPLETE LISTING OF FINANCIAL RECIPIENTS IS AVAILABLE AT THE COLLEGE'S FINANCIAL AID OFFICE The College's financial aid office monitors the disbursement of financial aid part III the cash grant includes credits on account

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As Filed Data -

DLN: 93493134001470

OMB No 1545-0047

**Schedule J** (Form 990)

Department of the Treasury

Internal Revenue Service

# **Compensation Information**

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

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

2008

Open to Public Inspection

Trustees of Trinity College The

Name of the organization

**Employer identification number** 

06-0646927

Рa	Questions Regarding Compensation	п				
					Yes	Νo
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part II		,			
	First class or charter travel	<b>▽</b>	Housing allowance or residence for personal use			
	▼ Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	굣	Health or social club dues or initiation fees			
	Discretionary spending account	Г	Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a w provision of all the expenses described above? If "I		, , ,	1b		No
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executive			2	Yes	
3	Indicate which, if any, of the following the organizationganization's CEO/Executive Director Check all to Compensation committee		·			
	Independent compensation consultant	-	Compensation survey or study			
	Form 990 of other organizations	,	Approval by the board or compensation committee			
	, Tomis 500 of other organizations	,	Approval by the board of compensation committee			
4	During the year, did any person listed in Form 990,	Part VI	I, Section A, line 1a			
а	Receive a severance payment or change of control	payment	t?	4a		Νo
b	Participate in, or receive payment from, a suppleme	ntal non	nqualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-b	ased co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and p	rovide th	ne applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must co	omplete	lines 5-8.			
5	For persons listed in form 990, Part VII, Section A compensation contingent on the revenues of	, line 1a,	, did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A compensation contingent on the net earnings of	, line 1a,	, did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νο
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes,"		, , , , , , , , , , , , , , , , , , , ,	7		No
8	Were any amounts reported in Form 990, Part VII, subject to the initial contract exception described in Part III	•	•	8		No

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

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

Note. The sum of columns (B)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		<b>(B)</b> Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Deferred	( <b>D)</b> Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
James F Jones JR	(1) (11)	380,450 0	0	41,544 0	103,000 0	49,759 0	574,753 0	188,529 0
Rena Fraden	(ı) (ıı)	220,650 0	0	36,000 0	22,065 0	27,495 0	306,210 0	108,150
Ronald A Joyce	(ı) (ıı)	255,000 0	0	26,500 0	23,000	13,028	317,528 0	126,124
Kathleen O'CONNOR Boelhouwer	(ı) (ıı)	175,950 0	0	33,095 0	15,500 0	17,989 0	242,534 0	86,250 0
Scott W Reynolds	(ı) (ıı)	283,500 0	0	8,505 0	23,000	10,528	325,533 0	115,000
RAYMOND W BAKER	(ı) (ıı)	168,456 0	0	8,423 0	16,846 0	10,540	204,265	85,352 0
GERALD A GUNDERSON	(1) (11)	168,042 0	0	9,000	15,274 0	11,318 0	203,634	82,449 0
BARRY A KOSMIN	(ı) (ıı)	166,820 0	0	20,500 0	16,682 0	15,440 0	219,442	81,775 0
LOUIS P MASUR	(I) (II)	165,434 0	0	15,928 0	15,928 0	11,758	209,048	83,960
	(ii)							
	(i)							
	(ii)							-
	(i) (ii)							1
	(i)							1
	(ii)							1

### Part III Supplemental Information

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

Ident if ier	Ret urn Ref erence	Explanation
		THE SPOUSES OF THE PRESIDENT AND VICE PRESIDENT FOR COLLEGE ADVANCEMENT OCCASIONALLY TRAVEL WITH THEM TO PARTICIPATE IN FUNDRAISING EVENTS THIS TRAVEL IS FOR BENEFIT OF THE COLLEGE AND IS STRICTLY FOR BUSINESS PURPOSES HOUSING ALLOWANCE ON CAMPUS HOUSING IS PROVIDED FOR THE PRESIDENT OF THE COLLEGE AS A CONDITION OF THE COLLEGE ON THE PRESIDENT OF THE COLLEGE AS A CONDITION OF THE VICE PRESIDENT FOR COLLEGE ADVANCEMENT AND IS USED FOR FUNDRAISING ACTIVITIES HE IDENTIFIES AND PAYS FOR ANY PERSONAL USE OF THIS SOCIAL CLUB SCHEDULE 1, PART I, LINE 18 The college does not currently have policies in place for the benefits listed in part I, line 1a These benefits are provided pursuant to the individual contracts and require appropriate approval SCHEDULE 1, PART I, LINE 3 THE COLLEGE'S COMPENSATION COMMITTEE WILL PART I, Column (A) Scott W Reynolds also served as interim CFo from July 1, 2008 until September 30, 2008 SCHEDULE 1, PART II COLUMN (F) THE COLLEGE REPORTED COMPENSATION ON A FISCAL YEAR BASIS ON FORM 990 FOR FISCAL YEARS 2008 AND PRIOR Pursuant to IRS regulations, THE COLLEGE REPORTED COMPENSATION FOR THE CALENDAR YEAR 2008 ON FORM 990 FOR FISCAL YEAR 2009 AND WILL CONTINUE TO REPORT COMPENSATION ON A CALENDAR YEAR BASIS GOING FORWARD THE COMPENSATION REPORTED IN COLUMN FREPRESENTS COMPENSATION FOR THE SECOND HALF OF FISCAL YEAR 2008 AND PRIOR PURSUANT OF THE COLLEGE REPORTED COMPENSATION ON A CALENDAR YEAR 2008 WHICH WAS PREVIOUSLY REPORTED THERE WILL BE NOR REPORTED COMPENSATION FOR THE SECOND HALF OF FISCAL YEAR 2008 WHICH WAS PREVIOUSLY REPORTED THERE WILL BE NOR REPORTED FOR THE PREVIOUSLY REPORTED THE PREVILLE FOR THE

Software ID: Software Version:

**EIN:** 06-0646927

Name: Trustees of Trinity College The

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

			<del></del>	<del></del>				
(A) Name		(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Deferred	( <b>D)</b> Nontaxable	(E) Total of columns	<b>(F)</b> Compensation reported in prior Form
		(ii) Base Compensation (ii) Bonus & Incentive compensation		(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ
James F Jones JR	(ı) (ıı)		0	41,544 0	103,000	49,759 0	574,753 0	188,529 0
Rena Fraden	(ı) (ıı)		0	36,000 0	22,065 0	27,495 0	306,210 0	108,150 0
Ronald A Joyce	(ı) (ıı)		0	26,500 0	23,000 0	13,028 0	317,528 0	126,124 0
Kathleen O'CONNOR Boelhouwer	(ı) (ıı)	'	0	33,095 0	15,500 0	17,989 0	242,534 0	86,250 0
Scott W Reynolds	(ı) (ıı)		0	8,505 0	23,000 0	10,528 0	325,533 0	115,000 0
RAYMOND W BAKER	(ı) (ıı)		0	8,423 0	16,846 0	10,540 0	204,265 0	85,352 0
GERALD A GUNDERSON	(ı) (ıı)		0	9,000 0	15,274 0	11,318 0	203,634	82,449 0
BARRY A KOSMIN	(ı) (ıı)		0	20,500 0	16,682 0	15,440 0	219,442 0	81,775 0
LOUIS P MASUR	(I) (II)		0	15,928 0	15,928 0	11,758 0	209,048	83,960 0

Schedule K

(Form 990)

Department of the Treasury Internal Revenue Service

DLN: 93493134001470

OMB No 1545-0047

**Supplemental Information on Tax Exempt Bonds** To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a.

> Open to Public **Inspection**

Name of the organization **Employer identification number** Trustees of Trinity College The 06-0646927 Bond Issues (Required for 2008) (h) 0 n (g) Defeased Behalf of (b) Issuer EIN (a) Issuer Name (c) CUSIP # (d) Date Issued (e) Issue Price (f) Description of Purpose Issuer Yes Yes No No CHEFA SERIES H Χ 06-0646927 20774LN84 07-08-2004 33,370,000 CONSTRUCTION Χ CHEFA SERIES L 06-0646927 20774UG82 08-05-2008 15,345,000 CONSTRUCTION Χ Χ CHEFA SERIES J 06-0646927 20774UJF3 03-07-2007 49,805,000 CONSTRUCTION Χ Χ CHEFA SERIES K 06-0646927 20774UK53 12-31-2007 25,000,000 CONSTRUCTION Χ Χ Proceeds (Optional for 2008)

Provide descriptions, explanations, and any additional information in Schedule O.

		Α	В	C	l D	E
1	Total Proceeds of Issue					
2	Gross Proceeds in Reserve Funds					
3	Proceeds in Refunding or Defeasance Escrows					
4	Other Unspent Proceeds					
5	Issuance Costs from Proceeds					
6	Working Capital Expenditures from Proceeds					
7	Capital Expenditures from Proceeds					
8	Year of Substantial Completion					

8	rear of Substantial Completion										
		Yes	No								
9	Were the bonds issued as part of a current refunding issue?										
10	Were the bonds issued as part of an advance refunding issue?										
11	Has the final allocation of proceeds been made?										
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?										

Par	Private Business Use (Optional for 2008)										
		Α		В		c		D		E	
		Yes	No								
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?										
2	Are there any lease arrangements with respect to the financed property which may result in private business use?										

Schedule K	(Form 990) 20	800	
Part III	Private Bu	siness Use	(Continued)

		4	A	В		C		D		I	E
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?										
3b	Are there any research agreements with respect to the financed property which may result in private business use?										
3с	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
4	Enter the percentage of financed property used in a private business use by entities other than a 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 501(c)(3) organization, or a state or local government										
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										
Pai	rt IV Arbitrage (Optional for 2008)										
		A B		(	<u>c</u>	ı	<u> </u>	E			
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T been filed wth respect to the bond issue?										
2	Is the bond issue a variable rate issue?										
3a	Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?										
ь	Name of provider										
С	Term of hedge										
4a	Were gross proceeds invested in a GIC?										
ь	Name of provider										
С	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5											
	Were any gross proceeds invested beyond an available temporary period?										

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DLN: 93493134001470

OMB No 1545-0047

Open to Public Inspection

#### Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Transactions with Interested Persons**

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

Name of the organization **Employer identification number** Trustees of Trinity College The Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only). To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (c) Corrected? (a) Name of disqualified person 1 (b) Description of transaction Yes 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization. Loans to and/or From Interested Persons To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a (b) Loan to or (e) In Approved (g)Written from the (a) Name of interested person and (c)Original principal (d)Balance due default? by board or agreement? organization? amount purpose committee? Τо From Yes Yes Yes No **Grants or Assistance Benefitting Interested Persons** Part III To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27. (b)Relationship between interested person (a) Name of interested person (c)A mount of grant or type of assistance and the organization

#### **Business Transactions Involving Interested Persons**

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

(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	organı	aring of zation's nues?	
	organization			Yes	No	
KOHLBERG KRAVIS ROBERTS	PAUL RAETHER - PARTNER -	2,000,000	value of investment		Νο	
COMPANY	CHAIR, BOARD OF TRUSTEES				No	
JAN SHEETS JONES	SPOUSE OF PRESIDENT	· '	PROVIDES CONSULTING SERVICE		Νο	
				-		

OMB No 1545-0047

Open to Public Inspection

## **SCHEDULE M** (Form 990)

Department of the Treasury

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

**Non-Cash Contributions** 

Internal Revenue Service Name of the organization Trustees of Trinity College The

**Employer identification number** 

06-0646927

Pa	TTT Types of Property						
		(a) Check ıf	<b>(b)</b> Number of Contributions	<b>(c)</b> Revenues reported on Form 990, Part VIII, line	<b>(d)</b> Method of dete revenues	_	
		applicable		1 g			
_	Art—Works of art	X	1	750	APPRAISAL		
	Art—Historical treasures .						
3	Art—Fractional interests						
4	Books and publications	X		135,186	APPRAISAL		
	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
	Intellectual property						
	Securities—Publicly traded .	X	192	1,830,677	HIGH-LOW AVERAGE		
	Securities—Closely held stock .						
	Securities—Partnership, LLC, or trust interests						
	Securities—Miscellaneous						
13	Qualified conservation contribution (historic structures)						
14	Qualified conservation contribution (other)						
15	Real estate—Residential .						
16	Real estate—Commercial						
17	Real estate—Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies .						
21	Taxidermy						
22	Historical artifacts						
	Scientific specimens						
	Archeological artifacts						
	Other (describe $\frac{RECEPTIONS}{NS}$ )	X	3		RECEIPTS PROVIDED		
	Other (describe <u>FLAGS</u> )	X	1	1,783	RECEIPTS PROVIDED	<u> </u>	
	Other (describe RAL						
	ANGEMENT )	×	1	60	RECEIPT PROVIDED		
	Other (describe )						
29	Number of Forms 8283 received			ar for contributions for	29		
	which the organization complete  Acknowledgement	u FUIII 828	• J, Fail IV, Donee		<u> </u>		
						Yes	No
30a	During the year, did the organization hold for at						<del>                                     </del>
	least three years from the date of	of the initial	contribution, and which is	not required to be used for e	exempt purposes		
	for the entire holding period? .				30	)a	No
	If "Yes", describe the arrangement					4 V-	
31	Does the organization have a gif					1   Yes	<u> </u>
32a	Does the organization hire or us contributions?	e third part • • •	es or related organizations	to solicit, process, or sell i		<b>2a</b> Yes	
ь 33	If "Yes", describe in Part II If the organization did not report	: revenues i	n Column (c) for a type of p	roperty for which Column (a	a) is		
	checked, describe in Part II						

Part II Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information. Identifier ReturnReference Explanation SCHEDULE M, PART I, LINE 32 THE COLLEGE USES MELLON BANKDONORS HOWEVER, DONORS OFTEN SEND STOCK TO TO SELL THE SECURITIES/STOCK OTHER COMPANIES TO PROCESS SCHEDULE M, COLUMN B RECEIVED FROM THE COLLEGE IS REPORTING THE NUMBER OF CONTRIBUTIONS

## **SCHEDULE 0**

(Form 990)

Department of the Treasury
Internal Revenue Service

## **Supplemental Information to Form 990**

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Trustees of Trunty College The

06-0646927

AND III, LINE 1	ORGANIZATION'S MISSION	TRINITY COLLEGES MISSION IS TO PROVIDE EXCELLENCE IN LIBERAL ARTS EDUCATION WITH EMPHASIS ON MAINTAINING AN OUTSTANDING FACULTY, RIGOROUS CURRICULUM, TALLENTED AND MOTIVATED STUDENT BODY AND AN ATTRACTIVE, SUPPORTIVE AND SECURE CAMPUS COMMUNITY FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION GRANTS EXPENSES REVENUE

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

#### DLN: 93493134001470

OMB No 1545-0047

2008

Open to Public Inspection

Schedule R (Form 990) 2008

# **Related Organizations and Unrelated Partnerships**

Department of the Treasury Internal Revenue Service

(Form 990)

**SCHEDULE R** 

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

Name of the organization Trustees of Trınıty College The	Employer identification number					
	06-0646927					
Part I Identification of Disregarded Entities						
(A) Name, address, and EIN of disregarded entity	<b>(B)</b> Primary activity	(C) Legal domicile (state or foreign country)	( <b>D</b> ) Total income Er	<b>(E)</b> id-of-year assets	<b>(F)</b> Direct controlling entity	
Part II Identification of Related Tax-Exempt Organization	ions	_				
(A) Name, address, and EIN of related organization	<b>(B)</b> Primary activity	(C) Legal domicile (state or foreign country)	<b>(D)</b> Exempt Code section	(E) Public charity sta (if section 501(c))	tus (F) Direct controlling (3)) entity	
BARBIERI CENTER INC VIA RAIMONDO DA CAPUA 2 ROME 00153 IT 51-0180636	EDUCATION	СТ	501(C)(3)	2	NA	

Cat No 50135Y

art III Identification of		•		•	T	1		T			1	
<b>(A)</b> Name, address, and EIN of related organization	(B) Primary ac	tivity	(C) Legal domicile (state or foreign country)	al ( <b>D</b> ) icile Direct controlling e or entity ign	(E) Predominant income(related, investment, unrelated)	<b>(F)</b> Share of total income	( <b>G</b> ) Share of end-of- year assets		prtionate tions?	(I) Code V—UBI amount on Box 20 of K-1	Gener mana partr	ral or ag ing ner?
								Yes	No		Yes	No
Part IV Identification of	Related Org	janizations	Taxable a	s a Corporation	n or Trust							
<b>(A)</b> Name, address, and EIN of related o	organization	(B) Primary activi	ity Le	(C) egal domicile (state or foreign country)	( <b>D</b> ) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total inco	me	Sha end-	are of Pero	(H) centage nership	
97 & 99 CRESCENT STREET INC 300 SUMMIT STREET HARTFORD, CT06106 06-1441599		COLLEGE OFFIC	E	СТ	NA	CORPORATION		0		120,190 99 %	<b>%</b>	

(4)

(5)

(6)

Part V	Transactions with Related Organizations

Note. Complete line 1 if any entity is listed in Parts	II, III or IV				Yes	No	
f 1 During the tax year, did the orgranization engage in a	y of the following transactions with o	ne or more related organizations listed in Parts II-IV	7				
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity							
<b>b</b> Gift, grant, or capital contribution to other organization(s)							
c Gift, grant, or capital contribution from other organization(s)							
d Loans or loan guarantees to or for other organization(s)							
e Loans or loan guarantees by other organization(s)							
f Sale of assets to other organization(s)							
g Purchase of assets from other organization(s)							
h Exchange of assets							
i Lease of facilities, equipment, or other assets to other organization(s)						No	
j Lease of facilities, equipment, or other assets from other organization(s)							
k Performance of services or membership or fundraising solicitations for other organization(s)							
I Performance of services or membership or fundraising solicitations by other organization(s)							
m Sharing of facilities, equipment, mailing lists, or other assets							
n Sharing of paid employees							
• Reimbursement paid to other organization for expenses						No	
<b>p</b> Reimbursement paid by other organization for expenses						No	
<b>q</b> O ther transfer of cash or property to other organization(s)							
r Other transfer of cash or property from other organ	zation(s)			1r		No	
2 If the answer to any of the above is "Yes," see the	nstructions for information on who mi	ust complete this line, including covered relationship	s and transaction thresholds				
(A)		(B) Transaction	(C)				
Name of other organization(s)		type(a-r)	Amount Involved				
(1) Barbieri Center		q		3,3	323,520	)	
(2)							
(3)							

## Part VI Unrelated Organizations Taxable as a Partnership

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

									_					
<b>(A)</b> Name, address, and EIN of entity	( <b>B</b> ) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		partners section		partners section		<b>(E)</b> Share of end-of-year assets			( <b>G)</b> Code V—UBI amount on Box 20 of K-1	(H) General o managing partner?	)
			Yes	No		Yes	No		Yes	No				
			•	•		•		Cabadul	. D / Farms	9907 2008				