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Short Form Return of Organization Exempt From Income Tax

2008

OMB No 1545 1150

Department of the Treasury Internal Revenue Service

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

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form
990 All other org- anizations with gross receipts less than \$1,000,000 and total assets
less than \$2,500,000 at the end of the year may use this form

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

Open to Public Inspection

	A	For the 2008 ca	alendar	year, or tax year beginning Aug 1 , 2008, and ending J	Jul 31		, 2009
	_	Check if applicable		C Name of organization		ployer	identification number
		Address change	Please use IRS	TRINITY HOPE, INC.	2	0-22	216228
		Name change	label or print or	Number and street (or P O box, if mail is not delivered to street address) Room/suite			number
		Initial return	type.	2366 CAIRO BEND ROAD	,	6151	851-6773
		Termination	See Specific	City or town, state or country, and ZIP + 4			
	\vdash	Amended return Application pending	Instruc- tions			oup E Imber	xemption
				·	ounting metho		Cash Accrual
		• Section . n	501(c)(. nust att	ach a completed Schedule A (Form 990 or 990-EZ). Oth	er (specify) >		
	ı	Website: ► N	I/A	000		Sche	ganization is not dule B (Form 990,
		Organization type		$\frac{1}{1} \frac{1}{1} \frac{1}$			
		\$25,000 A retu	ırn is no	anization is not a section 509(a)(3) supporting organization and its gross recott required, but if the organization chooses to file a return, be sure to file a co	omplete return	ally n	ot more than
		instead of Form	n 990-E			⊳ s	474,895.
	Pa			Expenses, and Changes in Net Assets or Fund Balances (Se	<u>ee the instri</u>	<u>uctio</u>	
			-	fts, grants, and similar amounts received		1	467,295.
<u> </u>		_		revenue including government fees and contracts		2	
1000	•			s and assessments		3	7.000
~		4 Investme		1 1		4	7,600.
00		1		om sale of assets other than inventory			
2	_	i		er basis and sales expenses 5b			
	R	1	•	ale of assets other than inventory (Subtract In 5b from In 5a) (att sch)	. □	5с	
	Ě			ctivities (complete applicable parts of Schedule G) If any amount is from gaming, check here			
	N	ł .	•	not including \$ of contributions			
	Ε	reported	on line	6a			
SCANNED				REQUEL Mad Undraising expenses 6b			
ラ				from-special-events-and-activities (Subtract line 6b from line 6a)		6с	-
$\overline{\mathbb{Q}}$		7a Gross sal	Best in	ventory less returns and allowances 7a	· -	.	
Q				MAYd V 4 2010 7b 7b			
W				oss) from sales of inventory (Subtract line 7b from line 7a)		7 c	
		8 Other reven	ive (desc	GOEN, UT	,	8	474 005
				dd lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)		9	474,895.
				ar amounts paid (attach schedule)		10	
	Ε			or for members		11	15 446
	E X P	1		ompensation, and employee benefits		12	15,446.
	E			s and other payments to independent contractors		13	1,900.
	N S E	1	•	, utilities, and maintenance	•	14	1,503.
	s			tions, postage, and shipping	,	15	3,889.
				ribe See Other Expenses Statement		16	386,258.
		† 		(add lines 10 through 16)		17	408,996.
	Δ	18 Excess o	r (defici	t) for the year (Subtract line 17 from line 9)		18	65,899.
	NS			nd balances at beginning of year (from line 27, column (A)) (must agree with n prior year's return)	end-of-year	19	455,360.
	Ţ	20 Other cha	anges ir	net assets or fund balances (attach explanation)		20	
	5	21 Net asset	ts or fur	d balances at end of year Combine lines 18 through 20	•	21	521,259.
	Pa	rt II Bala	nce S	heets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Fo	orm 990 instea	d of F	orm 990-EZ
				(See the instructions for Part II) (A) B	eginning of yea	ar	(B) End of year
	22	Cash, saving	s, and ı	nvestments	455,556	. 22	521,529.
	23	Land and buil	ldıngs		0	. 23	0.
	24	Other assets	(descril	pe ►)	0		0.
	25	Total assets			455,556	. 25	521,529.
	26	√ Total liabiliti€	es (desc	ribe ► PAYROLL TAXES PAYABLE)	196	. 26	270.
	27	Net assets or	r fund b	alances (line 27 of column (B) must agree with line 21)	455,360	. 27	521,259.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

Form 990-EZ (2008)

TEEA0812 01/14/09

Forn	<u> 1990-EZ (2008) TRINITY HOPE, 1</u>				-221	6228	Page 2
	t III Statement of Program Se					Expenses	
Dese	is the organization's primary exempt purpose? TE cribe what was achieved in carrying out th tribe the services provided, the number of				and (uired for 501(c (4) organizatio (a)(1) trusts, c	ns and
<u>prog</u>	ram title	AND PERD CUTIODEN	TN UNTOT		tor o	thers)	
20	TEACH CHRISTIAN BELIEFS	AND FEED CHILDREN					
	(Grants \$ 0.) If the	nis amount includes foreign gr	ants, check here	· • • • • • • • • • • • • • • • • • • •	28 a	381	L , 780.
29			. = =				
	(Grants \$) If the			 ∏	29 a		
30	(Glatic y) II II	nis amount includes foreign gr	ants, check here		23 a		
							
24		is amount includes foreign gr	ants, check here	<u> </u>	30 a		
31	Other program services (attach schedule (Grants \$) If the	e) iis amount includes foreign gr	anta abaak bara	▶□	31 a		
32	Total program service expenses (add li		ants, check here		32	381	1,780.
	t IV List of Officers, Directors		plovees. (List each o	ne even if not con			
L	(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0)	(d) Contributions employee benefit plai deferred compensa	to ns and	(e) Expense	account
	EATTACHED	·		and the second			
	E ATTACHED E ATTACHED	SEE ATTACHED	0.		0.		
			0.		<u> </u>		
							
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BAA			14400	<u> </u>		F 000 =	7 (0000)
DAA		TEEA0812 0	1/14/09			Form 990-E	∡ (2008)

			Yes	No
33	 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of 			
33	each activity	33		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes	34		Х
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T			·
i	a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a		х
	b If 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b		
	•			
	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N	36		х
	a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.			
	b Did the organization file Form 1120-POL for this year?	37 b		Х
38	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38 a		X
	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b			ŕ
39	501(c)(7) organizations Enter	•		
	a Initiation fees and capital contributions included on line 9			,
	b Gross receipts, included on line 9, for public use of club facilities 39b		'	*
	a 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under		** *	<i>#</i>
	section 4911 ► , section 4912 ► ; section 4955 ►			
	b 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the			
	year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I	40 b		Х
	c Enter amount of tax imposed on organization managers or disqualified persons during the			
	year under sections 4912, 4955, and 4958			
	d Enter amount of tax on line 40c reimbursed by the organization],	* *	. >>
	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax	40 e		X
41	shelter transaction? If 'Yes,' complete Form 8886-T List the states with which a copy of this return is filed Tennessee	400	<u> </u>	
42	a The books are in care of ► JOHN HALL Located at ► 2366 CAIRO BEND ROAD, LEBANON, TN ZIP + 4 ► 37087			
		851	<u>-67</u> 7	73
	LOCALCO AL 2300 CATRO DERO ROAD, HEDARON, IN LINE A 37007.	_ <u>85</u> 1 		
	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a		-677 	 N o
	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	851 		
	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a			 N o
	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			 N o
	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			 N o
	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		 N o
	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country. ▶	42b		 N o
	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country. See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of a Foreign Bank and Financial Accounts.	42b		No X
	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country. See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of a Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S?	42b		No X
	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of a Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S? If 'Yes,' enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here	42b	Yes	No X
43	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country. See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of a Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S? If 'Yes,' enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year	42b		No X
	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country. See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of a Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S? If 'Yes,' enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year	42b	Yes	No X
43	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country. See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of a Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country. Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year. Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.	42b 42c	Yes	No X

Form 990	EZ (2008) TRINITY HOPE, INC.			20-2216	228	Page 4
Part VI	Section 501(c)(3) organization	s only. All section	501(c)(3) organız	ations must answer qu	iestions 46-	49
	and complete the tables for line	es 50 and 51.		· · · · · · · · · · · · · · · · · · ·		
46 . Did	the organization engage in direct or indirect	t political campaign ac	tivities on behalf of or	in opposition to candidates	Yes	No
for p	oublic office? If 'Yes,' complete Schedule C	, Þart I		• •	46	X
47 Did	the organization engage in lobbying activiti	es? If 'Yes,' complete S	Schedule C, Part II		47	X
48 is th	ne organization operating a school as descr	ibed in section 170(b)(1)(A)(II)? If 'Yes,' com	plete Schedule E	48	X
49 a Dıd	the organization make any transfers to an	exempt non-charitable	related organization?		49 a	X
b If 'Y	es,' was the related organization(s) a section	on 527 organization?			49b	<u> </u>
50 Con	nplete this table for the five highest compereived more than \$100,000 of compensation	isated employees (othe from the organization.	r than officers, director	ors, trustees and key employ r 'None '	ees) who each	ı
	a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowance	
NONE		., .				
	·					
			ļ			
			-			
	· 					
Total number	er of other employees paid over \$100,000					
51 Con from	nplete this table for the five highest comper in the organization. If there is none, enter 'N	nsated independent con lone.'	tractors who each red	ceived more than \$100,000 c	of compensation	n
	(a) Name and address of each independent conti	ractor paid more than \$100,00	0	(b) Type of service	(c) Compensati	on.
NONE _		. 				
			-			
	·					
	· 	. -				
		- 				
						
Total num	ber of other independent contractors received		<u> </u>			
	Under penalties of perjury, I declare that I have examitrue, correct and complete Declaration of preparer (nined this return, including accionness of the state of t	ompanying schedules and st all information of which pre	latements, and to the best of my know parer has any knowledge	viedge and beliet, it	is
Sign	> 7 W J. 1200			1 4128/10		
Here	Signature of the Signat			Date / /		
	Type or print name and title			-		
Paid	Preparer's	RXmi	Date	Check if See (See	parer's Identifying N e instructions)	umber
Pre-	signature ROBERT JENNINGS	Khumar) 04/27/2	10 self- employed ► X P(00427188	
parer's	Firm's name (or JENNINGS & CLOU yours if self-					
Use	employed). 1509 HUNT CLUB	BLVD-STE 500 \	\	EIN ►62-	-1633011	

37066

GALLATIN

BAA

May the IRS discuss this return with the preparer shown above? See instructions

(615) 206-0360

► Yes No Form **990-EZ** (2008)

Phone no

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

Open to Public

OMB No 1545 0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection

Employer identification number

TRI	NI:		OPE, INC								16228			
Par	1	Rea	son for Pu	blic Charity Statu	s (All organizations	must d	comple	te this	part.)) (see ı	nstruct	ions)		
The c	rgai	nızatıc	n is not a priv	ate foundation becaus	se it is (Please check on	ly one o	rganızatı	on)						
1		A chu	irch, conventi	on of churches or asso	ciation of churches descr	ribed in s	section '	170(b)(1	χΑχi).					
2	П	A sch	ool described	in section 170(b)(1)(A	(Attach Schedule E)								
3	П	A hos	pital or coope	erative hospital service	organization described in	n sectio	n 170(b)	(1)(A)(ii	i). (Atta	ch Sche	dule H)			
4		A me	dical research	organization operated	in conjunction with a ho	spital de	escribed	ın secti	on 1 70 (ЬХ1ХАХ	iii) Ente	r the hospi	tal's	
			, city, and sta								_	- -	- - -	
5														
6														
7	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)													
8	닏		=											
9	<u>X</u>	from inves	activities relat tment income	ted to its exempt functi	more than 33-1/3 % of ons — subject to certain ss taxable income (less somplete Part III)	exception	ns, and	(2) no r	nore tha	an 33-1/3	3 % of its	s support fr	om gr	oss
10		An or	ganization or	ganized and operated o	exclusively to test for pub	olic safet	ty. See s	ection 5	509(a)(4). (see i	nstructio	ns)		
11		more	publicly supp	orted organizations de	exclusively for the benefit escribed in section 509(a ation and complete lines)(1) or s	ection 5	09(a)(2)	ions of, See s	or carry ection 50	out the)9(a)(3).	purposes o Check the	f one box tl	or hat
		а	Туре І	b Type II	c Type III	– Fund	tionally	integrate	ed		d 🗌	Type III-	Other	
е		By ch than 509(a	foundation ma	ox, I certify that the organagers and other than	ganization is not controlle none or more publicly su	d directi pported	ly or indi organiza	rectly by	y one or escribed	r more di I in secti	squalifie on 509(a	d persons a)(1) or sec	other tion	
f		If the		received a written dete	ermination from the IRS ti	hat is a	Type I, 1	Гуре II о	r Type	III suppo	rtıng org	anızatıon,		
g		Since	e August 17, 2	006, has the organizat	tion accepted any gift or	contribu	ition fror	n any of	the fol	lowing pe	ersons?	1	V	
		(i)	a person who	directly or indirectly overning body of the su	controls, either alone or to	ogether	with pers	sons des	scribed	ın (ıı) an	d (III)	11 g (i)	Yes	No
		(ii)		nber of a person descr								11 g (ii)		
			•	•	described in (i) or (ii) ab	ove?						11 g (iii)		
h				•	ne organizations the orga		support	s				1 11 3 (11)		
	(1) Name	of Supported anization	(II) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(IV) organizat (i) lister gove	Is the tion in cold in your erning ment?	(v) Did y	ou notify ization in (i) of upport?	· (vi) l: organizati (i) organiz U S	on in col red in the	(viı) Amoun	t of Sup	port
						Yes	No	Yes	No	Yes	No			
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						<u> </u>								
						<u> </u>	ļ							
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						ļ								
Total														

	(Complete only if you checke	•	5, 7, or 8 of Part	•				
Seç	tion A. Public Support	· · · · · · · · · · · · · · · · · · ·		, · 1		T		<u> </u>
begi	ndar year (or fiscal year nning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 200	08	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')		. <u> </u>					· · · · · · · · · · · · · · · · · · ·
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf							
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.							
4	Total. Add lines 1-3							
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)	* * * * * * * * * * * * * * * * * * *	* }	\$ \$ * 5 x s	† ·	* *		
6	Public support. Subtract line 5 from line 4	**************************************			. * *	, i	**	
Sec	tion B. Total Support							
	ndar year (or fiscal year nning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 200	08	(f) Total
7	Amounts from line 4							
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources							
9	Net income form unrelated business activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss form the sale of capital assets (Explain in Part IV)							
11	Total support. Add lines 7 through 10				4	*		
12	Gross receipts from related activ	ities, etc (see inst	tructions)				12	
13	First five years. If the Form 990 organization, check this box and	is for the organiza stop here	tion's first, secon	d, third, fourth, or	fifth tax year as	a section 50)1(c)(3)	▶ □
	tion C. Computation of Pu						1 1	
	Public support percentage for 20	• ,	17	e 11, column (f)			14	<u>%</u>
15	Public support percentage for 20	07 Schedule A, Pa	irt IV-A, line 26f				15	%
16 a	33-1/3 support test — 2008. If the and stop here. The organization				the line 14 is 33-	1/3 % or mo	re, chec	k this box
t	33-1/3 support test — 2007. If the and stop here. The organization				and line 15 is 33	-1/3% or mo	ore, che	ck this box
17 a	or more, and if the organization in the organization meets the 'facts'	neets the 'facts-ar	nď-circumstances	test, check this b	ox and stop here	. Explain in	Part IV	
t	10%-facts-and-circumstances te or more, and if the organization in organization meets the 'facts-and	neets the 'facts-ar	nď-circumstances	test, check this b	ox and stop here	Explain in	Part IV	
	Private foundation. If the organiz	zation did not chec	k a box on line, 1	13, 16a, 16b, 17a,	'			
BAA					9	chedule 🛕 (i	-orm 99	0 or 990-EZ) 2008

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

Calerdary year for fastly respirant pip* (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Calerdary year for fastly respirant pip* (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Calerdary year for fastly respirant pip* (a) 2004 (b) 2005 (d) 2007 (e) 2008 (f) Total Calerdary year for fastly respirant pip* (a) 2004 (b) 2005 (d) 2007 (e) 2008 (f) Total Calerdary year for fastly respirant pip* (a) 2004 (b) 2005 (d) 2007 (e) 2008 (f) Total Calerdary year for fastly respirant year for respiration of the original year for fastly respirant year for fastly respirant year for fastly respirant year for respiration year fastly respiration year for fastly respiration year fastly respiration year for fastly respiration year fastly respiration year fastly respiration year for fastly respiration year fastly respiration		(Complete only if you chec	ked the box on line	e 9 of Part I)				
1 Grits, grants, confidulations and memorate places received (Company of the Company of the Comp	Sec	tion A. Public Support			-			
1 Grits, grants, confidulations and memorate places received (Company of the Company of the Comp	Cale	ndar year (or fiscal yr beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
admissions, merchandise sold or services performed, or services performed that is related to the or separated that services are services to services that are set a considered trade or bismess under setting 132 4 Tax revenues level for the organization's beneated on its behalf or expensed on its behalf or expensed on its behalf or separated on its behalf or separated on the services of sections 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')				, ,		
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Form **8868** (Rev April 2008)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the Treasury

► File a separate application for each return.

nte	rnal Revenue	Service		· riie a sepa	arate application for e	each return.		1		
•	If you are	filing for an A	Automatic 3-Month	Extension, comp	lete only Part I and c	heck this box				► X
					Extension, complete		age 2 of this t	form)		
	-	-	-	•	an automatic 3-month	•	•	-	58	
			•		Only submit origin					
					orny outsime origin	ilai (ilo copico	1100000.			
٩c	orporation	required to fi	le Form 990-T and	d requesting an au	tomatic 6-month exter	nsion – check this	s box and cor	nplete Part	l only	▶ 🗌
	other corp ome tax re		uding 1120-C filers	s), partnerships, R	EMICS, and trusts mu	ust use Form 7004	1 to request a	n extensio	n of time to	file
eti he or	urns noted additional m 990-T 1	below (6 mor (not automat nstead, you n	nths for a corporati ic) 3-month extens	ion required to file sion or (2) you file lly completed and	form 8868 if you want Form 990-T) Howeve Forms 990-BL, 6069, signed page 2 (Part II & & Nonprofits	er, you cannot file , or 8870, group re	e Form 8868 e eturns, or a c	electronical omposite d	lly if (1) you or consolidat	want ed
		Name of Exempt	Organization					Employer ide	entification num	nber
	oe or									
orii	nt	TRINITY	HOPE, INC.					20-221	6228	
ile	by the date for		and room or suite number	er If a P O box, see ins	structions					
line	your n See	2366 CAI	RO BEND ROA	AD						
	uctions		t office, state, and ZIP c		ess, see instructions		•			
		LEBANON						TN	37087	
h			filed (file a separa	ate application for	each return):					
	Form 990		(2. 2.2.2.2	Form 990-T (c			Form 472	n		
_	Form 990				ection 401(a) or 408(a	a) trust)	Form 522			
X	Form 990			-	rust other than above)	•	Form 606			
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	If the orga If this is fo check this	anization does or a Group Re box ►	turn, enter the org	e or place of busir ganization's four di	FAX No Factorial FAX No Factorial Fax No Factorial Fax Factorial Fax	Number (GEN)	If		he whole gro all members	· · · · · · · · · · · · · · · · · · ·
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1				· · · · · · · · · · · · · · · · · · ·	on required to file For	•				
			_, 20 _1 <u>0</u> _ , to file he organization's r		nization return for the	organization nar	ned above			
	▶ □	calendar year	· 20 or							
				, 20 _08_,	and ending <u>Jul</u>	<u>31</u> , 20 <u>0</u>	9_			
2			ess than 12 month		Initial return	Final retui	n 🗌 C	hange in a	ccounting pe	eriod
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	deposit	Due. Subtractivith FTD coupertuctions	ct line 3b from line oon or, if required,	3a Include your p by using EFTPS	payment with this form Electronic Federal Ta	n, or, if required, ix Payment Syste	m)	3c \$		0.
	ution. If yo ment instr		make an electron	nic fund withdrawa	I with this Form 8868,	see Form 8453-E	EO and Form	8879-EO f	or 	
A	A For Priv	acy Act and I	Paperwork Reduct	tion Act Notice, se	e instructions.			Forn	n 8868 (Rev	4-2008)

Form	990-EZ,	Part I,	Line 16
Othor	Evnens	ac Stat	oment

Other expenses (describe)	
TELEPHONE_	1,061.
OFFICE SUPPLIES	4,924.
PAYROLL EXPENSES	2,687.
TAXES & LICENSES	270.
PROMOTIONS & ADVERTISING	10,112.
BANK CHARGES	1,990.
FUNDRAISING	3,137.
WORKSHOPS & TRAVEL	9,910.
CHAPTER MATCHING FUNDS	14,300.
MISCELLANEOUS	1,590.
FEEDING PROGRAMS	336,277.
Total	386,258.

Trinity/HOPE Officers; Executive Board Board of Directors

President John Hall 2366 Cairo Bend Road Lebanon TN 37087 615-478-6773

Vice President Alan Honea -- EB 526 Douglas Bend Rd Gallatin TN 37066 615-305-0446

Secretary/Treasurer --EB Susie Honea 526 Douglas Bend Rd Gallatin TN 37066 615-452-6875

Keith Logan --EB 237 Circle View Drive Franklin TN 37067 615-394-4950

Carol Hall -- EB 2366 Cairo Bend Road Lebanon, TN 37087 615-449-2595

Jim Nord = BD 904 E. 38th Street Sioux Fall, SD 57105 605-335-7199

Joel Kastens = BD 350 Purnell Rd Lebanon, TN 37087 615-449-5806

Tricia Kastens = BD 350 Purnell Rd Lebanon, TN 37087 615-444-5806 Brenda Parker = BD 103 Bluegrass Cove Hendersonville TN 37075 615-822-0358

Lee Compton = BD 1656 Pinkerton Rd Brentwood TN 37027 615-776-2677

Rev. Dan Otto = BD 404 Fieldcrest Drive Nashville TN 37221 615-834-3135

Jay Brinkmeyer = BD PO Box 6013 Lincoln NE 68506 402-304-1861

Frank Cherry = BD 125 Bay Drive Hendersonville TN 37075 615-230-7740

Bunny Pozehl 2923 Coronado Drive Lincoln NE 68516 402-429-5289

Matt Steinhauer 100 Yorkshire Court Hendersonville TN 37075 615-822-7701

Dan Hesse 1516 Fox Trace Drive Cordova TN 38016-5704 877-751-7734

Karen Hall 745 Heritage Road Lebanon TN 37087 Ph: 615-480-0905