Form **990-EZ**

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. 1545-0047

2020

nen to Public

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.

Open to Public Inspection

Α	For the	2020 calenda	ar year, or tax year beginning 01/01/2020 and ending	12	/31/20	20
В	Check if ap	oplicable:	C Name of organization	D Empl	oyer id	entification number
	Address c	hange	TRINITY FOUNDATION INC		2	3-7259773
Н	Name cha	-	Number and street (or P.O. box if mail is not delivered to street address) Room/suite	E Telep	hone n	umber
Н	Initial retur		5640 Columbia Ave		21	4-827-2625
H	Amended	n/terminated	City or town, state or province, country, and ZIP or foreign postal code	F Grou	ир Ехе	mption
Ħ	Application		Dallas, TX, 75214	Nun	nber 🕨	>
G	Account	ting Method:	✓ Cash	Check I	▶ □ i	f the organization is not
1.1	Website	e: >				ach Schedule B
J 1	Гах-ехеп	npt status (che	ck only one) — ✓ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527	(Form 9	90, 990	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 tota	al assets		
(Pa	ırt II, colı	umn (B)) are \$	500,000 or more, file Form 990 instead of Form 990-EZ		▶ \$	88,927
P	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see the	instruc	ctions	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		1	78,547
	2		ervice revenue including government fees and contracts		2	0
	3	Membersh	ip dues and assessments		3	0
	4	Investment			4	1,398
	5a	Gross amo	unt from sale of assets other than inventory 5a	0		
	b		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 contribution	ons		
Š			aising events reported on line 1) (attach Schedule G if the			
_		sum of suc	h gross income and contributions exceeds \$15,000) 6b	0		
	С	Less: direc	t expenses from gaming and fundraising events 6c	0		
	d	Net incom	e or (loss) from gaming and fundraising events (add lines 6a and 6b and su	btract		
		line 6c) .			6d	0
	7a	Gross sale	s of inventory, less returns and allowances	232		
	b	Less: cost	of goods sold	0		
	С	Gross prof	it or (loss) from sales of inventory (subtract line 7b from line 7a)		7с	232
	8	Other reve	nue (describe in Schedule O)		8	8,750
	9	Total reve	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	. ▶	9	88,927
	10		similar amounts paid (list in Schedule O)		10	0
	11	Benefits pa	aid to or for members		11	0
es	12		ther compensation, and employee benefits		12	68,630
Expenses	13	Profession	al fees and other payments to independent contractors		13	881
g	. 14	Occupancy	/, rent, utilities, and maintenance		14	22,626
М	15		ublications, postage, and shipping		15	136
	16		enses (describe in Schedule O)		16	20,179
_	17	Total expe	enses. Add lines 10 through 16		17	112,452
S	18	Excess or	deficit) for the year (subtract line 17 from line 9)		18	-23,525
set	19		or fund balances at beginning of year (from line 27, column (A)) (must agree			
As		-	r figure reported on prior year's return)		19	177,403
Net Assets	20	Other char	ges in net assets or fund balances (explain in Schedule O)	<u>.</u> .	20	0
z	21		or fund balances at end of year. Combine lines 18 through 20		21	153,878

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Pai	Balance Sheets (see the instructions	for Part II)				•			
	Check if the organization used Schedule	O to respond to ar	ny question in this			V			
				(A) Beginning of year		(B) End of year			
22	Cash, savings, and investments			107,539	22	85,009			
23	Land and buildings			54,450	23	57,841			
24	Other assets (describe in Schedule O)			15,414	-	11,739			
25	Total assets			177,403	25	154,589			
26	Total liabilities (describe in Schedule O)				26	711			
27	Net assets or fund balances (line 27 of column	· / · · · ·	,	177,403	27	153,878			
Par						_			
	Check if the organization used Schedule	O to respond to ar	ny question in this	Part III U	(Poo	Expenses uired for section			
What	is the organization's primary exempt purpose?	Investigating Religion	ous Fraud and Exces	SS		c)(3) and 501(c)(4)			
as m	ribe the organization's program service accompli easured by expenses. In a clear and concise mons benefited, and other relevant information for ea	nanner, describe the			orga othe	nizations; optional for rs.)			
28	Watchdog on Ministry Abuse (investigating religious								
	religious-media "watchdogs". Information requests	are met regularly fron	n local, regional, nat	ional and					
	(Continued on Schedule O, Statement 1)								
	(Grants \$ 0) If this amount	includes foreign gra	nts, check here .	▶ 🗌	28a	71,970			
29	Service Corpsspecifically started as a practical res								
	work rehabilitation program for the people we serve	. It includes dozens o	f community service	restitution					
	"volunteers" mandated by the courts.								
	· · · · · · · · · · · · · · · · · · ·	includes foreign gra			29a	8,996			
30	Low Income HousingIn 1995 and again in 1998, Tri								
	in Oklahoma City and then in Dayton, OH to provide	low cost housing for	the poor and distre	ssed. Those					
	(Continued on Schedule O, Statement 2)								
		includes foreign gra			30a	4,498			
23 24 25 26 27 Part What Descras maperso 28 29 30 31 32 Part Ole A Presid JW Li Vice I Pete I secre Brian Direc Mike Direc Thom Direc Carol		ther program services (describe in Schedule O) See Schedule O, Statement 3							
23 24 25 26 27 Par What Desc as m perso 28 29 30 31 32 Par Ole A Pres JW L Vice Pete secre Briar Direc Glen Direc Caro					31a				
	Total program service expenses (add lines 28a				32	89,962			
Par	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule			•	istruc	tions for Part IV)			
	Check if the organization used Schedule		(c) Reportable	(d) Health benefits,		· · · · <u></u>			
	(a) Name and title	(b) Average hours per week devoted to position	compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	contributions to employ benefit plans, and	()	Estimated amount of ther compensation			
Ole A	Anthony	5.00		D	0	0			
Pres	dent								
JW L	uman	0.00		O	0	0			
Vice	President								
Pete	Evans	35.00	4,78	5	0	0			
secr	etary-treasurer								
Brian	ı Kelcher	0.00		ס	0	0			
Direc	etor								
Mike	Renfro	0.00		D	0	0			
Direc	etor								
Thor	nas Ternan	0.00		D	0	0			
	n Evans	0.00	•		0	0			
	lyn Bojo	25.00	8,44	5	0	0			
Offic	e Manager								
		-							
					-				
		-							
					+				
		-							
					+				
		-							
		1	İ	I	- 1				

Part '	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this			
	Instructions for Fart v.) Offects if the organization used Schedule O to respond to any question in this) i ait	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	163	✓
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			
35a	change on Schedule O. See instructions	34		<i>\</i>
_	activities (such as those reported on lines 2, 6a, and 7a, among others)?	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 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	35b 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		,
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			
b	Did the organization file Form 1120-POL for this year?	37b		1
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		~
b 39	If "Yes," complete Schedule L, Part II, and enter the total amount involved			
а	Initiation fees and capital contributions included on line 9			
b	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: section 4911 \blacktriangleright			
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		/
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	400		
	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
	40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		~
41	List the states with which a copy of this return is filed ▶			
42a			7-262	5
b	Located at ► 5644 Columbia Ave, Dallas, TX 75214 ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over	752	214	NI.
5	a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country	42b	Yes	No 🗸
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country ▶	42c		'
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year		.)	▶ □
			Yes	No
	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		~
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		~
	Did the organization receive any payments for indoor tanning services during the year?	44c		'
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O	44d		
_	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		~
b	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 Form 990-EZ. See instructions	45h		V

## Part V 47 [] 48] 49a [] 50 (] None Sign Sign	-EZ (20	J2U)							1	age -
									Yes	No
		ne organization engage, directly or in								
		ndidates for public office? If "Yes," c		Part I		• •		. 46	;	/
Part V		Section 501(c)(3) Organizations All section 501(c)(3) organizations		etione 47_40h ar	nd 52 an	d con	naloto th	o tablos	for lin	.00
		50 and 51.	s must answer que	5110115 41 –430 ai	iu 52, aii	J COII	ibiere in	e labies	101 1111	163
		Check if the organization used Sch	nedule O to respond	to any question i	n this Par	† \/I				
		Check if the organization used cor	icadic O to respond	to any question	ii tillo i ai	· VI	<u> </u>	· · ·	Yes	No
47 [Did th	ne organization engage in lobbying	activities or have a s	section 501(h) elec	ction in ef	fect di	uring the	tax	+:00	
		If "Yes," complete Schedule C, Part						. 47	,	1
48 I	s the	organization a school as described in	section 170(b)(1)(A)(ii	i)? If "Yes," comple	te Schedu	le E		. 48	3	~
49a [Did th	ne organization make any transfers to	o an exempt non-cha	ritable related orga	anization?			. 49	а	~
		s," was the related organization a se								
		plete this table for the organization's								
•	emplo	oyees) who each received more than	\$100,000 of comper	nsation from the or				e, enter '	None.	"
			(b) Average	(c) Reportable		Health b	enefits, employee	(e) Estima	ated amo	unt of
	(a)	Name and title of each employee	hours per week devoted to position	compensation (Forms W-2/1099-MIS	benefit	olans, ar	nd deferred		ompensa	
				(С С	ompens	ation			
None										
		number of other employees paid oven plete this table for the organization?			ent contra	 ctors ·	who each	n receive	d more	e thar
•	100,	000 of compensation from the orgar	nization. If there is no	ne, enter "None."						
	(a)	Name and business address of each independ	ent contractor	(b) Type of s	service		(c)) Compensa	ation	
None										
						_				
						-				
				<u> </u>		\bot				
		number of other independent contra	=		. •					
		he organization complete Scheduleted Schedule A	lle A? Note: All se		•	ıs mu	ıst attacl			NI.a
							ant of marries	Ye		No
		of perjury, I declare that I have examined this r d complete. Declaration of preparer (other than						nowledge a	id bellet	, it is
		<u> </u>				T				
Sign		Signature of officer				Date				
Here		John Evans, president								
		Type or print name and title								
Paid		Print/Type preparer's name	Preparer's signature		Date		Check	if PTIN		
Prepa	rer						self-emplo	yed		
Use O		Firm's name				Firm's	s EIN ▶			
		Firm's address ►				Phone	e no.			
ıvlay the	: IKS	discuss this return with the preparer	snown above? See i	nstructions				► Ye	s L	No

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047 2020

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. Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Employer identification number Name of the organization TRINITY FOUNDATION INC 23-7259773 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 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) ☐ 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.) ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives (1) more than 33¹/₃% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12d, Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV. Sections A and D. and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . . Provide the following information about the supported organization(s). (iii) Type of organization (vi) Amount of (i) Name of supported organization (ii) EIN (iv) Is the organization (v) Amount of monetary (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E) **Total**

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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) 2016 **(b)** 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . 45,502 70,851 169,120 82,835 78,547 446,855 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities 3 furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3. . . . 4 45,502 70,851 82,835 169,120 78,547 446,855 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 210,823 Public support. Subtract line 5 from line 4 236,032 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2016 **(b)** 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total 7 Amounts from line 4 45,502 78,547 70,851 82,835 169,120 446,855 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 5,337 4,938 4,000 9.592 24,031 Net income from unrelated business 9 activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 75,241 50,000 7,780 788 964 134,773 **Total support.** Add lines 7 through 10 11 605,659 Gross receipts from related activities, etc. (see instructions) 12 0 First 5 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 2020 (line 6, column (f), divided by line 11, column (f)) 38.97 % 14 Public support percentage from 2019 Schedule A, Part II, line 14 15 331/3% support test - 2020. 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-2019. 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 - 2020. 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 - 2019. 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 supported

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

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

	if the organization falls to quality	under the te	sts listed bei	ow, piease co	implete Fart	II. <i>)</i>	
	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
•	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
Ū	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		+				
ı 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						
_	· · · · · · · · · · · · · · ·						
	Add lines 7a and 7b						
8							
01:	line 6.)						
	on B. Total Support	/) 00/0	# N 0047	() 0040	(1) 00 (0	() 0000	
	dar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 years. If the Form 990 is for the	organization'	s first, second	, third, fourth,	or fifth tax ye	ar as a sectio	n 501(c)(3)
	organization, check this box and stop her	•			-		` ' ; '
Secti	on C. Computation of Public Suppor	t Percentag	ie				
15	Public support percentage for 2020 (line 8			13, column (f))		15	%
16	Public support percentage from 2019 Sch		•			16	%
	on D. Computation of Investment Inc					1	
17	Investment income percentage for 2020 (I			by line 13, colu	mn (f))	17	%
18	Investment income percentage from 2019			-		18	%
19a	331/3% support tests—2020. If the organi						
	17 is not more than 33 ¹ / ₃ %, check this box						
b	331/3% support tests—2019. If the organize	_	_	-		-	
~	line 18 is not more than 331/3%, check this b						
20	Private foundation If the organization did	_	=	*	-		_

Part IV **Supporting Organizations**

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

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		res	NO
	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		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 box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
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			
7	benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity	6		
	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		
0a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.	10a		
h	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 lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
0 1: -	detail in Part VI.	11c		
Secu	on B. Type I Supporting Organizations		V	NI.
			Yes	NO
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations	<u>'</u>		
Oootii	71 217 III 1 ypo III oupporting organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.			
Soction	on E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	netru	ctions	e)
' a	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>	nsuu	CHOIL	3).
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 governmental entity	(see ir	struct	tions).
2	Activities Test. Answer lines 2a and 2b below.	•	Yes	
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 line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	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.	OI-		
9	•	2b		
3 a	Parent of Supported Organizations. <i>Answer lines 3a and 3b 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? If "Yes" or "No," provide details in Part VI.	3a		
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
~	of its supported organizations? If "Yes" describe in Part VI the role played by the organization in this regard	2h		

(see instructions).

Part	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			
Sect	ion 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		
	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion 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):			
а	Average monthly value of securities	1a		
<u>u</u>	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors	٠.~		
е	(explain in detail in Part VI):	1e		
	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	ion C—Distributable Amount	0		Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
_	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	Ť		
	emergency temporary reduction (see instructions).	6		
7	☐ Check here if the current year is the organization's first as a non-function	ally i	integrated Type III suppor	ting organization

Secti	on D—Distributions				Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		1	
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity		orted	2	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required-	provide details in Part	VI)	5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	h the organization is res	sponsive	8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	าร	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required—explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j and 4c.				
8	Breakdown of line 7:				
а	Excess from 2016				
b	Excess from 2017				
С	Excess from 2018				
d					
_	Evenes from 2020				

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

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 - Other income: this year, \$555.33 accounted for an increase in our Chase investment account over a 4 year
	\$232.60 was received from residual sales of old Wittenburg Door magazinesnow being published independently after a hiatus
of 13 years.	

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.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization **Employer identification number** TRINITY FOUNDATION INC 23-7259773 Form 990-EZ, Part I, Line 8 - We received \$8,750 rental income. Form 990-EZ, Part I, Line 16 - Religious Watchdog Activities (PI licenses, insurance, data search fees, monitor religious TV--Sat TV) \$8,205; bank charges \$36; Auto--fuel, repair, ins, registration \$4,024; owner dues on 2 apts. \$3,000; Depreciation expense \$4,786; Paypal fees for numerous donors \$128 Form 990-EZ, Part II, Line 24 - other assets consist of a Honda Accord \$2500 (before depreciation); a 2006 Toyota Sienna Van \$4300 donated this year; equipment and furniture--\$9,054; inventory of old Door magazines and tapes \$10,582; a positive balance in our payroll liabilities account of \$1158 (overpayment); less accumulated depreciation of -\$33,013 Form 990-EZ, Part II, Line 26 - account payable of \$16; credit card amount due of \$345; a tenant's security deposit of \$350

Schedule O, Statement 1 TRINITY FOUNDATION INC

Form: Form 990-EZ (2020) EIN: 23-7259773
Page: 2 Part III, Line 28

First Program Service Accomplishments Description

Description

international print and television media organizations and podcasts. In addition, we regularly provide information to the exempt organization division of the IRS and other governmental and law enforcement agencies. The number of persons helped is not quantifiable, but we believe we reach thousands of individuals, a number of whom are victims or relatives of victims of religious fraud.

Schedule O, Statement 2 TRINITY FOUNDATION INC

Form: Form 990-EZ (2020) EIN: 23-7259773

Page: 2 Part III, Line 30

Third Program Service Accomplishments Description

Description

programs ended approximately 15 years ago; however, we searched for other opportunities and continued to promote low-income housing. The foundation now owns 2 apartments and provides low-income housing in those apartments. 2 persons are benefitted in each apartment. We also assist persons located in 4 to 6 more persons in adjacent low-income apartments owned the the Community on Columbia.

Schedule O, Statement 3 TRINITY FOUNDATION INC

Form: **Form 990-EZ (2020)** EIN: **23-7259773**

Page: 2 Part III, Line 31
Other Program Service Accomplishments

Program	Includes	Grants And		
Service	Foreign	Allocations		
Expenses	Grants			

1) Meeting needs of hunger, homelessness, etc.- about 5% of our activities were involved with this 0 4,498 program service-helping the Community on Columbia Church help others, partly by fielding calls from people needing help with utilities, rent, food, and other needs.

Total: 4,498

Description