#### Form **8868**

(Rev. January 2024)

# Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service File a separate application for each return.

Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Part I - Identification Name of exempt organization, employer, or other filer, see instructions. Taxpayer identification number (TIN) Type or **Print** TRINITY HAVEN, INC. 82-5358554 File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filina vour 3561 NORTH PENNSYLVANIA STREET return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. INDIANAPOLIS, IN 46205 Enter the Return Code for the return that this application is for (file a separate application for each return) 01 Application Is For Return | Application Is For Return Code Code Form 990 or Form 990-EZ 01 Form 4720 (other than individual) 09 Form 4720 (individual) 03 Form 5227 10 Form 990-PF 04 Form 6069 11 Form 990-T (sec. 401(a) or 408(a) trust) 12 05 Form 8870 Form 990-T (trust other than above) 06 Form 5330 (individual) 13 07 Form 5330 (other than individual) 14 Form 990-T (corporation) Form 1041-A 80 After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330. • If this application is for an extension of time to file Form 5330, you must enter the following information. Plan Name Plan Number Plan Year Ending (MM/DD/YYYY) Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions) The books are in the care of BOOKKEEPING PLUS 232 E. MCCLARNON DRIVE - GREENFIELD, IN 46140 Telephone No. 317-462-2049 Fax No. If the organization does not have an office or place of business in the United States, check this box • If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) \_\_\_\_\_\_. If this is for the whole group, check this . If it is for part of the group, check this box ..... and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 15 , 20 24 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: X calendar year 20 23 or tax year beginning \_\_\_\_\_ \_\_\_\_\_ , 20 \_\_\_\_ , and ending \_\_\_ If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return 2 Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less За any nonrefundable credits. See instructions. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2024)

# Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Α	For the	2023 calendar year, or tax year beginning and e	ending				
	Check if applicable	C Name of organization		D Employer identific	cation number		
	Addres						
	Name change			82-53585	54		
	Initial return		Room/suite				
	Final return/	3561 NORTH PENNSYLVANIA STREET		317-426-			
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,031,087.		
	Ameno return	ed INDIANAPOLIS, IN 46205		H(a) Is this a group re	eturn		
	Application	F Name and address of principal officer: O ENN WILLE	for subordinates	? Yes X No			
	pendin	SAME AS C ABOVE		<b>H(b)</b> Are all subordinates in	ncluded? Yes No		
<u> </u>	Tax-exe	empt status: $\overline{\mathbf{X}}$ 501(c)(3) 501(c)( ) (insert no.) 4947(a)(1) o	or 527	If "No," attach a	list. See instructions		
	Websit			H(c) Group exemptio			
		organization: X Corporation Trust Association Other	<b>L</b> Year	of formation: 2018 N	<b>M</b> State of legal domicile: ${ extbf{I}}{ extbf{N}}$		
Р	art I	Summary					
a	1	Briefly describe the organization's mission or most significant activities: ${\hbox{\tt TRINI}}$	TY HA	VEN PROVIDES	S SAFE,		
2	:	AFFIRMING HOUSING FOR LGBTQ YOUTH EXPERIED					
Activities & Governance	2	Check this box if the organization discontinued its operations or dispose	1				
Š	3			3	18		
مع	4   _	Number of independent voting members of the governing body (Part VI, line 1b)			16		
9	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)			84		
₹	6	Total number of volunteers (estimate if necessary)			0.		
٥	( / a	Total unrelated business revenue from Part VIII, column (C), line 12			0.		
_	<del>  b</del>	Net unrelated business taxable income from Form 990-T, Part I, line 11		Prior Year	Current Year		
	. 8	Contributions and grants (Part VIII, line 1h)		685,194.	968,916.		
Revenue	9			0.000,104.	0.		
Ž	10	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		3,296.	37,364.		
ä	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		75,348.	-13,879.		
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		763,838.	992,401.		
_		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.		
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
"	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		297,620.	382,806.		
Fynansas	≦ 16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
٥	<u> </u>	Total fundraising expenses (Part IX, column (D), line 25) 189,09	5.				
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		304,071.	372,262.		
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		601,691.	755,068.		
	19	Revenue less expenses. Subtract line 18 from line 12		162,147.	237,333.		
ō	Ces		Ве	ginning of Current Year	End of Year		
Net Assets or	[ <b>20</b> 기	Total assets (Part X, line 16)		1,794,539.	2,069,410.		
t As	ਸ਼ੂ 21 ਂ	Total liabilities (Part X, line 26)		227,349.	216,135.		
뢷	22	Net assets or fund balances. Subtract line 21 from line 20		1,567,190.	1,853,275.		
	art II	Signature Block					
		ties of perjury, I declare that I have examined this return, including accompanying schedules		•	/ knowledge and belief, it is		
true	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of whi	ich preparer	has any knowledge.			
		Signature of officer		l Date			
Sig				Dαιο			
He	re	JENNI WHITE, EXECUTIVE DIRECTOR  Type or print name and title					
_			Ιr	Date Check	PTIN		
Pai	id	Print/Type preparer's name  DAVID W. LEMLER, CPA  DAVID W. LEMLER,		if			
	parer	Firm's name DONOVAN, P.C.	CFA		5-1356555		
	e Only	Firm's address 5151 E US HWY 36		FIIII S EIN J	<u> </u>		
	y	AVON, IN 46123		Phone no (3	17) 745-6411		
Ma	v the IF	IS discuss this return with the preparer shown above? See instructions		[ 1 Holle Ho. ( 5	X Yes No		
1410	.,	a disease and retain with the property offewer above: Occ institutions			103 140		

Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: TRINITY HAVEN PROVIDES SAFE, AFFIRMING HOUSING FOR LGBTQ YOUTH
	EXPERIENCING HOUSING INSTABILITY.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
_	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 289 , 397 . including grants of \$ ) (Revenue \$ 1 , 433 . )
ти	TRINITY HAVEN'S PROGRAMS ARE CENTERED AROUND LGBTQ+ YOUNG PEOPLE WHO
	ARE EXPERIENCING HOUSING INSTABILITY AND/OR HOMELESSNESS, INTERVENING
	BEFORE THE YOUNG PEOPLE EXPERIENCE CHRONIC HOMELESSNESS, IN ORDER TO
	HELP THEM PURSUE THEIR EDUCATIONAL AND EMPLOYMENT GOALS, ADDRESS THEIR
	HEALTH AND WELLNESS, AND BUILD COMMUNITY, TO DEVELOP THE SKILLS NEEDED
	TO THRIVE IN THE WORLD INDEPENDENTLY. THE TRANSITIONAL LIVING PROGRAM
	(TLP) PROVIDES UP TO 24MONTHS OF SHARED HOUSING AND SUPPORT TO LGBTQ+
	YOUNG PEOPLE BETWEEN THE AGES OF 18-24 IN THE STATE OF INDIANA. YOUNG
	PEOPLE HAVE THEIR OWN BEDROOM, BUT SHARE LIVING SPACE IN A 100-YEAR-OLD
	HOME OWNED BY TRINITY HAVEN. TOTAL YOUTH SERVED IN 2023: 18
4b	(Code:) (Expenses \$162 , 788including grants of \$) (Revenue \$
TU	THE HOST HOMES PROGRAM (HHP) PROVIDES APPROXIMATELY 6 MONTHS OF HOUSING
	IN THE PRIVATE HOME OF A VOLUNTEER HOST TO LGBTQ+ YOUNG PEOPLE BETWEEN
	THE AGES OF 16-24 IN INDIANAPOLIS/MARION COUNTY AND THE SURROUNDING
	COUNTIES. YOUNG PEOPLE HAVE THEIR OWN BEDROOM, BUT SHARE LIVING SPACE
	WITH THE HOSTS WHO ARE VOLULNTEERS, TRAINED AND SUPPORTED BY TRINITY
	HAVEN. TOTAL NUMBER OF YOUTH SERVED IN 2023: 9
4c	(Code:         ) (Expenses \$
70	(code) (Expenses #
4d	Other program services (Describe on Schedule O.)
·u	(Figure 6)

452,185.

**4e** Total program service expenses

# Form 990 (2023) TRINITY HAVE Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	<u> </u>	_
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			l
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			l
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			٠.,
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			٠.,
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			٠.,
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_		,,
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	_		,,
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			٠.,
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		7.7	
	Part VI	11a	_X_	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			1 37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			\ <del></del>
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in		v	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
40	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	40.		
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		├^
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	146		x
15	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		<del>  ^``</del>
15		15		X
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		<del>  ^</del>
10		16		X
17	or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		<del>  ^</del>
17		17		X
18	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions  Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	''		<del>  ^</del>
10		18	Х	
19	1c and 8a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10	- 22	
ı	,	19		X
20a	complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
		20a		<del> </del>
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
۱ ک	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
	domestic gerentiment on Fart is, continue to II Tes, complete schedule I, Parts Fano II		000	

Form 990 (2023) TRINITY HAVEN, INC
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			1
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			1
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<del></del>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			1
	any tax-exempt bonds?	24c		<del></del>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<del></del>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			v
_	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			1
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			v
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			1
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		_^
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	07		x
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		$\overline{}$
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
_	instructions for applicable filing thresholds, conditions, and exceptions):  A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor?   If			
а		28a		x
h	"Yes," complete Schedule L, Part IV  A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	200		<del>^</del>
·	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
-	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	-		
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			1
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			1
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			$\Box$
	l I		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	000	

023) TRINITY HAVEN, INC.
Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

					Yes	No				
<b>2</b> a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return	2a	8							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns? .		2b	X					
За	•			3a		X				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a									
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccou	nt)?	4a		X				
b	If "Yes," enter the name of the foreign country									
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Action 114, Report of Foreign Bank Action 114, Report of Foreign Bank Action 114, Rep		·	5a		Х				
_	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?									
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction.			5b		X				
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					Х				
	any contributions that were not tax deductible as charitable contributions?			6a						
D	If "Yes," did the organization include with every solicitation an express statement that such contributions and the deductible?		•	Gh.						
7	were not tax deductible?			6b						
7	Organizations that may receive deductible contributions under section 170(c).	viooo i	arouided to the never?	70		Х				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser If "Yes," did the organization notify the donor of the value of the goods or services provided?			7a 7b						
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		uirod	7.5						
С	to file Form 8282?			7c		x				
Ч	If "Yes," indicate the number of Forms 8282 filed during the year	7d								
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		rt?	7e		х				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?									
g										
h										
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained									
	sponsoring organization have excess business holdings at any time during the year?			8		Х				
9	Sponsoring organizations maintaining donor advised funds.									
a Did the sponsoring organization make any taxable distributions under section 4966?										
b	<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?									
10	Section 501(c)(7) organizations. Enter:		1							
а	Initiation fees and capital contributions included on Part VIII, line 12	10a		-						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b								
11	Section 501(c)(12) organizations. Enter:	1	Ī							
а	Gross income from members or shareholders	11a		4						
b	Gross income from other sources. (Do not net amounts due or paid to other sources against	١								
	amounts due or received from them.)	11b	1	40-						
	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1041   <b>12b</b>		12a						
13 D	Section 501(c)(29) qualified nonprofit health insurance issuers.	IZD		-						
	Is the organization licensed to issue qualified health plans in more than one state?			13a						
u	Note: See the instructions for additional information the organization must report on Schedule O.			100						
b	Enter the amount of reserves the organization is required to maintain by the states in which the									
_	organization is licensed to issue qualified health plans	13b								
С	Enter the amount of reserves on hand	13c								
				14a		Х				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner									
	excess parachute payment(s) during the year?			15		Х				
	If "Yes," see the instructions and file Form 4720, Schedule N.									
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	inco	me?	16		Х				
	If "Yes," complete Form 4720, Schedule O.									
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac									
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17						
	If "Yes," complete Form 6069.									

TRINITY HAVEN, INC. 82-5358554 Form 990 (2023) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 18 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 16 **b** Enter the number of voting members included on line 1a, above, who are independent ..... Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 X of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization Х 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b

#### Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed	IN

Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

X Own website X Upon request Another's website \_\_\_ Other (explain on Schedule O)

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records BOOKKEEPING PLUS - 317-462-2049

232 E. MCCLARNON DRIVE, GREENFIELD 46140

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

Check if Schedule O contains a response or note to any line in this Part VII

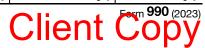
#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)	(B)	(C)		(D)	(E)	(F)					
Name and title	Average	Position (do not check more		ition			Reportable	Reportable	Estimated		
	hours per	box, un		ox, unless person is both an fficer and a director/trustee)			an	compensation	compensation	amount of	
	week (list any		<del> </del>		from the	from related organizations	other compensation				
	hours for	direc				pa		organization	(W-2/1099-MISC/	from the	
	related	tee or	ustee			ensat		(W-2/1099-MISC/	1099-NEC)	organization	
	organizations	al trus	onal tr		loyee	comp		1099-NEC)		and related	
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations	
(1) JENNI WHITE	40.00	드	드	Į0	ž	王ə	Fc				
EXECUTIVE DIRECTOR		Х		х				92,159.	0.	14,567.	
(2) WILL TURPIN-DOTY	40.00							,	-	,	
ASSOCIATE DIRECTOR		Х		Х				54,956.	0.	726.	
(3) APRIL ANGERMEIER	10.00										
PRESIDENT		Х		Х				0.	0.	0.	
(4) CAROLINE VAHRENKAMP	3.00										
TREASURER		Х		Х				0.	0.	0.	
(5) DANA BLACK	3.00										
SECRETARY		Х		Х				0.	0.	0.	
(6) MATTHEW HOLLEY	5.00										
VICE PRESIDENT		Х		Х				0.	0.	0.	
(7) RACHEL PHILLIPS	1.00										
BOARD CLERK		Х						0.	0.	0.	
(8) BRENDAN O'SULLIVAN HALE	1.00								_	_	
BOARD MEMBER		Х						0.	0.	0.	
(9) CHRIS WILLIAMS	1.00									_	
BOARD MEMBER		Х						0.	0.	0.	
(10) FLETCHER ELLIOT	1.00									_	
BOARD MEMBER		Х						0.	0.	0.	
(11) JEFF BRINKMAN	1.00										
BOARD MEMBER	1 00	Х						0.	0.	0.	
(12) JOSHUA THOMPSON	1.00									•	
BOARD MEMBER	1 00	Х						0.	0.	0.	
(13) KARLA LOPEZ-OWENS	1.00	3,7							0	0	
BOARD MEMBER	1 00	Х						0.	0.	0.	
(14) LEIGH ANN HIRSCHMAN	1.00	3,7							0	•	
BOARD MEMBER	1 00	Х						0.	0.	0.	
(15) REV. JEFF BOWER	1.00	v							0	0	
BOARD MEMBER	1 00	Х						0.	0.	0.	
(16) REV. JULIA WHITWORTH BOARD MEMBER	1.00	Х						0.	0.	0.	
(17) ROXY HUI	1.00	^						1	0.	<u> </u>	
BOARD MEMBER	1.00	Х						0.	0.	0.	
DOIND HERDER	I	Λ						1 0.	0.	000	



Form 990 (2023) TRINITY I	HAVEN, ]	NC							82-5358	3554	Р	age <b>8</b>	
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees,	and	l Hig	ghes	st C	ompensated Employee	s (continued)				
(A)	(B)							(D)	(E)		(F)		
Name and title	Average hours per	(do not ch			Position check more than one			Reportable	Reportable	Estimated			
	week			unless person is both an er and a director/trustee)			compensation	compensation from related	l a	amount of other			
	(list any	ector						the	organizations	con	npensa		
	hours for related	or dir	99			ated		organization	(W-2/1099-MISC/	1	rom th		
	organizations	rustee	l trust		99	npens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		ganizat Id relat		
	below	Individual trustee or director	Institutional trustee	e	Key employee	Highest compensated employee	er	10001120)		1	anizati		
	line)	Indiv	Instit	Officer	Key e	High	Former						
(18) TAYON SWAFFORD	1.00	ļ										^	
BOARD MEMBER		X						0.	0.	·		0.	
		1											
										_			
		4											
										+			
		1											
										<u> </u>			
1b Subtotal								147,115.	0.		5,2		
c Total from continuation sheets to Part VI								147,115.	0.		5,2	0.	
d Total (add lines 1b and 1c)	at limited to th						. ro	· · · · · · · · · · · · · · · · · · ·	_	1 1	J, Z	93.	
compensation from the organization	ot illilited to til	1036	11310	u au	JOVE	<i>y</i>	016	eceived more man proo,	ooo or reportable			0	
componition from the origin matter.											Yes	No	
3 Did the organization list any former officer,	director, trust	ee, k	кеу е	empl	oye	e, or	hig	hest compensated emp	loyee on				
line 1a? If "Yes," complete Schedule J for s	uch individual									3		X	
4 For any individual listed on line 1a, is the su			-					· · · · · · · · · · · · · · · · · · ·	-				
and related organizations greater than \$150	,		•							4		X	
5 Did any person listed on line 1a receive or a										5		Х	
rendered to the organization? If "Yes," com Section B. Independent Contractors	<u>ipiete Scrieduli</u>	e J T	or st	JCN Į	oers	on .				1 3	<u>I</u>		
Complete this table for your five highest co	mpensated inc	depe	nde	nt co	ontra	actor	rs th	nat received more than \$	3100,000 of compens	ation fr	om		
the organization. Report compensation for	the calendar y	ear e	endir	ng w	ith c	or wi	thin	the organization's tax y	ear.				
(A)				_				(B)			C)		
Name and business	address	N	ONI	<u> </u>				Description of s	services	Compe	ensatio	<u>n</u>	
							1						
2 Total number of independent contractors (ii	ncluding but a	ot lin	nitar	1 + 2 +	thoo	منا م	tod	above) who received ma	ore than				
\$100,000 of compensation from the organization	· ·	OL III	ı ııı.e(		1110S		ıeu	above, who received mo	OI G UIAII				
+ 100,000 of componication from the organia					_					F	gan /	(0000)	

Form 990 (2023) TRINITY
Part VIII Statement of Revenue

		Check if Schedule O co	ntains a response o	or note to any lin	e in this Part VIII			
			•	j	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
						lunction revenue	business revenue	sections 512 - 514
ည တ	1 a	Federated campaigns	1a					
an		Membership dues						
Ω.Β		Fundraising events		105,405.				
ifts Ir A		Related organizations		•				
nils,		Government grants (contribu		150,344.				
Sis		All other contributions, gifts, gra	· —	•				
outi her		similar amounts not included at		713,167.				
Ę	а	Noncash contributions included in line		560.				
Contributions, Gifts, Grants and Other Similar Amounts	_		-317		968,916.			
<u> </u>				Business Code	·			
ø.	2 a	L.,						
<u>ķ</u>	b							
Ser	c							
E S	d							
gra Re	e	-						
Program Service Revenue	f	All other program service rev	venue					
	a q	<b>-</b>						
	3	Investment income (includin						
					37,364.			37,364.
	4	Income from investment of t			•			,
	5	Royalties						
		Γ	(i) Real	(ii) Personal				
	6 a	Gross rents6	6a					
			6b					
	c		6c					
	d	Net rental income or (loss)	•					
		Gross amount from sales of	(i) Securities	(ii) Other				
			7a	. ,				
	b	Less: cost or other basis						
<u>o</u>	_		7b					
Revenue	С	Gain or (loss)						
Jev		Net gain or (loss)						
her		Gross income from fundraising						
퉏			405. of					
		contributions reported on lin	ne 1c). See					
		Part IV, line 18	8a	23,374.				
	b	Less: direct expenses		38,686.				
	С	Net income or (loss) from ful	ndraising events		-15,312.			-15,312.
	9 a	Gross income from gaming	activities. See					
		Part IV, line 19	9a					
	b	Less: direct expenses						
	С	Net income or (loss) from ga	aming activities					
	10 a	Gross sales of inventory, les	ss returns					
		and allowances	10a					
	b	Less: cost of goods sold						
	С	Net income or (loss) from sa	les of inventory					
<sub>o</sub>				Business Code				
90 n	11 a	OTHER		900099	1,433.	1,433.		
lan	b							
Miscellaneous Revenue	С							
Mis		All other revenue			1 /22			
		Total. Add lines 11a-11d			1,433.	1 // 22	^	22 052
	12	Total revenue. See instructions	S		992,401.	1,433.	0.	22,052.

Section 501/a/2) and 501/a/4) arganizations must complete all columns. All other erganizations must complete as

secti	on 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a respons			<i>іріе</i> іе соійті (A).	
	not include amounts reported on lines 6b,	(A)	(B)	(C)	_ (D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations			g	
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	162,408.	108,868.	19,714.	33,826
6	Compensation not included above to disqualified	•		·	•
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	179,898.	116,933.	22,217.	40,748.
8	Pension plan accruals and contributions (include	-	-	-	-
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	14,866.	12,874.	1,502.	490.
10	Payroll taxes	25,634.	16,879.	3,089.	5,666.
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	173,124.	15,906.	48,853.	108,365.
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	26,887.	24,494.	2,393. 4,466.	
12	Advertising and promotion	4,466.		4,466.	
13	Office expenses				
14	Information technology	2,648.		2,648.	
15	Royalties				
16	Occupancy	93,969.	93,969.		
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	4,071.		4,071.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	33,967.	33,967.		
23	Insurance	31,340.	26,915.	4,425.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	PROFESSIONAL DEVELOPMEN	1,790.	1,380.	410.	
b		= 7 7 5 5 6	1,555.		
C					
d					
	All other expenses				
	Total functional expenses. Add lines 1 through 24e	755,068.	452,185.	113,788.	189,095
<u>25</u> 26	Joint costs. Complete this line only if the organization	755,000	±32,10J•	113,700.	100,000
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	11 10110WILING 20P 38-2 (ASC 338-120)				000



Par	rt X	Balance Sheet					
		Check if Schedule O contains a response or	note to any lin	e in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			862,385.	1	413,693.
	2	Savings and temporary cash investments			253,926.	2	261,911.
	3	Pledges and grants receivable, net			12,000.	3	0.
	4	Accounts receivable, net				4	36,114.
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of t		5			
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons descri	bed in section	4958(c)(3)(B)		6	
ιχ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9				9,584.	9	13,956.
	10a	Land, buildings, and equipment: cost or other	r				
		basis. Complete Part VI of Schedule D		794,424.			
	b	Less: accumulated depreciation	656,644.	10c	666,310.		
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, lir		12			
	13	Investments - program-related. See Part IV, li		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	0.	15	677,426.		
	16	Total assets. Add lines 1 through 15 (must e			1,794,539.	16	2,069,410.
	17	Accounts payable and accrued expenses			13,352.	17	13,478.
	18	Grants payable		18			
	19	Deferred revenue			12,810.	19	3,335.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple	te Part IV of S	chedule D		21	
S	22	Loans and other payables to any current or fe	ormer officer,	director,			
litie		trustee, key employee, creator or founder, su	bstantial cont	ributor, or 35%			
Liabilities		controlled entity or family member of any of t	hese persons			22	
	23	Secured mortgages and notes payable to un	related third p	arties	199,687.	23	198,872.
	24	Unsecured notes and loans payable to unrela	ated third part	ies		24	
	25	Other liabilities (including federal income tax,	payables to re	elated third			
		parties, and other liabilities not included on li	nes 17-24). Co	omplete Part X			
		of Schedule D			1,500.	25	450.
	26				227,349.	26	216,135.
"		Organizations that follow FASB ASC 958, or	check here	X			
ces		and complete lines 27, 28, 32, and 33.			1 110 010		1 500 016
ılan	27	Net assets without donor restrictions			1,442,040.	27	1,589,816.
Ba	28	Net assets with donor restrictions			125,150.	28	263,459.
oun		Organizations that do not follow FASB ASC	C 958, check	here			
ř		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fun			29		
sset	30	Paid-in or capital surplus, or land, building, or				30	
t As	31	Retained earnings, endowment, accumulated			1 565 100	31	1 050 055
Ne	32	Total net assets or fund balances			1,567,190.	32	1,853,275.
	33	Total liabilities and net assets/fund balances	1,794,539.	33	2,069,410.		

Form **990** (2023)

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>992</u>	2,4	<u>01.</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2		<u>755</u>	5,0	68.		
3	Revenue less expenses. Subtract line 2 from line 1		23	7,3	33.			
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))							
5	Net unrealized gains (losses) on investments	5		48	3,7	52.		
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	1,	853	3,2	75.		
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII					X		
			_		Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a		Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		L	2b	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,						
	consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		L	2c	Х			
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O	).					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the							
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			За		Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3h				

Form **990** (2023)

#### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

TRINITY HAVEN, INC.

Employer identification number

		TRIN	ITY HAVEN,	INC.				8	2-5358554	
Part	Π	Reason for Public (	Charity Status. (	All organizations must c	omplete th	nis part.) S	ee instructions	S.		
The or	gan	ization is not a private found								
1		A church, convention of ch	urches, or association	n of churches described	in <b>sectio</b>	n 170(b)(1	I)(A)(i).			
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)								
з [		A hospital or a cooperative	hospital service orga	nization described in se	ection 170	(b)(1)(A)(ii	ii).			
4		A medical research organiza	ation operated in cor	njunction with a hospital	described	in <b>sectio</b>	n 170(b)(1)(A)	(iii). Enter	the hospital's name,	
		city, and state:								
5		An organization operated for	or the benefit of a coll	lege or university owned	or operate	ed by a go	vernmental ur	nit describe	ed in	
		section 170(b)(1)(A)(iv). (C	Complete Part II.)							
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).			
7	X	An organization that norma	lly receives a substar	ntial part of its support fr	om a gove	ernmental	unit or from th	e general į	oublic described in	
		section 170(b)(1)(A)(vi). (C	omplete Part II.)							
8		A community trust describe	ed in section 170(b)(	1)(A)(vi). (Complete Par	t II.)					
9		An agricultural research org				ed in conju	ınction with a	land-grant	college	
		or university or a non-land-g	rant college of agricu	ulture (see instructions).	Enter the i	name, city	, and state of	the college	or	
		university:								
10		An organization that norma	lly receives (1) more t	than 33 1/3% of its supp	ort from c	ontributior	ns, membershi	p fees, and	d gross receipts from	
		activities related to its exem	npt functions, subject	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	support f	rom gross investment	
		income and unrelated busin	ness taxable income (	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	after June 30, 1975.	
		See section 509(a)(2). (Cor	mplete Part III.)							
11		An organization organized a	and operated exclusiv	vely to test for public sat	fety. See	section 50	09(a)(4).			
12		An organization organized a	and operated exclusiv	vely for the benefit of, to	perform tl	ne function	ns of, or to car	ry out the	purposes of one or	
		more publicly supported or	ganizations described	d in <b>section 509(a)(1)</b> o	r section :	509(a)(2).	See section 5	i09(a)(3). (	Check the box on	
		_lines 12a through 12d that	describes the type of	supporting organization	and com	plete lines	12e, 12f, and	12g.		
а			anization operated, su	upervised, or controlled	by its supp	orted org	anization(s), ty	pically by	giving	
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	f the direc	tors or trustee	es of the su	upporting	
	_	organization. You must o	complete Part IV, Se	ctions A and B.						
b			anization supervised	or controlled in connect	ion with its	s supporte	ed organization	n(s), by hav	ving	
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	je the supp	oorted	
		organization(s). You mus	t complete Part IV,	Sections A and C.						
С			grated. A supporting	g organization operated	in connect	ion with, a	and functionall	y integrate	ed with,	
	_	its supported organization								
d			=					-		
		that is not functionally int	-		•		•	an attentiv	/eness	
	_	requirement (see instructi	·							
е	L	☐ Check this box if the orga					Type I, Type I	I, Type III		
_		functionally integrated, or		nally integrated supporting	ng organiz	ation.				
		er the number of supported o	•							
9		vide the following information  i) Name of supported	(ii) EIN	(iii) Type of organization		inization listed	(v) Amount of	monetary	(vi) Amount of other	
	,	organization	(-,	(described on lines 1-10	in your governi	·	support (see in	,	support (see instructions)	
		-		above (see instructions))	Yes	No				
Total										

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	678,600.	337,420.	569,590.	685,194.	968,916.	3239720.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	678,600.	337,420.	569,590.	685,194.	968,916.	3239720.
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)						110,167.
6	Public support. Subtract line 5 from line 4.						3129553.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	678,600.	337,420.	569,590.	685,194.	968,916.	3239720.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	3,125.	3,304.	1,382.	3,296.	37,364.	48,471.
9	Net income from unrelated business						
	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.)	110.	150.	52,580.	75,348.		128,188.
11	<b>Total support.</b> Add lines 7 through 10						3416379.
12	Gross receipts from related activities,	etc. (see instruction	ns)			12	
13	First 5 years. If the Form 990 is for th	ne organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop	here					
Sec	tion C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2023 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	91.60 %
15	Public support percentage from 2022	Schedule A, Part	II, line 14			15	95.41 %
16a	33 1/3% support test - 2023. If the d	organization did no	t check the box or	line 13, and line 1	14 is 33 1/3% or m	ore, check this box	
	<b>stop here.</b> The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2022. If the o						
	and <b>stop here.</b> The organization qual	ifies as a publicly s	upported organiza	tion			
17a	10% -facts-and-circumstances test	- 2023. If the org	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10% o	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	r <b>e.</b> Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization		
b	10% -facts-and-circumstances test	- 2022. If the org	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the				-		
	organization meets the facts-and-circu	umstances test. Th	e organization qua	llifies as a publicly	supported organiz	ation	
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	

Schedule A (Form 990) 2023



# Schedule A (Form 990) 2023 TRINITY HAVEN, INC. 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.)

Se	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(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 per-								
	formed, 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 bus-								
	iness under section 513								
4	Tax revenues levied for the organ-								
	ization'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								
78	Amounts included on lines 1, 2, and								
	3 received from disqualified persons								
k	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								
	Public support. (Subtract line 7c from line 6.)								
Se	ction B. Total Support		Т	_	Т	1			
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total		
	Amounts from line 6								
10a	Gross income from interest, dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources								
k	Unrelated business taxable income								
	(less section 511 taxes) from businesses								
	acquired after June 30, 1975								
	Add lines 10a and 10b								
"	Net income from unrelated business activities not included on line 10b,								
	whether or not the business is								
10	regularly carried on Other income. Do not include gain								
12	or loss from the sale of capital								
	assets (Explain in Part VI.)								
	Total support. (Add lines 9, 10c, 11, and 12.)					04( )(0) : ::			
14	First 5 years. If the Form 990 is for the	-			•				
Se	check this box and stop here ction C. Computation of Publi								
	Public support percentage for 2023 (li			column (f))		15	%		
	Public support percentage from 2022					16	<u> </u>		
	ction D. Computation of Inves					10	70		
	Investment income percentage for 20			ne 13 column (f))		17	%		
	Investment income percentage from 2					18	<del>%</del>		
	a 33 1/3% support tests - 2023. If the								
.00	more than 33 1/3%, check this box ar								
ŀ	33 1/3% support tests - 2022. If the						 nd		
•									
20	line 18 is not more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization								

### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		
3c		
_		
4a		
4b		
4c		
5a		
- Gu		
5b		
5c		
6		
7		
8		
9a		
9b		
0-		
9c		
40-		
10a		
10b		
le A Forn	n 990)	2023

	edule A (Form 990) 2023 TRINITY HAVEN, INC.	82-535855	4 Pa	age <b>5</b>
Pa	rt IV 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 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		
	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		
Sec	ction 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	100	110
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization?			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one s	, ,		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated am	ong the <b>1</b>		
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  Did the organization operate for the benefit of any supported organization other than the supported	,		
2	organization operate for the benefit of any supported organization of the trian the supported organization of the supported organization of the supported organization? If "Yes," explain in			
	, , , , , , , , , , , , , , , , , , ,			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
Sac	supervised, or controlled the supporting organization. ction C. Type II Supporting Organizations	2		
-	The state of the s		V	
			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			
200	the supported organization(s). ction D. All Type III Supporting Organizations	1		Ь
360	nion b. All Type III Supporting Organizations		T.,	г
			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 ta	ıx		
	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 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		
Sec	ction 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	instructions).		
а				
b				
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental	entity (see instruction	s).	
2	Activities Test. Answer lines 2a and 2b 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.	<b>2</b> a		
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		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	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.

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.

1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( explain in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

	All other Type III non-functionally integrated supporting organizations mus	t complete S	Sections A through E.	
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		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
ect	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		
ect	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-functiona		d Type III supporting orga	nization (see

Schedule A (Form 990) 2023



instructions).

Schedule A (Form 990) 2023

e Excess from 2023

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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

### **Identification of Excess Contributions** Included on Part II, Line 5

2023

\*\* Do Not File \*\* \*\*\* Not Open to Public Inspection \*\*\*

Contributor's Name	Total Contributions	Excess Contributions
EXCESS CONTRIBUTORS	178,495.	110,167.
Total Excess Contributions to Schedule A, Part II, Line 5	1	110,167.

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

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

TRINITY HAVEN, INC. **Employer identification number** 82-5358554

Pa	organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, li		s or Accounts. Complete if the
	, ,	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor adv	ised funds
	are the organization's property, subject to the organization's	s exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor	advisors in writing that grant funds can b	e used only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose	e conferring
_	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the o	rganization answered "Yes" on Form 990	, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	tion (check all that appl <u>y).</u>	
	Preservation of land for public use (for example, recre	ation or education) Preservation	of a historically important land area
	Protection of natural habitat	Preservation	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qual	lified conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic st	ructure included on line 2a	2c
d	Number of conservation easements included on line 2c acqu		
	on a historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	ne organization during the tax
	year		
4	Number of states where property subject to conservation ea	asement is located	_
5	Does the organization have a written policy regarding the pe	<b>.</b>	f
	violations, and enforcement of the conservation easements		
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, and enforcing cor	nservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, han	dling of violations, and enforcing conserv	ration easements during the year
_	<del></del>		6.14.1.77.0
8	Does each conservation easement reported on line 2d abov	,	
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservat	'	
	balance sheet, and include, if applicable, the text of the foot	tnote to the organization's financial stater	nents that describes the
Dai	organization's accounting for conservation easements.  rt III   Organizations Maintaining Collections o	of Art Historical Treasures or C	Other Similar Assets
ı a	Complete if the organization answered "Yes" on Forr		Atter Similar Assets.
	If the organization elected, as permitted under FASB ASC 9		and halance sheet works
Ia	of art, historical treasures, or other similar assets held for pu	, 1	
	service, provide in Part XIII the text of the footnote to its fina	· · · · · · · · · · · · · · · · · · ·	•
b	If the organization elected, as permitted under FASB ASC 9		
b	art, historical treasures, or other similar assets held for publi		
	•	c exhibition, education, or research in far	theraffee of public service,
	provide the following amounts relating to these items.  (i) Revenue included on Form 990, Part VIII, line 1		\$
2	If the organization received or held works of art, historical tro	easures or other similar assets for financi	
~	the following amounts required to be reported under FASB		iai gaiii, piovide
а	Revenue included on Form 990, Part VIII, line 1	_	\$
	Assets included in Form 990. Part X		\$ \$

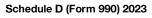
Schedule D (Form 990) 2023

Par	t III Organizations Maintaining C	collections of Art	t, Histo	orical Tre	easures, or	Other	Simila	Assets	(continue	ed)
3	Using the organization's acquisition, accessi	on, and other records	s, check	any of the t	following that	make si	gnificant ι	use of its		
	collection items (check all that apply).									
а	Public exhibition	d	ι 🔲 ι	_oan or exc	hange progra	ım				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explair	n how the	ey further th	ne organizatio	n's exem	npt purpo	se in Part	XIII.	
5	During the year, did the organization solicit of	or receive donations o	of art, his	torical treas	sures, or othe	r similar	assets			
	to be sold to raise funds rather than to be ma	aintained as part of th	ne organ	ization's co	llection?				Yes	☐ No
Par	t IV Escrow and Custodial Arran	gements Comple	te if the o	organizatior	n answered "\	es" on F	orm 990,	Part IV, li	ne 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custod	ian, or other intermed	diary for o	contribution	ns or other as	sets not	included			
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII									
									Amount	
С	Beginning balance						1c			
	Additions during the year									
	Distributions during the year									
f	Ending balance						1f			
2a	Did the organization include an amount on F							$\square$	Yes	No
b	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds Complete it	the organization ans	wered "	Yes" on For	rm 990, Part I	V, line 10	).			
		(a) Current year	<b>(b)</b> P	rior year	(c) Two year	s back	<b>(d)</b> Three y	ears back	(e) Four y	ears back
1a	Beginning of year balance									
b	Contributions									
	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the cur	rent year end balance	e (line 1g	, column (a	)) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
За	Are there endowment funds not in the posse	ession of the organiza	tion that	are held ar	nd administer	ed for the	е		_	
	organization by:								Y	es No
	(i) Unrelated organizations?								3a(i)	
	(ii) Related organizations?								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization	ations listed as require	ed on Sc	hedule R?					3b	
4	Describe in Part XIII the intended uses of the		wment fu	ınds.						
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answere	d "Yes" on Form 990	, Part IV	, line 11a. S	See Form 990,	Part X,	line 10.			
	Description of property	(a) Cost or o	ther	(b) Cost	t or other	(c) A	ccumulate	ed	(d) Book	/alue
		basis (investn	nent)		(other)	dep	oreciation			
1a	Land				4,100.					,100.
	Buildings			65	9,618.		99,6	24.	559	,994.
	Leasehold improvements									
d	Equipment				6,345.		25,3		30	<u>,995.</u>
	Other			4	4,361.		3,1	40.		<u>,221.</u>
<b>-</b>	Add lines to through to (O. ) (1)				(51)			1	666	310

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 TRINITY HAY	VEN, INC.	82-	-5358554	Page 3
Part VII Investments - Other Securities	" F 000 D 1 N / I'	141 O E 000 B 1 V II 10		
Complete if the organization answered "Yes		-		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market v	alue
(1) Financial derivatives				
(2) Closely held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)		<u> </u>		
(F)		<u> </u>		
(G)		<u> </u>		
(H)				
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))				
Part VIII Investments - Program Related.	F 000    D+ IV    I'	11 - O Farma 200 Bart V Fra 10		
Complete if the organization answered "Yes			-6	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	or-year market v	/alue
<u>(1)</u>		<u> </u>		
(2)		<u> </u>		
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))  Part IX Other Assets				
Complete if the organization answered "Yes	" on Form 000 Part IV line	11d Soc Form 900 Part V line 15		
	) Description	Tru. See Form 390, Fart X, line 13.	(b) Book va	عاراه
	INV			,426.
	. 1111		077	,420.
(2)				
(3)				
<u>(4)</u>				
(5)				
<u>(6)</u> (7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, line 15, c	o/ (P))		677	,426.
Part X Other Liabilities	<u> ОІ. (D))</u>		077	, 1200
Complete if the organization answered "Yes	" on Form 990. Part IV. line	11e or 11f. See Form 990. Part X. line 25.		
1. (a) Description of liability	, , , , , , , , , , , , , , , , , , , ,	, ,	(b) Book va	alue
(1) Federal income taxes			(3, 2223	
(2) SECURITY DEPOSITS				450.
(3)				150.
(4)				
(5)				
(6)		+		
(7)				
(8)				

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII



450.



(9)

Pai	rt XI	Reconciliation of Revenue per Audited Financial State	ments With R	evenue per Ret	urn	
		Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total re	evenue, gains, and other support per audited financial statements			1	1,084,353.
2	Amoun	ts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net un	realized gains (losses) on investments	2a	48,752.		
b	Donate	ed services and use of facilities	2b	43,200.		
С	Recove	eries of prior year grants	2c			
d	Other (	Describe in Part XIII.)	2d			
е	Add lin	es 2a through 2d			2e	91,952.
3		ct line <b>2e</b> from line <b>1</b>			3	992,401.
4		ts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
а		nent expenses not included on Form 990, Part VIII, line 7b				
b	Other (	Describe in Part XIII.)	4b			_
_		es <b>4a</b> and <b>4b</b>			4c	0.
5	Total re	evenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	992,401.
Pa		Reconciliation of Expenses per Audited Financial State		expenses per R	eturi	n
4		Complete if the organization answered "Yes" on Form 990, Part IV, line			1	798,268.
1		xpenses and losses per audited financial statements			_	750,200.
z a		ed services and use of facilities	2a	43,200.		
a b				45,2001		
C		ear adjustments	l I			
d		osses Describe in Part XIII.)				
	,	•			2e	43,200.
3		es 2a through 2d			3	755,068.
4		ct line <b>2e</b> from line <b>1</b> ts included on Form 990, Part IX, line 25, but not on line 1:			3	733,000.
-		nent expenses not included on Form 990, Part VIII, line 7b	4a			
a b						
		Describe in Part XIII.) es <b>4a</b> and <b>4b</b>			4c	0.
_					5	755,068.
ວ	rotare	xpenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			ວ	755,000.

| Part XIII | Supplemental Information

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

#### PART X, LINE 2:

TRINITY HAVEN IS EXEMPT FROM FEDERAL AND STATE INCOME TAX UNDER THE

PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE; THEREFORE,

NO PROVISION FOR INCOME TAXES IS MADE IN THE FINANCIAL STATEMENTS. TRINITY

HAVEN IS CLASSIFIED AS AN ENTITY THAT IS NOT A PRIVATE FOUNDATION WITHIN

THE MEANING OF SECTION 509(A) AND QUALIFIES FOR DEDUCTIBLE CONTRIBUTIONS

AS PROVIDED IN SECTION 170(B)(1)(A)(VI). GENERALLY ACCEPTED ACCOUNTING

PRINCIPLES IN THE UNITED STATES REQUIRE TRINITY HAVEN TO EXAMINE ITS TAX

POSITIONS FOR UNCERTAIN POSITIONS. TRINITY HAVEN IS NOT AWARE OF ANY TAX

POSITIONS THAT ARE MORE LIKELY THAN NOT TO CHANGE IN THE NEXT 12 MONTHS,

OR THAT WOULD NOT SUSTAIN AN EXAMINATION BY APPLICABLE TAXING AUTHORITIES.

TRINITY HAVEN'S POLICY IS TO RECOGNIZE PENALTIES AND INTEREST AS INCURRED

## SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization						Employer ide	ntification number
TRINITY	HAVEN, INC.					82-5358	554
Part I Fundraising Activities. required to complete this par	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, li	ine 17	7. Form 990-EZ	filers are not
Indicate whether the organization rais     a	ed funds through any of the followin  e Solicitat  f Solicitat  g Special  or oral agreement with any individual  art VII) or entity in connection with providuals or entities (fundraisers) pursua	tion of tion of fundra (includantes)	non-g gover aising ding of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or cor contrib	ustody itrol of	(iv) Gross receipts to		Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
3 List all states in which the organization or licensing.	n is registered or licensed to solicit o	ontrib	utions	or has been notified	it is e	exempt from re	gistration

Schedule G (Form 990) 2023

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

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		of fundraising event contributions and gro			events with gross receipt	s greater than \$5,000.
			(a) Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events
			HOMECOMING:			(add col. (a) through
			THE BEST OF		2	
			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue						
svel.	1	Gross receipts	122,861.		5,918.	128,779.
Ä	Ī		,		, ,	
	2	Less: Contributions	105,405.			105,405.
	_	2000. COMMISCHORIC				
	3	Gross income (line 1 minus line 2)	17,456.		5,918.	23,374.
	Ŭ	areas meenie (inte i minus inte z)			0,0200	
	4	Cash prizes				
	7	Caon prizes				
	5	Noncash prizes				
Ś	J	νοποαστι μπ2οσ				
nse	6	Pont/facility costs	8,252.		526.	8,778.
(be	0	Rent/facility costs	0,232.		520•	0,770.
Direct Expenses	_	Food and houseness	19,884.			19,884.
rec	′	Food and beverages	19,004.			19,004.
Ճ			850.		413.	1 262
		Entertainment	247.		8,514.	1,263. 8,761.
		Other direct expenses	- ( )		•	38,686.
		Direct expense summary. Add lines 4 through	٠,			-15,312.
Da	rt I	Net income summary. Subtract line 10 from li  Gaming. Complete if the organization is		. 000 Dort IV line 10 or		-15,314.
1 6		\$15,000 on Form 990-EZ, line 6a.	answered res on Form	1990, Part IV, line 19, or i	reported more than	
		\$13,000 off Form 990-EZ, line oa.		(b) Pull tabs/instant		(d) Total gaming (add
ē			(a) Bingo bingo/progressive bi		(c) Other gaming	col. (a) through col. (c)
Revenue				billigo/progressive billigo		coi. (a) throught coi. (c)
Re	_					
	_1	Gross revenue				
	_	Cook prince				
es	2	Cash prizes				
Direct Expenses	_					
ă	3	Noncash prizes				
ct	_	D 1/6 333				
)ire	4	Rent/facility costs				
	_5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No	No	
	7	Direct expense summary. Add lines 2 through	1 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
		ter the state(s) in which the organization condu				
		the organization licensed to conduct gaming a				Yes No
b	If "	No," explain:				
	_					
		ere any of the organization's gaming licenses re		-	/ear?	Yes No
b	If "	Yes," explain:				
		, !				
	_	, i <u> </u>				

Sch	edule G (Form 990) 2023 TRINITY HAVEN, INC.	32-5	358554	. Page <b>3</b>
	Does the organization conduct gaming activities with nonmembers?		Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity conducted in:			
	The organization's facility		13a	%
	An outside facility		13b	<del></del>
	Enter the name and address of the person who prepares the organization's gaming/special events books and records		100	
17	Enter the hame and address of the person who prepares the organization's gaining/special events books and records			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
b	olf "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue received by the organization	unt		
	of gaming revenue retained by the third party \$			
c	: If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions:			
	ı Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	☐ No
ŀ	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	the		
	organization's own exempt activities during the tax year \$			
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); a	nd Parl	III lines 0	9h 10h
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	iid i ait	III, III 103 0,	55, 105,
	100, 100, 10, and 170, as applicable. Also provide any additional information. Occ instructions.			



### **SCHEDULE 0** (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.

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

TRINITY HAVEN, INC.

**Employer identification number** 82-5358554

22 3330331
FORM 990, PART VI, SECTION B, LINE 11B:
FORM 990 IS REVIEWED AND APPROVED BY THE FINANCE COMMITTEE.
FORM 990, PART VI, SECTION B, LINE 12C:
MEMBERS ARE PROVIDED WITH A COPY OF THE ORGANIZATION'S CONFLICT OF INTEREST
POLICY AND WILL REPORT ANY CONFLICTS OR POTENTIAL CONFLICTS TO THE BOARD.
FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION HAS A WEBSITE WITH CONTACT INFORMATION, AND ANYONE WHO
CONTACTED THE ORGANIZATION BY THAT MEANS, OR IN PERSON, COULD ASK FOR
COPIES OF ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, OR
FINANCIAL STATEMENTS.
FORM 990, PART XII, LINE 2C:
THE ORGANIZATION'S BOARD OF DIRECTORS ASSUMES THE OVERSIGHT OF THE
AUDIT AND SELECTION OF AN INDEPENDENT ACCOUNTANT. THE SELECTION AND
REVIEW PROCESS HAS NOT CHANGED FROM THE PREVIOUS YEAR.

Schedule O (Form 990) 2023

#### **SCHEDULE R** (Form 990)

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

TRINITY HAVEN,	INC.				6	32-535855	) <b>4</b>	
Part I Identification of Disregarded Entities. Complet	e if the organization answered "Yes"	on Form 990, Part IV, line 33						
(a)  Name, address, and EIN (if applicable)  of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total inco	me End-of-year	assets	<b>(f)</b> Direct cor enti	ntrolling	J
THP HOLDINGS, LLC 3561 NORTH PENNSYLVANIA STREET								
INDIANAPOLIS, IN 46205	PROPERTY ACQUISITION	INDIANA			т	RINITY HAVEN	, INC	
Part II Identification of Related Tax-Exempt Organizations during the tax year.	tions. Complete if the organization a	nswered "Yes" on Form 990,	, Part IV, line 34, b	pecause it had one o	or more re	elated tax-exemp	ot	
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section		(f) controlling entity	Section 5 contro enti	olled
		3 ,,		501(c)(3))			Yes	No
For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.					Schedule R (F	orm 99	0) 2023

		0 11 77 11	II) / II	D 10/11 04 1	
Part III	Identification of Related Organizations Taxable as a Partnership.	Complete if the organization answered	"Yes" on Form 990	i, Part IV, line 34, because	e it had one or more related
raitiii	organizations treated as a partnership during the tax year.				

(a)	(b)	(c)	(d)	(e)	(f)	(g)	l	ո)	(i)	(j)	(k)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disproportionate allocations?		Code V-UBI amount in box 20 of Schedule	Genera manag partn	Percentag ing ownership	
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	lo l	

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	ent	tion b)(13) rolled tity?

1a

1b

1c

1d

1e

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Yes No

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

During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

**b** Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)				1f	
g Sale of assets to related organization(s)				1g	
h Purchase of assets from related organization(s)				1h	
i Exchange of assets with related organization(s)				1i	
j Lease of facilities, equipment, or other assets to related organization(s)				1j	$\perp$
k Lease of facilities, equipment, or other assets from related organization(s)				1k	
I Performance of services or membership or fundraising solicitations for related organizations				11	
m Performance of services or membership or fundraising solicitations by related orga	anization(s)			1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization	tion(s)			1n	
Sharing of paid employees with related organization(s)				10	$\bot$
<b>p</b> Reimbursement paid to related organization(s) for expenses				1p	
q Reimbursement paid by related organization(s) for expenses				1q	
r Other transfer of cash or property to related organization(s)				1r	
s Other transfer of cash or property from related organization(s)				1s	$\perp$
2 If the answer to any of the above is "Yes," see the instructions for information on v	who must complete th	is line, including covered re	lationships and transaction thresholds.		
(a) Name of related organization	<b>(b)</b> Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount inv	rolved	
(1)					
(2)					
(2)					
(2)					
(2)					
(2) (3) (4)					
(2) (3) (4)					
(2)			Schedule		

Page 4

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

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(ŀ	1)	(i)	(	i)	(k)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)		Are all partners se 501(c)(3) orgs.?		Share of end-of-year assets	Dispr tion allocat <b>Yes</b>	opor- ate ions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part	ral or laging ner?	Percentage ownership
			,	103 110			103	140	( )	103	NO	
											-	

