Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Inspection

Open to Public

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

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	2022 calenda	ar year, or tax year beginning	01/01/2022	and	ending	12	2/31/20:	22
B 0	heck if ap	oplicable:	C Name of organization				D Emp	loyer id	entification number
	Address c	hange	TRINITY FOUNDATION INC					2	3-7259773
□ '	Name cha	ange	Number and street (or P.O. box if mail is not	delivered to street addre	ess)	Room/suite	E Tele	ohone n	umber
=	nitial retur		5640 Columbia Ave					21	4-827-2625
=	-inal returi Amended	n/terminated	City or town, state or province, country, and	ZIP or foreign postal cod	de		F Gro	up Exe	mption
=		n pending	Dallas, TX 75214					nber	•
		ting Method:	✓ Cash	oify):			Check	if the	organization is not
		https://tri							ach Schedule B
			ck only one) — 🗹 501(c)(3) 🗌 501(c) (() (insert no.)	4947(a)(1) oi		(Form 9		
			Corporation Trust	Association	Other:	02.	•		
			7b to line 9 to determine gross receipts			nore, or if to	tal assets		
			5500,000 or more, file Form 990 instead						85,370
	art I		e, Expenses, and Changes in						
			the organization used Schedule (•			•
	1		ons, gifts, grants, and similar amour					1	75,466
	2		ervice revenue including governmer					2	9,500
	3	-	ip dues and assessments					3	0
	4	Investment	•					4	4
	- 5а		unt from sale of assets other than i	nventory	. 5a				1
	b		or other basis and sales expenses	•			0	-	
	C		ss) from sale of assets other than in			ne 5a)		5c	0
	6		d fundraising events:	vertory (Subtract III	ie ob irom ii	ne sa, .		30	0
ne	а		ome from gaming (attach Sched		than 6a		0		
Revenue	b	Gross inco	me from fundraising events (not inc	luding \$	0 0	of contribut	ions		
è			aising events reported on line 1) (a	· · · · · · · · · · · · · · · · · · ·					
_			h gross income and contributions				0		
	С	Less: direc	t expenses from gaming and fundra	aising events	. 6с		0		
	d		e or (loss) from gaming and fundra	•		d 6b and s	ubtract		
		line 6c) .		•				6d	0
	7a	Gross sale	s of inventory, less returns and allow	wances	. 7a		0		
	b						0		
	C		it or (loss) from sales of inventory (s					7c	0
	8	•	nue (describe in Schedule O)					8	400
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c					9	85,370
	10		I similar amounts paid (list in Sched					10	0
	11		aid to or for members	•				11	0
Ś	12	•	ther compensation, and employee t					12	79,736
Expenses	13		al fees and other payments to indep					13	0
Ser	14		/, rent, utilities, and maintenance					14	21,894
X	15		ublications, postage, and shipping					15	118
	16		enses (describe in Schedule O)					16	33,898
	17	Total expe	enses. Add lines 10 through 16 .		<u> </u>		· · · ·	17	·
	18	Evenes or	deficit) for the year (subtract line 17		<u> </u>			18	135,646
əts	19		or fund balances at beginning of					10	-50,276
SS			r figure reported on prior year's reti					19	100.000
Net Assets	20	-	iges in net assets or fund balances						129,093
Š	20 21		or fund balances at end of year. Co					20	70.017
		ו זיכו מססכוס	or runiu barantes at thu or year. Of	אווא סו פסוווו סווועוויר	Jugii ZU .			4	78,817

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Pai	Balance Sheets (see the instructions t	•				
	Check if the organization used Schedule	O to respond to ar	ny question in this l	Part II		<u>v</u>
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			78,902	22	31,897
23	Land and buildings			48,166	23	0
24	Other assets (describe in Schedule O)			4,300	24	47,139
25	Total assets			131,368	25	79,036
26	Total liabilities (describe in Schedule O)			2,275		219
27	Net assets or fund balances (line 27 of column			129,093	_	78,817
Par	Statement of Program Service Accom	plishments (see th	e instructions for F			·
	Check if the organization used Schedule					Expenses
What	is the organization's primary exempt purpose?	See Schedule O, Sta	• •		,	quired for section
		· · · · · · · · · · · · · · · · · · ·		roarom continos		(c)(3) and 501(c)(4) anizations; optional for
as m perso	ribe the organization's program service accomplise asured by expenses. In a clear and concise mons benefited, and other relevant information for each	anner, describe the ach program title.	services provided	, the number of	othe	
28	Watchdog on Ministry Abuse (investigating religious					
	nation's leading religious-media watchdogs looking	at misuse of donor m	oney, etc. Information	n requests are		
	(Continued on Schedule O, Statement 2)					
		includes foreign gra			28a	87,870
29	Low Income HousingIn 1995 and again in 1998, Trin					
	in Oklahoma City and then in Dayton, OH to provide	low cost housing for	the poor and distres	sed. Those		
	(Continued on Schedule O, Statement 3)					
	(Grants \$ 0) If this amount	includes foreign gra	nts, check here .	🗆	29a	12,150
30	Service Corps-a small percentage of our activities w	ere involved with this	program service, m	anaging		
	court-ordered community service "volunteers", doin	g yardwork and main	tenance on foundation	on and church		
	(Continued on Schedule O, Statement 4)					
	(Grants \$ 0) If this amount	includes foreign gra	nts, check here .	🗆	30a	1,100
31	Other program services (describe in Schedule O)	See Schedule O, Sta	tement 5			
	(Grants \$ 0) If this amount	includes foreign gra	nts, check here .		31a	11,110
32	Total program service expenses (add lines 28a t	through 31a)			32	112,230
Par	List of Officers, Directors, Trustees, and Key	/ Employees (list each	one even if not comp	pensated-see the in	nstruc	ctions for Part IV)
	Check if the organization used Schedule	O to respond to an	ny question in this l	Part IV		🗌
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and deferred compensation		Estimated amount of other compensation
Pete	Evans	35.00	5,833		0	0
pres			,,,,,,			
	n Kelcher	0.00	0		0	0
	President	1	_			
	n Evans	0.00	0		0	0
	surer		•			
	nas Ternan	0.00	0		0	0
direc		0.00	·		Ĭ	ŭ
	que Bell	0.00	0		0	0
direc		0.00	•		۱	v
	Renfro	0.00	0		0	0
direc		0.00	U		١	Ü
unec	icoi					
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					+	
		-				
					+	
		-				
					+	
		1		1	1	

Part V

	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	Part	۷.	~
			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		>
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 change on Schedule O. See instructions	34	~	
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		7
b	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		
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	330		
	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		/
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 0			
b	Did the organization file Form 1120-POL for this year?	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		/
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities	-		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911: 0; section 4912: 0; section 4955: 0			
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		
Ū	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		7
41	List the states with which a copy of this return is filed:			
42a		214-82	7-262	 5
	Located at: 5640 Columbia Ava Dallas TV 75214	751	214	
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).			
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			
	5		Yes	No
44a	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		٧
С	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		
45a	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-F7 See instructions	145h	ı	./

Other Information (Note the Schedule A and personal benefit contract statement requirements in the

Form 99	90-EZ (2	022)								Р	age 4
46		ne organization engage, directly or in								Yes	No
Part	VI	ndidates for public office? If "Yes," of Section 501(c)(3) Organizations	s Only						46		'
		All section 501(c)(3) organization 50 and 51.					nplete th	e tabl	es f	or line	es
		Check if the organization used Scl	nedule O to respond	I to any question i	n this	Part VI	<u> </u>	<u> </u>	<u></u>		
47		he organization engage in lobbying				n effect d	uring the	tax		Yes	No
40	-	If "Yes," complete Schedule C, Par						.	47	\vdash	~
48		organization a school as described in						. +	48	\vdash	/
49a		ne organization make any transfers to es," was the related organization a se		_					49a 49b	\vdash	~
b 50		plete this table for the organization's					 ers direct			e an	d ka
00		oyees) who each received more than									
		Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	co	(d) Health bontributions to	penefits, o employee and deferred	(e) Est	timate	ed amou	unt of
			dovoted to position	1099-NEC)		compens	sation				
None											
			* * * * * * * * * * * * * * * * * * *								
51					ent co	ntractors	wno eacr	ı recei	ivea	more	tnar
		•									
	(a)	Name and business address of each independ	ient contractor	(b) Type of s	service		(c)) Compe	ensatio	on	
None											
				-							
				†							
				1							
	_										
		-	_		٠						
52			ıle A? Note: All se	ection 501(c)(3) or	ganiz	ations m			Yes		No
Lindor n			return including accompan	ving aphadulas and stat	· ·	and to the l					
								lowledg	e and	Dellei,	11.15
Sign		Signature of officer				Date					
Here		John Evans, president									
d Total number of other independent contractors each receiving over \$100,000 . 52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach completed Schedule A											
Paid		Print/Type preparer's name	Preparer's signature		Date		1	l if	TIN		
Prep	arer					<u> </u>	self-emplo	yed			
Use (Only	Firm's name					's EIN		—		
May th	ne IRS	Firm's address discuss this return with the prepare	r shown above? See i	instructions		Phor	е по.		Yes		No.

SCHEDULE A (Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

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.

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

		OUNDATION INC						59773
Par		Reason for Public Cha						ons.
The o	_	zation is not a private founda		,		-	•	
1		church, convention of churc					0(b)(1)(A)(i).	
2		school described in section		,		•		
3		hospital or a cooperative hospital						
4		medical research organization		onjunction with a hosp	oital desc	ribed in s	section 170(b)(1)(A)	(iii). Enter the
_		ospital's name, city, and state n organization operated for		a allaga ar university			d by a gayaramant	al unit described in
5		ection 170(b)(1)(A)(iv). (Com		college or university	owned o	г орегате	ed by a government	ai unii described ii
6 7	∠ Aı	federal, state, or local govern n organization that normally escribed in section 170(b)(1)	receives a subs	tantial part of its sup				n the general public
8	□ A	community trust described in	n section 170(b)	(1)(A)(vi). (Complete I	Part II.)			
9	or ur	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 ce related business taxal	rtain exce ole incom	eptions; a ne (less se	and (2) no more than ection 511 tax) from	33 ¹ /3% of its
11	□ Aı	n organization organized and	operated exclus	sively to test for public	safety.	See sect i	ion 509(a)(4).	
12	or	n organization organized and ne or more publicly supported ne box on lines 12a through 12	d organizations d	escribed in section 50	0 9(a)(1) o	r section	509(a)(2). See secti	i on 509(a)(3) . Check
а		Type I. A supporting organ the supported organization supporting organization. You	ization operated (s) the power to	l, supervised, or contr regularly appoint or e	olled by i lect a ma	ts suppo ijority of t	rted organization(s),	typically by giving
b		Type II. A supporting orgal 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 in that is not functionally integrequirement (see instructionally integree)	grated. The orga	nization generally mus	st satisfy	a distribu	ution requirement an	• • • • • • • • • • • • • • • • • • • •
е		Check this box if the organ functionally integrated, or						e II, Type III
f	Ente	er the number of supported o	organizations .					
g	Pro	vide the following information	about the supp	orted organization(s).				
	(i) Nar	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)								

Schedule A (Form 990) 2022 Page **2**

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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) 2018 **(b)** 2019 (c) 2020 (d) 2021 **(e)** 2022 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . 82,835 169,120 78,547 81,238 75,466 487,206 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 0 0 0 0 0 The value of services or facilities 3 furnished by a governmental unit to the organization without charge 0 0 0 0 **Total.** Add lines 1 through 3 4 82,835 169,120 78,547 81,238 75,466 487,206 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) 239,098 **Public support.** Subtract line 5 from line 4 248,108 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2018 **(b)** 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 7 Amounts from line 4 82,835 169,120 78,547 81,238 75,466 487,206 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 4,000 9,592 9,504 164 10,631 33,891 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.) 7,780 788 964 0 0 9,532 **Total support.** Add lines 7 through 10 11 530,629 12 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 2022 (line 6, column (f), divided by line 11, column (f)) 46.76 % 14 15 Public support percentage from 2021 Schedule A, Part II, line 14 331/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this ~ 331/3% support test - 2021. 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 - 2022. 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 - 2021. 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 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 18

Schedule A (Form 990) 2022 Page **3**

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 fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support					,	
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
_	'						
5	The value of services or facilities furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
~	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	on B. Total Support		1	I	1		
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for the	-			-		
0 1:	organization, check this box and stop he						
	on C. Computation of Public Suppor			10 1 (f)		45	0/
15 16	Public support percentage for 2022 (line a Public support percentage from 2021 Scl		-				<u>%</u> %
16 Secti	on D. Computation of Investment In					16	70
17	Investment income percentage for 2022 (ov line 13 colu	ımn (f\)	17	%
18	Investment income percentage for 2022 (-			
19a	33 ¹ / ₃ % support tests—2022. If the organ						
·Ju	17 is not more than 331/3%, check this box						
b	331/3% support tests—2021. If the organiz	_	-	-		-	_
~	line 18 is not more than 33 ¹ / ₃ %, check this						
20	Private foundation. If the organization di	_	_	•	· · · · · · · · · · · · · · · · · · ·		

Schedule A (Form 990) 2022 Page 4

Supporting Organizations Part IV

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

Se

Secti	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 lines 3b and 3c 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 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		
5а	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?	5с		
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? <i>If "Yes," provide detail in Part VI.</i>			
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity	6		
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	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 on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9с		
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 line 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

Schedule A (Form 990) 2022 Page 5 Part IV **Supporting Organizations** (continued) Yes No Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a **b** A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations 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 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 C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). 1 Section D. All Type III Supporting Organizations Yes No 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 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 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. 3 Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. *Complete line 2 below.* The organization is the parent of each of its supported organizations. *Complete line 3 below.* С The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions). 2 Activities Test. Answer lines 2a and 2b below. Yes No Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 2a b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? 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 Parent of Supported Organizations. Answer lines 3a and 3b below. a 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 of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

3b

Schedule A (Form 990) 2022

	Tune III Non Functionally Integrated 500(a)(2) Supporting Ora		-ations	rage C
Part				
1	Check here if the organization satisfied the Integral Part Test as a qualifying			
Sect	instructions. All other Type III non-functionally integrated supporting organion A—Adjusted Net Income	IIZal	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		(Optional)
_ <u>.</u>	Recoveries of prior-year distributions	2		
_ _ _	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
<u>.</u>	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		
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		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C-Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional (see instructions)	ally i	ntegrated Type III suppor	rting organization

Schedule A (Form 990) 2022 Page 7

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Part V Section D-Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 1 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 5 Other distributions (describe in Part VI). See instructions. 6 6 7 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 8 Distributable amount for 2022 from Section C, line 6 9 9 10 10 Line 8 amount divided by line 9 amount (ii) (iii) Section E—Distribution Allocations (see instructions) **Underdistributions Distributable Excess Distributions** Pre-2022 Amount for 2022 Distributable amount for 2022 from Section C, line 6 2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2022 a From 2017 From 2018 **c** From 2019 **d** From 2020 **e** From 2021 Total of lines 3a through 3e Applied to underdistributions of prior years Applied to 2022 distributable amount Carryover from 2017 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2022 from Section D, line 7: Applied to underdistributions of prior years Applied to 2022 distributable amount Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result 5 greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2023. Add lines 3j and 4c. Breakdown of line 7: Excess from 2018 . . . Excess from 2019 . . . Excess from 2020 . . . Excess from 2021 . . . Excess from 2022 . . .

Schedule A (Form 990) 2022 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 - There was no unrelated business income to report. We do receive low-income rent from two apartment units we own.

SCHEDULE O (Form 990)

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 Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

TRINITY FOUNDATION INC	23-7259773
Form 990-EZ, Part I, Line 8 - Trinity Foundation Sam's mastercard credit card cash rewards	
Form 990-EZ, Part I, Line 16 - Auto (AAA membership, repair, insurance, fuel, maintenance, registration/in	spection tolls) = 4841.65: bank
and finance charges 208.38; Meet needhomeless housing, transportation, meals, food = 4780.64; Grant V	
6995.00; Sam's Club membership dues 100.00; non-board employee's salary withholding reimbursement 2	
expenses (Data searches, satellite TV to monitor televangelists, P.I. state licensing, continuing education,	
insurance, Podcast expenses) 7234.58; sales tax 2.71; travel and entertainment 240.55; PayPal donation tr	
Repair 199.95; Computer Hardware 30.29; Website hosting, security, and storage 791.19; unrealized loss of	on securities \$578; Year End
Depreciation Expense \$5327 = 33,898.20	
Form 990-EZ, Part II, Line 24 - 2006 Toyota Van \$4,300; Apartments 109 and 106 \$75,000; Equipment, Furn	iture & Machinery \$9,053.89;
Accumulated Depreciation \$41,215	
Form 990-EZ, Part II, Line 26 - credit card owed195.58, positive balance on IRS payroll taxes (-326.14), s	ecurity deposit on apt.
106350.00	
Form 990-EZ, Part V, Line 34 - In 2022, we amended our articles of incorporation to include an amendment	to Article 7 allowing Trinity
Foundation, in the public's interest, to compose, propose, suggest, disseminate, or otherwise support any	
transparency and accountability of religious organizations, their integrated auxiliaries, and related organizations	
transparency and accountability of rengious organizations, their integrated auxiliaries, and related organizations	Zations.
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Schedule O, Statement 1 TRINITY FOUNDATION INC

Form: Form 990-EZ (2022) EIN: 23-7259773

Page: 2 Part III

Primary Exempt Purpose

Primary Exempt Purpose

A "Watchdog", Investigating Religious Fraud and Excess, The Foundation is one of the nation's leading religious-media "watchdogs". Information requests are met regularly from local, regional, national and 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.

Schedule O, Statement 2 TRINITY FOUNDATION INC

Form: Form 990-EZ (2022) EIN: 23-7259773
Page: 2 Part III, Line 28

First Program Service Accomplishments Description

Description

met regularly from local, regional, national, and 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 3 TRINITY FOUNDATION INC

Form: Form 990-EZ (2022)

Page: 2

Part III, Line 29

Second Program Service Accomplishments Description

Description

programs ended approximately 16 years ago; however, the foundation now owns 2 apartments and provides low-income housing in those apartments. 2 persons benefit in each apartment (4 total). We also assist several more persons from time to time in adjacent low-income apartments owned by the Community on Columbia Church.

Schedule O, Statement 4 TRINITY FOUNDATION INC

Form: Form 990-EZ (2022) EIN: 23-7259773

Page: 2 Part III, Line 30

Third Program Service Accomplishments Description

Description

property, etc. Specifically started as a practical resource for our community and for providing an on-going work rehabilitation program for the people we serve.

Schedule O, Statement 5 TRINITY FOUNDATION INC

Form: **Form 990-EZ (2022)** EIN: **23-7259773**

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

Description	Grants And Allocations	Includes Foreign Grants	Program Service Expenses
4) Meeting need: medical, hunger, homelessness, etcthis charity increased a bit this year to approximately 10% of our accomplishments, plus a small % of our activities were involved with helping the Community on Columbia Church help others.	0		11,110
Total:			11,110