Form	990
_	

Return of Organization Exempt From Income Tax

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

Department of the Treasury

► Do not enter Social Security numbers on this form as it may be made public.

C → U L L Open to Public

Form 990 (2022)

G

OMB No. 1545-0047

		nue Service Information about Form 990 ar	nd its instructions	s is at www.ir	s.gov/torn	1990.		Inspectio	1
A F	or th		1/2022	and endin	<u> </u>			80/2023	
R ~	heck if ap	C Name of organization			D	Employer ide	entificati	ion number	
р с	_	TRUSTEES OF TRINITY COLLEGE, THE	6						
	Addre					06-	-0646	927	
	Name	change Number and street (or P.O. box if mail is not delivered to street a	address)	Room/suite	E	Telephone n	umber		
	Initial	return 300 SUMMIT STREET				(86	50)29	97-2000	
	Termi	City or town, state or province, country, and ZIP or foreign post	al code			(- ·	, .		
	Amen				G	Gross receipt	s \$ 70	94,632,06	5
	returr Applio	ation F Name and address of principal officer: דרא ארסד סד	RGER-SWEEN	ΓV) Is this a grou			X No
	_ pendi	300 SUMMIT STREET, HARTFORD, CT		L 1		subordinates Are all subord	?		No
	Toy or				``	•		ee instructions)	
			4947(a)(1)	or 527					
		e: • WWW.TRINCOLL.EDU				Group exemp		· · ·	
_			her 🕨	L Year of	formation:	1823 M	State of	legal domicile:	СТ
Pa	art I	Summary							
	1	Briefly describe the organization's mission or most significant ac	ctivities: <u>SEE</u>	SCHEDULE_	0				
сe									
nar									
Governance	2	Check this box 🕨 🔄 if the organization discontinued its ope	erations or dispose	ed of more that	an 25% of i	ts net assets	S.		
	3	Number of voting members of the governing body (Part VI, line 1	1a)				3		36
کہ د		Number of independent voting members of the governing body					4		35
itie		Total number of individuals employed in calendar year 2022 (Pa					5	1,	838
Activities &							6		500
Ā	7a	Total unrelated business revenue from Part VIII, column (C), line					7a	-1,259,	647.
		Net unrelated business taxable income from Form 990-T, line 34					7b		NONE
		· · · · · · · · · · · · · · · · · · ·				ior Year		Current Yea	
	8	Contributions and grants (Part VIII, line 1h)			34	,659,09	4	26,272,	335
onc		Program service revenue (Part VIII, line 2g)		Y FOR		,276,30		171,825,	
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		NSPECTION		,428,95		37,792,	
Å		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and				,420,93 ,671,06		4,516,	
		Total revenue - add lines 8 through 11 (must equal Part VIII, colu				,035,42		240,407,	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)			60	,066,88		74,230,	
	14	Benefits paid to or for members (Part IX, column (A), line 4)					ONE		NONE
ses	15	Salaries, other compensation, employee benefits (Part IX, column			/3	,927,73		76,328,	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)				NO	ONE		NONE
ЧХр	b	Total fundraising expenses (Part IX, column (D), line 25) \blacktriangleright							
_	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)				,185,48		99,816,	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A)				,180,09		250,376,	
		Revenue less expenses. Subtract line 18 from line 12			19	,855,32	2.	-9,969,	407.
Net Assets or Fund Balances						of Current Y		End of Year	
set	20	Total assets (Part X, line 16)			1,162	,274,75	3.1	,166,779,	<u>575.</u>
d B B	21	Total liabilities (Part X, line 26)			220	,655,90	2.	218,372,	793.
S _P	22	Net assets or fund balances. Subtract line 21 from line 20			941	,618,85	1.	948,406,	782.
Pa	rt II	Signature Block							
Uno	der per	alties of perjury, I declare that I have examined this return, including ac	ccompanying schedu	ules and statem	nents, and t	o the best of	my kno	wledge and beli	ef, it is
true	e, corre	ct, and complete. Declaration of preparer (other than officer) is based on a	an mormation of whi	ich preparer has	s any known	eage.			
_						05/1	10/20	24	
Sig		Signature of officer				Date			
He	re	GNY P. DRAPEAU	AVP FI	INANCE					
		Type or print name and title		-					
		Print/Type preparer's name Preparer's signature		Date		Check	if PTI	N	
Paic	ł	ERICA R MCREYNOLDS		05/06	/2024	self-employe		0977806	
	parer	Firm's name PWC US TAX LLP		00/00		n's EIN 🕨	1	-0460586	
Use	Only		UTA DA 10100					7-330-300(
Max	the	Firm's address 2001 MARKET ST, SUITE 1800 PHILADELP RS discuss this return with the preparer shown above? (see instru				one no.	207		
iviay	une li							X Yes	No

For Paperwork Reduction Act Notice, see the separate instructions.

	TRUSTEES OF TRINITY COLLEGE, THE 06-0646927
	m 990 (2022) Page 2 art III Statement of Program Service Accomplishments
1	Check if Schedule O contains a response or note to any line in this Part III X Briefly describe the organization's mission:
	SEE SCHEDULE O
2	Did the organization undertake any significant program services during the year which were not listed on the
-	prior Form 990 or 990-EZ? Yes X No If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$146,845,978. including grants of \$74,230,861.) (Revenue \$146,265,036.) THE COLLEGE PROVIDED INSTRUCTION, RESEARCH OPPORTUNITIES, AND
	RELATED SUPPORT TO FACULTY AND STUDENTS TO ENCOURAGE PROFESSIONAL
	DEVELOPMENT AND A WIDE CURRICULUM FOR LIBERAL ARTS EDUCATION. IN ADDITION, THE COLLEGE PROVIDED GRANTS AND SCHOLARSHIPS TO STUDENTS
	WHO ARE JUDGED WORTHY BY THE INSTITUTION'S ASSESSMENT ON THE BASIS
	OF ACADEMIC ACHIEVEMENT AND FINANCIAL NEED.
4b	(Code:) (Expenses \$ 22,067,812. including grants of \$) (Revenue \$ 25,560,135.) THE COLLEGE PROVIDED RESIDENTIAL AND DINING SERVICES TO STUDENTS.
4c	(Code:) (Expenses \$ 19,287,625. including grants of \$NONE) (Revenue \$NONE)
	THE COLLEGE MAINTAINS A BEAUTIFUL 100 ACRE CAMPUS WITH CLASSIC COLLEGIATE ARCHITECTURE.
4d	Other program services (Describe on Schedule O.) SEE SCHEDULE O
4 -	(Expenses \$ 30,222,202. including grants of \$ NONE) (Revenue \$ 4,606,348.) Total program convice expenses 21.0,402,617
JSA	Total program service expenses 218,423,617. Prom 990 (2022) Form 990 (2022)
2⊏1	⁰²⁰ 1.000 56801N U509 V22-7.11

Form 9	90 (2022)		F	Page 3
Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
-	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4	X	
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues,	_		
•	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	_		37
-	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		37
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"		v	
9	<i>complete Schedule D, Part III</i> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	8	Х	
9	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		v
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		X
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10	A	
	VII, VIII, IX, or X, as applicable.			
9	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
a	complete Schedule D, Part VI	11a	Х	
h	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more	110	Λ	
, v	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
c	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more	110		
Ŭ	of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		х
h	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
ŭ	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		х
۵	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13	Х	
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Х	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х

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Part	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
20	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J.	23	Х	
24-	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23	Λ	
24 a				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a	Х	
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Х
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
_•	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	20		
21				
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30	Х	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
-	complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
34	or IV, and Part V, line 1.	34	Х	
25 0	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a	Λ	X
		35a		
α	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b NONE			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	
JSA 2E1030		Form		(2022)

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No						
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 2a 1,838									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х							
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х							
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,									
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Х							
b	If "Yes," enter the name of the foreign country ITALY									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).									
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X						
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the									
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or									
	gifts were not tax deductible?	6b		<u> </u>						
7	Organizations that may receive deductible contributions under section 170(c).									
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods									
	and services provided to the payor?	7a 7b		X						
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_								
	required to file Form 8282?	7c		X						
	If "Yes," indicate the number of Forms 8282 filed during the year	7-		37						
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X						
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f 7a		X						
-	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h								
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	711								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8								
0	sponsoring organization have excess business holdings at any time during the year?	•								
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	9a								
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b								
10	Section 501(c)(7) organizations. Enter:									
	Initiation fees and capital contributions included on Part VIII, line 12									
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b									
	Section 501(c)(12) organizations. Enter:									
	Gross income from members or shareholders									
	Gross income from other sources. (Do not net amounts due or paid to other sources									
	against amounts due or received from them.)									
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		<u> </u>						
	Note: See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which									
	the organization is licensed to issue qualified health plans									
	Enter the amount of reserves on hand									
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X						
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b								
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		v						
	excess parachute payment(s) during the year?	15		X						
16	If "Yes," see the instructions and file Form 4720, Schedule N.	16		х						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	10								
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities									
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17								

Form 990 (2022)

Covernance, Management, and Disclosure, For each "ver response to lines 2 through Tb below, and to a *Not Check If Schedule C contains a response or note any line in this Part VI. Section A. Governing Body and Management Section A. Governing Body and Management Section A. Governing Body and Management Image: Control of the section of the powerning body at the and of the tax year Image of the section of the section of the powerning body at the and of the tax year In Enter the number of voting members of the governing body at the and of the tax year Image of the section of Schedule O. 2 Dd any office, director, trustee, or key employees to a management formed by or under the direct or sinilar and the expansion of office, director, trustee, or key employees to a management formed by or under the direct or subschedule over more avare during the year of a significant diverson of the organization bace aware during the year of a significant diverson of the organization bace aware during the year of a significant diverson of the organization have members stock-bides, or other persons who had the power to elect or appoint or other persons who had the governing body? Image of the organization have members are stock-bides, or other persons who had the power to elect or appoint or other persons of the approximation of the organization near were during the second by or white the organization near were during the year of a significant diverson of the organization near were during the year of a significant diverson of the organization near were during the year of a significant diverson of the organization near were during the year of a significant diverson of the organization tapproxementa deschedules, or other panse and biddoses or Schedule	Form 9	90 (2022) TRUSTEES OF TRINITY COLLEGE, THE 06-0646	927	F	Page 6
Check II Schedulo C contains a response or note to any line in this Part VI Image: Check II Schedulo C contains a response or note to any line in this Part VI. Section A. Governing Body and Management a Erite the number of voting members of the governing body: at the end of the taxyer	Part	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below,	and		
Section A. Governing Body and Management 1a There is the number of voting members of the governing body at the end of the taxyear 1a 26 1b The governing body delegated broad authority to an executive committee or similar 1b 35 2 Did any officer, director, rustee, or key employee have a family relationship or a business relationship with any other officer, director, rustee, or key employee have a family relationship or a business relationship with any other officer, director, rustee, or key employee taxe a family relationship or a business relationship with any other officer, director, rustee, or key employee taxe a family relationship or a business relationship with any other officer, director, rustee, or key employee taxe a family relationship or a business relationship with any other officer, director, rustee, or they emprove tay a significant diversion of the organization searce any augmentant dates to significant diversion of the organization searce and using the year of a significant diversion of the organization searce any employee family relationship with any other officer, director, rustee, or they employee filed in Part VII. Section A who cannot be reached at the organization nave members or stockholders? 5 2 2 Did the organization have members subchicklers? 16 2 2 2 3 Did the organization and engrates? 17 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 <t< th=""><th></th><th></th><th></th><th></th><th></th></t<>					
a Enter the number of voting members of the governing body at the end of the tax year i Yea No a Enter the number of voting members included on line 1a, above, who are independent. i j j b Enter the number of voting members included on line 1a, above, who are independent. i j j c Enter the number of voting members included on line 1a, above, who are independent. i j j c Enter the number of voting members included on line 1a, above, who are independent. i j j c Enter the number of voting members included on line 1a, above, who are independent. j j j c Enter the number of voting members includes on the management dues customarily performed by or under the direct structures. j x d Enter organization base members, stockholders? i j x d Enter organization base members, stockholders? i j x d Enter organization base members, stockholders? i j x d Enter organization base members, stockholders? i j x d Enter organization base members, stockholders? i i x d Enter organization base members, s					Х
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organization's exempt status with respect to such arrangements? 16b Section C. Disclosure 17 17 List the states with which a copy of this Form 990 is required to be filed 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Image: I	D				
Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Image: X Own website Another's website Image: X Upon request Other (explain on Schedule O) 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records GUY P DRAPEAU 300 SUMMIT STREET HARTFORD, CT 06106-3100 Form 990 (2022)			16b		
 17 List the states with which a copy of this Form 990 is required to be filed 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O) 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records GUY P DRAPEAU 300 SUMMIT STREET HARTFORD, CT 06106-3100 Form 990 (2022) 	Secti		100		
 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O) 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records GUY P DRAPEAU 300 SUMMIT STREET HARTFORD, CT 06106-3100 Form 990 (2022) 					
 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O) 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records GUY P DRAPEAU 300 SUMMIT STREET HARTFORD, CT 06106-3100 (860) 297-4210 Form 990 (2022) 			- (200	tion 5	01(0)
X Own website Another's website X Upon request Other (explain on Schedule O) 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records GUY P DRAPEAU 300 SUMMIT STREET HARTFORD, CT 06106-3100 Form 990 (2022)	10		(sec	1011 0	UT(C)
 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records <u>GUY P DRAPEAU 300 SUMMIT STREET HARTFORD, CT 06106-3100</u> (860) 297-4210 Form 990 (2022) 					
and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records GUY P DRAPEAU 300 SUMMIT STREET HARTFORD, CT 06106-3100 (860) 297-4210 Form 990 (2022)	10		f into:	oct -	
20 State the name, address, and telephone number of the person who possesses the organization's books and records GUY P DRAPEAU 300 SUMMIT STREET HARTFORD, CT 06106-3100 Form 990 (2022)	19		inter	εδι β	oncy,
GUY P DRAPEAU 300 SUMMIT STREET HARTFORD, CT 06106-3100 Form 990 (2022) (860) 297-4210 Form 990 (2022)	20		c.		
(860)297-4210 Form 990 (2022)	20		3		
JSA			Form	990	(2022)
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Page 7

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or direct	unles	Pos neck s pe	erson	e than c is both or/trust employee	an	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(4) TOTAINE DEDGED GREENEY	40.00									
(1) JOANNE BERGER-SWEENEY	40.00	v		Х				677 700	NONE	
PRESIDENT	NONE 40.00	X		Λ				677,799.	NONE	297,288.
(2) DANNY HITCHELL VP FINANCE	40.00 NONE			х				353,663.	NONE	57,906.
(3) MICHAEL CASEY	40.00			Λ				333,003.	INCINE	57,900.
VP ADVANCEMENT	NONE				x			376,338.	NONE	30,115.
(4) SONIA CARDENAS	40.00				- 21			570,550.	INCINE	
VP ACADEMIC AFFAIRS AND DEAN	NONE				x			325,450.	NONE	57,906.
(5) HELLEN HOM-DIAMOND	40.00							525,150.		3773001
VP STRAT MARKETING&COMMUNICA	NONE					x		295,523.	NONE	47,278.
(6) DICKENS MATHIEU	40.00									, <u> </u>
GENERAL COUNSEL, SECRETARY CLG	NONE			Х				279,497.	NONE	61,584.
(7) JOSEPH DICHRISTINA	40.00									
VP ST AFFAIRS, DEAN CAMPUS LIFE	NONE					x		259,590.	NONE	73,984.
(8) AMANDA ESHLEMAN	40.00									
VP LIBRARY&INFORMATION TECH SE	NONE					Х		262,037.	NONE	54,549.
(9) ANITA DAVIS	40.00									
VP DIVERSITY EQUITY&INCLUSION	NONE					Х		246,993.	NONE	23,066.
(10) TOMASSI FUSCIELLO	40.00									
AVP CONSTRUCTION FACILITIES&OP	NONE					X		208,967.	NONE	42,487.
(11) JOHN S. GATES, JR.	1.00	-								
TRUSTEE	NONE	Х						NONE	NONE	NONE
(12) RHEA PINCUS TURTELTAUB	1.00	-								
TRUSTEE	NONE	Х						NONE	NONE	NONE
(13) KEVIN J. MALONEY	1.00	-								
TRUSTEE	NONE	X						NONE	NONE	NONE
(14) JEAN M. WALSHE	1.00									
TRUSTEE	NONE	Х						NONE	NONE	
										Form 990 (2022)

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(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos neck ss pe	ition more rson	e than c is both or/trust Highest compensated	an	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
		ustee	trustee		9e	npensated				
5) KATHRYN GEORGE TYREE	1.00									
RUSTEE	NONE	Х						NONE	NONE	NON
5) JAMES W. CUMINALE	1.00_									
RUSTEE	NONE	X						NONE	NONE	NOI
<pre>/) NANCY M. DAVIS</pre>	1.00_									
RUSTEE	NONE	X						NONE	NONE	NOI
3)_LING_SKWOK	<u>1.00</u> _									
RUSTEE	NONE	X						NONE	NONE	NOI
) KATHLEEN FOYE MACLENNAN	1.00_									
RUSTEE	NONE	X						NONE	NONE	NOI
)) STEVEN A. ELMENDORF	<u>1.00</u> _									
RUSTEE	NONE	X						NONE	NONE	NOI
) ELIZABETH ELTING	<u>1.00</u> _									1701
RUSTEE	NONE	X						NONE	NONE	NOI
2) LISA G. BISACCIA	<u>1.00</u> _									1701
HAIR - BOARD OF TRUSTEES	NONE	Х						NONE	NONE	NO
3) MICHAEL GARY	1.00_									1701
RUSTEE	NONE	X						NONE	NONE	NOI
L) CRAIG VOUGHT	<u>1.00</u>									1701
RUSTEE	NONE	X						NONE	NONE	NO
5) PETER S. DUNCAN	<u>1.00</u> _									
RUSTEE	NONE	Х						NONE	NONE	NO
) Sub-total			••	• •	• •			3,285,857.	NONE	746,16
c Total from continuation sheets to Part V I Total (add lines 1b and 1c)					• •			NONE 3,285,857.	NONE NONE	NO 746,16

3	Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.	4
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5

Section B. Independent Contractors

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

	(A) Name and business address	(B) Description of services	(C) Compensation
2	Total number of independent contractors (including but not limited to those more than \$100,000 in compensation from the organization ►	e listed above) who received	

Yes No

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(A)	(B)			(0	-			(D)	(E)	(F)
Name and title	Average hours per week (list any hours for	box,	unles er and	s pe	more rson	e than o is both or/trust	an	Reportable compensation from	Reportable compensation from related	Estimated amount of other compensation
	related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
26) WALTER H. HARRISON TRUSTEE	<u>1.00</u> NONE	x						NONE	NONE	NON
27) N. LOUIS SHIPLEY TRUSTEE	1.00 NONE	x						NONE	NONE	NON
28) ERIC SCOTT ESTES TRUSTEE	1.00 NONE	X						NONE		NON
29) JEFFREY BROOKS HAWKINS TRUSTEE	1.00 NONE	x						NONE		NOP
30) KELLI HARRINGTON TOMLINSON TRUSTEE	1.00 NONE	x						NONE	NONE	NON
31) ROSS J. BUCHMUELLER TRUSTEE	1.00 NONE	x						NONE	NONE	NON
32) HENRY S. D'AURIA TRUSTEE	<u>1.00</u> NONE	x						NONE	NONE	NON
33) SUSANNAH SMETANA KAGAN TRUSTEE	<u>1.00</u> NONE	x						NONE	NONE	NOI
34) DAVID L. SCHNADIG	<u>1.00</u> NONE	x						NONE	NONE	NON
35) DAMIAN W. WILMOT TRUSTEE	<u>1.00</u> NONE	x						NONE	NONE	NOI
36) JAMES MURREN TRUSTEE	<u>1.00</u> NONE	x						NONE	NONE	NOI
 1b Sub-total c Total from continuation sheets to Part VII, 5 d Total (add lines 1b and 1c) 2 Total number of individuals (including but not 	Section A	· · ·	•••	•••				ceived more than	\$100.000 of	

3	Did the organization list any former officer, director, or trustee, key employee, or highest compensated	
J		3
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such	
	individual	4
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual	
	for services rendered to the organization? If "Yes," complete Schedule J for such person	5
-		

Section B. Independent Contractors

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

	(A) Name and business address	(B) Description of services	(C) Compensation
_			
	Total number of independent contractors (including but not limited to those	listed above) who received	
2	Total number of independent contractors (including but not limited to those more than \$100,000 in compensation from the organization ►	e listed above) who received	

											ed)	
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	not ch unles er and	Pos ieck s pe	rson	e is or/trust e is or/trust employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	am com fro orga and	(F) trimated nount of other pensation om the anization d related anization	f on in d
		ustee	trustee		ee	npensated						
37) JAMIE TRACEY SZAL	1.00											
IRUSTEE	NONE	X						NONE	NONE			NON
38) WILLIAM G. THOMAS	1.00							NONE	NONE			
IRUSTEE	NONE	X						NONE	NONE			NON
39) JAMES YU	1.00	v						NONE	NONE			
IRUSTEE	NONE	X						NONE	NONE			NON
40)_LATANYA_LANGLEY FRUSTEE	<u>1.00</u> 	х						NONE	NONE			NOI
41) LISA ALVAREZ-CALDERON	1.00							NONE	NONE			NOI
IT IT A LANGE CALDERON	NONE	x						NONE	NONE			NOI
42) MALCOLM F. MACLEAN IV	1.00								nond			
IRUSTEE	NONE	x						NONE	NONE			NOI
43) STEPHANIE RITZ	1.00											
 IRUSTEE	NONE	x						NONE	NONE			NON
44) LESLIE TORRES-RODRIGUEZ	1.00											
 IRUSTEE	NONE	x						NONE	NONE			NON
45) OLUSEGUN AJAYI	1.00											
IRUSTEE	NONE	Х						NONE	NONE			NON
1b Sub-total												
c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)												
2 Total number of individuals (including but not								ceived more than	\$100.000 of			
reportable compensation from the organizatio		1030	10100	aa	0010	<i>,</i> , , , , , , , , , , , , , , , , , ,	10		φ100,000 0I			
, , , ,											Yes	No
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Sched										3		2
For any individual listed on line 1a, is the organization and related organizations granitations or individual.	sum of rep eater than	ortab \$15	le c 0,00	om 20?	pen If	satior <i>"Ye</i> s	ם aı ג, <i>מ</i> י	nd other compens complete Schedu	sation from the	4	X	
										4	Λ	
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y										5		2
Section B. Independent Contractors		001	isuu	ie J	101	30011	ושק	3011		5		
1 Complete this table for your five highest com	pensated in	ndepe	ende	nt o	cont	racto	rs t	hat received more	than \$100,000 of			

	(A) SEE SCHEDULE O Name and business address	(B) Description of services	(C) Compensation
2	Total number of independent contractors (including but not limited to those more than \$100,000 in compensation from the organization ►	e listed above) who received 35	

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		Check if Schedule O contains a respor	nse or note to an	y line in this Part V	/		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s, s,	1a	Federated campaigns 1a					
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues					
ΩË	c	Fundraising events					
fts,	d	Related organizations 1d					
ila	e	Government grants (contributions)	2,336,426.				
Sin's	f	All other contributions, gifts, grants,					
er (and similar amounts not included above 1	23,935,909.				
thu	g	Noncash contributions included in					
	9	lines 1a-1f 1g	\$ 4,079,864.				
aG	h		•	26,272,335.			
			Business Code	., ,			
ë	2.	TUITION & FEES	900099	146,265,036.	146,265,036.		
Program Service Revenue	2a	DORMITORY FEES	721000	15,310,234.	15,310,234.		
Se	b	DINING FACILITIES	722514	10,217,376.	10,217,376.		
E S	c	ALUMNI/FACULTY CENTER	900099	32,525.	32,525.		
gra	d		500055	52,525.	52,525.		
5	e						
-	f	All other program service revenue		171,825,171.			
	g	Total. Add lines 2a-2f		1/1,025,1/1.			
	3	Investment income (including dividends,		9,948,351.		-1,259,647.	11,207,998
		other similar amounts)	ſ	NONE		1,255,047.	11,207,550
	4 5	Income from investment of tax-exempt bond	· .	NONE			
	5	Royalties	(ii) Personal	NONE			
	6.		()				
	6a						
	b		NONE				
	c			00.500			-89,508
	d	Net rental income or (loss)	(ii) Other	-89,508.			-09,508
	7a						
		sales of assets other than inventory 7a 582,146,031.	-205,646.				
			-205,646.				
evenue	b	Less: cost or other basis					
vel		and sales expenses 7b 554,095,998.	205 646				
2		Gain or (loss) 7c 28,050,033	-205,646.	05 044 205			05.044.205
Other	d	Net gain or (loss)	· · · · · · · · · · · · · · · · · · ·	27,844,387.			27,844,387
đ	8a	5					
-		events (not including \$					
		of contributions reported on line					
		1c). See Part IV, line 18	NONE				
	b	Less: direct expenses	NONE	NONT			
	c	Net income or (loss) from fundraising events		NONE			
	9a	Gross income from gaming					
		activities. See Part IV, line 19 9a	NONE				
	b	Less: direct expenses	NONE				
	c	Net income or (loss) from gaming activities.		NONE			
	10a	Gross sales of inventory, less					
		returns and allowances •••••• 10a	NONE				
	b	Less: cost of goods sold	NONE				
	c	Net income or (loss) from sales of inventory.	1	NONE			
sn			Business Code				
Miscellaneous Revenue	11a	OTHER REVENUE AND FEES	900099	4,606,348.	4,606,348.	NONE	NONI
llar /en	b						
Sev Sev	с						
Mis	d	All other revenue				NONE	NON
	е	Total. Add lines 11a-11d		4,606,348.			
	12	Total revenue. See instructions		240,407,084.	176,431,519.	-1,259,647.	38,962,877

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (C) Management and (A) Total expenses (B) Program service (D) Fundraising Do not include amounts reported on lines 6b. 7b. 8b. 9b. and 10b of Part VIII. general expenses expenses expenses 1 Grants and other assistance to domestic organizations NONE and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 70,970,054. 70,970,054. individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and 3,260,807. foreign individuals. See Part IV, lines 15 and 16 3,260,807. 4 Benefits paid to or for members NONE 5 Compensation of current officers, directors, trustees, and key employees 2,513,813. 860,168. 1,005,761. 647,884. 6 Compensation not included above to disgualified persons (as defined under section 4958(f)(1)) and NONE persons described in section 4958(c)(3)(B) 7 Other salaries and wages 56,921,780. 48,416,059. 4,955,007. 3,550,714. 4,635,018. 3,609,879. 357,137. 668,002. 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 8,244,958. 6,403,493. 1,431,174. 410,291. 9 Other employee benefits 4,013,095. 3,363,889. 360,585. 288,621. Payroll taxes 10 11 Fees for services (nonemployees): NONE a Management 678,386 311,890. 364,097. 2,399. **b** Legal <u>298</u>,806. 351,150 52,344. c Accounting NONE d Lobbying NONE e Professional fundraising services. See Part IV, line 17. 11,726,626. 11,726,626. f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column 15,705,075. 14,818,852. 670,997. 215,226. (A), amount, list line 11g expenses on Schedule O.) 12 Advertising and promotion 188,223 152,435 30,511. 5,277. 1,699,<u>012</u>. 1,060,653. <u>278</u>,670. 359,689. 13 Office expenses 2,964,489. 2,484,805. 348,232. 131,452. 14 Information technology NONE 15 Royalties 357,572. Occupancy 8,620,309. 8,243,083. 19,654. 16 6,689,769. 5,812,092. 679,612. 198,065. 17 Travel Payments of travel or entertainment expenses 18 NONE for any federal, state, or local public officials 266,270 225,277 23,931. 17,062. Conferences, conventions, and meetings 19 3,643,040. 3,643,040. 20 NONE 21 Payments to affiliates Depreciation, depletion, and amortization 13,917,952. 13,698,058. 219,709 22 3,453,185. 2,475,269. 977,888. Insurance 23 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) a ROOM & BOARD 10,839,232. 10,839,232. 7,895,805 7,380,309 224,921 290,575. **b** PROGRAM 2,124,901. c MEDICAL 2,127,749. 2,848. d BOOKS & PERIODICALS 1,491,260. 2,275. 10,209. 1,478,776. 7,559,434. 6,738,252. 774,114. 47,068. e All other expenses 25 Total functional expenses. Add lines 1 through 24e 250,376,491. 218,423,617. 25,401,338. 6,551,536.

Joint costs. Complete this line only if the 26 organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

185.

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Page	1	1	
		_	

	Check if Schedule O contains a response or note to any line in this P			<u></u>
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	NONE	1	NON
2	Savings and temporary cash investments	68,119,061.	2	67,785,237
3	Pledges and grants receivable, net	31,433,392.	3	28,328,831
4	Accounts receivable, net	1,866,276.	4	714,653
5	Loans and other receivables from any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons	NONE	5	NON
6	Loans and other receivables from other disqualified persons (as defined			
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	NONE	6	NOI
3 7	Notes and loans receivable, net	4,966,928.	7	4,417,433
2000 80 80 80 80 80 80 80	Inventories for sale or use	20,203.	8	13,97
έ 9	Prepaid expenses and deferred charges	1,112,524.	9	1,171,102
10 a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D			
b	Less: accumulated depreciation	314,511,266.	10c	317,046,705
11	Investments - publicly traded securities.	634,065,514.	11	650,624,125
12	Investments - other securities. See Part IV, line 11	105,528,747.	12	95,409,999
13	Investments - program-related. See Part IV, line 11	NONE		NOI
14	Intangible assets	NONE		NO
15	Other assets. See Part IV, line 11	650,842.	15	1,267,513
16	Total assets. Add lines 1 through 15 (must equal line 33)	1,162,274,753.	16	1,166,779,575
17	Accounts payable and accrued expenses	21,030,988.	17	24,393,980
18	Grants payable	NONE		NOI
19	Deferred revenue	1,850,506.	19	1,937,444
20	Tax-exempt bond liabilities	154,272,778.	20	150,610,982
21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE		NO
	Loans and other payables to any current or former officer, director,	IVOIVE	21	1105
22	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons	NONE	22	NO
23	Secured mortgages and notes payable to unrelated third parties	NONE		NO
24	Unsecured notes and loans payable to unrelated third parties	NONE		NO
25	Other liabilities (including federal income tax, payables to related third	INCIVE	27	1101
25	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D	43,501,630.	25	41,430,387
26	Total liabilities. Add lines 17 through 25.	220,655,902.	26	218,372,793
27 28 29 30 30 31 32	Organizations that follow FASB ASC 958, check here X and complete lines 27, 28, 32, and 33.	220,055,502.	20	210,372,775
27	Net assets without donor restrictions	117 504 760	27	116 050 045
28	Net assets with donor restrictions.	117,584,768. 824,034,083.		116,058,943 832,347,839
20		024,034,083.	28	032,347,835
3	Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.			
5				
29	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund		30	
2 31	Retained earnings, endowment, accumulated income, or other funds		31	
32	Total net assets or fund balances	941,618,851.	32	948,406,782
- 33	Total liabilities and net assets/fund balances	1,162,274,753.	33	1,166,779,575

Form 990 (2022)

TRUSTEES OF TRINITY COLLEGE, TH	TRUSTEES	OF	TRINITY	COLLEGE,	THE
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Form 99	0 (2022)				Pa	ge 12
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	24	0,4	07,	<u>084</u> .
2	Total expenses (must equal Part IX, column (A), line 25)	2	25	0,3	76,	<u>491</u> .
3	Revenue less expenses. Subtract line 2 from line 1	3	_	9,9	69,	<u>407</u> .
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4				<u>851</u> .
5	Net unrealized gains (losses) on investments	5	1	6,7	57,	<u>338</u> .
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10	94	8,4	06,	<u>782</u> .
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," ex	olain	on			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? $\ .$			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed or	na			
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	rsight	of			
	the audit, review, or compilation of its financial statements and selection of an independent accountation	nt?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, ex	plain	on			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in t	he			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a	Х	

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

Х Form 990 (2022)

3b

SCHEDULE	A
(Form 990)	

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

		evenue Service		Go to www.irs.gov	//Form990 for instructio	ons and t	he latest i	nformation.	Inspection
Name	e of ti	ne organization						Employer identifi	cation number
TRI	ISTI	EES OF TRIN	NITY COLLI	EGE, THE				06-0	646927
Pa					<u>v</u>			part.) See instruction	IS.
The	orga		•		is: (For lines 1 through	-		,	
1					tion of churches desc			70(b)(1)(A)(i).	
2	X	A school desc	ribed in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90).)		
3		-			rganization described				
4			-		conjunction with a hos	spital de	scribed ir	n section 170(b)(1)(A)	(iii). Enter the
_		hospital's nam	, ,						
5		-	-	for the benefit of complete Part II.)	a college or universit	y owned	d or ope	rated by a governme	ental unit described ir
6					rnmental unit describe	d in sect	ion 170(b)(1)(A)(v).	
7		An organizatio	on that norma	ally receives a sub	stantial part of its su	pport fro	om a go	vernmental unit or fro	om the general public
		-		(1)(A)(vi). (Compl	-		U		0
8)(1)(A)(vi). (Complete	Part II.)			
9								in conjunction with a	land-grant college
		or university o	r a non-land-	grant college of ag	riculture (see instruct	ions). Ei	nter the i	name, city, and state o	f the college or
		university:							
10		receipts from support from (acquired by th	activities rela gross investm ne organizatio	ted to its exempt f nent income and un n after June 30, 19	unctions, subject to c nrelated business tax 975. See section 509	ertain ex able inco (a)(2). (0	ceptions ome (less Complete	/	n 331/3 % of its
11		•	•	•	usively to test for publi				
12		•	•	-	•				ry out the purposes of
		-		-			-		ction 509(a)(3). Check
	_	the box on line	es 12a throug	h 12d that describ	es the type of suppor	ting orga	anization	and complete lines 1	2e, 12f, and 12g.
а				•	•			orted organization(s),	
			-				ajority of	the directors or truste	es of the
	_				e Part IV, Sections A				
b		••		•				supported organizati	
			-		-	the sam	e person	is that control or man	age the supported
		_ ~	. ,	•	, Sections A and C.				
С								n with, and functiona	lly integrated with,
			-		s). You must comple				
d			-					ection with its suppor	
						-		ution requirement and	d an attentiveness
		-	-		omplete Part IV, Sect				
е			-					nat it is a Type I, Type I	п, туре ш
f	E۳				ionally integrated sup		organizat	ion.	
					orted organization(s).				•••••
g		ame of supported of	-	(ii) EIN	(iii) Type of organization	(iv) is the	organization	(v) Amount of monetary	(vi) Amount of
	(1) 11		Jiganization		(described on lines 1-10		ur governing	support (see	other support (see
					above (see instructions))	docur Yes	ment? No	instructions)	instructions)
						162	NO		
(A)									
(B)									
(C)									
(D)									
(E)									
Γota	I								

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06-0646927

Schedule A (Form 990) 2022

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

<u>Sec</u>	tion A. Public Support									
Cale	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total			
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	24,652,410.	34,055,244.	30,521,145.	34,659,094.	26,272,335.	150,160,228.			
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE			
3	The value of services or facilities furnished by a governmental unit to the organization without charge						NONE			
4	Total. Add lines 1 through 3	24,652,410.	34,055,244.	30,521,145.	34,659,094.	26,272,335.	150,160,228.			
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount									
6	shown on line 11, column (f)						15,522,475.			
$\frac{6}{800}$	Public support. Subtract line 5 from line 4 tion B. Total Support						134,637,753.			
	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total			
		24,652,410.	34,055,244.	30,521,145.	34,659,094.	26,272,335.	150,160,228.			
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	7,157,887.	6,261,605.	4,971,778.	6,049,595.	9,987,826.	34,428,691.			
9	Net income from unrelated business activities, whether or not the business is regularly carried on						NONE			
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						NONE			
11	Total support. Add lines 7 through 10						184,588,919.			
12	Gross receipts from related activities, etc. (se	ee instructions) .				12	808,324,273.			
13	First 5 years. If the Form 990 is for organization, check this box and stop here.	<u></u>	<u> </u>	, third, fourth,	or fifth tax yea	ar as a section	501(c)(3)			
Sec	tion C. Computation of Public Supp	oort Percenta	ge							
14	Public support percentage for 2022 (lin		•			14	72.94 %			
15	Public support percentage from 2021 \$					15	70.95 %			
16a	331/3% support test - 2022. If the org									
	box and stop here. The organization qu									
b	331/3% support test - 2021. If the org									
	this box and stop here. The organizatio			-						
17a	10%-facts-and-circumstances test - 2	-								
	10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported									
	Part VI how the organization meets t organization			-	-					
b	10%-facts-and-circumstances test - 2									
~	15 is 10% or more, and if the organiz									
	in Part VI how the organization meets					-	•			
	organization			-	-					
18	Private foundation. If the organization									
-	instructions									

Schedule A (Form 990) 2022

Scheo	TRUSTE Iule A (Form 990) 2022	ES OF TRIN	NITY COLLEG	E, THE		06-06469)27 Page 3
	t III Support Schedule for Organ (Complete only if you checked If the organization fails to qua	ed the box or	n line 10 of Pa	rt I or if the org			
Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513 .						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties, and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
с	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for	the organizati	on's first, secor	d, third, fourth,	or fifth tax ye	ear as a section	501(c)(3)
	organization, check this box and stop here .						
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2022 (line 8,			ımn (f))		15	%
16	Public support percentage from 2021 Schee						%
Sec	tion D. Computation of Investment						
17	Investment income percentage for 2022 (lin			13, column (f))		17	%
18	Investment income percentage from 2021 S						%
	331/3% support tests - 2022. If the org						
	17 is not more than 331/3%, check this						

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in Part VI when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- **10 a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

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Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

- Has the organization accepted a gift or contribution from any of the following persons?
 a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?
 - **b** A family member of a person described on line 11a above?
 - c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in **Part VI.**

Section B. Type I Supporting Organizations

- 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations

 Yes
 No

 1
 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).
 1

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how</i>			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's</i>			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	ns).	
а	The organization satisfied the Activities Test. Complete line 2 below.		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruction supported a governmental entity (see instruction support of a governm	ctions).
•	Activities Test Answer lines 23 and 26 below	Yes	No
-,	Activities Lest Answer lines 22 and 26 below		

2	Activities Test. Answei lines za and zh below.	1	
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined		
	that these activities constituted substantially all of its activities.	2a	
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If</i> "Yes," <i>explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>	2b	
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		
-	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3h	

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Schedule A (Form 990) 2022

Yes No

Yes No

11a 11b

11c

1

2

TRUSTEES OF TRINITY COLLEGE, TH Schedule A (Form 990) 2022	Ľ	06-	0646927 Page
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org			
Check here if the organization satisfied the Integral Part Test as a qualif instructions. All other Type III non-functionally integrated supporting org			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		

emergency temporary reduction (see instructions).

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

6

Schedule A (Form 990) 2022

Schedu	le A (Form 990) 2022			Page 7
Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	xempt purposes	1	
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed	
	organizations, in excess of income from activity		2	2
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organized	zations	}
4	Amounts paid to acquire exempt-use assets		4	•
5	Qualified set-aside amounts (prior IRS approval required - p	provide details in Part VI)	5	5
6	Other distributions (describe in Part VI). See instructions.			;
7	Total annual distributions. Add lines 1 through 6.		7	,
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2022 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		1	0
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2022			
а	From 2017			
b	From 2018			
C	From 2019			
d	From 2020			
e	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)			
_ <u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from			
	Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if			
	any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI.</i> See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, <i>explain in</i> Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j and 4c.			
8	Breakdown of line 7:			
	Excess from 2018			
 	Excess from 2019			
<u>р</u> С	Excess from 2020			
d	Excess from 2021			
e	Excess from 2022			

Schedule A (Form 990) 2022

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

OMB No. 1545-0047

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

Employer identification number

TRUSTEES OF TRINITY CO	06-0646927	
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private four	ndation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	ion
	501(c)(3) taxable private foundation	

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization TRUSTEES OF TRINITY COLLEGE, THE 06-0646927 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution Х 1 N/A Person Payroll \$ 1,578,931. Noncash (Complete Part II for noncash contributions.) (b) (d) (a) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 2 Х N/A Person Payroll 939,581. \$ Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Х 3 N/A Person Payroll 862,000. \$ Noncash (Complete Part II for noncash contributions.) (c) (d) (a) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 Х N/A Person Payroll 1,200,000. \$ Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 5 Х N/A Person Payroll 1,743,000. \$ Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. Х 6 N/A Person Payroll \$ 3,750,000. Noncash (Complete Part II for noncash contributions.)

Page 2 Employer identification number

Schedule B (Form 990) (2022)

Name of organization TRUSTEES OF TRINITY COLLEGE, THE 06-0646927 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 7 Х N/A Person Payroll \$ 3,515,000. Noncash (Complete Part II for noncash contributions.) (b) (d) (a) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 8 Х N/A Person Payroll 2,500,000. \$ Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 9 N/A Person Payroll 1,001,123. \$ Х Noncash (Complete Part II for noncash contributions.) (c) (d) (a) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 10 Х N/A Person Payroll 800,000. \$ Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 11 N/A Person Payroll 595,900. Х \$ Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. Person Payroll \$ Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

Page 2 Employer identification number

OF TRINITY COLLEGE, THE see instructions). Use duplicate copies (b) otion of noncash property given F ALLEGHANY CORP. STOCK COLLEGE'S INTERNAL BUST 3, 2022 USING A MEAN 76 (b) otion of noncash property given TS OF 135 AND 24 ART KEN BY VARIOUS ARTISTS WATKINSON LIBRARY, E (b) otion of noncash property given		(d) Date received
(b) otion of noncash property given F ALLEGHANY CORP. STOCK COLLEGE'S INTERNAL GUST 3, 2022 USING A MEAN 76 (b) otion of noncash property given TS OF 135 AND 24 ART KEN BY VARIOUS ARTISTS WATKINSON LIBRARY, E (b)	(c) FMV (or estimate) (See instructions.) (See instructions.) (C) FMV (or estimate) (See instructions.) (See instructions.) (See instructions.) (See instructions.) (See instructions.) (See instructions.)	is needed. (d) Date received 3. 08/03/2022 (d) Date received 0. 12/07/2022 (d)
(b) ption of noncash property given F ALLEGHANY CORP. STOCK COLLEGE'S INTERNAL GUST 3, 2022 USING A MEAN 76 (b) ption of noncash property given TS OF 135 AND 24 ART KEN BY VARIOUS ARTISTS WATKINSON LIBRARY, E (b)	(c) FMV (or estimate) (See instructions.) (See instructions.) (C) FMV (or estimate) (See instructions.) (See instructions.) (See instructions.) (See instructions.) (See instructions.) (See instructions.)	(d) Date received
(b) btion of noncash property given F ALLEGHANY CORP. STOCK COLLEGE'S INTERNAL GUST 3, 2022 USING A MEAN (b) btion of noncash property given TS OF 135 AND 24 ART KEN BY VARIOUS ARTISTS WATKINSON LIBRARY, E (b)	FMV (or estimate) (See instructions.)	Date received 3. 08/03/2022 (d) Date received 0. 12/07/2022 (d)
COLLEGE'S INTERNAL GUST 3, 2022 USING A MEAN 76 (b) ption of noncash property given TS OF 135 AND 24 ART KEN BY VARIOUS ARTISTS WATKINSON LIBRARY, E (b)	(c) FMV (or estimate) (See instructions.) (See instructions.) (See instructions.) (C) FMV (or estimate)	(d) Date received
tion of noncash property given TS OF 135 AND 24 ART KEN BY VARIOUS ARTISTS WATKINSON LIBRARY, E (b)	FMV (or estimate) (See instructions.)	Date received
KEN BY VARIOUS ARTISTS WATKINSON LIBRARY, E (b)	(c) FMV (or estimate)	(d)
	FMV (or estimate)	
(b) otion of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(b) otion of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(b)	\$(c)	(d)
	(b) ption of noncash property given (b) ption of noncash property given	(b) ption of noncash property given (c) FMV (or estimate) (See instructions.) (See instructions.) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c

Page 3

	(Form 990) (2022)			Page 4
Name of o	rganization			Employer identification number
	TRUSTEES OF TRINITY C	•		06-0646927
Part III	Exclusively religious, charitable, etc. (10) that total more than \$1,000 for the following line entry. For organizati contributions of \$1,000 or less for the Use duplicate copies of Part III if additi	the year from any ons completing Par e year. (Enter this in	one contributor. One contributor. One contributor. One contributor of the total of total of the total of t	Complete columns (a) through (e) and of exclusively religious, charitable, etc.,
(a) No. from	(b) Purpose of gift	(c) Use		(d) Description of how gift is held
Part I		(t) Use		
	Transferee's name, address, a	(e) Transf and ZIP + 4	-	hip of transferor to transferee
(a) No. from				
`fŕom Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
	Transferee's name, address, a	er of gift Relations	hip of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transf	-	
	Transferee's name, address, a	and ZIP + 4	Relations	hip of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transf and ZIP + 4	-	hip of transferor to transferee
ISA				Schedule B (Form 990) (2022)

	e of organiz		ganizations: Complete Part III.		Employer ide	entification number
	Ũ	OF TRINITY CO	LLECE THE			646927
			organization is exempt unde	er section 501(c) o		
1		•	the organization's direct and ir			
•		of "political camp	5		ipaign addivided in Fart	
2			expenditures. See instructions		\$	
3			l campaign activities. See instruc			
Pa	tl-B C	Complete if the	organization is exempt unde	r section 501(c)(3)		
1	Enter the	amount of any ex	cise tax incurred by the organiza	tion under section 49	955 \$	
2	Enter the	amount of any ex	cise tax incurred by organization	managers under see	ction 4955 \$	
3			a section 4955 tax, did it file For			
4a	Was a co	prrection made?				Yes No
b		describe in Part IV.				
Pa	rt I-C C	Complete if the	organization is exempt unde	er section 501(c),	except section 501(c)(3	3).
1			expended by the filing organizati			
2			ng organization's funds contribut ies			
3			enditures. Add lines 1 and 2. E			
4 5	Enter the	names, addresses	le Form 1120-POL for this year? s and employer identification nur	mber (EIN) of all sec	tion 527 political organiz	ations to which the filing
	Enter the organizat the amou	names, addresses ion made paymen unt of political con	le Form 1120-POL for this year? s and employer identification nur its. For each organization listed, itributions received that were pro- nd or a political action committee	mber (EIN) of all sec enter the amount pa omptly and directly of	tion 527 political organiz aid from the filing organiz delivered to a separate po	ations to which the filing zation's funds. Also ente plitical organization, sucl
	Enter the organizat the amou as a sepa	names, addresses ion made paymen unt of political con	s and employer identification nur ts. For each organization listed, tributions received that were pro-	mber (EIN) of all sec enter the amount pa omptly and directly of	tion 527 political organiz aid from the filing organiz delivered to a separate po	ations to which the filing zation's funds. Also ente olitical organization, such information in Part IV. (e) Amount of political
5	Enter the organizat the amou as a sepa	names, addresses ion made paymen unt of political con irate segregated fu	s and employer identification nur its. For each organization listed, itributions received that were pro- nd or a political action committee	mber (EIN) of all sec enter the amount pa omptly and directly of e (PAC). If additional	tion 527 political organiz aid from the filing organiz delivered to a separate po space is needed, provide i (d) Amount paid from filing organization's	ations to which the filing zation's funds. Also ente olitical organization, such information in Part IV. (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.
5	Enter the organizat the amou as a sepa	names, addresses ion made paymen unt of political con irate segregated fu	s and employer identification nur its. For each organization listed, itributions received that were pro- nd or a political action committee	mber (EIN) of all sec enter the amount pa omptly and directly of e (PAC). If additional	tion 527 political organiz aid from the filing organiz delivered to a separate po space is needed, provide i (d) Amount paid from filing organization's	ations to which the filing zation's funds. Also ente olitical organization, such information in Part IV. (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.
5 (1) (2)	Enter the organizat the amou as a sepa	names, addresses ion made paymen unt of political con irate segregated fu	s and employer identification nur its. For each organization listed, itributions received that were pro- nd or a political action committee	mber (EIN) of all sec enter the amount pa omptly and directly of e (PAC). If additional	tion 527 political organiz aid from the filing organiz delivered to a separate po space is needed, provide i (d) Amount paid from filing organization's	ations to which the filing zation's funds. Also ente olitical organization, such information in Part IV. (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.
5 1) 2) 3)	Enter the organizat the amou as a sepa	names, addresses ion made paymen unt of political con irate segregated fu	s and employer identification nur its. For each organization listed, itributions received that were pro- nd or a political action committee	mber (EIN) of all sec enter the amount pa omptly and directly of e (PAC). If additional	tion 527 political organiz aid from the filing organiz delivered to a separate po space is needed, provide i (d) Amount paid from filing organization's	ations to which the filing zation's funds. Also ente olitical organization, such information in Part IV. (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.
5 1) 2) 3)	Enter the organizat the amou as a sepa	names, addresses ion made paymen unt of political con irate segregated fu	s and employer identification nur its. For each organization listed, itributions received that were pro- nd or a political action committee	mber (EIN) of all sec enter the amount pa omptly and directly of e (PAC). If additional	tion 527 political organiz aid from the filing organiz delivered to a separate po space is needed, provide i (d) Amount paid from filing organization's	ations to which the filing zation's funds. Also ente olitical organization, such information in Part IV. (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.
5 (1) (2) (3) (4)	Enter the organizat the amou as a sepa	names, addresses ion made paymen unt of political con irate segregated fu	s and employer identification nur its. For each organization listed, itributions received that were pro- nd or a political action committee	mber (EIN) of all sec enter the amount pa omptly and directly of e (PAC). If additional	tion 527 political organiz aid from the filing organiz delivered to a separate po space is needed, provide i (d) Amount paid from filing organization's	ations to which the filing zation's funds. Also ente olitical organization, such information in Part IV. (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.
	Enter the organizat the amou as a sepa	names, addresses ion made paymen unt of political con irate segregated fu	s and employer identification nur its. For each organization listed, itributions received that were pro- nd or a political action committee	mber (EIN) of all sec enter the amount pa omptly and directly of e (PAC). If additional	tion 527 political organiz aid from the filing organiz delivered to a separate po space is needed, provide i (d) Amount paid from filing organization's	ations to which the filing zation's funds. Also ente olitical organization, such information in Part IV. (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.

Political Campaign and Lobbying Activities SCHEDULE C

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

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

Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service

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

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

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

• Section 527 organizations: Complete Part I-A only.

(Form 990)

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

• Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.

Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

JSA

OMB No. 1545-0047

ഹ **Open to Public** Inspection

Sch	nedule C (Fo	rm 990) 2022 TRUS	TEES OF TRINIT	Y COLLEGE	, THE	06	-0646927	Page 2
Pa	art II-A	Complete if the organiz section 501(h)).	ation is exempt ur	nder section	501(c)(3) and	l filed Form 5768 (elec	ction under	
Α	Check	if the filing organization EIN, expenses, and sha		• • •		ach affiliated group mem	ber's name, a	address,
В	Check	if the filing organization	checked box A and "	limited contro	I" provisions app	oly.		
		Limits on Lo (The term "expenditures"	bbying Expenditures means amounts pai)	(a) Filing organization's totals	(b) Affilia group tot	
1a	a Total lob	bying expenditures to influer	ce public opinion (gra	assroots lobb	ying)			
k	b Total lob	bying expenditures to influer	ice a legislative body	(direct lobbying	ng)			
c	c Total lob	bying expenditures (add line	s 1a and 1b)		[
c	d Other ex	empt purpose expenditures			[
e	e Total ex	empt purpose expenditures (add lines 1c and 1d) .		[
f	E Lobbying	g nontaxable amount. Enter	the amount from the	he following	table in both			
	columns							
	If the am	ount on line 1e, column (a) or (b	is: The lobbying nonta	axable amount i	s:			
	Not over	\$500,000	20% of the amount	on line 1e.				
	Over \$50	0,000 but not over \$1,000,000	\$100,000 plus 15%	6 of the excess	over \$500,000.			
	Over \$1,0	000,000 but not over \$1,500,00) \$175,000 plus 10%	6 of the excess	over \$1,000,000.			
	Over \$1,	500,000 but not over \$17,000,0	00 \$225,000 plus 5%	of the excess o	ver \$1,500,000.			
	Over \$17	,000,000	\$1,000,000.					
ç	g Grassro	ots nontaxable amount (ente	r 25% of line 1f)					
ŀ	h Subtract	t line 1g from line 1a. If zero	or less, enter -0-		[
i	Subtract	t line 1f from line 1c. If zero c	r less, enter -0-		[
j		is an amount other than z				ation file Form 4720		
	reporting	g section 4911 tax for this ye	ar?	<u></u>		<u></u>	Yes	No
		·	4-Year Averaging					

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

	Lobbying Expenditures During 4-Year Averaging Period										
	Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total					
2a	Lobbying nontaxable amount										
b	Lobbying ceiling amount (150% of line 2a, column (e))										
с	Total lobbying expenditures										
d	Grassroots nontaxable amount										
e	Grassroots ceiling amount (150% of line 2d, column (e))										
f	Grassroots lobbying expenditures										

Schedule C (Form 990) 2022

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

For	each "Vea" represent on lines to through the below provide in Port IV a detailed	(2	a)	(b)
	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed cription of the lobbying activity.	Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state, or local			
	legislation, including any attempt to influence public opinion on a legislative matter or			
	referendum, through the use of:			
а	Volunteers?	X		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?.		X	
с	Media advertisements?		Х	
d	Mailings to members, legislators, or the public?		Х	
е	Publications, or published or broadcast statements?		Х	
f	Grants to other organizations for lobbying purposes?		Х	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Х	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х	
i	Other activities?	X		1
j	Total. Add lines 1c through 1i			1
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х	
b	If "Yes," enter the amount of any tax incurred under section 4912			
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
Pa	t III-A Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6).	(c)(5)	, or s	section

			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 carry over lobbying and political campaign activity expenditures from the prior year?			

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

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

Part IV Supplemental Information

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

ORGANIZATIONS EXEMPT UNDER SECTION 501(C)(3)

TRINITY COLLEGE PAID DUES OR MEMBERSHIPS OF \$552,765 DURING THE FISCAL

YEAR 2023 TO CERTAIN ORGANIZATIONS WHICH MAY LOBBY ON ITS BEHALF.

SCHEE	DULE	D
(Form	990)	

Department of the Treasury

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

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

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information

Open to Public

20

Schedule D (Form 990) 2022

OMB No. 1545-0047

22

		www.iis.gov/Fori					inspeci	
Nam	ne of the organization				Em	ployer identificat	tion number	
	USTEES OF TRINITY COLLEGE, 7					06-06469	27	
Pa	art I Organizations Maintaining				or Acco	ounts.		
	Complete if the organization	answered "Y			1			
			(a) Donor adv	rised funds		(b) Funds and	other accounts	
1	Total number at end of year	•••••						
2	Aggregate value of contributions to (du	iring year) .						
3	Aggregate value of grants from (during	year)						
4	Aggregate value at end of year							
5	Did the organization inform all donors	and donor ac	dvisors in writing t	hat the assets hele	d in do	nor advised		
	funds are the organization's property, s	ubject to the or	rganization's exclus	vive legal control?			Yes	No
6	Did the organization inform all grantee	s, donors, and	donor advisors in	writing that grant	funds of	can be used		
	only for charitable purposes and not f							
_	conferring impermissible private benefi	.t?					Yes	No
Pa	art II Conservation Easements.							
	Complete if the organization							
1	Purpose(s) of conservation easements	s held by the or	ganization (check a	ll that apply).				
	Preservation of land for public us	e (for example, re	creation or education)			istorically imp		
	Protection of natural habitat			Preservatio	n of a c	ertified histor	ic structure	
	Preservation of open space							
2	Complete lines 2a through 2d if the org	ganization held	a qualified conserv	vation contribution	in the f			
	easement on the last day of the tax yea	ır.				Held at the	End of the T	ax Year
а	Total number of conservation easemer	its			2a			
b	Total acreage restricted by conservation	n easements			2b			
С	Number of conservation easements or	n a certified his	toric structure inclu	ded in (a)	2c			
d	Number of conservation easements in	cluded in (c) ac	cquired after July 2	5, 2006, and not or	ח			
	a historic structure listed in the Nationa	al Register			2d			
3	Number of conservation easements n	nodified, transf	erred, released, ex	tinguished, or terr	minated	I by the orga	nization du	uring the
	tax year							
4	Number of states where property subj							
5	Does the organization have a writte					-		
	violations, and enforcement of the cons						└── Yes	└── No
6	Staff and volunteer hours devoted to mo	nitoring, inspecti	ing, handling of viol	ations, and enforcin	g conse	rvation easem	ents during	the year
7	Amount of expenses incurred in monito	ring, inspectinç	g, handling of violati	ions, and enforcing	conser	vation easem	ents during	the year
8	Does each conservation easement repo	orted on line 2(d) above satisfy the r	equirements of sec	tion 17	0(h)(4)(B)(i)		
	and section 170(h)(4)(B)(ii)?						Yes	l No
9	In Part XIII, describe how the orga							
	balance sheet, and include, if applica			he organization's f	financia	l statements	that descr	ibes the
	organization's accounting for conserva			0/1	<u> </u>	•••••		
Pa	art III Organizations Maintaining (Complete if the organization				er Sim	ilar Assets.		
	· · · · ·							
1a	If the organization elected, as permitte of art, historical treasures, or other service, provide in Part XIII the text of t	similar assets	held for public ex	chibition, education	n, or re	search in fu	alance she rtherance (et works of public
b	If the organization elected, as permitt art, historical treasures, or other simila provide the following amounts relating	ar assets held f to these items:	for public exhibitio	n, education, or re	esearch	in furtherand	e of public	
	(i) Revenue included on Form 990, Pa	art VIII, line 1.				\$.		
	(ii) Assets included in Form 990, Part 2	×				\$	5,32	4,297.
2	If the organization received or held	works of art,	historical treasures	s, or other similar	assets	for financia	l gain, pro	vide the
	following amounts required to be report	rted under FAS	B ASC 958 relating	to these items:			-	
а	Revenue included on Form 990, Part \ Assets included in Form 990, Part X					\$		
b	Assets included in Form 990. Part X.					\$		

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

Sche			ITY COLLEGE, I				0646927	Page 2
Ра	rt III Organizations Maintaini	ng Collections of	Art, Historical Tre	easures,	or Other	Similar Assets	(continued	d)
3	Using the organization's acquisition collection items (check all that applied to be applied to be a second to be applied to be a second to be		other records, checl	k any of t	he follov	ving that make sig	gnificant us	se of its
а	x Public exhibition	• /	d Loan d	or exchan	ge progra	m		
b	x Scholarly research		e Other					
с	x Preservation for future gener	rations						
4	Provide a description of the organ	nization's collections	and explain how t	they furth	er the or	ganization's exem	pt purpose	in Part
	XIII.		-	-		-		
5	During the year, did the organization	on solicit or receive of	onations of art, hist	orical trea	sures, or	other similar		
	assets to be sold to raise funds rath	er than to be mainta	ained as part of the o	organizati	on's colle	ction?	Yes	X No
Pa	rt IV Escrow and Custodial A Complete if the organiza 990, Part X, line 21.		es" on Form 990, F	Part IV, lir	ne 9, or r	eported an amou	unt on For	m
10	Is the organization an agent, trus	too custodian or o	than intermediany fo	or contrib	utions or	other accets not		
Id	included on Form 990, Part X?						Yes	No
h	If "Yes," explain the arrangement in	n Part XIII and com	lete the following tak	nle:			165	
Ň				ыс. Г		Amour	nt	
с	Beginning balance			1	c	7411041		
d	Additions during the year				d			
e	Distributions during the year				e			
f	Ending balance							
2a	Did the organization include an am					account liability?	Yes	No
b	If "Yes," explain the arrangement in							
	Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.							
		(a) Current year	(b) Prior year		ears back	(d) Three years back	(e) Four y	ears back
1a	Beginning of year balance	795,976,337.	795,206,957.	614,77	2,658.	640,845,506.	-	90,886.
b	Contributions	6,981,068.	15,852,711.		5,958.	3,421,687.)5,399.
с С	Net investment earnings, gains,							
U	and losses	50,731,155.	28,247,584.	213,12	5,028.	10,465,106.	47,0	58,216.
d	Grants or scholarships	9,512,381.	9,066,838.	8,09),939.	7,560,639.	7,3	55,443.
e	Other expenditures for facilities							
-	and programs	25,015,275.	22,925,310.	23,58	9,339.	22,739,494.	24,8	01,350.
f	Administrative expenses	11,726,626.	11,338,767.	10,43	3,409.	9,659,508.	5,20	52,202.
g	End of year balance	807,434,278.	795,976,337.	795,20	5,957.	614,772,658.	640,84	15,506.
2	Provide the estimated percentage	of the current year	end balance (line 1g,	column (a	a)) held as	:		
а	Board designated or quasi-endown			· ·				
b	Permanent endowment 48.00	<u>00</u> %						
С	Term endowment <u>52.0000</u> %							
	The percentages on lines 2a, 2b, a							
3a	Are there endowment funds not in	the possession of the	ne organization that	are held a	and admii	nistered for the		
	organization by:							es No
	(i) Unrelated organizations						3a(i)	X
	(ii) Related organizations						3a(ii)	X
	If "Yes" on line 3a(ii), are the relate	•					3b	
4	The secribe in Part XIII the intended unter the secribe in Part XIII the intended unter the secret s		tion's endowment ful	nas.				
Pa	rt VI Land, Buildings, and Equ Complete if the organization	ation answered "Y	es" on Form 990, I	Part IV, li	ne 11a. 3	See Form 990, P	art X, line	10.
	Description of property	(a) Cost or	other basis (b) Cost	or other basis	(c) Ac	cumulated	(d) Book valu	
10	Land	(inves	, (ther)	· · ·	reciation	E7 077	262
1a b	Land			33,263		15 942	57,933 169,307	
b	Buildings		448,4	23,10/	. 219,1	15,942.	102,307	,440.
c d	Leasehold improvements		70 0	64 020	57 6	26,169.	12 027	860
	Equipment.			864,029 47,594		<u>20,107.</u>	13,237	
e Tota	Other I. Add lines 1a through 1e. <i>(Column</i>						76,568	
1010			n 530, r art A, coium	, <i>חווו, ו</i> שן יי	100./	<u></u>	511,040	, / U D .

Schedule D (Form 990) 2022

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Part VII	Investments - Other Securities. Complete if the organization answered	l "Yes" on Form 990	Part IV line 11b See Form 990	Part X line 12
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuatio Cost or end-of-year marke	on:
(1) Financia	al derivatives			
• •	held equity interests			
(3) Other				
• • –	GE FUNDS	95,409,999.	FMV	
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 12.)	95,409,999.		
Part VIII	Investments - Program Related. Complete if the organization answered	I "Yes" on Form 990	, Part IV, line 11c. See Form 990,	Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation	
			Cost or end-of-year marke	t value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. Complete if the organization answered	"Yes" on Form 990	Part IV. line 11d. See Form 990.	Part X. line 15.
	· •	scription	, ,	(b) Book value
(1)		•		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colu	umn (b) must equal Form 990, Part X, col. (B) I	ine 15.)		
Part X	Other Liabilities. Complete if the organization answered line 25.			n 990, Part X,
1.	(a) Descrip	tion of liability		(b) Book value
	ral income taxes	•		15,847.
(2)PV OF	3,815,411.			
(3)CONTR:	23,590.			
	AL STUDENT LOAN FUNDS			673,116.
		1,319,092.		
	ED POST-RETIREMENT BENEFI ERI SEVERANCE			5,080.
(7)LIABI	35,578,251.			
(8) (9)				
	nn (b) must equal Form 990, Part X, col. (B) line 25.)	<u></u>	<u></u>	41,430,387.

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

Schedu	Ile D (Form 990) 2022 TRUSTEES OF TRINITY COLLEGE, THE	06-	-0646927 Page 4		
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.					
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements	1	169,686,280.		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
- a	Net unrealized gains (losses) on investments				
	Donated services and use of facilities	1			
b		1			
C		1			
d		20	16 757 220		
е	Add lines 2a through 2d	2e	16,757,338.		
3	Subtract line 2e from line 1	3	152,928,942.		
4	Amounts 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	-			
b	Other (Describe in Part XIII.)	-			
C	Add lines 4a and 4b	4c	87,478,142.		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		240,407,084.		
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	urn.			
1	Total expenses and losses per audited financial statements	1	164,137,857.		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities				
D		-			
b c	Prior year adjustments	-			
C	Prior year adjustments 2b Other losses 2c	-			
c d	Prior year adjustments 2b Other losses 2c Other (Describe in Part XIII.) 2d	2e			
c d e	Prior year adjustments 2b Other losses 2c Other (Describe in Part XIII.) 2d Add lines 2a through 2d 2d	2e 3	164.137.857.		
c d e 3	Prior year adjustments 2b Other losses 2c Other (Describe in Part XIII.) 2d Add lines 2a through 2d 2d Subtract line 2e from line 1 2		164,137,857.		
c d e 3 4	Prior year adjustments 2b Other losses 2c Other (Describe in Part XIII.) 2d Add lines 2a through 2d 2d Subtract line 2e from line 1		164,137,857.		
c d e 3 4 a	Prior year adjustments 2b Other losses 2c Other (Describe in Part XIII.) 2d Add lines 2a through 2d 2d Subtract line 2e from line 1 4a Amounts included on Form 990, Part IX, line 25, but not on line 1: 4a Investment expenses not included on Form 990, Part VIII, line 7b 4a		164,137,857.		
c d 3 4 a b	Prior year adjustments 2b Other losses 2c Other (Describe in Part XIII.) 2d Add lines 2a through 2d 2d Subtract line 2e from line 1 4a Investment expenses not included on Form 990, Part IX, line 25, but not on line 1: 4a Investment expenses not included on Form 990, Part VIII, line 7b 4a Other (Describe in Part XIII.) 4b	3			
c d e 3 4 a	Prior year adjustments 2b Other losses 2c Other (Describe in Part XIII.) 2d Add lines 2a through 2d 2d Subtract line 2e from line 1 4a Amounts included on Form 990, Part IX, line 25, but not on line 1: 4a Investment expenses not included on Form 990, Part VIII, line 7b 4a	3 4c	164,137,857. 86,238,634. 250,376,491.		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE SUPPLEMENTAL PAGE

SCHEDULE D, PART III, LINE 4:

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

SCHEDULE D, PART V, LINE 4:

THE COLLEGE'S ENDOWMENT FUNDS ARE USED TO PROVIDE FINANCIAL RESOURCES TO SUPPLEMENT COLLEGE OPERATING FUNDS AND OTHER RESTRICTED GIFTS FOR MANY PURPOSES AS DETERMINED BY DONORS SUCH AS CLASSROOMS, INFORMATION TECHNOLOGY, RESEARCH MATERIALS, BUILDINGS, FINANCIAL AID AND ATHLETIC FACILITIES. SCHEDULE D, PART X, LINE 2:

THE FINANCIAL STATEMENTS DID NOT REPORT A FIN 48 LIABILITY.

SCHEDULE D, PART XI, LINE 4(B):

FINANCIAL AID RECLASS	74,230,861
PRINCIPAL DRAWDOWN RECLASS	410,130
RENT EXPENSE TO REVENUE	(128,983)
FASB 158 ADJUSTMENT	621,827
INTEREST RATE SWAP GAIN	605,899
TRANSFER TO ENDOWMENT	11,782

SCHEDULE D, PART XII, LINE 4(B):

FINANCIAL AID RECLASS	74,230,861
PRINCIPAL DRAWDOWN	410,130
RENT EXPENSE TO REVENUE	(128,983)

(For	EDULE E m 990) rtment of the Treasury al Revenue Service		Attach to Form 990 or Form 990-EZ.					
	of the organization		Employer identifica		ection			
TRU	STEES OF TRIN	ITY COLLEGE, THE	06-064692	27				
Ра	rt I							
1	0	ation have a racially nondiscriminatory policy toward students by stateme erning instrument, or in a resolution of its governing body?			YES X	NO		
2	brochures, catalog	ation include a statement of its racially nondiscriminatory policy toward s gues, and other written communications with the public dealing with stu iolarships?	udent admissions	,	x			
3	Has the organizat homepage at all t homepage, or thro the registration pe the general comm	ion publicized its racially nondiscriminatory policy on its primary publicly a times during its tax year in a manner reasonably expected to be noticed bugh newspaper or broadcast media during the period of solicitation for st eriod if it has no solicitation program, in a way that makes the policy known nunity it serves? If "Yes," please describe. If "No," please explain. If you n	by visitors to the tudents, or during wn to all parts o need more space			x		
	SEE SUPPLEME	NTAL PAGE		-				
4	Does the organization	tion maintain the following?		-				
4 a	•	tion maintain the following? the racial composition of the student body, faculty, and administrative staff?.		- 4a	x			
4 a b	Records indicating	tion maintain the following? the racial composition of the student body, faculty, and administrative staff? . ting that scholarships and other financial assistance are awarded on a racially i			x			
a b	Records indicating Records documen basis?	the racial composition of the student body, faculty, and administrative staff? ting that scholarships and other financial assistance are awarded on a racially	nondiscriminatory	′ . 4b	X X			
a b	Records indicating Records document basis? Copies of all catal	the racial composition of the student body, faculty, and administrative staff? ting that scholarships and other financial assistance are awarded on a racially logues, brochures, announcements, and other written communications to t	nondiscriminator	4b	x			
a b c	Records indicating Records document basis? Copies of all catal with student admis	the racial composition of the student body, faculty, and administrative staff? ting that scholarships and other financial assistance are awarded on a racially logues, brochures, announcements, and other written communications to t ssions, programs, and scholarships?	nondiscriminatory	4b 4b	x x			
a b c	Records indicating Records document basis? Copies of all catal with student admis Copies of all mater If you answered "N	the racial composition of the student body, faculty, and administrative staff? ting that scholarships and other financial assistance are awarded on a racially a logues, brochures, announcements, and other written communications to t ssions, programs, and scholarships?	nondiscriminatory	4b 4b	x			
a b c d	Records indicating Records document basis? Copies of all catal with student admis Copies of all mater If you answered "N Does the organization	the racial composition of the student body, faculty, and administrative staff? ting that scholarships and other financial assistance are awarded on a racially a logues, brochures, announcements, and other written communications to the ssions, programs, and scholarships?	nondiscriminator	/ 4b - 4c - 4d	x x			
a b c d	Records indicating Records document basis? Copies of all catal with student admis Copies of all mater If you answered "N Does the organization	the racial composition of the student body, faculty, and administrative staff? ting that scholarships and other financial assistance are awarded on a racially a logues, brochures, announcements, and other written communications to t ssions, programs, and scholarships?	nondiscriminator	/ 4b - 4c - 4d	x x	x		
a b c d 5 a	Records indicating Records document basis? Copies of all catal with student admis Copies of all mater If you answered "N Does the organization Students' rights or	the racial composition of the student body, faculty, and administrative staff? ting that scholarships and other financial assistance are awarded on a racially a logues, brochures, announcements, and other written communications to the ssions, programs, and scholarships?	nondiscriminator	. 4b . 4c . 4d . 4d	x x	x		
a b c d 5 a b	Records indicating Records document basis? Copies of all catal with student admis Copies of all mater If you answered "N Does the organizat Students' rights or Admissions policie	the racial composition of the student body, faculty, and administrative staff? . ting that scholarships and other financial assistance are awarded on a racially in logues, brochures, announcements, and other written communications to the ssions, programs, and scholarships?	nondiscriminator	. 4b . 4c . 4d . 4d . 5a	x x			
a b c d 5 a b c	Records indicating Records document basis? Copies of all catal with student admis Copies of all mater If you answered "N Does the organizat Students' rights or Admissions policie Employment of face	the racial composition of the student body, faculty, and administrative staff? . ting that scholarships and other financial assistance are awarded on a racially in logues, brochures, announcements, and other written communications to t ssions, programs, and scholarships?	nondiscriminator	 4b 4c 4d 4d 5a 5b 5c 	x x	x		
a b c d 5 a b c d	Records indicating Records document basis? Copies of all catal with student admis Copies of all mater If you answered "N Does the organization Students' rights or Admissions policie Employment of fact	the racial composition of the student body, faculty, and administrative staff? . ting that scholarships and other financial assistance are awarded on a racially in logues, brochures, announcements, and other written communications to the ssions, programs, and scholarships?	nondiscriminator	 4b 4c 4d 4d 5a 5b 5c 5d 	x x	x x		
a b c d 5 a b c d	Records indicating Records document basis? Copies of all catal with student admis Copies of all mater If you answered "N Does the organizat Students' rights or Admissions policie Employment of fact Scholarships or ot Educational policie	the racial composition of the student body, faculty, and administrative staff? . ting that scholarships and other financial assistance are awarded on a racially in logues, brochures, announcements, and other written communications to the ssions, programs, and scholarships?	nondiscriminator	 4b 4c 4d 4d 5a 5b 5c 5c 5d 5e 	x x	x x x		
a b c d 5 a b c d e	Records indicating Records document basis? Copies of all catal with student admis Copies of all mater If you answered "N Does the organizat Students' rights or Admissions policie Employment of fact Scholarships or ot Educational policie Use of facilities?	the racial composition of the student body, faculty, and administrative staff? . ting that scholarships and other financial assistance are awarded on a racially in logues, brochures, announcements, and other written communications to the ssions, programs, and scholarships?	nondiscriminator	 4b 4c 4d 5a 5a 5b 5c 5c 5c 5c 5c 5c 5c 5c 5c 	x x	x x x x		

6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a	X
b	Has the organization's right to such aid ever been revoked or suspended?	6b	
	If you answered "Yes" on either line 6a or line 6b, explain on Part II.		
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through	1	

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

SCHEDULE E, LINE 3:

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

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

SCHEDULE E, LINE 6A:

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

SCHEDULE F (Form 990)	ates	OMB No. 1545-0047		
Name of the organization		Employer iden	tification number	
TRUSTEES OF TRIN	IITY COLLEGE, THE	06-064	6927	
	formation on Activities Outside the United States. Complete if the Part IV, line 14b.	e organizatio	n answered "Yes" on	
-	Does the organization maintain records to substantiate the amount of its the grantees' eligibility for the grants or assistance, and the selection crite or assistance?	•	_ X Yes No	

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) SUB-SAHARAN AFRICA	1	1	PROGRAM SERVICES	STUDY ABROAD	125,199.
(2) EUROPE	2	5	PROGRAM SERVICES	STUDY ABROAD	2,005,867.
(3) CENTRAL AMERICA/CARIBBEAN	1	NONE	PROGRAM SERVICES	STUDY ABROAD	12,350.
(4) CENTRAL AMERICA/CARIBBEAN	NONE	NONE	GRANTMAKING	STUDY ABROAD GRANTS	13,332.
(5) EAST ASIA AND THE PACIFIC	NONE	NONE	GRANTMAKING	STUDY ABROAD GRANTS	61,994.
(6) EUROPE	NONE	NONE	GRANTMAKING	STUDY ABROAD GRANTS	2,778,747.
(7) MIDDLE EAST AND NORTH AFRICA	NONE	NONE	GRANTMAKING	STUDY ABROAD GRANTS	105,464.
(8) SOUTH ASIA	NONE	NONE	GRANTMAKING	STUDY ABROAD GRANTS	34,742.
(9) SOUTH AMERICA	NONE	NONE	GRANTMAKING	STUDY ABROAD GRANTS	96,774.
10) SUB-SAHARAN AFRICA	NONE	NONE	GRANTMAKING	STUDY ABROAD GRANTS	169,754.
11) CENTRAL AMERICA/CARIBBEAN	NONE	NONE	INVESTMENTS		108,993,039.
12) EUROPE	NONE	NONE	INVESTMENTS		8,705,543.
(13)					
(14)					
15)					
16)					
17)					
3aSubtotalbTotalfromcontinuation	4	6.			123,102,805.
sheets to Part I c Totals (add lines 3a and 3b)	4.	6.			123,102,805.

TRUSTEES OF TRINITY COLLEGE, THE

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV. line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

	r arcrv, mo ro, ror any r	solpionit which toool			auphoatoa ii aaaitt	onal opuoo ie	noodod.		
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

3 Enter total number of other organizations or entities

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

Schedule F (Form 990) 2022

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Page 3

(a) Type of grant or assistance	(b) Region	(c) Number of	(d) Amount of	(e) Manner of	(f) Amount of	(g) Description	(h) Method of
		recipients	cash grant	cash disbursement	noncash assistance	of noncash assistance	valuation (book, FMV, appraisal, other)
(1) GRANTS AND SCHOLARSHIPS FOR STUDENTS	EAST ASIA/PACIFIC	1	61,994.	ON ACCOUNT			
(2) GRANTS AND SCHOLARSHIPS FOR STUDENTS	CENT. AMERICA/CARIBBEAN	1	13,332.	ON ACCOUNT			
(3) GRANTS AND SCHOLARSHIPS FOR STUDENTS	EUROPE/ICELAND/GREENLAND	94	2,778,747.	ON ACCOUNT			
(4) GRANTS AND SCHOLARSHIPS FOR STUDENTS	SOUTH AMERICA	3	96,774.	ON ACCOUNT			
(5) GRANTS AND SCHOLARSHIPS FOR STUDENTS	MIDDLE EAST/NORTH AFRICA	3	105,464.	ON ACCOUNT			
(6) GRANTS AND SCHOLARSHIPS FOR STUDENTS	SOUTH ASIA	1	34,742.	ON ACCOUNT			
(7) GRANTS AND SCHOLARSHIPS FOR STUDENTS	SUB-SAHARAN AFRICA	5	169,754.	ON ACCOUNT			
(8)							
(9)							
10)							
11)							
12)							
13)							
14)							
15)							
16)							
17)							
18)							

Schedule F (Form 990) 2022

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

Part V Supplemental Information

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

SCHEDULE F, PART I, COLUMN F:

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

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

SCHEDULE I Grants and Other Assistance to Organizations, (Form 990) Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.								OMB No. 1545-0047
	Comp	lete if the or	-	wered "Yes" on F ach to Form 990.	orm 990, Part IV	line 21 or 22.		Open to Public
Department of the Treasury Internal Revenue Service		Goto		Form990 for the la	test information			Inspection
Name of the organization		00 10	, www.ii3.gov/		test mormation.		Employer identificati	
Ū.	NITY COLLEGE, THE						06-0646927	
	nformation on Grants and	Assistance	9				00 0010927	
	zation maintain records to su			e grants or assista	nce, the grantees	' eligibility for the grant	s or assistance. and	
	eria used to award the grant							X Yes No
	IV the organization's proced							
Part II Grants an	d Other Assistance to D	omestic Ord	anizations ar	nd Domestic Gov	ernments. Com	plete if the organiz	ation answered "Y	es" on Form 990,
	ne 21, for any recipient th	-	•					
	d address of organization government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)		-						
(2)		-						
(3)		_						
(4)		-						
(5)		-						
(6)		-						
(7)		-						
(8)		-						
(9)		-						
(10)		-						
(11)		-						
(12)								
	er of section 501(c)(3) and get of other organizations list	-	•					

TRUSTEES OF TRINITY COLLEGE, THE

06-0646927

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance					
GRANTS AND SCHOLARSHIPS FOR STUDENTS	1,177	70,970,054.								
2										
3										
4										
5										
6										
7										
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional										

information.

PART I, LINE 2 - GRANTS AND ALLOCATIONS:

APPROXIMATELY 66 PERCENT OF TRINITY COLLEGE UNDERGRADUATES ARE RECEIVING

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

SCHOLARSHIPS ARE AWARDED ON THE BASIS OF FINANCIAL NEED AND ACADEMIC

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

OF FINANCIAL AID.

SCHEDULE I, PART III: THE CASH GRANT INCLUDES CREDITS ON STUDENT

ACCOUNTS.

Page 2

SCHEDULE J Compensation Information						OMB No	. 1545-	0047
(Forn	n 990)			a, Trustees, Key Employees, and Highest isated Employees		2(D 2	2
		Complete if the organization	n ans	swered "Yes" on Form 990, Part IV, line 2	3.	Open	to Pi	blic
	nent of the Treasury Revenue Service			h to Form 990. r instructions and the latest information.			pecti	
Name	of the organization				Employer identifica			
TRUS		RINITY COLLEGE, THE			06-06469	927		
Part	Questio	ns Regarding Compensation						
							Yes	No
1a		propriate box(es) if the organization pro				rm		
		Section A, line 1a. Complete Part III to p			-			
		ss or charter travel	X	Housing allowance or residence for	•			
		or companions emnification and gross-up payments	x	Payments for business use of perso Health or social club dues or initiation				
		onary spending account	X	Personal services (such as maid, ch				
				X				
b	or reimburse	boxes on line 1a are checked, did the ment or provision of all of the ex	pens	ses described above? If "No," com	plete Part III	to		x
2	Did the ora:	anization require substantiation prior	to	reimbursing or allowing expenses	incurred by		,	
-	•	stees, and officers, including the CEC			•			
						. 2	x	
3		n, if any, of the following the organization			the			
Ū		CEO/Executive Director. Check all the						
	related organ	ization to establish compensation of the	e CE	O/Executive Director, but explain in P	art III.			
	X Comper	sation committee		Written employment contract				
	Indepen	dent compensation consultant	Х	Compensation survey or study				
	Form 99	00 of other organizations	Х	Approval by the board or compensation	ation committee			
4		ar, did any person listed on Form 990, or a related organization:	Par	t VII, Section A, line 1a, with respect t	o the filing			
а		verance payment or change-of-control pa	avme	ent?		. 4a		x
b		or receive payment from a supplement					_	
C		or receive payment from an equity-bas					-	X
		y of lines 4a-c, list the persons and pr						
	Only section	501(c)(3), 501(c)(4), and 501(c)(29) or	gan	izations must complete lines 5-9.				
5	For persons	listed on Form 990, Part VII, Section	on /	A, line 1a, did the organization pa	y or accrue a	ny		
	compensatior	n contingent on the revenues of:						
		ion?					_	X
b		rganization?	• •			. 5b		X
_		e 5a or 5b, describe in Part III.						
6	-	listed on Form 990, Part VII, Section	on /	A, line 1a, did the organization pa	ly or accrue a	ny		
		n contingent on the net earnings of:				6		v
a b		ion?					_	X X
U U	•	e 6a or 6b, describe in Part III.	• •			. 0.	, 	
7		listed on Form 990, Part VII, Sectio	n ^	line 1a did the organization prov	ide any nonfiv	he		
'		described on lines 5 and 6? If "Yes," de						x
8		ounts reported on Form 990, Part VII,						1
		l contract exception described in I				be		
			-					Х
9								
	Regulations s	ection 53.4958-6(c)?			<u></u> .	. 9		
For Pa		tion Act Notice, see the Instructions for Fo				nedule J (Form 9	90) 2022

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

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

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

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

		(B) Breakdown of W-2 a	nd/or 1099-MISC and/or	1099-NEC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
JOANNE BERGER-SWEENEY	(i)	588,517.	NONE	89,282.	240,186.	57,102.	975,087.	44,780.
1 PRESIDENT	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
DICKENS MATHIEU	(i)	279,497.	NONE	NONE	28,492.	33,092.	341,081.	NONE
2 GENERAL COUNSEL, SECRETARY CLG	(ii)	NONE	NONE		NONE	NONE	NONE	NONE
DANNY HITCHELL	(i)	345,774.	NONE	7,889.	29,738.	28,168.	411,569.	7,889.
3 VP FINANCE	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JOSEPH DICHRISTINA	(i)	259,590.	NONE	NONE	26,225.	47,759.	333,574.	NONE
4 VP ST AFFAIRS, DEAN CAMPUS LIFE	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
SONIA CARDENAS	(i)	320,490.	NONE	4,960.	29,738.	28,168.	383,356.	4,960.
5 VP ACADEMIC AFFAIRS AND DEAN	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
MICHAEL CASEY	(i)	345,100.	NONE	31,238.	29,737.	378.	406,453.	6,355.
6 VP ADVANCEMENT	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
ANITA DAVIS	(i)	233,450.	NONE	13,543.	22,761.	305.	270,059.	NONE
7 VP DIVERSITY EQUITY&INCLUSION	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
HELLEN HOM-DIAMOND	(i)	216,813.	NONE	78,710.	21,347.	25,931.	342,801.	NONE
8 VP STRAT MARKETING&COMMUNICA	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
AMANDA ESHLEMAN	(i)	247,927.	NONE	14,110.	25,106.	29,443.	316,586.	NONE
9 VP LIBRARY&INFORMATION TECH SE	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
TOMASSI FUSCIELLO	(i)	196,443.	NONE	12,524.	19,853.	22,634.	251,454.	NONE
10 AVP CONSTRUCTION FACILITIES&OP	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
_13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Part ||| Supplemental Information

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

SCHEDULE J, PART I, LINE 1A:

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

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

Part III Supplemental Information

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

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

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

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

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

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

SCHEDULE J, PART I, LINE 4B:

PURSUANT TO THE TERMS OF A SECTION 457(F) DEFERRED COMPENSATION PLAN, THE PRESIDENT IS ENTITLED TO CERTAIN DEFERRED COMPENSATION BENEFITS WHICH

Part III Supplemental Information

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

VEST THE EARLIEST OF (1) AGREED UPON DATE; (2) DEATH; (3) DISABILITY; OR

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

\$44,780 WAS MADE IN 2022 AND IS INCLUDED IN SCHEDULE J, PART II, COLUMN

(C). IN 2022, AMOUNTS UNDER THE PLAN BECAME VESTED AND WERE PAID TO THE

PRESIDENT. THE AMOUNTS PAID ARE REFLECTED IN SCHEDULE J, PART II, COLUMN

(B) III.

PURSUANT TO THE TERMS OF A SECTION 457(F) DEFERRED COMPENSATION PLAN, THE VP FINANCE IS ENTITLED TO CERTAIN DEFERRED COMPENSATION BENEFITS WHICH VEST THE EARLIEST OF (1) AGREED UPON DATE; (2) DEATH; (3) DISABILITY; OR (4) INVOLUNTARY TERMINATION OF EMPLOYMENT FROM THE COLLEGE. A CREDIT OF \$7,889 WAS MADE IN 2022 AND IS INCLUDED IN SCHEDULE J, PART II, COLUMN (C). IN 2022, AMOUNTS UNDER THE PLAN BECAME VESTED AND WERE PAID TO THE VP FINANCE. THE AMOUNTS PAID ARE REFLECTED IN SCHEDULE J, PART II, COLUMN (B) III.

PURSUANT TO THE TERMS OF A SECTION 457(F) DEFERRED COMPENSATION PLAN, THE VP ACADEMIC AFFAIRS IS ENTITLED TO CERTAIN DEFERRED COMPENSATION BENEFITS

Schedule J (Form 990) 2022	TRUSTEES OF TRINITY COLLEGE, THE	06-0646927	Page 3
Part III Supplemental Information			
Provide the information, explanation, or de for any additional information.	scriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4d	c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II	. Also complete this part
WHICH VEST THE EARLIEST OF (1)	AGREED UPON DATE; (2) DEATH;(3)		
DISABILITY; OR (4) INVOLUNTARY	TERMINATION OF EMPLOYMENT FROM THE		
COLLEGE. A CREDIT OF \$4,960 WAS	MADE IN 2022 AND IS INCLUDED IN SCHEDULE		
J, PART II, COLUMN (C). IN 2022	, AMOUNTS UNDER THE PLAN BECAME VESTED AND	D	
WERE PAID TO THE VP ACADEMIC AF	FAIRS. THE AMOUNTS PAID ARE REFLECTED IN		
SCHEDULE J, PART II, COLUMN (B)	III.		
PURSUANT TO THE TERMS OF A SECT	ION 457(F) DEFERRED COMPENSATION PLAN, TH	E	
VP ADVANCEMENT IS ENTITLED TO C	ERTAIN DEFERRED COMPENSATION BENEFITS		
WHICH VEST THE EARLIEST OF (1)	AGREED UPON DATE; (2) DEATH; (3)		
DISABILITY; OR (4) INVOLUNTARY	TERMINATION OF EMPLOYMENT FROM THE		
COLLEGE. A CREDIT OF \$6,355 WAS	MADE IN 2022 AND IS INCLUDED IN SCHEDULE		
J, PART II, COLUMN (C). IN 2022	, AMOUNTS UNDER THE PLAN BECAME VESTED AND	D	
WERE PAID TO THE VP ADVANCEMENT	. THE AMOUNTS PAID ARE REFLECTED IN		
SCHEDULE J, PART II, COLUMN (B)	III.		

SCHEDULE K (Form 990)

Supplemental Information on Tax-Exempt Bonds

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

Name of the organization

TRUSTEES OF TRINITY COLLEGE, THE Dort I

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) De	feased	beh	On alf of uer	(i) Po finan	
						Yes	No	Yes	No	Yes	No
A CONN HEALTH & ED FAC AUTH - SERIES L	06-0806186	20774UG82	08/05/2008	15,345,000.	REFINANCE CHEFA I - 2005		х		х		х
B CONN HEALTH & ED FAC AUTH - SERIES N	06-0806186	000000000	07/15/2014	22,535,000.	REFIN. CHEFA H-2004, CHEFA E-1996		х		x		х
C CONN HEALTH & ED FAC AUTH - SERIES Q	06-0806186	000000000	04/26/2017	51,100,000.	REFIN. CHEFA J-2007, CHEFA G-2001		х		х		х
\boldsymbol{D} conn health & ed fac auth - series r	06-0806186	20775DHF2	06/29/2020	59,245,776.	REFINANCE CHEFA M-2010 CHEFA 0-201		х		х		Х
Part II Proceeds											

			Α		В	(C		D
1	Amount of bonds retired	7,2	260,000.	16,5	588,263.	30,0	000,000.		
2	Amount of bonds legally defeased								
3	Total proceeds of issue	15,3	345,000.	22,5	535,000.	51,1	LOO,000.	59,2	245,776
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows.								
7	Issuance costs from proceeds		269,841.		424,978.		264,049.	8	833,605
8	Credit enhancement from proceeds		37,049.						
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds								
11	Other spent proceeds	15,0	038,100.	22,2	10,022.	50,8	335,951.	58,4	112,171
12	Other unspent proceeds								
13	Year of substantial completion								
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a refunding issue of tax-exempt bonds (or,								
	if issued prior to 2018, a current refunding issue)?	Х		Х		Х		Х	
15	Were the bonds issued as part of a refunding issue of taxable bonds (or, if								
	issued prior to 2018, an advance refunding issue)?		х		Х		Х		X
16	Has the final allocation of proceeds been made?	Х		Х		Х		Х	
17	Does the organization maintain adequate books and records to support the								
	final allocation of proceeds?	x		Х		х		х	

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



Employer identification number

06-0646927

Schedule K (Form 990) 2022

Part III Private Business Use TAX	K-EXEMP	T BONDS						
		Α		В		C		D
1 Was the organization a partner in a partnership, or a member of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No
which owned property financed by tax-exempt bonds?		Х						X
2 Are there any lease arrangements that may result in private business use of								
bond-financed property?		Х						X
3a Are there any management or service contracts that may result in private								
business use of bond-financed property?		Х						X
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of								-
bond-financed property?		x						X
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other								
outside counsel to review any research agreements relating to the financed property?								Х
4 Enter the percentage of financed property used in a private business use by entities								
other than a section 501(c)(3) organization or a state or local government		%		%		%		(
5 Enter the percentage of financed property used in a private business use as a								
result of unrelated trade or business activity carried on by your organization,								
another section 501(c)(3) organization, or a state or local government		%		%		%		
6 Total of lines 4 and 5		%		%		%		
7 Does the bond issue meet the private security or payment test?		Х						Х
8a Has there been a sale or disposition of any of the bond-financed property to a								
nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		х						X
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or								
disposed of		%		%		%		
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations								
sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all								
nongualified bonds of the issue are remediated in accordance with the								
requirements under Regulations sections 1.141-12 and 1.145-2?	х		Х		Х		х	
Part IV Arbitrage		-						
		Α		В		С		D
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
Penalty in Lieu of Arbitrage Rebate?		х		x		X		X
2 If "No" to line 1, did the following apply?		-				1		
a Rebate not due yet?		x		X		X		X
b Exception to rebate?	X		X		Х		Х	
c No rebate due?		X	23	X	23	X		X
If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
performed								
3 Is the bond issue a variable rate issue?	х		x	1 1	х			x
	Δ		Δ		Δ		hedule K (F	

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Schedule K (Form 990) 2022	Schedule K	(Form 99	0) 2022
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rt IV Arbitrage (continued) TA		F BONDS		-		•	-	
	-	A		B		C)
Has the organization or the governmental issuer entered into a qualified	Yes	No	Yes	No	Yes	No	Yes	No
hedge with respect to the bond issue?		X	X		X			Х
Name of provider			PEOPLE'S U		CITIZENS E			
Term of hedge.		1		13.000		9.000		
Was the hedge superintegrated?			X		Х			
Was the hedge terminated?				X		Х		
Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х		X		Х		Х
Name of provider								
Term of GIC								
Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
Were any gross proceeds invested beyond an available temporary period?		Х		Х		Х		Х
Has the organization established written procedures to monitor the								
requirements of section 148?	Х		X		Х		Х	
rt V Procedures To Undertake Corrective Action								
		4		В		C	[)
Has the organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No	Yes	No
of federal tax requirements are timely identified and corrected through the								
voluntary closing agreement program if self-remediation isn't available under								
applicable regulations?	Х		x		Х		Х	
rt VI Supplemental Information. Provide additional information for responses to	question	s on Sch	edule K. Se	e instruction	ons.			

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

FORM 990, SCHEDULE K, PART III

TRINITY COLLEGE HAS CONDUCTED AN EXTENSIVE ANALYSIS OF ALL ACTIVITIES CONDUCTED WITHIN ITS BOND-FINANCED FACILITIES AND HAS DETERMINED THAT THERE IS NO PRIVATE BUSINESS USE.

SCHEDULE K (Form 990)

Supplemental Information on Tax-Exempt Bonds

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

Name of the organization

TRUSTEES OF TRINITY COLLEGE, THE

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) De	efeased	(h) beha iss		(i) Poo financ	led ing
						Yes	No	Yes	No	Yes	No
A CONN HEALTH & ED FAC AUTH - SERIES S	06-0806186	20775DMS8	07/27/2021	61,850,879.	REFIN \$30M-CHEFA Q,\$30M-CONSTRUCTI		х		х		х
В											
С											
D											

Part	I Proceeds								
			A		В	()	I)
1	Amount of bonds retired								
2	Amount of bonds legally defeased								
3	Total proceeds of issue	61,8	350,879.						
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows.								
7	Issuance costs from proceeds	,	714,879.						
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	5,9	975,446.						
11	Other spent proceeds	31,0	068,011.						
12	Other unspent proceeds	24,0)92,543.						
13	Year of substantial completion								
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a refunding issue of tax-exempt bonds (or,								
	if issued prior to 2018, a current refunding issue)?	Х							
15	Were the bonds issued as part of a refunding issue of taxable bonds (or, if								
	issued prior to 2018, an advance refunding issue)?		Х						
16	Has the final allocation of proceeds been made?	Х							
17	Does the organization maintain adequate books and records to support the								
	final allocation of proceeds?	х							
			I						

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

Schedule K (Form 990) 2022

OMB No. 1545-0047

Open to Public

Inspection

2

Employer identification number

06-0646927

Pa	t III Private Business Use TAX	K-EXEMP	PT BONDS						
			Α		В		С		D
1	Was the organization a partner in a partnership, or a member of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No
	which owned property financed by tax-exempt bonds?		Х						
2	Are there any lease arrangements that may result in private business use of								
	bond-financed property?		X						
3a	Are there any management or service contracts that may result in private								
	business use of bond-financed property?		Х						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of								
•	bond-financed property?		X						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other								
	outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities								
	other than a section 501(c)(3) organization or a state or local government		%		%		%		Q
5	Enter the percentage of financed property used in a private business use as a								
	result of unrelated trade or business activity carried on by your organization,								
	another section 501(c)(3) organization, or a state or local government		%		%		%		Q
6	Total of lines 4 and 5		%	b	%		%		9
7	Does the bond issue meet the private security or payment test?		X						
8a	Has there been a sale or disposition of any of the bond-financed property to a								
	nongovernmental person other than a $501(c)(3)$ organization since the bonds were issued?		x						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or								
	disposed of		%		%		%		Q
с	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations								
	sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all								
	nonqualified bonds of the issue are remediated in accordance with the								
	requirements under Regulations sections 1.141-12 and 1.145-2?	Х							
Pa	t IV Arbitrage		I		- 1				
			Α		В		С		D
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
	Penalty in Lieu of Arbitrage Rebate?		X						
2	If "No" to line 1, did the following apply?				-				
	Rebate not due yet?		Х						
b	Exception to rebate?	Х							
	No rebate due?		X						
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was		1	1	-'		-		1
	performed								
3	Is the bond issue a variable rate issue?		X						1

Part IV Arbitrage (continued) TAX	- FYFMD	T BONDS						Page C
		A		В		C		
4a Has the organization or the governmental issuer entered into a qualified	Yes	No	Yes	No	Yes	No	Yes	No
hedge with respect to the bond issue?		X						
b Name of provider							1	
c Term of hedge.							1	
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider							1	
c Term of GIC							1	
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?							1	
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the		21						
requirements of section 148?	х							
Part V Procedures To Undertake Corrective Action	21						<u> </u>	
		A		В		С		2
Has the organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No	Yes	No
of federal tax requirements are timely identified and corrected through the								
voluntary closing agreement program if self-remediation isn't available under								
applicable regulations?	Х							
Part VI Supplemental Information. Provide additional information for responses to		s on Sche	dule K. Se	e instruct	ions			
	900000							

Page 3

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

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

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

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information. 2022 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

TRUSTEES OF TRINITY COLLEGE, THE

Employer identification number

Par	Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of dete noncash contributi		
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household						
	goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded	X	90	3,047,875.	HIGH-LOW AVG		
10	Securities - Closely held stock						
11	Securities - Partnership, LLC,						
	or trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation						
	contribution - Historic						
	structures	·					
14	Qualified conservation						
	contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18							
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy Historical artifacts						
22 23	Scientific specimens						
23 24	Archeological artifacts						
24 25	Other ►(SEE SUPP PAGE)	·	8.	1,031,989.			
26	Other \blacktriangleright ()			1,031,909.			
27	Other ►() Other ►()						
28							
	Number of Forms 8283 received	by the org	anization during the tax v	ear for contributions for			
20	which the organization completed				29		7
		· • •2•••,	r art 1, Bonoo / toknowioug		LL	Yes	No
30a	During the year, did the organizat	tion receive	by contribution any prope	rty reported in Part I, line	s 1 through		
	28, that it must hold for at least t				-		
	to be used for exempt purposes for						Х
b	If "Yes," describe the arrangement						
31	Does the organization have a		tance policy that require	es the review of any	nonstandard		
	contributions?			-		X	
32a	Does the organization hire or us						
	contributions?	-	=				Х
b	If "Yes," describe in Part II.						
33	If the organization didn't report an	amount in c	olumn (c) for a type of pro	perty for which column (a)) is checked,		
	describe in Part II.						
For Pa	aperwork Reduction Act Notice, see the Inst	ructions for Fo	rm 990.		Schedule M (F	orm 99()) 2022

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

SCHEDULE M, COLUMN B:

THE COLLEGE IS REPORTING THE NUMBER OF CONTRIBUTIONS.

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

SCHEDULE M, PART I	- OTHER NON	ICASH CONTRIBUTION	S	
DESCRIPTION	(A) CHECK	(B) NUMBER OF CONTRIBUTIONS	= (C) REVENUES REPORTED	(D) METHOD OF DETERMINING
FINE ART PHOTOG TRINITY EVENT A FINE ART PRINT	X X X X	6 1 1	994,500. 17,489. 20,000.	APPRAISALS PROVI RECEIPTS PROVIDE RECEIPT PROVIDED
TOTALS	==:	8.	1,031,989.	

Supplemental Information to Form 990 or 990-EZ

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

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



Department of the Treasury Internal Revenue Service

TRUSTEES OF TRINITY COLLEGE, THE

Employer identification number

06-0646927

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

TRINITY COLLEGE'S MISSION IS TO PROVIDE EXCELLENCE IN LIBERAL ARTS EDUCATION WITH EMPHASIS ON MAINTAINING AN OUTSTANDING FACULTY, RIGOROUS CURRICULUM, TALENTED AND MOTIVATED STUDENT BODY AND AN ATTRACTIVE, SUPPORTIVE AND SECURE CAMPUS COMMUNITY.

FORM 990, PART VI, LINE 11:

TRINITY COLLEGE PREPARES THE RETURN FOR REVIEW BY AN OUTSIDE PAID PREPARER AND SENIOR MANAGEMENT. THE BOARD OF TRUSTEES AUDIT COMMITTEE REVIEWS FORM 990. A FULL COPY OF FORM 990 IS DISTRIBUTED TO ALL TRINITY COLLEGE TRUSTEES BEFORE IT IS FILED. THE RETURN IS SIGNED BY THE AVP FINANCE AND THE PAID PREPARER.

FORM 990, PART VI, LINE 12C:

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

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

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

FORM 990 PART VI, LINE 18:

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

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

TRUSTEES OF TRINITY COLLEGE, THE

Employer identification number

06-0646927

FORM 990, PART VI, LINE 19:

THE ACCOUNTING SERVICES WEB SITE INCLUDES ALL GOVERNING DOCUMENTS,

CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS.

Schedule O (Form 990 or 990-EZ) 2022			Page 2
Name of the organization		Employer identif	ication number
TRUSTEES OF TRINITY COLLEGE, THE		06-06469	927
FORM 990, PART III, LINE 4D - OTHER PROGRAM SER	VICES		
DESCRIPTION	GRANTS	EXPENSES	REVENUE
STUDENT SERVICES	NONE	19,992,881.	NONE
INSTITUTIONAL SUPPORT	NONE	8,453,990.	NONE
PUBLIC SERVICE	NONE	1,775,331.	NONE
TOTALS	NONE	30,222,202.	NONE

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Schedule O (Form 990 or 990-EZ) 2022		Page 2
Name of the organization	Employer ide	entification number
TRUSTEES OF TRINITY COLLEGE, THE	06-064	<u>16927</u>
FORM 990, PART VII-COMPENSATION OF THE 5 HIGH	EST PAID IND. CONTRACTORS	
NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
ABM INDUSTRY GROUPS LLC		
1350 EUCLID AVENUE		
CLEVELAND, OH 44115	FACILITY SERVICES	15,393,368.
CHARTWELLS		
PO BOX 91337		
CHICAGO, IL 60693-1337	FOOD SERVICES	11,775,602.
CRESCENT STREET AT TRINITY COLLEGE LLC		
199 WEST ROAD SUITE 101		
PLEASANT VALLEY, NY 12569	RESIDENTIAL	4,384,991.
CENAXO LLC		
16 TOLLAND TURNPIKE		
WILLINGTON, CT 06279	CONSTRUCTION	1,673,429.
DANIEL O'CONNELL'S SONS INC		
800 KELLY WAY		
HOLYOKE, MA 01040	CONSTRUCTION	1,414,265.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service Name of the organization

TRUSTEES OF TRINITY COLLEGE, THE

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g Section 5 contr ent	g) 512(b)(13) rolled ity?
						Yes	No
(1)							
(2)							
(3)							
(4)							
(5)							
(6)	-						
(7)							

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



OMB No. 1545-0047

Employer identification number

06-0646927

2022

Open to Public Inspection

TRUSTEES OF TRINITY COLLEGE, THE

06-0646927

Page 2

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

(a) Name, address, and EIN of related organization		(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	Disprop	h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Code V - UBI General or nount in box 20 managing Schedule K-1 partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) ACADIAN INTRNTL EXT PLUS EQUIT	_											
260 FRANKLIN STREET BOSTON, MA	INVESTMENT	MA	TRINITY	EXCLUDED FROM TAX	1,682,369.	7,496,816.		х	NONE		х	50.5100
(2)	-											
(3)	-											
(4)	-											
(5)	_											
(6)	-											
(7)	_											

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13 controlled entity?
								Yes No
(1) POOLED INCOME FUND	_							
	SUPPORT	CT	N/A	TRUST				
(2) CHARITABLE REMAINDER UNITRUSTS (19)								
	SUPPORT	CT	N/A	TRUST				
(3)	-							
(4)	-							
(5)	-							
(6)	-							
(7)	-							

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

Not	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Ye	s No		
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?					
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	. 1	a	X		
		. 1		X		
С	Gift, grant, or capital contribution from related organization(s)	. 10	c	X		
d	Loans or loan guarantees to or for related organization(s)	. 10	d	X		
е	Loans or loan guarantees by related organization(s)	. 10	e	X		
f	Dividends from related organization(s)	. 1	_	X		
g			g	X		
h			_	X		
i				X		
j	Lease of facilities, equipment, or other assets to related organization(s).	. 1	j	X		
k				X		
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity. 1 b Gift, grant, or capital contribution to related organization(s). 1 c Gift, grant, or capital contribution from related organization(s). 1 d Loans or loan guarantees to or for related organization(s). 1 e Loans or loan guarantees by related organization(s). 1 f Dividends from related organization(s). 1 g Sale of assets to related organization(s). 1 f Dividends from related organization(s). 1 j Lease of assets to related organization(s). 1 i Exchange of assets from related organization(s). 1 j Lease of facilities, equipment, or other assets from related organization(s). 1 k Lease of facilities, equipment, or other assets from related organization(s). 1 k Lease of facilities, equipment, or other assets with related organization(s). 1 k Lease of facilities, equipment, or other assets from related organization(s). 1			_	<u>X</u>		
			_	X X		
c Gift. grant, or capital contribution from related organization(s). d Loans or loan guarantees to or for related organization(s). e Loans or loan guarantees by related organization(s). f Dividends from related organization(s). g Sale of assets to related organization(s). h Purchase of assets from related organization(s). j Lexas or facilities, equipment, or other assets to related organization(s). j Lease of facilities, equipment, or other assets from related organization(s). k Lease of facilities, equipment, or other assets from related organization(s). n Performance of services or membership or fundraising solicitations for related organization(s). n Performance of services or membership or fundraising solicitations for related organization(s). n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s). n Sharing of paid employees with related organization(s). s Other transfer of cash or property to related organization(s). g Reimbursement paid by related organization(s) for expenses. r Other transfer of cash or property to related organization(s). s Other transfer of cash or property to related organization(s). it the answe						
0	Sharing of paid employees with related organization(s)	. 10	0	X		
р				<u> </u>		
q	Reimbursement paid by related organization(s) for expenses	. 10	q	X		
r	Other transfer of cash or property to related organization(s)	. 1	_	X		
<u> </u>	Other transfer of cash or property from related organization(s).	<u> </u>	-	X		
		(d				
	Name of related organization Transaction Amount involved Met	nod of d	etermi			
	Receipt of (i) interest, (ii) annuities, (iii) royalities, or (iv) rent from a controlled entity.	mount i	nvolved	ł		
(1)						
(.,						
(2)						
(3)						
<u> (-7</u>						
(4)						
(5)						
(6)						

Page 3

2E1309 1.000

JSA

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

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

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

Schedule R (Form 990) 2022

JSA 2E1310 1.000 Schedule R (Form 990) 2022 TRUSTEES OF TRINITY COLLEGE, THE

Part VII Supplemental Information Provide additional information for responses to questions on Schedule R. See instructions.

PART IV, LINE 3, COLUMN (C)

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

FL.