Short Form Return of Organization Exempt From Income Tax

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

OMB No. 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

A F	or the	2017 calend	ar year, or tax year beginning 01/01 , 2017, and ending	12/31	, 20 17	
В	Check if ap	pplicable:	C Name of organization	Employer ic	dentification number	
	Address c	change	23-7259773			
	Name cha	-	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E	Telephone n	number	
=	Initial retu		21	14-827-2625		
=	rınaı retur Amended	rn/terminated	City or town, state or province, country, and ZIP or foreign postal code	Group Exe	emption	
=		on pending	Dallas, TX, 75214	Number I	•	
G /	Account	ting Method:	✓ Cash Accrual Other (specify) ► H Ch	eck ►	if the organization is not	
I V	Vebsite	e: ► www			tach Schedule B	
JΤ	ax-exen	npt status (che	eck only one) — 🗹 501(c)(3) 🔲 501(c) () ◀ (insert no.) 🗌 4947(a)(1) or 🔲 527 (Fo	orm 990, 99	0-EZ, or 990-PF).	
			✓ Corporation ☐ Trust ☐ Association ☐ Other			
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total as	sets		
(Pa	t II, col	umn (B) belov	v) are \$500,000 or more, file Form 990 instead of Form 990-EZ	. ▶ ⊈	125,789	
Р	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see the ins	structions	s for Part I)	
			the organization used Schedule O to respond to any question in this Part I .			
	1		ons, gifts, grants, and similar amounts received		120,851	
	2		ervice revenue including government fees and contracts	. 2	0	
	3	_	ip dues and assessments	. 3	0	
	4	Investment	·	. 4	0	
	5a	Gross amo	ount from sale of assets other than inventory 5a	0		
	b	Less: cost	or other basis and sales expenses	0		
	С		ss) from sale of assets other than inventory (Subtract line 5b from line 5a)	. 5c	0	
	6		d fundraising events			
	а	Gross inc	ome from gaming (attach Schedule G if greater than			
ne			6a	0		
Revenue	b	Gross inco	me from fundraising events (not including \$ 0 of contributions			
æ			aising events reported on line 1) (attach Schedule G if the			
_		sum of suc	ch gross income and contributions exceeds \$15,000) 6b	0		
	С	Less: direc	t expenses from gaming and fundraising events 6c	0		
	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b and subtra	act		
		line 6c)		. 6d	0	
	7a	Gross sale	s of inventory, less returns and allowances	0		
	b		of goods sold	0		
	С	Gross prof	it or (loss) from sales of inventory (Subtract line 7b from line 7a)	. 7с	0	
	8		nue (describe in Schedule O)	. 8	4,938	
	9	Total reve	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	▶ 9	125,789	
	10		similar amounts paid (list in Schedule O)		0	
	11	Benefits pa	aid to or for members	. 11	0	
S	12		ther compensation, and employee benefits		39,942	
Expenses	13	Profession	al fees and other payments to independent contractors	. 13	1,200	
be	14	Occupanc	y, rent, utilities, and maintenance	. 14	17,275	
Щ	15		ublications, postage, and shipping		119	
	16		enses (describe in Schedule O)		12,983	
	17	Total expe	enses. Add lines 10 through 16	▶ 17	71,519	
S	18		(deficit) for the year (Subtract line 17 from line 9)		54,270	
set	19		or fund balances at beginning of year (from line 27, column (A)) (must agree w	/ith		
As		end-of-yea	r figure reported on prior year's return)	. 19	27,161	
Net Assets	20	Other char	nges in net assets or fund balances (explain in Schedule O)	. 20	-7,167	
Z	21		or fund balances at end of year. Combine lines 18 through 20		74,264	
For	Paper		ion Act Notice, see the separate instructions. Cat. No. 10642		Form 990-EZ (2017)	

Form 990-EZ (2017)

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	Balance Sneets (see the instructions i	,				
	Check if the organization used Schedule	O to respond to ar				<u>v</u>
			_	(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			4,131	-	8,590
23	Land and buildings			9,558		57,782
24	Other assets (describe in Schedule O)			13,549	-	14,890
25	Total liabilities (describe in Schedule O)			27,238		81,262
26 27	Net assets or fund balances (line 27 of column			27,161	26	6,998
Pari		· , · ·			21	74,264
ıaı	Check if the organization used Schedule	•		•		Expenses
Mhat	is the organization's primary exempt purpose?	See Schedule O, Sta	•	art III	١,	quired for section
	ribe the organization's program service accompli			roarom con icoo	l .	(c)(3) and 501(c)(4) anizations; optional for
	easured by expenses. In a clear and concise m				othe	
	ons benefited, and other relevant information for ea		, scrvices provided	, the number of		
28	Watchdog on Ministry Abuse (investigating religious	fraud)The Foundat	ion is one of the nation	on's leading		
	religious-media "watchdogs". Information requests					
	(Continued on Schedule O, Statement 2)		-			
		includes foreign gra	nts, check here .	▶ 🗌	28a	30,038
29	Service Corpsspecifically started as a practical res	ource for our commu	nity and for providing	g an on-going		
	work rehabilitation program for the poor and homele	ss we care for. It nov	includes community	y service		
	(Continued on Schedule O, Statement 3)					
	(Grants \$ 0) If this amount	includes foreign gra	nts, check here .	▶ 🗆	29 a	18,023
30	Low Income HousingIn 1995 and again in 1998, Trip					
	in Oklahoma City and then in Dayton, OH to provide	low cost housing for	the poor and distress	sed. Alongside		
	(Continued on Schedule O, Statement 4)					
		includes foreign gra			30a	9,011
31	Other program services (describe in Schedule O)					
20	(Grants \$ 0) If this amount Total program service expenses (add lines 28a to 28 to	includes foreign gra	nts, check here .	P 📙	31a	
Dar					32	
Par	List of Officers, Directors, Trustees, and Key	Employees (list each	one even if not comp	ensated-see the ir	l	
Par		C Employees (list each O to respond to ar	one even if not comp ny question in this f	pensated-see the in Part IV	l	
Part	List of Officers, Directors, Trustees, and Key	Employees (list each	n one even if not comp ny question in this f (c) Reportable compensation	pensated—see the ir Part IV (d) Health benefits, contributions to employ	nstru 	ctions for Part IV)
Par	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule	r Employees (list each O to respond to ar (b) Average	n one even if not comp ny question in this f (c) Reportable	pensated—see the ir Part IV (d) Health benefits, contributions to employ	ee (e)	ctions for Part IV)
	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title	O to respond to ar (b) Average hours per week	n one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the ir Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	ee (e)	ctions for Part IV)
	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title	O to respond to ar (b) Average hours per week devoted to position	one even if not comp ny question in this f (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the ir Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	ee (e)	ctions for Part IV)
Ole /	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title	O to respond to ar (b) Average hours per week devoted to position	one even if not comp ny question in this f (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the ir Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	ee (e)	ctions for Part IV)
Ole / Pres Glen	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title Anthony Ident	P Employees (list each O to respond to ar (b) Average hours per week devoted to position	n one even if not comp ny question in this f (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the ir Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	ee (e)	ctions for Part IV) Destinated amount of other compensation
Ole / Pres Glen boar	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title Anthony Ident In Evans	P Employees (list each O to respond to ar (b) Average hours per week devoted to position	n one even if not comp ny question in this f (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV	ee (e)	ctions for Part IV) Destinated amount of other compensation
Ole / Pres Glen boar	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title Anthony dent n Evans d member	(b) Average hours per week devoted to position 20	n one even if not comp ny question in this if (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0	pensated—see the in Part IV	ee (e)	ctions for Part IV) Description Estimated amount of other compensation O
Ole A Pres Glen boar John boar	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title Anthony Ident In Evans Id member Bloom	(b) Average hours per week devoted to position 20	n one even if not comp ny question in this i (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0	pensated—see the ir Part IV	ee (e)	ctions for Part IV) Description Estimated amount of other compensation O
Ole A Pres Glen board John board JW L	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title Anthony Ident In Evans Id member Bloom Id member	(b) Average hours per week devoted to position 20	n one even if not comp ny question in this in (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0	pensated—see the ir Part IV	nstru eee (e) n 0	ctions for Part IV) Destinated amount of other compensation 0
Ole A Pres Glen board John board JW L Vice	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title Anthony Ident In Evans Id member Bloom Id member Uman	(b) Average hours per week devoted to position 20	n one even if not comp ny question in this in (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0	pensated—see the ir Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	nstru eee (e) n 0	ctions for Part IV) Destinated amount of other compensation 0
Ole A Pres Glen boar John boar JW L Vice Briar	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title Anthony Ident In Evans Id member Bloom Id member Uman President	r Employees (list each O to respond to ar (b) Average hours per week devoted to position 20 0	one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0	pensated—see the ir Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	nstru	ctions for Part IV) Destinated amount of other compensation 0 0
Ole A Pres Glen boar John boar JW L Vice Briar boar Pete	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title Anthony Ident In Evans Id member Bloom Id member Uman President In Kelcher Id member	r Employees (list each O to respond to ar (b) Average hours per week devoted to position 20 0	one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0	pensated—see the ir Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	nstru	ctions for Part IV) Destinated amount of other compensation 0 0
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Other Information (Note the Schedule A and personal benefit contract statement requirements in the Part V instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V Yes No 33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a 33 34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the 34 Did the organization have unrelated business gross income of \$1,000 or more during the year from business 35a 35a If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 35b Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 35c 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 36 Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 37a 37b 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38a If "Yes," complete Schedule L, Part II and enter the total amount involved 39 Section 501(c)(7) organizations. Enter: 39a Gross receipts, included on line 9, for public use of club facilities Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: o ; section 4912 ► section 4911 ▶ o ; section 4955 ▶ b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40b / Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 0 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0 All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter List the states with which a copy of this return is filed ▶ 41 **42a** The organization's books are in care of ► Carolyn Bojo-office manager Telephone no. ▶ 214-827-2625 Located at ► 5644 Columbia Ave, Dallas, TX 75214 ZIP + 4 ▶ 75214 **b** At any time during the calendar year, did the organization have an interest in or a signature or other authority over Yes No a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 42b If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States? 42c If "Yes," enter the name of the foreign country: ▶ Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here 43 and enter the amount of tax-exempt interest received or accrued during the tax year 43 Yes No 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be 44a Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be 44b If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an 44d 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of 45b

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-orm 99	U-EZ (20) (<i>(</i>)								P	age 🖣
										Yes	No
46		ne organization engage, directly or in ndidates for public office? If "Yes," o							46		_
Part \		Section 501(c)(3) organizations	·							l.	
		All section 501(c)(3) organization		stions 47–49b ar	nd 52, an	d com	plete th	e tabl	es fo	or line	es
		50 and 51.	•		•						
		Check if the organization used Sch	nedule O to respond	to any question i	n this Par	t VI					П
		<u> </u>	·	, ,						Yes	No
47		ne organization engage in lobbying If "Yes," complete Schedule C, Part		section 501(h) elec		fect du	ring the	tax	47		_
48	Is the	organization a school as described in	section 170(b)(1)(A)(ii	i)? If "Yes." comple	te Schedu	le E		.	48		~
49a		ne organization make any transfers to						.	49a		~
b		s," was the related organization a se		_					49b		
50		plete this table for the organization's			other than	officer	s, directo			es, and	d key
		oyees) who each received more than									,
	•		(b) Average	(c) Reportable		Health be		-			
	(a)	Name and title of each employee	hours per week	compensation			employee d deferred			d amou pensati	
			devoted to position	(Forms W-2/1099-MIS	S(:)	ompensa		Otrie	er COIII	pensan	IOH
None						•					
TAOTIC											
51	Comp \$100,	number of other employees paid over olete this table for the organization of 000 of compensation from the organ Name and business address of each independent	s five highest compenization. If there is no	ensated independe		ctors w		Compe			than
None	(α)	Name and business address of each independ	ioni contractor	(b) Type of (JCI VICC		(0)	Compo	JII JULIA	, , , , , , , , , , , , , , , , , , ,	
None											
•				Ф. 22 222							
		number of other independent contra	-		. ▶						
52		he organization complete Schedu			_		st attach	. —	V		
	<u> </u>							.▶∨			10
		of perjury, I declare that I have examined this r d complete. Declaration of preparer (other than						nowledg	e and	belief,	it is
o:)									
Sign Here		Signature of officer Ole Anthony President				Date					
.5.0		Ole Anthony, President Type or print name and title									
Paid		Print/Type preparer's name	Preparer's signature		Date		Check	if P	TIN		
Prepa	arer						self-emplo				
Use (Firm's name ►				Firm's	EIN ►				
		Firm's address ▶				Phone					
May th	e IRS	discuss this return with the preparer	shown above? See i	nstructions				$\overline{}$	Yes		lo ol

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047 2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

► Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization **Employer identification number**

		OUNDATION INC						59773
Par		Reason for Public Cha					<u>'</u>	ons.
The c	he organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)							
1	1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2		school described in section						
3		hospital or a cooperative hospital						(:::\
4	_	medical research organization ospital's name, city, and state	•	onjunction with a nosp	oitai desc	ribea in s	section 170(b)(1)(A)	(III). Enter the
5	□ A	n organization operated for ection 170(b)(1)(A)(iv). (Com	the benefit of a	college or university	owned o	r operate	ed by a government	al unit described i
6		federal, state, or local govern	•	mental unit described	l in sectio	n 170(h)	(1)(Δ)(v)	
7	∠ A	n organization that normally escribed in section 170(b)(1)	receives a subs	tantial part of its sup				n the general publi
8	\square A	community trust described in	n section 170(b)	(1)(A)(vi). (Complete	Part II.)			
9	o u	n agricultural research organ r university or a non-land-gra niversity:	nt college of agr	iculture (see instruction	ons). Ente	r the nan	ne, city, and state of	the college or
10	re sı	n organization that normally receipts from activities related upport from gross investment cquired by the organization a	to its exempt full income and uni	nctions—subject to c related business taxal	ertain exc ble incom	ceptions, ne (less s	and (2) no more that ection 511 tax) from	n 331/3% of its
11		n organization organized and	•	,	•		. , , ,	
12	O	n organization organized and f one or more publicly suppo heck the box in lines 12a thro	rted organizatio	ns described in sect i	ion 509(a)(1) or se	ection 509(a)(2). Se	e section 509(a)(3
а		Type I. A supporting organithe supported organization supporting organization. You	(s) the power to	regularly appoint or e	elect a ma	jority of t		
b		Type II. A supporting organ control or management of organization(s). You must	the supporting o	rganization vested in	the same			
С		Type III functionally integ its supported organization(ally integrated with
d		Type III non-functionally integrated that is not functionally integrequirement (see instruction	grated. The orga	nization generally mu	st satisfy	a distribu	ution requirement an	
е		Check this box if the organ functionally integrated, or	Type III non-func	tionally integrated sup				e II, Type III
f		er the number of supported o	•					
g		vide the following information					T	
	(i) Na	me of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)								
(E)	_							
Total								

18

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) 2013 **(b)** 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total grants, contributions, 1 membership fees received. (Do not include any "unusual grants.") . . . 38,204 170,550 68,122 116,744 120,851 514,471 2 revenues levied organization's benefit and either paid to or expended on its behalf . . . 0 0 0 0 0 0 The value of services or facilities furnished by a governmental unit to the organization without charge 0 0 0 0 0 0 Total. Add lines 1 through 3. . . . 4 38,204 170,550 68,122 116,744 120,851 514,471 5 The portion of total contributions by each person (other than governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 313,526 Public support. Subtract line 5 from line 4 200,945 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2013 **(b)** 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total 7 Amounts from line 4 38,204 120,851 170,550 68,122 116,744 514,471 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 7,200 7,200 6,700 4,937 5,237 31,274 9 Net income from unrelated business activities, whether or not the business is regularly carried on 0 0 0 0 0 0 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 4,288 1,500 6,304 516 0 0 **Total support.** Add lines 7 through 10 11 552,049 Gross receipts from related activities, etc. (see instructions) 12 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) 13 Section C. Computation of Public Support Percentage Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 14 36.4 % Public support percentage from 2016 Schedule A, Part II, line 14 15 331/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization 331/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2017. 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 stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.)

	ii trie organization falls to qualify	under the te	sts listed bei	ow, piease co	impiete Fart	11.)	
	on A. Public Support			1			
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees						
•	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
•	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
<i>,</i> a	received from disqualified persons .						
	· · · ·						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	<u> </u>						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
<u> </u>	line 6.)						
	on B. Total Support		T				
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for th	e organizatio	n's first, secon	d, third, fourth	, or fifth tax ye	ear as a sectio	n 501(c)(3)
	organization, check this box and stop her	·е					▶ ┌
Secti	on C. Computation of Public Suppor	t Percentag	e				
15	Public support percentage for 2017 (line 8	B, column (f) d	ivided by line 1	3, column (f))		15	%
16	Public support percentage from 2016 Sch		-			16	%
Secti	on D. Computation of Investment Inc	come Perce	ntage				
17	Investment income percentage for 2017 (I			y line 13, colu	mn (f))	17	%
18	Investment income percentage from 2016			-		18	%
19a	331/3% support tests—2017. If the organi						
	17 is not more than 33 ¹ / ₃ %, check this box						
b	33 ¹ / ₃ % support tests—2016. If the organiz	_	=	-		_	
~	line 18 is not more than 33 ¹ / ₃ %, check this b						
20	Private foundation If the organization di	_	_	*	-		_

Part IV **Supporting Organizations**

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

All Supporting Organizations

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

Part I	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		<u> </u>
	A family member of a person described in (a) above?	11b		<u> </u>
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c		
Section	on B. Type I Supporting Organizations			I
_			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the approximation approach fourth a homeful of any approximation at how there the approached	-		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part</i>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			<u> </u>
Occur	on or Type in Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	140
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			·
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Section	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ctions	s).
а	☐ The organization satisfied the Activities Test. <i>Complete line 2 below.</i>			
b	☐ The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	struct	ions).
•	Activities Test Anguar (a) and (b) below		Vaa	Na
2	Activities Test. Answer (a) and (b) below.		Yes	NO
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	a		
J	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
-	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gani	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount	•		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount . Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional		tegrated Type III supporti	ng organization (see

Part	V Type III Non-Functionally Integrated 509(a)(3	S) Supporting Organi	zations (continued)			
Secti	on D - Distributions			Current Year		
1	1 Amounts paid to supported organizations to accomplish exempt purposes					
2	Amounts paid to perform activity that directly furthers exe	rted				
	organizations, in excess of income from activity					
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations			
4	Amounts paid to acquire exempt-use assets					
5	Qualified set-aside amounts (prior IRS approval required)					
6	Other distributions (describe in Part VI). See instructions.					
7	Total annual distributions. Add lines 1 through 6.					
8	Distributions to attentive supported organizations to whic	h the organization is res	ponsive			
	(provide details in Part VI). See instructions.					
9	Distributable amount for 2017 from Section C, line 6					
10	Line 8 amount divided by line 9 amount	T				
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017		
1	Distributable amount for 2017 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required – explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2017					
a						
b	From 2013					
c	From 2014					
d	From 2015					
е	From 2016					
f	Total of lines 3a through e					
g	Applied to underdistributions of prior years					
h	Applied to 2017 distributable amount					
<u>i</u> _	Carryover from 2012 not applied (see instructions)					
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.					
4	Distributions for 2017 from Section D, line 7: \$					
a	Applied to underdistributions of prior years					
b	Applied to 2017 distributable amount					
c	Remainder. Subtract lines 4a and 4b from 4.					
5	Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.					
7	Excess distributions carryover to 2018. Add lines 3j and 4c.					
8	Breakdown of line 7:					
а	Excess from 2013					
b	Excess from 2014					
c	Excess from 2015					
d	Excess from 2016					
е	Excess from 2017					

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
Schedule A	, Part II, Line 10 - Schedule A, Part II, line 10there was no other income this year, aside from a few small items. See Schedule
O, expense	details.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

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

Name of the organization **Employer identification number** TRINITY FOUNDATION INC 23-7259773 Form 990-EZ, Part I, Line 8 - We received \$4938 from renting out an apartment we own (one of two). Form 990-EZ, Part I, Line 16 - Religious Watchdog Activities (PI licence renewals, company license renewal, PI insurance, data search fees, courthouse search fees) \$6,523.80; Auto (insurance, fuel, maintenance, registration/inspection, repairs, auto club) \$4,735.28; depreciation exp. \$1,392; interest/finance charges from credit card \$988.05; title company fees for donated condo \$574; computer software/hardware 255.98; equipment and equipment repair \$218.34; office products \$143.36; accounting/bookkeeping fees \$24; bank charges \$232.40; money back from management/maintenance fees on apartments not owned by TFI from Jan. thru Aug. +\$1245.14; money rec'd from sales of old Door magazine issues prior to 2008 - +\$859.22 = \$12,982.85 other expenses (rounded up to nearest dollar, 12,983) Form 990-EZ, Part I, Line 20 - Our credit card balance had never been tracked in Quickbooks prior to this filing. We corrected and re-posted all credit card expenses during 2017; however, the greatest part of this amount reflects our beginning credit card balance as of January 1, 2017--\$6,871. The remainder, \$296, is a general journal entry balance correction. \$6,871 + \$296 = \$7,167 Form 990-EZ, Part II, Line 24 - Honda Accord \$2500; inventory of old magazines and videotapes \$11,049; Equipment, furniture, and machinery \$7304; Accumulated Depreciation (minus) - \$5963; (Note, a donor donated an apartment unit to the Foundation valued at \$50,000 in August) (Also, the other apartment that TF owns is now valued at \$7,782 considering decades of depreciation). 2500 + 11,049 + 7304 - 5963 Form 990-EZ, Part II, Line 26 - company credit card balance \$6,871; payroll withholding owed at end of year \$126.89 = 6,998

Schedule O, Statement 1 TRINITY FOUNDATION INC

Form: **Form 990-EZ (2017)** EIN: **23-7259773**

Page: 2 Part III

Primary Exempt Purpose

Primary Exempt Purpose

Investigating Religious Fraud/Low Income Housing-The overriding purpose of Trinity Foundation is to act as a catalyst for Christ's love by confronting self-absorption and excess in the church. As a public foundation, guarding against and exposing religious fraud and excessive misuse of donor funds falls squarely within our mission. As a practical matter, it also includes meeting needs when possible and/or facilitating solutions to problems brought to our attention such as hunger and homelessness.

Schedule O, Statement 2 TRINITY FOUNDATION INC

Form: Form 990-EZ (2017) EIN: 23-7259773

Page: 2 Part III, Line 28

First Program Service Accomplishments Description

Description

international media outlets as well as various government agencies--including the Senate Finance Committee. The Foundation maintains an 800-number help line and an online questionnaire for victims of televangelists. We have worked with organizations such as Prime-Time Live, Inside Edition, NBC Dateline, A Current Affair, ABC 20/20, CBS Sixty Minutes, the BBC, and ESPN. In addition, hundreds of newspapers, magazines and talk shows have used our services. The Foundation maintains a nationally recognized video archive of televangelism broadcasts, a print-media clip file and extensive direct-mail files on several hundred televangelists and other ministries. Donor Advocacy: Our website, www.trinityfi.org , facilitates the information needs of donors and victims of religious ministries. In May of 2005, we were asked by the General Council of the Senate Finance Committee to furnish reports on conversion and inurement to the committee on religious not for profit organizations. This consumed most of our activities from 2005 through 2011. To date, we have submitted 38 reports to the Finance Committee. In 2015 we helped the HBO program Last Week Tonight with John Oliver expose televangelist abuses of donor money. We continue to provide reports to the Exempt Organizations Division of the IRS on a regular basis.

Schedule O, Statement 3 TRINITY FOUNDATION INC

Form: Form 990-EZ (2017)
Page: 2
Part III, Line 29

Second Program Service Accomplishments Description

Description

restitution for persons who are performing court-ordered hourly restitution--we provide a place for these persons to work off their mandatory hours.

Schedule O, Statement 4 TRINITY FOUNDATION INC

Form: Form 990-EZ (2017)

Page: 2

Part III, Line 30

Third Program Service Accomplishments Description

Description

the housing provided, Trinity Foundation implemented programs to provide hands-on assistance to those tenants in need. In 2005 and 2009 these large projects were ended. However, we continue to investigate local opportunities to provide low-income housing in the North Texas area.

Schedule O, Statement 5 TRINITY FOUNDATION INC

Form: **Form 990-EZ (2017)** EIN: **23-7259773**

Page: 2 Part III, Line 31

Other Program Service Accomplishments	

Description	Grants And Allocations	Includes Foreign Grants	Program Service Expenses
Meeting Need/ShelterThe Dallas Project includes the traditional responsibility of religious organizations in meeting the basic needs of the poor and the weakest members of society. Though we have passed much of this program service to the Community on Columbia (Church), we continue to work hand in hand with them to meet these kinds of needs.	0		3,004
Total:			3.004