

**Return of Organization Exempt From Income Tax**

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

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

**A For the 2012 calendar year, or tax year beginning JUL 1, 2012 and ending JUN 30, 2013**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> <b>TRINITY COLLEGE</b> Doing Business As <b>TRINITY WASHINGTON UNIVERSITY</b> Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>125 MICHIGAN AVENUE, NE</b> City, town, or post office, state, and ZIP code <b>WASHINGTON, DC 20017-1004</b> <b>F Name and address of principal officer: PATRICIA MCGUIRE</b> <b>SAME AS C ABOVE</b>	<b>D Employer identification number</b> <b>53-0196640</b> <b>E Telephone number</b> <b>202-884-9120</b> <b>G Gross receipts \$</b> <b>71,972,613.</b> <b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c) Group exemption number</b> ▶
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J Website:</b> ▶ <b>WWW.TRINITYDC.EDU</b>		
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L Year of formation:</b> <b>1897</b> <b>M State of legal domicile:</b> <b>DC</b>

**Part I Summary**

	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TRINITY IS A COMPREHENSIVE INSTITUTION OFFERING A BROAD RANGE OF EDUCATIONAL PROGRAMS THAT</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>Activities &amp; Governance</b>	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) .....	<b>3</b>	<b>19</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) .....	<b>4</b>	<b>18</b>
	<b>5</b> Total number of individuals employed in calendar year 2012 (Part V, line 2a) .....	<b>5</b>	<b>825</b>
	<b>6</b> Total number of volunteers (estimate if necessary) .....	<b>6</b>	<b>0</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 .....	<b>7a</b>	<b>213,369.</b>
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 .....	<b>7b</b>	<b>0.</b>
	<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) .....	<b>Prior Year</b> <b>2,807,522.</b>
<b>9</b> Program service revenue (Part VIII, line 2g) .....		<b>38,116,666.</b>	<b>39,161,874.</b>
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....		<b>749,661.</b>	<b>1,293,859.</b>
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....		<b>3,688,923.</b>	<b>3,275,643.</b>
<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....		<b>45,362,772.</b>	<b>52,545,044.</b>
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....		<b>8,218,245.</b>	<b>8,593,208.</b>
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) .....		<b>0.</b>	<b>0.</b>
<b>Expenses</b>	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....	<b>18,182,612.</b>	<b>19,554,944.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) .....	<b>0.</b>	<b>0.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>449,780.</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....	<b>11,242,143.</b>	<b>11,221,396.</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....	<b>37,643,000.</b>	<b>39,369,548.</b>
<b>Net Assets or Fund Balances</b>	<b>19</b> Revenue less expenses. Subtract line 18 from line 12 .....	<b>7,719,772.</b>	<b>13,175,496.</b>
		<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>20</b> Total assets (Part X, line 16) .....	<b>72,960,840.</b>	<b>86,170,872.</b>
	<b>21</b> Total liabilities (Part X, line 26) .....	<b>24,272,886.</b>	<b>23,154,959.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 .....	<b>48,687,954.</b>	<b>63,015,913.</b>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <b>BARBARA LETTIERE, CHIEF FINANCIAL OFFICER</b> Type or print name and title	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>MARK WOOLWINE</b>	Preparer's signature  Date  Check if self-employed <input type="checkbox"/> PTIN <b>P00647446</b>
	Firm's name ▶ <b>BROWN, EDWARDS &amp; COMPANY, L.L.P.</b> Firm's address ▶ <b>319 MCCLANAHAN ST.</b> <b>ROANOKE, VA 24014</b>	Firm's EIN ▶ <b>54-0504608</b> Phone no. <b>(540)345-0936</b>

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TO EXPAND ON THE MISSION STATEMENT MADE ON PAGE 1, TRINITY'S CORE MISSION VALUES AND CHARACTERISTICS EMPHASIZE: 1) COMMITMENT TO THE EDUCATION OF WOMEN IN A PARTICULAR WAY THROUGH THE DESIGN AND PEDAGOGY OF THE HISTORIC UNDERGRADUATE WOMEN'S COLLEGE, AND BY ADVANCING

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 10,412,027. including grants of \$ ) (Revenue \$ 38,733,825.) INSTRUCTION - EXPENSES INCLUDE SALARY AND BENEFITS FOR FULL-TIME FACULTY AND ADJUNCT FACULTY MEMBERS. DURING THE ACADEMIC YEAR, TRINITY HAD APPROXIMATELY 2000 STUDENTS ENROLLED IN ITS THREE SCHOOLS. TRINITY MAINTAINS A VERY LOW STUDENT TO FACULTY RATIO.

4b (Code: ) (Expenses \$ 8,593,208. including grants of \$ 8,593,208.) (Revenue \$ ) STUDENT FINANCIAL AID - EXPENSES INCLUDE AID PROVIDED THROUGH UNFUNDED SCHOLARSHIPS AND DISCOUNTS AND RESTRICTED SCHOLARSHIPS (TERM AND ENDOWMENT). AS DISCLOSED ELSEWHERE IN THE 990, APPROXIMATELY 1100 TRINITY STUDENTS RECEIVED SOME PORTION OF STUDENT FINANCIAL AID DURING THE ACADEMIC YEAR.

4c (Code: ) (Expenses \$ 4,711,135. including grants of \$ ) (Revenue \$ ) STUDENT SERVICES - EXPENSES INCLUDE ATHLETICS AND RECREATION, ADMISSIONS, REGISTRAR'S OFFICE, HEALTH AND COUNSELING, STUDENT LIFE AND CAMPUS HOUSING STAFF AND PROGRAMS, FINANCIAL AID, AND CAMPUS MINISTRY.

4d Other program services (Describe in Schedule O.) (Expenses \$ 7,115,984. including grants of \$ ) (Revenue \$ 3,109,365.)

4e Total program service expenses 30,832,354.

**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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	X	
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	X	
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		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? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....		X
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	X	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	X	

**Note.** All Form 990 filers are required to complete Schedule O .....

**Part V** Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<b>2a</b>	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		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	X	
<b>4a</b>	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)?		X
<b>4b</b>	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>5c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	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?		X
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	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?		X
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>7g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the organization make any taxable distributions under section 4966?		
<b>9b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11a</b>	Gross income from members or shareholders		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>13b</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		
<b>13c</b>	Enter the amount of reserves on hand		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>14b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

Check if Schedule O contains a response to any question in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year ..... <b>1a</b> 19 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent ..... <b>1b</b> 18		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? .....		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .....		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? .....		X
<b>6</b>	Did the organization have members or stockholders? .....		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? .....		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? .....		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body? .....	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body? .....	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O .....		X

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates? .....		X
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? .....		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .....	X	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990. ....		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13 .....	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done .....	X	
<b>13</b>	Did the organization have a written whistleblower policy? .....	X	
<b>14</b>	Did the organization have a written document retention and destruction policy? .....	X	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b>	The organization's CEO, Executive Director, or top management official .....	X	
<b>b</b>	Other officers or key employees of the organization .....	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). ....		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? .....		X
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? .....		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed ► DC
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ►  
**TRACY BERMAN-KAGAN, CONTROLLER'S OFFICE - 202-884-9518**  
**125 MICHIGAN AVENUE, NE, WASHINGTON, DC 20017**

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

Check if Schedule O contains a response to any question in this Part VII

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

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

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

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

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 line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PATRICIA O'BRIEN, SND CHAIR	2.00	X						0.	0.	0.
(2) NICOLE LANG, M.D. VICE CHAIR	1.00	X						0.	0.	0.
(3) ANGELA AVANT TRUSTEE	1.00	X						0.	0.	0.
(4) PATRICIA CHAPPELL, SND TRUSTEE	1.00	X						0.	0.	0.
(5) MARILYN DEMOREST TRUSTEE	1.00	X						0.	0.	0.
(6) BARBARA GLYNN TRUSTEE	1.00	X						0.	0.	0.
(7) IRENE HORSTMANN HANNAN TRUSTEE	1.00	X						0.	0.	0.
(8) EDWARD M. HEALTON, M.D. TRUSTEE	1.00	X						0.	0.	0.
(9) KAREN HOKANSON, SND TRUSTEE	1.00	X						0.	0.	0.
(10) BARBARA LANG TRUSTEE	1.00	X						0.	0.	0.
(11) JOHN LEARY TRUSTEE	1.00	X						0.	0.	0.
(12) PAULA LETTICE TRUSTEE	1.00	X						0.	0.	0.
(13) PEGGY LEWIS TRUSTEE	1.00	X						0.	0.	0.
(14) LAUREN MCLAUGHLIN TRUSTEE	1.00	X						0.	0.	0.
(15) MARY MURPHY, SND TRUSTEE	1.00	X						0.	0.	0.
(16) W. THOMAS PHIZACKLEA TRUSTEE	1.00	X						0.	0.	0.
(17) EARL SEGAL TRUSTEE	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) PATRICIA MCGUIRE PRESIDENT	40.00	X		X				213,550.	0.	19,960.
(19) ARGELIA RODRIGUEZ TRUSTEE	1.00	X						0.	0.	0.
(20) BARBARA LETTIERE CHIEF FINANCIAL OFFICER	40.00			X				133,958.	0.	0.
(21) CAROLE KING DIRECTOR HR, CORP. SECRETARY	40.00			X				108,109.	0.	14,689.
(22) VIRGINIA BROADDUS PROVOST	40.00					X		147,021.	0.	31,685.
(23) MARY LOU ROMANELLO DEAN, SCHOOL OF NURSING AND	40.00					X		120,344.	0.	26,532.
(24) ELIZABETH CHILD DEAN, COLLEGE OF ARTS AND	40.00					X		128,180.	0.	16,167.
(25) MICHAEL BURBACK CHIEF TECHNOLOGY OFFICER	40.00					X		126,746.	0.	15,032.
(26) SARAH PHELPS GENERAL COUNCIL	40.00					X		128,757.	0.	8,589.
<b>1b Sub-total</b>								1,106,665.	0.	132,654.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								1,106,665.	0.	132,654.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **15**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
ARAMARK 24818 NETWORK PLACE, CHICAGO, IL 60673-1248	FACILITIES CONTRACT SERVICES	2,331,870.
SODEXO P.O. BOX 536922, ATLANTA, GA 30353-6922	MEAL SERVICES/FOOD EXPENSES	1,021,218.
ALLIED BARTON SECURITY SERVICES, P.O. BOX 828854, PHILADELPHIA, PA 19182-8854	SECURITY SERVICES	786,011.
SUNNY'S EXECUTIVE SEDAN SERVICES, 23765 PEBBLE RUN PLACE, SUITE 100, STERLING, VA	SHUTTLE BUS SERVICES	301,864.
MASTER PRINT, INC., 8401 TERMINAL ROAD, P.O. BOX 1467, NEWINGTON, VA 22122-1467	PRINTING SERVICES	258,914.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **7**



**Part VIII Statement of Revenue**

Check if Schedule O contains a response to any question in this Part VIII

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>						
	<b>b</b> Membership dues	<b>1b</b>						
	<b>c</b> Fundraising events	<b>1c</b>						
	<b>d</b> Related organizations	<b>1d</b>						
	<b>e</b> Government grants (contributions)	<b>1e</b>	329,698.					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	8,483,970.					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$							
	<b>h Total.</b> Add lines 1a-1f			8,813,668.				
<b>Program Service Revenue</b>	<b>2 a</b> TUITION AND FEES	Business Code	611310	38,733,825.	38,733,825.			
	<b>b</b> CONFERENCES AND WKSHPs		611710	428,049.	428,049.			
	<b>c</b>							
	<b>d</b>							
	<b>e</b>							
	<b>f</b> All other program service revenue							
	<b>g Total.</b> Add lines 2a-2f			39,161,874.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			1,021,447.			1,021,447.	
	<b>4</b> Income from investment of tax-exempt bond proceeds							
	<b>5</b> Royalties							
	<b>6 a</b> Gross rents	(i) Real		379,514.				
		(ii) Personal						
		<b>b</b> Less: rental expenses		0.				
		<b>c</b> Rental income or (loss)		379,514.				
	<b>d</b> Net rental income or (loss)			379,514.			379,514.	
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities		19,699,981.				
		(ii) Other						
		<b>b</b> Less: cost or other basis and sales expenses		19,426,125.	1,444.			
		<b>c</b> Gain or (loss)		273,856.	-1,444.			
	<b>d</b> Net gain or (loss)			272,412.	-1,444.		273,856.	
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>a</b>						
		<b>b</b> Less: direct expenses						
<b>c</b> Net income or (loss) from fundraising events								
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>							
	<b>b</b> Less: direct expenses							
	<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>							
	<b>b</b> Less: cost of goods sold							
	<b>c</b> Net income or (loss) from sales of inventory							
<b>Miscellaneous Revenue</b>			<b>Business Code</b>					
<b>11 a</b> ROOM AND BOARD		721310	2,398,740.	2,398,740.				
<b>b</b> MISCELLANEOUS		900099	284,020.	284,020.				
<b>c</b> ATHLETIC MBRSHp FEES		713940	213,369.		213,369.			
<b>d</b> All other revenue								
<b>e Total.</b> Add lines 11a-11d			2,896,129.					
<b>12 Total revenue.</b> See instructions.			52,545,044.	41,843,190.	213,369.	1,674,817.		

**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 to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
<b>2</b> Grants and other assistance to individuals in the United States. See Part IV, line 22	8,593,208.	8,593,208.		
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	490,266.		490,266.	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	16,247,844.	13,102,250.	2,809,018.	336,576.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	445,977.	323,653.	114,303.	8,021.
<b>9</b> Other employee benefits	1,182,043.	770,091.	389,656.	22,296.
<b>10</b> Payroll taxes	1,188,814.	928,052.	236,345.	24,417.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	3,015.		3,015.	
<b>c</b> Accounting	90,170.		90,170.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	69,548.		69,548.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
<b>12</b> Advertising and promotion				
<b>13</b> Office expenses				
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	1,882,550.	350,659.	1,531,891.	
<b>17</b> Travel	100,542.	76,047.	16,269.	8,226.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	12,896.	9,747.	2,934.	215.
<b>20</b> Interest	717,909.		717,909.	
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	1,082,865.		1,082,865.	
<b>23</b> Insurance				
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> PROFESSIONAL FEES	4,019,722.	276,691.	3,734,648.	8,383.
<b>b</b> FOOD SERVICE	887,713.	883,622.	4,091.	
<b>c</b> BAD DEBT	465,304.		465,304.	
<b>d</b> PROGRAM MARKETING	418,612.	373,316.	41,751.	3,545.
<b>e</b> All other expenses	1,470,550.	5,145,018.	-3,712,569.	38,101.
<b>25</b> Total functional expenses. Add lines 1 through 24e	39,369,548.	30,832,354.	8,087,414.	449,780.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

Check if Schedule O contains a response to any question in this Part X

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		<b>1</b>	
	<b>2</b> Savings and temporary cash investments .....	7,794,120.	<b>2</b>	6,776,030.
	<b>3</b> Pledges and grants receivable, net .....	515,902.	<b>3</b>	6,662,276.
	<b>4</b> Accounts receivable, net .....	2,009,741.	<b>4</b>	1,773,264.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	1,369,192.	<b>7</b>	1,476,467.
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	86,688.	<b>9</b>	179,174.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 45,421,441.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 24,918,279.	20,490,759.	<b>10c</b> 20,503,162.
	<b>11</b> Investments - publicly traded securities .....	30,249,916.	<b>11</b>	37,599,461.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	10,444,522.	<b>15</b>	11,201,038.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	72,960,840.	<b>16</b>	86,170,872.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	1,288,228.	<b>17</b>	1,355,079.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	1,805,750.	<b>19</b>	1,728,890.
	<b>20</b> Tax-exempt bond liabilities .....	16,102,528.	<b>20</b>	15,577,901.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....	566,746.	<b>24</b>	491,747.
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	4,509,634.	<b>25</b>	4,001,342.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	24,272,886.	<b>26</b>	23,154,959.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	25,058,522.	<b>27</b>	31,384,478.
	<b>28</b> Temporarily restricted net assets .....	5,130,152.	<b>28</b>	12,175,596.
	<b>29</b> Permanently restricted net assets .....	18,499,280.	<b>29</b>	19,455,839.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
	<b>33</b> Total net assets or fund balances .....	48,687,954.	<b>33</b>	63,015,913.
	<b>34</b> Total liabilities and net assets/fund balances .....	72,960,840.	<b>34</b>	86,170,872.

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	52,545,044.
2	Total expenses (must equal Part IX, column (A), line 25)	2	39,369,548.
3	Revenue less expenses. Subtract line 2 from line 1	3	13,175,496.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	48,687,954.
5	Net unrealized gains (losses) on investments	5	-69,944.
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 in Schedule O)	9	1,303,407.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	63,096,913.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	X	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____	X	

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

**2012**

**Open to Public Inspection**

Name of the organization **TRINITY COLLEGE** Employer identification number **53-0196640**

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Non-functionally integrated
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....	11g(i)	
(ii) A family member of a person described in (i) above? .....	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....	11g(iii)	
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					<b>12</b>	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>		%
<b>15</b> Public support percentage from 2011 Schedule A, Part II, line 14 .....	<b>15</b>		%
<b>16a 33 1/3% support test - 2012.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>	
<b>b 33 1/3% support test - 2011.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>	
<b>17a 10% -facts-and-circumstances test - 2012.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>	
<b>b 10% -facts-and-circumstances test - 2011.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>	
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>	

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2011 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2012</b> (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2011</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2012.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**  
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No. 1545-0047

**2012**

**Open to Public Inspection**

**Name of the organization** TRINITY COLLEGE **Employer identification number** 53-0196640

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate contributions to (during year) .....		
3 Aggregate grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education)  Preservation of an historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

Yes  No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_



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

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

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

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

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

	Amount
c Beginning balance	<b>1c</b>
d Additions during the year	<b>1d</b>
e Distributions during the year	<b>1e</b>
f Ending balance	<b>1f</b>

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

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

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	21,795,488.	22,099,046.	19,029,774.	17,081,596.	21,671,434.
b Contributions	399,163.	282,338.	14,315.	8,367.	346,723.
c Net investment earnings, gains, and losses	2,166,605.	-367,306.	3,261,995.	2,089,482.	-4,767,445.
d Grants or scholarships	205,806.	198,386.	198,527.	129,403.	166,050.
e Other expenditures for facilities and programs	144,061.	20,204.	8,511.	20,268.	3,066.
f Administrative expenses					
g End of year balance	24,011,389.	21,795,488.	22,099,046.	19,029,774.	17,081,596.

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

- a Board designated or quasi-endowment  \_\_\_\_\_ %
- b Permanent endowment  81.03 %
- c Temporarily restricted endowment  18.97 %

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

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

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

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

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

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		83,218.		83,218.
b Buildings		36,920,235.	17,112,343.	19,807,892.
c Leasehold improvements				
d Equipment		7,067,362.	6,705,638.	361,724.
e Other		1,350,626.	1,100,298.	250,328.

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)  **20,503,162.**

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) 2001 BOND ISSUANCE COSTS	166,179.
(2) ACCRUED INVESTMENT INCOME	55,323.
(3) FUNDS HELD IN TRUST BY OTHERS	10,979,536.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	11,201,038.

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) PERKINS FUND BALANCE	1,349,523.
(3) ASSET RETIREMENT OBLIGATION	1,101,062.
(4) INTEREST RATE SWAP	1,420,610.
(5) CAPITAL LEASE PAYABLE	130,147.
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	4,001,342.

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

<b>Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return</b>		
<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b> 45,115,751.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
<b>a</b>	Net unrealized gains on investments	<b>2a</b> -69,944.
<b>b</b>	Donated services and use of facilities	<b>2b</b>
<b>c</b>	Recoveries of prior year grants	<b>2c</b>
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b> 1,303,407.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b> 1,233,463.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b> 43,882,288.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b> 69,548.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b> 8,593,208.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b> 8,662,756.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b> 52,545,044.

<b>Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return</b>		
<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b> 30,787,792.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
<b>a</b>	Donated services and use of facilities	<b>2a</b>
<b>b</b>	Prior year adjustments	<b>2b</b>
<b>c</b>	Other losses	<b>2c</b>
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b> 0.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b> 30,787,792.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b> 69,548.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b> 8,593,208.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b> 8,662,756.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b> 39,450,548.

**Part XIII Supplemental Information**

Complete this part to 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.

**PART III, LINE 4: TRINITY'S ART COLLECTION DERIVES PRIMARILY FROM A 1904**

**GIFT OF NUMEROUS OIL PAINTINGS AND ECLECTIC ITEMS FROM MRS. MYLES**

**O'CONNOR. THE PAINTINGS ARE REPRODUCTIONS OF MASTERS, AND ARE NOT**

**PARTICULARLY VALUABLE. THE COLLECTION IS MAINTAINED IN THE ART GALLERY,**

**WHICH WAS BUILT FOR MRS. O'CONNOR'S COLLECTION IN 1904-1906. THE**

**COLLECTION SUPPORTS TRINITY'S PROGRAM IN ART HISTORY.**

**PART V, LINE 4: TRINITY INTENDS TO USE THESE ENDOWMENT FUNDS MAINLY**

**Part XIII** Supplemental Information (continued)

THROUGH THE GRANTING OF SCHOLARSHIPS TO STUDENTS.

PART X, LINE 2: THE COLLEGE IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THE FEDERAL FORM 990S OF THE COLLEGE ARE SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE, GENERALLY FOR THREE YEARS AFTER THEY ARE FILED.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN FMV OF SWAP AGREEMENT	512,401.
CHANGE IN FMV VALUE OF FUNDS HELD BY OTHERS	791,006.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	1,303,407.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

SCHOLARSHIP EXPENSE/FINANCIAL AID	8,593,208.
-----------------------------------	------------

PART XII, LINE 4B - OTHER ADJUSTMENTS:

SCHOLARSHIP EXPENSE/FINANCIAL AID	8,593,208.
-----------------------------------	------------

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

**Schools**

OMB No. 1545-0047

**2012**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.**  
▶ **Attach to Form 990 or Form 990-EZ.**

Name of the organization

**TRINITY COLLEGE**

Employer identification number

**53-0196640**

**Part I**

- 1** Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? .....
- 2** Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? .....
- 3** Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II .....
- SEE PART II**

- 4** Does the organization maintain the following?
- a** Records indicating the racial composition of the student body, faculty, and administrative staff? .....
- b** Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? .....
- c** Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....
- d** Copies of all material used by the organization or on its behalf to solicit contributions? .....
- If you answered "No" to any of the above, please explain. If you need more space, use Part II.

- 5** Does the organization discriminate by race in any way with respect to:
- a** Students' rights or privileges? .....
- b** Admissions policies? .....
- c** Employment of faculty or administrative staff? .....
- d** Scholarships or other financial assistance? .....
- e** Educational policies? .....
- f** Use of facilities? .....
- g** Athletic programs? .....
- h** Other extracurricular activities? .....
- If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.

- 6a** Does the organization receive any financial aid or assistance from a governmental agency? .....
- b** Has the organization's right to such aid ever been revoked or suspended? .....
- If you answered "Yes" to 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 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II .....

	YES	NO
<b>1</b>	X	
<b>2</b>	X	
<b>3</b>	X	
<b>4a</b>	X	
<b>4b</b>	X	
<b>4c</b>	X	
<b>4d</b>	X	
<b>5a</b>		X
<b>5b</b>		X
<b>5c</b>		X
<b>5d</b>		X
<b>5e</b>		X
<b>5f</b>		X
<b>5g</b>		X
<b>5h</b>		X
<b>6a</b>	X	
<b>6b</b>		X
<b>7</b>	X	

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

Schedule E (Form 990 or 990-EZ) (2012)

**Part II** **Supplemental Information.** Complete this part to provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also complete this part to provide any other additional information.

SCHEDULE E, LINE 3 - EXPLANATION OF NONDISCRIMINATION POLICY:

TRINITY PUBLISHES ITS "STATEMENT OF NONDISCRIMINATION" ON THE INSIDE COVER OF EACH OF THE COLLEGE'S CATALOGS AND PUBLICLY ON ITS WEBSITE AT [HTTP://WWW.TRINITYDC.EDU/ACADEMIC-CATALOG/](http://www.trinitydc.edu/academic-catalog/). THE NON-DISCRIMINATION POLICY FOR FACULTY AND STAFF IS CONTAINED AS PART OF THE EMPLOYEE HANDBOOK AT [HTTP://WWW.TRINITYDC.EDU/HR/EMPLOYEE-HANDBOOK-PREFACE/](http://www.trinitydc.edu/hr/employee-handbook-preface/).

SCHEDULE E, LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:

TRINITY RECEIVES FEDERAL FUNDING FROM THE U.S. DEPARTMENT OF EDUCATION UNDER THE FOLLOWING STUDENT FINANCIAL ASSISTANCE PROGRAMS: FEDERAL SUPPLEMENTAL EDUCATIONAL OPPORTUNITY GRANTS, FEDERAL WORK-STUDY, FEDERAL DIRECT LENDING, FEDERAL PELL GRANTS, FEDERAL PERKINS LOANS, FEDERAL ACADEMIC COMPETITIVENESS GRANT, AND FEDERAL SCIENCE AND MATHEMATICS ACCESS TO RELATE TALENT GRANT. ADDITIONALLY, THE COLLEGE RECEIVES ADDITIONAL FEDERAL FUNDING FROM THE U.S. DEPARTMENT OF EDUCATION FOR ITS UPWARD BOUND PROGRAM. THE COLLEGE'S RIGHT TO SUCH AID HAS NEVER BEEN REVOKED OR SUSPENDED.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

OMB No. 1545-0047

**2012**

Open to Public  
Inspection

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

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

Name of the organization **TRINITY COLLEGE** Employer identification number **53-0196640**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I (Form 990) (2012)

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to 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
SEOG GRANT	94	124,110.	0.		
TERM SCHOLARSHIPS	26	118,750.	0.		
ENDOWED SCHOLARSHIPS	142	177,002.	0.		
SCHOOL OF PROFESSIONAL STUDIES TUITION DISCOUNTS	66	93,861.	0.		
SCHOOL OF EDUCATION TUITION DISCOUNTS	30	41,730.	0.		

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

SCHEDULE I, PART I, LINE 2: TRINITY PARTICIPATES IN THE FEDERAL TITLE IV

FINANCIAL AID PROGRAMS, AND FOLLOWS THE PROCEDURES PRESCRIBED BY THE US

DEPARTMENT OF EDUCATION RELATED TO THE DISBURSEMENT OF TITLE IV FUNDS,

INSTITUTIONAL AWARDS, AND SCHOLARSHIPS AND ASSISTANCE FROM OTHER SOURCES.

THESE PROCEDURES INCLUDE ENSURING THAT STUDENTS COMPLETE A FAFSA EACH

ACADEMIC YEAR, COMPLETING THE VERIFICATION REQUIREMENTS, CALCULATING

SATISFACTORY ACADEMIC PROGRESS, AND ENSURING THAT STUDENTS WHO WITHDRAW OR

STOP ATTENDING ARE REVIEWED AND HANDLED AS PRESCRIBED BY THE DEPARTMENT OF

EDUCATION.



**Part III** Continuation of Grants and Other Assistance to Individuals in the United States (Schedule I (Form 990), Part III.)

(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
COLLEGE OF ARTS AND SCIENCES UNRESTRICTED SCHOLARSHIPS	1,127.	8,013,079.	0.		
CONSORTIUM	0.	26,154.	0.		
STATE SCHOLARSHIPS	0.	-1,478.	0.		

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2012**

Open to Public Inspection

Name of the organization

TRINITY COLLEGE

Employer identification number

53-0196640

**Part I Questions Regarding Compensation**

	Yes	No
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <p> <input type="checkbox"/> First-class or charter travel                      <input type="checkbox"/> Housing allowance or residence for personal use  <input type="checkbox"/> Travel for companions                                      <input type="checkbox"/> Payments for business use of personal residence  <input type="checkbox"/> Tax indemnification and gross-up payments              <input type="checkbox"/> Health or social club dues or initiation fees  <input type="checkbox"/> Discretionary spending account                              <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)                 </p>		
<p><b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....</p>	<b>1b</b>	
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? .....</p>	<b>2</b>	
<p><b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <p> <input checked="" type="checkbox"/> Compensation committee                                      <input type="checkbox"/> Written employment contract  <input type="checkbox"/> Independent compensation consultant                      <input checked="" type="checkbox"/> Compensation survey or study  <input checked="" type="checkbox"/> Form 990 of other organizations                              <input checked="" type="checkbox"/> Approval by the board or compensation committee                 </p>		
<p><b>4</b> During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p>		
<p><b>a</b> Receive a severance payment or change-of-control payment? .....</p>	<b>4a</b>	<input checked="" type="checkbox"/>
<p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....</p>	<b>4b</b>	<input checked="" type="checkbox"/>
<p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? .....</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	<b>4c</b>	<input checked="" type="checkbox"/>
<p><b>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</b></p>		
<p><b>5</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p>		
<p><b>a</b> The organization? .....</p>	<b>5a</b>	<input checked="" type="checkbox"/>
<p><b>b</b> Any related organization? .....</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p>	<b>5b</b>	<input checked="" type="checkbox"/>
<p><b>6</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p>		
<p><b>a</b> The organization? .....</p>	<b>6a</b>	<input checked="" type="checkbox"/>
<p><b>b</b> Any related organization? .....</p> <p>If "Yes" to line 6a or 6b, describe in Part III.</p>	<b>6b</b>	<input checked="" type="checkbox"/>
<p><b>7</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III .....</p>	<b>7</b>	<input checked="" type="checkbox"/>
<p><b>8</b> Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....</p>	<b>8</b>	<input checked="" type="checkbox"/>
<p><b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....</p>	<b>9</b>	

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

Schedule J (Form 990) 2012

**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 in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(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.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) PATRICIA MCGUIRE PRESIDENT	(i)	213,550.	0.	0.	12,452.	233,510.	0.
	(ii)	0.	0.	0.	0.	0.	0.
(2) VIRGINIA BROADDUS PROVOST	(i)	147,021.	0.	0.	9,548.	178,706.	0.
	(ii)	0.	0.	0.	0.	0.	0.
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No. 1545-0047

**2012**

Open to Public  
Inspection

Name of the organization

TRINITY COLLEGE

Employer identification number  
53-0196640

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PREPARE STUDENTS ACROSS THE LIFESPAN FOR THE INTELLECTUAL, ETHICAL, AND  
SPIRITUAL DIMENSIONS OF CONTEMPORARY WORK, CIVIC AND FAMILY LIFE.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PRINCIPLES OF EQUITY, JUSTICE, AND HONOR IN THE EDUCATION OF WOMEN AND  
MEN IN ALL OTHER PROGRAMS; 2) FOUNDATION FOR LEARNING IN THE LIBERAL  
ARTS THROUGH THE CURRICULUM DESIGN IN ALL UNDERGRADUATE DEGREE PROGRAMS  
AND THROUGH EMPHASIS ON THE KNOWLEDGE, SKILLS, AND VALUES OF LIBERAL  
LEARNING IN ALL GRADUATE AND PROFESSIONAL PROGRAMS; 3) INTEGRATION OF  
LIBERAL LEARNING WITH PROFESSIONAL PREPARATION THROUGH APPLIED AND  
EXPERIENTIAL LEARNING OPPORTUNITIES IN ALL PROGRAMS; AND 4) GROUNDING IN  
THE MISSION OF THE SISTERS OF NOTRE DAME DE NAMUR AND THE CATHOLIC  
TRADITION, WELCOMING PERSONS OF ALL FAITHS, TO ACHIEVE THE LARGER  
PURPOSES OF LEARNING IN THE HUMAN SEARCH FOR MEANING AND FULFILLMENT.

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

AUXILIARY ENTERPRISES - THE COLLEGE'S DOMITORIES, DINING HALL AND THE  
TRINITY CENTER FOR WOMEN AND GIRLS IN SPORTS ARE THE MAJOR AUXILIARY  
ENTERPRISES SERVING THE CAMPUS COMMUNITY. STUDENTS HAVE LIVING  
QUARTERS IN FOUR BUILDINGS ON CAMPUS.

EXPENSES \$ 3,425,772. INCLUDING GRANTS OF \$ 0. REVENUE \$ 3,109,365.

ACADEMIC SUPPORT INCLUDES A 200,000 VOLUME ON-LINE LIBRARY, COMPUTER  
CENTER AND ADMINISTRATIVE OFFICE.

EXPENSES \$ 3,690,212. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

Name of the organization

TRINITY COLLEGE

Employer identification number

53-0196640

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 WILL BE PROVIDED TO THE GOVERNING BODY, AND ALL BOARD MEMBERS ARE INVITED TO PARTICIPATE IN A FORMAL REVIEW MEETING CONDUCTED BY THE AUDIT COMMITTEE.

FORM 990, PART VI, SECTION B, LINE 12C: TRINITY HAS VIGOROUS CONFLICT OF INTEREST POLICIES COVERING THE BOARD OF TRUSTEES, FACULTY AND STAFF. THE BOARD OF TRUSTEES MEMBERS SUBMIT ANNUAL CONFLICT OF INTEREST STATEMENTS AND THESE ARE REVIEWED BY LEGAL COUNSEL, WHO REPORTS RESULTS TO THE AUDIT COMMITTEE. STAFF IS COVERED BY THE CONFLICT OF INTEREST POLICY IN THE EMPLOYEE HANDBOOK, AND EXECUTIVE STAFF ALSO SUBMIT WRITTEN STATEMENTS TO THE PRESIDENT. THE PRESIDENT REVIEWS ANY POTENTIAL CONFLICTS WITH LEGAL COUNSEL. FACULTY IS COVERED BY THE CONFLICT OF INTEREST POLICY IN THE FACULTY HANDBOOK. FACULTY ALSO COMPLETE WRITTEN DECLARATIONS, WHICH ARE REVIEWED BY THE PRESIDENT AND ANY POTENTIAL CONFLICTS ARE REVIEWED WITH LEGAL COUNSEL.

FORM 990, PART VI, SECTION B, LINE 15: FOR THE PRESIDENT, AN INDEPENDENT REVIEW COMMITTEE OF THE BOARD OF TRUSTEES REVIEWS COMPENSATION AND COMPARABILITY DATA FROM TRINITY'S BENCHMARK COMPARISON COHORT. FOR OTHER OFFICERS (THE CHIEF FINANCIAL OFFICER AND THE CHIEF ACADEMIC OFFICER), THE BOARD REVIEWS AND APPROVES APPOINTMENTS AND COMPENSATION AT THE RECOMMENDATION OF THE PRESIDENT, AND COHORT COMPARISON SALARY DATA IS ALSO USED. THE PRESIDENT PROVIDES ANNUAL REPORTS TO THE BOARD OF TRUSTEES ON EXECUTIVE COMPENSATION FOR ALL SENIOR STAFF.

FORM 990, PART VI, SECTION C, LINE 18: THE FORM 990 AND 990T ARE AVAILABLE ON GUIDESTAR.ORG OR UPON WRITTEN REQUEST.

Name of the organization

TRINITY COLLEGE

Employer identification number

53-0196640

FORM 990, PART VI, SECTION C, LINE 19: ALL ITEMS ARE AVAILABLE ON TRINITY'S WEBSITE. THE GOVERNING DOCUMENTS CAN BE FOUND AT [HTTP://WWW.TRINITYDC.EDU/POLICIES/](http://www.trinitydc.edu/policies/), ALONG WITH THE CONFLICT OF INTEREST POLICY, WHICH IS DISCUSSED UNDER THE GENERAL "RISK MANAGEMENT" POLICY. THE CONFLICT OF INTEREST POLICY IS ALSO DISCUSSED IN THE EMPLOYEE HANDBOOK, AT [HTTP://WWW.TRINITYDC.EDU/HR/EMPLOYEE-HANDBOOK-PART-III/#E](http://www.trinitydc.edu/hr/employee-handbook-part-iii/#e). IN ADDITION, TRINITY'S AUDITED FINANCIAL STATEMENTS ARE AVAILABLE AT [HTTP://WWW.TRINITYDC.EDU/FINANCES/](http://www.trinitydc.edu/finances/).

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN FMV OF SWAP AGREEMENT	512,401.
CHANGE IN FMV VALUE OF FUNDS HELD BY OTHERS	791,006.
TOTAL TO FORM 990, PART XI, LINE 9	1,303,407.

FORM 990 PART XII, LINE 2C

THE AUDIT COMMITTEE ASSISTS THE BOARD IN ITS OVERSIGHT OF THE INTEGRITY OF THE FINANCIAL STATEMENTS OF THE COLLEGE, OF THE QUALITY AND EFFICACY OF FINANCIAL CONTROLS, OF THE COLLEGE'S COMPLIANCE WITH LEGAL AND REGULATORY REQUIREMENTS, OF THE INDEPENDENCE AND QUALIFICATIONS OF THE INDEPENDENT AUDITOR, WHICH THE BOARD RETAINS UPON THE RECOMMENDATION OF THE AUDIT COMMITTEE. THE AUDIT COMMITTEE IS RESPONSIBLE FOR OVERSEEING THE ANNUAL AUDIT, RECEIVING THE REPORT OF THE AUDITORS AND REPORTING THE RESULTS OF THE AUDIT TO THE BOARD IN A TIMELY WAY.

THE AUDIT COMMITTEE CONSISTS OF NO FEWER THAN THREE (3) INDEPENDENT TRUSTEES, APPOINTED BY THE CHAIR OF THE BOARD, WHO HAVE THE REQUISITE FINANCIAL AND AUDIT EXPERTISE TO FULFILL THE DUTIES OF THE COMMITTEE.

Name of the organization <b>TRINITY COLLEGE</b>	Employer identification number <b>53-0196640</b>
--	---

THE PRESIDENT MAY NOT SERVE AS A MEMBER OF THE AUDIT COMMITTEE, BUT THE COMMITTEE MAY REQUEST THAT THE PRESIDENT ATTEND PORTIONS OF MEETINGS AS NECESSARY. THE VICE PRESIDENT FOR FINANCIAL AFFAIRS IS THE STAFF LIAISON TO THE AUDIT COMMITTEE BUT IS NOT A MEMBER OF THE COMMITTEE.

**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

**2012**

Open to Public Inspection for  
501(c)(3) Organizations Only

Department of the Treasury  
Internal Revenue Service

For calendar year 2012 or other tax year beginning **JUL 1, 2012**, and ending **JUN 30, 2013**

<p><b>A</b> <input type="checkbox"/> Check box if address changed</p> <p><b>B</b> Exempt under section  <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)  <input type="checkbox"/> 408A <input type="checkbox"/> 530(a)  <input type="checkbox"/> 529(a)</p> <p><b>C</b> Book value of all assets at end of year <b>86,170,872.</b></p>	<p><b>Print or Type</b></p> <p>Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.) <b>TRINITY COLLEGE</b></p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. <b>125 MICHIGAN AVENUE, NE</b></p> <p>City or town, state, and ZIP code <b>WASHINGTON, DC 20017-1004</b></p>	<p><b>D</b> Employer identification number (Employees' trust, see instructions.) <b>53-0196640</b></p> <p><b>E</b> Unrelated business activity codes (See instructions.) <b>713940</b></p>
<p><b>F</b> Group exemption number (see instructions) <b>▶</b></p> <p><b>G</b> Check organization type <b>▶</b> <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p>		

**H** Describe the organization's primary unrelated business activity. **▶ SEE STATEMENT 1**

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? **▶**  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation. **▶**

**J** The books are in care of **▶ TRACY BERMAN-KAGAN, CONTROLLER'S** O Telephone number **▶ 202-884-9518**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
<b>1a</b> Gross receipts or sales			
<b>b</b> Less returns and allowances <b>c</b> Balance <b>▶</b>	<b>1c</b>		
<b>2</b> Cost of goods sold (Schedule A, line 7)	<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c	<b>3</b>		
<b>4a</b> Capital gain net income (attach Schedule D)	<b>4a</b>		
<b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	<b>4b</b>		
<b>c</b> Capital loss deduction for trusts	<b>4c</b>		
<b>5</b> Income (loss) from partnerships and S corporations (attach statement)	<b>5</b>		
<b>6</b> Rent income (Schedule C)	<b>6</b>		
<b>7</b> Unrelated debt-financed income (Schedule E)	<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from controlled organizations (Sch. F)...	<b>8</b>		
<b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	<b>9</b>		
<b>10</b> Exploited exempt activity income (Schedule I)	<b>10</b>		
<b>11</b> Advertising income (Schedule J)	<b>11</b>		
<b>12</b> Other income (see instructions; attach statement) <b>STATEMENT 2</b>	<b>12</b>	<b>213,369.</b>	<b>213,369.</b>
<b>13 Total.</b> Combine lines 3 through 12	<b>13</b>	<b>213,369.</b>	<b>213,369.</b>

Part II Deductions Not Taken Elsewhere (see instructions for limitations on deductions) (except for contributions, deductions must be directly connected with the unrelated business income)			
<b>14</b> Compensation of officers, directors, and trustees (Schedule K)	<b>14</b>		
<b>15</b> Salaries and wages	<b>15</b>		<b>43,848.</b>
<b>16</b> Repairs and maintenance	<b>16</b>		<b>5,149.</b>
<b>17</b> Bad debts	<b>17</b>		
<b>18</b> Interest (attach statement)	<b>18</b>		
<b>19</b> Taxes and licenses	<b>19</b>		
<b>20</b> Charitable contributions (see instructions for limitation rules)	<b>20</b>		
<b>21</b> Depreciation (attach Form 4562)	<b>21</b>	<b>59,059.</b>	
<b>22</b> Less depreciation claimed on Schedule A and elsewhere on return	<b>22a</b>		<b>59,059.</b>
<b>23</b> Depletion	<b>23</b>		
<b>24</b> Contributions to deferred compensation plans	<b>24</b>		<b>867.</b>
<b>25</b> Employee benefit programs	<b>25</b>		<b>3,788.</b>
<b>26</b> Excess exempt expenses (Schedule I)	<b>26</b>		
<b>27</b> Excess readership costs (Schedule J)	<b>27</b>		
<b>28</b> Other deductions (attach statement) <b>SEE STATEMENT 3</b>	<b>28</b>		<b>96,029.</b>
<b>29 Total deductions.</b> Add lines 14 through 28	<b>29</b>		<b>208,740.</b>
<b>30</b> Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	<b>30</b>		<b>4,629.</b>
<b>31</b> Net operating loss deduction (limited to the amount on line 30) <b>SEE STATEMENT 4</b>	<b>31</b>		<b>4,629.</b>
<b>32</b> Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	<b>32</b>		<b>0.</b>
<b>33</b> Specific deduction (generally \$1,000, but see instructions for exceptions)	<b>33</b>		<b>1,000.</b>
<b>34 Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	<b>34</b>		<b>0.</b>



Part III Tax Computation

35 Organizations taxable as corporations (see instructions for tax computation). Controlled group members (sections 1561 and 1563) check here... 36 Trusts taxable at trust rates... 37 Proxy tax... 38 Alternative minimum tax... 39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)... 41 Subtract line 40e from line 39... 42 Other taxes. Check if from: Form 4255, Form 8611, Form 8697, Form 8866, Other... 43 Total tax. Add lines 41 and 42... 44a Payments: A 2011 overpayment credited to 2012... 45 Total payments. Add lines 44a through 44g... 46 Estimated tax penalty (see instructions). Check if Form 2220 is attached... 47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed... 48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid... 49 Enter the amount of line 48 you want: Credited to 2013 estimated tax, Refunded

Part V Statements Regarding Certain Activities and Other Information (see instructions)

1 At any time during the 2012 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here... 2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file... 3 Enter the amount of tax-exempt interest received or accrued during the tax year

Schedule A - Cost of Goods Sold. Enter method of inventory valuation N/A

1 Inventory at beginning of year... 2 Purchases... 3 Cost of labor... 4a Additional section 263A costs (att. statement)... b Other costs (attach statement)... 5 Total. Add lines 1 through 4b... 6 Inventory at end of year... 7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2... 8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?

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

Paid Preparer Use Only Print/Type preparer's name Preparer's signature Date Check if self-employed PTIN MARK WOOLWINE P00647446 Firm's name BROWN, EDWARDS & COMPANY, L.L.P. Firm's EIN 54-0504608 Firm's address 319 MCCLANAHAN ST. ROANOKE, VA 24014 Phone no. (540) 345-0936

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)**(see instructions)

1. Description of property

(1)
(2)
(3)
(4)

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach statement)
(1)		
(2)		
(3)		
(4)		
Total 0.	Total 0.	

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) **0.** (b) **Total deductions.** Enter here and on page 1, Part I, line 6, column (B) **0.**

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach statement)	(b) Other deductions (attach statement)	
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach statement)	5. Average adjusted basis of or allocable to debt-financed property (attach statement)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A). 0.	Enter here and on page 1, Part I, line 7, column (B). 0.
Total dividends-received deductions included in column 8			0.	0.

**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
Totals			Add columns 9 and 10. Enter here and on page 1, Part I, line 8, column (A). 0.	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B). 0.

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization**

(see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
<b>Totals</b> .....		Enter here and on page 1, Part I, line 9, column (A). <b>0.</b>		Enter here and on page 1, Part I, line 9, column (B). <b>0.</b>

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income**

(see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals</b> .....		Enter here and on page 1, Part I, line 10, col. (A). <b>0.</b>	Enter here and on page 1, Part I, line 10, col. (B). <b>0.</b>			Enter here and on page 1, Part II, line 26. <b>0.</b>

**Schedule J - Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals</b> (carry to Part II, line (5)) .....		<b>0.</b>	<b>0.</b>			<b>0.</b>

**Part II Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals from Part I</b>		<b>0.</b>	<b>0.</b>			<b>0.</b>
<b>Totals, Part II</b> (lines 1-5) .....		Enter here and on page 1, Part I, line 11, col. (A). <b>0.</b>	Enter here and on page 1, Part I, line 11, col. (B). <b>0.</b>			Enter here and on page 1, Part II, line 27. <b>0.</b>

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)			%
(2)			%
(3)			%
(4)			%
<b>Total.</b> Enter here and on page 1, Part II, line 14 .....			<b>0.</b>

---



---

FORM 990-T	DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY	STATEMENT	1
------------	---	-----------	---

---

SALE OF MEMBERSHIPS TO ATHLETIC CENTER TO THE GENERAL PUBLIC.

TO FORM 990-T, PAGE 1

---



---

FORM 990-T	OTHER INCOME	STATEMENT	2
------------	--------------	-----------	---

---

DESCRIPTION	AMOUNT
ATHLETIC CENTER MEMBERSHIPS	213,369.
TOTAL TO FORM 990-T, PAGE 1, LINE 12	213,369.

---



---

FORM 990-T	OTHER DEDUCTIONS	STATEMENT	3
------------	------------------	-----------	---

---

DESCRIPTION	AMOUNT
EQUIPMENT NOT CAPITALIZED	37.
PROFESSIONAL FEES	11,032.
PRINT AND POSTAGE	38.
SUPPLIES	2,551.
MARKETING	261.
UTILITIES	46,932.
LETTER OF CREDIT EXPENSE	34,977.
PAID PREPARERS FEES	149.
UNIFORMS	52.
TOTAL TO FORM 990-T, PAGE 1, LINE 28	96,029.

---



---

FORM 990-T	NET OPERATING LOSS DEDUCTION	STATEMENT	4
------------	------------------------------	-----------	---

---

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/04	113,927.	0.	113,927.	113,927.
06/30/05	69,564.	0.	69,564.	69,564.
06/30/06	94,014.	0.	94,014.	94,014.
06/30/07	64,795.	0.	64,795.	64,795.
06/30/08	126,579.	0.	126,579.	126,579.
06/30/09	67,852.	0.	67,852.	67,852.
06/30/10	89,513.	0.	89,513.	89,513.
06/30/11	37,779.	0.	37,779.	37,779.

06/30/12

15,754.

0.

15,754.

15,754.

NOL CARRYOVER AVAILABLE THIS YEAR

679,777.

679,777.

Instructions

Use the D-2030P Payment Voucher to make any payment due on your D-20 or D-30 return.

- Do not use this voucher to make estimated tax payments.
Enter your Taxpayer Identification Number.
Mark space based on the return type you file, D-20 or D-30 and whether you have a FEIN or SSN.
Enter your business or designated agent name and address exactly as shown on your return.
Enter the taxable year ending for the return you are filing (month and year only).
Enter the amount of your payment.
Make your check or money order payable to DC Treasurer (do not send cash).
Make sure your name and address appear on your payment (check or money order).
Write your FEIN/SSN, tax period and either D-20 or D-30 on your payment.
Staple your payment to the D-2030P Payment Voucher and mail with, but not attached to your tax return to the following:

Mail the D-2030P form with payment attached and your D-20 tax return to:

Office of Tax and Revenue
PO Box 96166
Washington, DC 20090-6166

or

Mail the D-2030P form with payment attached and your D-30 tax return to:

Office of Tax and Revenue
PO Box 96165
Washington, DC 20090-6165

(Do not attach this voucher to your D-20 or D-30 return)

Notes:

- If you are filing a refund or no payment due return, do not use this D-2030P voucher. If your liability exceeds \$5,000 in any period, you must pay electronically. Visit www.taxpayerservicecenter.com
For electronic filers, in order to comply with new banking rules, you will be asked the question "Will the funds for this payment come from an account outside of the United States". If the answer is yes, you will be required to pay by check or credit card. Please notify this agency if your response changes in the future. If your payment is rejected, you may be subject to the District's dishonored check fee and additional penalties and interest.

243181 11-16-12

Detach at perforation before mailing



Taxpayer Identification Number 530196640
Mark if X FEIN Mark if X for a D-20 Return
Mark if SSN Mark if for a D-30 Return

Business or Designated Agent Name TRINITY COLLEGE A-133

Mailing Address Line #1 125 MICHIGAN AVE., NE

Mailing Address Line #2

City WASHINGTON

State DC

SOFTWARE DEVELOPER USE ONLY
VENDOR ID# 1019
Tax period ending (MMYY) 0613

Amount submitted with this form \$ 250 .00

**2012** D-20 SUB Corporation Franchise Tax Return



120200311019

Federal Employer I.D. Number  
**530196640**

Number of business locations  
In the District: **1** Outside the District: **0**

SOFTWARE DEVELOPER USE ONLY  
VENDOR ID # **1019**

Name of corporation  
**TRINITY COLLEGE A-133**

Tax period ending (MMYY)  
**0613**

Mark if: AMENDED RETURN  
FINAL RETURN  
CERTIFIED QHTC  
COMBINED RETURN\*

Business mailing address #1  
**125 MICHIGAN AVE., NE**

Business mailing address #2

\*You must fill in the Designated Agent info below  
WORLDWIDE\*\*

City  
**WASHINGTON**

State ZIP code + 4  
**DC 20017**

\*\*Worldwide form must be filed with this return

Designated Agent Name

Designated Agent FEIN

• READ INSTRUCTIONS BEFORE PREPARING RETURN (To allocate Non-Business Items, see instructions.)

Enter dollar amounts only. If amount is zero, leave line blank, if minus, enter amount and fill in space.

GROSS INCOME

1	Gross receipts, minus returns and allowances		1	\$		.00
2	Cost of goods sold (from Form D-20 Schedule A) and/or operations Attach statement		2	\$		.00
3	Gross profit from sales and/or operations Line 1 minus Line 2	Mark if minus	3	\$		.00
4	Dividends from Form D-20, Schedule B		4	\$		.00
5	Interest Attach statement		5	\$		.00
6	Gross rental income from D-20, Schedule I		6	\$		.00
7	Gross royalties Attach statement		7	\$		.00
8	(a) Net capital gain Attach copy of federal Form 1120, Schedule D		8(a)	\$		.00
	(b) Ordinary gain (loss) from Part II, federal Form 4797 Attach copy of completed Form 4797	Mark if minus	8(b)	\$		.00
9	Other income (loss) Attach statement <b>SEE STATEMENT 1</b>	Mark if minus	9	\$		213369.00
10	Total gross income Add Lines 3 - 9	Mark if minus	10	\$		213369.00

11	Compensation of officers from Form D-20, Schedule C		11	\$		.00
12	Salaries and wages		12	\$		43848.00
13	Repairs		13	\$		5149.00
14	Bad debts		14	\$		.00
15	Rent		15	\$		.00
16	Taxes From Form D-20, Schedule D		16	\$		.00

DEDUCTIONS

17	(a) Interest payments	.00				
	(b) Minus nondeductible payments to related entities	.00	=	17(c)	\$	.00
18	Contributions and/or gifts Attach statement		18	\$		.00
19	Amortization Attach copy of your federal Form 4562		19	\$		.00
20	Depreciation Attach copy of your federal Form 4562 Do not include any additional federal sec. 179 expenses or bonus depreciation.		20	\$		59059.00
21	Depletion Attach statement		21	\$		.00
22	(a) Enter royalty payments made	.00				
	(b) Minus nondeductible payments to related entities	.00	=	22(c)	\$	.00

Taxpayer Name: TRINITY COLLEGE A-133



Federal Employer I.D. Number: 530196640

120200321019

Enter dollar amounts only

<b>DEDUCTIONS</b>	23 Pension, profit-sharing plans	Mark if minus	23	\$	867.00
	24 Other deductions <i>Attach statement</i>		24	\$	99817.00
	25 Total deductions <i>Add Lines 11 - 24</i>		25	\$	208740.00
<hr/>					
<b>TAXABLE INCOME</b>	26 Net income <i>Line 10 minus Line 25</i>	Mark if minus	26	\$	4629.00
	27 Net operating loss deduction ( <i>For years before 2000</i> )		27	\$	.00
	28 Net income after net operating loss deduction <i>Line 26 minus Line 27</i>	Mark if minus	28	\$	4629.00
	29 (a) Non-business income/state adjustment <i>Attach statement</i>	Mark if minus	29a	\$	.00
	(b) Expense related to non-business income <i>Attach statement</i>		29b	\$	.00
	(c) 29(a) minus 29(b)	Mark if minus	29c	\$	.00
	30 Net income subject to apportionment <i>Line 28 minus Line 29(c)</i>	Mark if minus	30	\$	4629.00
	31 DC apportionment factor <i>from Form D-20, Schedule F, col. 3, line 6</i>		31		1.000000
	32 Net income from trade or business apportioned to DC <i>Line 30 amount multiplied by Line 31 factor</i>	Mark if minus	32	\$	4629.00
	33 Portion of Line 29(c) attributable to DC <i>Attach statement</i>	Mark if minus	33	\$	0.00
	34 Total taxable income <i>before</i> apportioned NOL deduction <i>Line 32 plus or minus Line 33</i>	Mark if minus	34	\$	4629.00
35 Apportioned NOL deduction ( <i>Losses occurring in year 2000 and later</i> )	STATEMENT 3	35	\$	4629.00	
36 Total District taxable income <i>Line 34 minus Line 35</i>	Mark if minus	36	\$	0.00	
37 Total DC Gross Receipts (Line 4 from MTLGR worksheet)	SEE STATEMENT 4	37	\$	.00	
<hr/>					
<b>TAX PAYMENTS AND CREDITS</b>	38 TAX 9.975% of Line 36. <i>The minimum tax is \$250 if DC gross receipts is \$1M or less. The minimum tax is \$1,000 if DC gross receipts is greater than \$1M</i>		38	\$	250.00
	39 Minus nonrefundable credits from Schedule UB, Line 6		39	\$	.00
	40 Net Tax See instructions for minimum requirements		40	\$	250.00
	41 Payments and Refundable Credits:				
	(a) Tax paid, if any, with request for an extension of time to file or paid with original return if this is an amended return		41a	\$	.00
	(b) 2012 estimated franchise tax payments		41b	\$	.00
	(c) Refundable credits from Schedule UB, Line 9		41c	\$	.00
	42 Add Lines 41(a), (b) and (c)		42	\$	.00
	43 Tax due <i>If Line 40 amount is larger, subtract Line 42 from Line 40</i> <i>Will this payment come from an account outside the U.S.? Yes X No See instructions</i>		43	\$	250.00
	44 Overpayment <i>If Line 42 amount is larger, subtract Line 40 from Line 42</i>		44	\$	.00
45 Amount you want to apply to your 2013 estimated franchise tax		45	\$	.00	
46 Amount to be refunded <i>Line 44 minus Line 45</i> <i>Will this refund go to an account outside the U.S.? Yes No See instructions</i>		46	\$	.00	
47 Enter FAS 109 Deduction from Worksheet		47	\$	.00	

Under penalties of law, I declare that I have examined this return and, to the best of my knowledge, it is correct. Declaration of paid preparer is based on the information available to the preparer.

PLEASE SIGN HERE PAID PREPARER ONLY

\_\_\_\_\_  
 Officer's signature Title Date

\_\_\_\_\_  
 Preparer's signature (if other than taxpayer) Date Firm name

2028849528

Telephone number of person to contact

BROWN, EDWARDS & 319 MCCLANAHAN, R

Firm address  
If you want to allow the preparer to discuss this return with the Office of Tax and Revenue, mark here.

Preparer's PTIN P00647446



Schedule A - Cost of Goods Sold (See specific instructions for Line 2.)		Schedule B - Dividends (See specific instructions for Line 4.)	
1. Inventory at beginning of year .....	\$	NAME AND ADDRESS OF DECLARING CORPORATION	AMOUNT
2. Merchandise bought for manufacture or sale ...			\$
3. Salaries and wages .....			
4. Other costs per books (attach statement) (Additional federal bonus deprec. is not allowable.) ...			
5. Total .....	\$		
6. Minus: Inventory at end of tax year .....			
7. Cost of goods sold (Enter here and on D-20, Line 2.)	\$		
<b>Method of inventory valuation:</b>			
		<b>Total Dividends</b>	\$ 0.
		Minus deduction for Subpart F Income.	0.
		Minus deduction for dividends received from wholly-owned subsidiary	0.
		<b>TOTAL (Enter here and on D-20, Line 4.)</b>	\$ 0.

Schedule C - Compensation of officers (See specific instructions for Line 11.)						
Col. 1 Name and Address of Officer	Col. 2 Official Title	Col. 3 Percent of Time Devoted to Business	Percent of Corporation Stock Owned		Col. 6 Amount of Compensation	Col. 7 Expense Account Allowances
			Col. 4 Common	Col. 5 Preferred		
		%	%	%	\$	\$
		%	%	%		
		%	%	%		
		%	%	%		
		%	%	%		
<b>TOTAL COMPENSATION OF OFFICERS (Enter here and on D-20, Line 11.)</b>					\$	

Schedule D - Taxes (See specific instructions for Line 16.)			
EXPLANATION	AMOUNT	EXPLANATION	AMOUNT
	\$		\$
		<b>TOTAL (Enter here and on D-20, Line 16.)</b>	\$

Schedule E - Reconciliation of the net income reported on Federal and DC returns			
1. Taxable income before net operating loss deduction and special deductions (page 1 of your Federal corporate return).	\$	7. Total District taxable income reported (from D-20, Line 36).	\$
<b>UNALLOWABLE DEDUCTIONS AND ADDITIONAL INCOME</b>		<b>NON-TAXABLE INCOME AND ADDITIONAL DEDUCTIONS</b>	
2. Income taxes (see specific instructions for line 16).		8. Net income apportioned or allocated to outside DC.	
3. DC income taxes and franchise taxes imposed by DC Revenue Act of 1947, as amended.		9. Other non-taxable income and additional deductions including NOL (itemize):	
4. Interest on obligations of states, territories of the U.S. or any Political Subdivision thereof.			
5. Other unallowable deductions and additional income (itemize, include additional federal bonus depreciation and additional IRC § 179 expenses).			
(a) <b>ATHLETIC CENTER</b>		(a) <b>NET OPERATING LOSS</b>	
(b) <b>MEMBERSHIPS</b>	213369.	(b) <b>DEDUCTION AFTER 1999</b>	4629.
6. TOTAL of Lines 1-5.	\$ 213369.	10. TOTAL of Lines 7, 8 and 9.	\$ 4629.

TRINITY COLLEGE A-133  
53-0196640



120200141019

**Schedule F - DC apportionment factor** (See instructions.)

Round cents to the nearest dollar. If an amount is zero, leave the line blank.

Carry all factors to six decimal places.

	Column 1 TOTAL	Column 2 in DC	Column 3 Factor (Column 2 divided by Column 1)
1. <b>PROPERTY FACTOR:</b> Average value of real estate and tangible personal property owned or rented to and used by the corporation. (Financial institutions do not need to complete this item.) \$	.00	\$ .00	.00
2. <b>PAYROLL FACTOR:</b> Total compensation paid or accrued by the corporation. \$	.00	\$ .00	.00
3. <b>SALES FACTOR:</b> All gross receipts of the corporation other than gross receipts from non-business income. \$	.00	\$ .00	.00
4. <b>SALES FACTOR:</b> Enter factor from Column 3, Line 3			
5. <b>SUM OF FACTORS:</b> (Add Column 3 entries, Lines 1 through 4.)			
6. <b>DC APPORTIONMENT FACTOR:</b> Line 5 divided by 4 if there are 4 denominators. If fewer than 3 entries in Col. 1, divide Line 5 by the actual number of factors in Col. 3. Enter on D-20, Line 31.			

**Schedule 1 - Combined Report Tax Due**

Tax Due Combined Group Report	Tax Due Intercompany Eliminations	Tax Due Total Before Eliminations	Tax Due Designated Agent	Tax Due Member 1
Tax Due Member 2	Tax Due Member 3	Tax Due Member 4	Tax Due Member 5	

**Schedule G - Balance Sheets**

Beginning of Taxable Year

End of Taxable Year

		(A) Amount	(B) Total	(A) Amount	(B) Total
<b>ASSETS</b>	1. Cash .....				
	2. Trade notes and accounts receivable .....				
	(a) MINUS: Allowance for bad debts .....				
	3. Inventories .....				
	4. Gov't obligations: (a) U.S. and its instrumentalities .....				
	(b) States, subdivisions thereof, etc .....				
	5. Other current assets (attach statement) .....				
	6. Loans to stockholders .....				
	7. Mortgage and real estate loans .....				
	8. Other investments (attach statement) .....				
	9. Buildings and other fixed depreciable assets .....				
	(a) MINUS: Accumulated depreciation .....				
	10. Depletable assets .....				
	(a) MINUS: Accumulated depletion .....				
11. Land (net of any amortization) .....					
12. Intangible assets (amortizable only) .....					
(a) MINUS: Accumulated amortization .....					
13. Other assets (attach statement) .....					
14. <b>TOTAL ASSETS</b> .....					
<b>LIABILITIES AND CAPITAL</b>	15. Accounts payable .....				
	16. Mortgages, notes, bonds payable in less than 1 year .....				
	17. Other current liabilities (attach statement) .....				
	18. Loans from stockholders .....				
	19. Mortgages, notes, bonds payable in 1 year or more .....				
	20. Other liabilities (attach statement) .....				
	21. Capital stock: (a) Preferred stock .....				
	(b) Common stock .....				
	22. Paid-in or capital surplus (attach statement) .....				
	23. Retained earnings - Appropriated (attach statement) .....				
	24. Retained earnings - Unappropriated .....				
	25. MINUS: Cost of treasury stock .....				
26. <b>TOTAL LIABILITIES AND CAPITAL</b> .....					

**Schedule H-1 - Reconciliation of Income (Loss) per Books With Income (Loss) per Return**

1. Net income per books	\$	7. Income recorded on books this year and not included in this return (itemize). Tax-exempt interest \$	\$
2. Federal income tax			
3. Excess of capital losses over capital gains			
4. Taxable income not recorded on books this year (itemize)			
5. Expenses recorded on books this year and not deducted on this return (itemize). (a) Depreciation \$ (b) Depletion \$		8. Deductions on this tax return and not charged against book income this year (itemize). (a) Depreciation \$ (b) Depletion \$	
6. TOTAL of Lines 1 through 5	\$	9. TOTAL of Lines 7 and 8	\$
		10. Taxable Income (federal Form 1120, page 1, line 28 should equal Line 6 minus Line 9 of this Schedule.)	\$

**Schedule H-2 - Analysis of Unappropriated Retained Earnings per Books**

1. Balance at beginning of year	\$	5. Distributions: (a) Cash (b) Stock (c) Property	\$
2. Net income per books			
3. Other increases (itemize)		6. Other decreases (itemize).	
4. TOTAL of Lines 1, 2 and 3	\$	7. TOTAL of Lines 5 and 6	\$
		8. Balance at end of year (Line 4 minus Line 7)	\$

**Schedule I - Income from Rent**

Col. 1 Address of Property	Col. 2 Kind of Property	Col. 3 Gross Amount of Rent	Col. 4 Depreciation* or Amortization (Per Federal Form 4562)	Col. 5 Repairs (Explain in Sch. I-1)	Col. 6 Taxes, Interest and other Expenses* (Explain in Sch. I-1)
1.		\$	\$	\$	\$
2.					
3.					
4.					
5.					
6.					
7. TOTAL (Enter the total of Col. 3 on D-20, Line 6. Enter total of Col 4, 5, and 6 on appropriate deduction lines.)		\$ 0.	\$ 0.	\$ 0.	\$ 0.

\*excludes federal 30% and 50% bonus depreciation and additional IRC §179 expenses deductions.

**Schedule I-1 - Explanation of deductions claimed in Columns 5 and 6 of Schedule I.**

Column No.	Explanation	Amount	Column No.	Explanation	Amount
		\$			\$

TRINITY COLLEGE A-133

53-0196640

## Supplemental Information

1. STATE OR COUNTRY OF INCORPORATION  <b>WASHINGTON, DC</b>	2.(a) DATE OF INCORPORATION  <b>01/01/1897</b>	2.(b) DATE BUSINESS BEGAN IN DC  <b>07/01/2003</b>	3. IRS SERVICE CENTER WHERE FEDERAL RETURN WAS FILED FOR PERIOD COVERED BY THIS RETURN:  <b>OGDEN, UT</b>
4. THE CORPORATION'S BOOKS ARE IN THE CARE OF - <b>TRINITY COLLEGE</b>		5. LOCATED AT - <b>125 MICHIGAN AVENUE, NE WASHINGTON, DC 2001</b>	
6. During 2012, has the Internal Revenue Service made or proposed any adjustments to your federal income tax return, or did you file any amended returns with the IRS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If "YES", please submit separately a detailed statement, unless previously submitted, to the address shown on page 7 under Amended returns.			
7. Is this corporation affiliated with a partnership or another corporation? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, explain:			
8. Is this return made on the accrual basis? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If no, indicate basis used: <input type="checkbox"/> Cash Basis <input type="checkbox"/> Other (specify)			
9. Did you file a franchise tax return with DC for the year 2011? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If no, state reason:			
10. Did you withhold DC income tax from wages paid to your DC resident employees during 2012? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If no, state reason:			
11. Did you file annual information returns, federal forms 1096 and 1099, relating to payment of dividends and interest for 2012? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
12. (a) Has the business been terminated? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, explain and give date: (b) Have you moved out of DC? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			

DC FORM D-20	OTHER INCOME	STATEMENT	1
DESCRIPTION		AMOUNT	
ATHLETIC CENTER MEMBERSHIPS		213,369.	
TOTAL TO FORM D-20, PAGE 1, LINE 9		213,369.	

DC FORM D-20	OTHER DEDUCTIONS	STATEMENT	2
DESCRIPTION		AMOUNT	
EMPLOYEE BENEFIT PROGRAM EXPENSE		3,788.	
EQUIPMENT NOT CAPITALIZED		37.	
PROFESSIONAL FEES		11,032.	
PRINT AND POSTAGE		38.	
SUPPLIES		2,551.	
MARKETING		261.	
UTILITIES		46,932.	
LETTER OF CREDIT EXPENSE		34,977.	
UNIFORMS		52.	
PAID PREPARERS FEES		149.	
TOTAL TO FORM D-20, PAGE 2, LINE 24		99,817.	

DC FORM D-20	NET OPERATING LOSS DEDUCTION-YEARS 2000 AND AFTER	STATEMENT	3
--------------	---	-----------	---

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING
06/30/04	113,927.		113,927.
06/30/05	69,564.		69,564.
06/30/06	94,014.		94,014.
06/30/07	64,795.		64,795.
06/30/08	126,579.		126,579.
06/30/09	67,852.		67,852.
06/30/10	89,513.		89,513.
06/30/11	37,779.		37,779.
06/30/12	15,754.		15,754.
TOTAL TO FORM D-20, LINE 35 (LIMITED TO NET INCOME)			679,777.

---

---

DC FORM D-20	MINIMUM TAX LIABILITY GROSS RECEIPTS (MTLGR)	STATEMENT	4
1. AMOUNT FROM NUMERATOR OF DC SALES APPORTIONMENT FACTOR FROM SCHEDULE F, LINE 3, COLUMN 2 OF D-20			0.
2. ADD THE ADJUSTED BASIS OF PROPERTY (LESS DEPRECIATION) FOR WHICH GAINS REPORTED IN LINE 1			0.
3. ADD NON-BUSINESS INCOME ALLOCATED TO DC REPORTED PER D-20, LINE 33			0.
4. TOTAL GROSS RECEIPTS (ADD LINES 1, 2 AND 3) TOTAL TO D-20, LINE 37			0.

---

---