

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Aŀ	or the	2009 calendar year, or tax year beginning	and ending		
В	Check if applicable	Please C Name of organization		D Employer identific	cation number
	Addres	use IRS label or THE TRINITY INSTITUTE, INC.			
	Name change	be type Doing Business As		75-2	305263
F	Initial retum Termin	See Number and street (or P 0 box if mail is not delivered to street additional structures P • O • BOX 100	dress) Room/su		r 395-4444
F	lated Amend	mode		G Gross receipts \$	58776.
<u> </u>	lretum Rpplica tion			H(a) Is this a group re	
-	pendin		III	for affiliates?	Yes X No
		P. O. BOX 100, TEHUCANA, TX 76686		H(b) Are all affiliates inc	cluded? Yes No
1 1	Tax-exe	empt status X 501(c) ( 3	527	<del></del>	list (see instructions)
		e: ► N/A		H(c) Group exemptio	n number
K F	orm of	organization X Corporation Trust Association Other ▶	LY	ear of formation N	A State of legal domicile TX
Pa	art I	Summary			
& Governance		Briefly describe the organization's mission or most significant activities FACILITIES	RELIGIOU	S EDUCATION A	ND RETREAT
raa	-	Check this box  if the organization discontinued its operations of	or disposed of m	nore than 25% of its net as	ssets
ove.		Number of voting members of the governing body (Part VI, line 1a)	•	3	0
Ğ		Number of independent voting members of the governing body (Part VI, li	ne 1b)	4	0
es &	5	Total number of employees (Part V, line 2a)		5	0
	6	estimate if necessary)		6	0
Activit	70	Total gross unrelated business revenue from Part VIII, column (C), line 12		7a	0.
. 1.		Net unrelated business wable income from Form 990-T, line 34	····	7b	0.
	37	AUG 1 7 2010 191		Prior Year	Current Year
. II	] B	Contributions and grants (Fart VIII, line 1h)		29680.	58776.
Revenue	9 (	Rrogram service revenue (Part VIII, line 2g) lavestment income (Part VIII, column (A), lines 3, 4, and 7d)		4495.	
Į.	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		24175	r 0276
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lin	ne 12)	34175.	58776.
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			
	1	Benefits paid to or for members (Part IX, column (A), line 4)	5.40)		
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), line	s 5-10)		
eü	16a	Professional fundraising fees (Part IX, column (A), line 11e)			
Ĕ	170	Total fundraising expenses (Part IX, column (D), line 25)		62559.	83943.
	1	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		62559.	83943.
	1	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12		<28384.	
es		Nevertue less experises Subtract line to from line 12	<del></del>	Beginning of Current Year	End of Year
ets	20	Total assets (Part X, line 16)		167040.	141873.
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)			
E SE	22	Net assets or fund balances Subtract line 21 from line 20		167040.	141873.
P	art II	Signature Block			
		Under penalties of penury, I declare that I have examined this return, including accompanying so and complete Designation of preparer (enter than officer) is based on all information of which pre	hedules and stateme	ents, and to the best of my knowled	ige and belief, it is true, correct,
			,		
Sig	חן	Jamestarace '4		8-13-	2010
He	re	Signature of officer		Date	
		JAMES PARKER, III, PRESIDENT Type or print name and title			
_			Date	Check If Prepar	rer's identifying number
Pai	d	Preparer's Land Land Land	8/11/10	self- (see in	istructions)
Pre	parer's	Firm's name (or DEPRIE & ADKISSON, PSC	211(110	employed  EIN	<del></del>
Use	Only	yours if self-employed), 12730 TOWNEPARK WAY, STE 10	3	CHV	
		address, and ZIP+4 LOUISVILLE, KENTUCKY 40243	~	Phone no	
NA ~	v the II	RS discuss this return with the preparer shown above? (see instructions)		1 Hone no	Yes No
	001 02-0		e the separate	instructions.	Form <b>990</b> (2009)
اعدت	JU, UZ-U	,, ,,,, ,,, ,, , ,, ,			,/

		E TRINITY				75-230	)5263	Page 2
Pa	t III Statement of Prog			ments				
1	Briefly describe the organizati	on's mission	NONE					
								<del></del>
2	Did the organization undertak		ogram services	during the year w	hich were not listed on			X No
	the prior Form 990 or 990-EZ?  If "Yes," describe these new s		lle O				res	[A] No
3	Did the organization cease co	-		nges in how it con	ducts, any program ser	vices?	Yes	X No
4	If "Yes," describe these chang Describe the exempt purpose			anızatıon's three la	rgest program services	by expenses		
	Section 501(c)(3) and 501(c)(4 allocations to others, the total					unt of grants and		
4a		xpenses \$		including grants o		) (Revenue \$		
70	RELIGIOUS EDUCA		RETREAT	FACILITIE	ZŠ	) (Nevenue \$		, 
			<del></del>					
		· · · · · · · · · · · · · · · · · · ·						
		<del></del>					·	
			· · · · · · · · · · · · · · · · · · ·					
4b	(Code: ) (E	xpenses \$		including grants o	<b>* *</b>	) (Revenue \$		)
					<del></del>			
4c	(Code: ) (E	xpenses \$		including grants o	<b>f</b> \$	) (Revenue \$		)
						<del>-</del>		
			<del></del>					<del> </del>
		· · · · · · · · · · · · · · · · · · ·		<del></del>		· · · · · · · · · · · · · · · · · · ·		·
	<u> </u>							
4d	Other program services. (Desc (Expenses \$	cribe in Schedule C including gi			) (Revenue \$	)		
4e	Total program service exper		7782				- 00	

			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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
	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,			
	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, 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 term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable	11	Х	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI			
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VII			
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VIII			
•	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			
_	Part X, line 16? If "Yes," complete Schedule D, Part IX			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
40	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		х
124	Was the organization included in consolidated, independent audited financial statements for the tax year?  Yes No	····		
IZA	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	<del>-</del> -		
_	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	000	X_
		Form	<b>990</b> (	2009)

For	m 990 (2009) THE TRINITY INSTITUTE, INC. 75-2305	5263	Р	age 4
P	art IV Checklist of Required Schedules (continued)			
		T	Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22				
	column (A), line 2° If "Yes," complete Schedule I, Parts I and III	22		Х
23			<b> </b>	
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	]	Х
24		23		1
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	04-		х
	Schedule K If "No", go to line 25	24a	<del> </del>	
	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	ļ	
25	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit 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			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b	<u> </u>	Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	ļ	Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27	<u> </u>	X
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
	a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	<b>b</b> A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was			
	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30				
	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		X
32				
	Schedule N, Part II	32		Х
33				
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34				1
<b>5</b> -4	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35				İ
<b>J</b> J	If "Yes," complete Schedule R, Part V, line 2	35	1	X
36				<del>                                     </del>
50	If "Yes," complete Schedule R, Part V, line 2	36		X
	n rou, complete concedit in a let in more	1		1

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Did the organization conduct more than 5% of its activities through an entity that is not a related organization

and that is treated as a partnership for federal income tax purposes? *If* "Yes," *complete Schedule R, Part VI*Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?

Note. All Form 990 filers are required to complete Schedule O.

					Yes	No			
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of								
	U.S. Information Returns. Enter -0- if not applicable	1a		0					
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	<u> </u>	0					
c	Did the organization comply with backup withholding rules for reportable payments to vendors and re-	eporta	able gamıng						
	(gambling) winnings to prize winners?			1c	ļ				
2a	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	<u> </u>	0					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	rns?		2ь	ļ	<u> </u>			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see	ınstru	ictions)			1			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered	d by t	this return?	3a	ļ	X			
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	autho	rity over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	ınt)?	4a	ļ	X			
b	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 Foreign	Bank	and						
	Financial Accounts.								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a	ļ	X			
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b	<u> </u>	X			
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regard	arding	Prohibited						
	Tax Shelter Transaction?			5c	-	<u> </u>			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	he org	janization solicit			v			
	any contributions that were not tax deductible?			6a	- <del></del> -	X			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
	were not tax deductible?			6b	<del> </del>				
7	Organizations that may receive deductible contributions under section 170(c).				Ī				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	good	s and services	7a	}	X			
	provided to the payor?			7b	· <del> </del>	Α			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	100 ro	aurad	70					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as rec	quireu	7c		X			
	to file Form 8282?	7d	1						
	If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a i								
е	benefit contract?	pc1001	1741	7e	Ī	1			
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	ract?		7f	1				
f	For all contributions of qualified intellectual property, did the organization file Form 8899 as required			7g					
9	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-		eaured?	7h					
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting or	rganiz	zations. Did the		1				
•	supporting organization, or a donor advised fund maintained by a sponsoring organization, have exc								
	at any time during the year?		_	8					
9	Sponsoring organizations maintaining donor advised funds.								
	Did the organization make any taxable distributions under section 4966?			9a					
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b					
10	Section 501(c)(7) organizations. Enter.								
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			1				
b	and the second s	10b			1				
11	Section 501(c)(12) organizations. Enter.		1						
а	Gross income from members or shareholders	11a		_					
b	Gross income from other sources (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)	11b		_					
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a	.				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			1	1			
				Forn	n 990	(2009)			

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 in Schedule O See instructions

Sec	tion A. Governing Body and Management			
OEC	HOIT A. GOVERNING BODY and Management		Yes	No
1a	Enter the number of voting members of the governing body	0		
b	Enter the number of voting members that are independent	0		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?	3		_X_
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		_X_
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a		<u>X</u>
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	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 in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		X
b			ì	
	and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Х	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990			.,
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		Х
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this is done	12c	<b> </b>	v
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		Λ.
15	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?	1		v
а	The organization's CEO, Executive Director, or top management official	15a	<u> </u>	X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	1.0		Х
	taxable entity during the year?	16a	ļ	^
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's	405	•	
_	exempt status with respect to such arrangements?	16b	<u> </u>	!
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed KY	lo for		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available. Check all that apply	ie ioi		
	public inspection. Indicate how you make these available. Check all that apply  Own website. Another's website. X Upon request			
	<del></del> · · · · · · · · <del></del>	and fine	ncial	
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy,	and IIIi	ai iUlai	
00	statements available to the public  State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	zation 🍱	•	
20	JAMES PARKER, III - 254-395-4444	Lanon		
	P. O. BOX 100 TEHUACANA, TX 76686			
	1. O. Don 100 Innoversity in 1000	Form	990	(2009)

932006 02-04-10

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

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. Use Schedule J-2 if additional space is needed.

- 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. See 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- 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

List persons in the following order individual trustees or directors, institutional trustees, officers; key employees, highest compensated employees, and former such persons

X Check this box if the organization did not compensate (A) (B)			-		C)			(D)	(E)	(F)
Name and Title	Average		Position					Reportable	Reportable	Estimated
	hours	(ci	(check all that apply)			app	ly)	compensation	compensation	amount of
	per week	xctor			ŀ			from the	from related organizations	other compensation
	Week	Individual trustee or director	, g			ated		organization	(W-2/1099-MISC)	from the
		ustee	trust		8	npens		(W-2/1099-MISC)		organization
		dual tr	Institutional trustee	_	Кеу етріоуее	st co	ង			and related
		Indiv	Institu	Officer	Keye	Highest compensated employee	Former			organizations
JAMES PARKER, III		†								
PRESIDENT		ļ		<u> </u>		<u> </u>	<u> </u>	0.	0.	0.
DR. WILLIAM DEMBSKI										0
VICE PRESIDENT		-	ļ	ļ <u>.</u>	<u> </u>	-	<u> </u>	0.	0.	0.
DAVID SIMS TRUSTEE								0.	0.	0.
JEFF BROWER			ļ							0
TRUSTEE		-	ļ	<del> </del>	-		-	0.	0.	0.
GARY BROCK, MD TRUSTEE	ł						Ì	0.	0.	0.
TRUSTEE	<del></del>	-	-	1	$\vdash$	┼		·		
		<del> </del>			T					
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				<u> </u>						
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						1.	$L_{-}$			

Form 990 (2009)

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	T VII Section A. Officers, Directors, T (A)	(B)			((	C)		CSL	(D)	(E)			(F)	
	Name and title	Average hours	(cl		Pos all 1		app	ly)	Reportable compensation	Reportable compensation	,		timate iount	
		per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W·2/1099-MISC)	from related organizations (W-2/1099-MIS		comp fro orga and	other bensa om the anizati d relati nizati	e Ion ed
							<u> </u>						<del></del>	
		<u>-                                    </u>				-								<del></del>
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<u> </u>							Ļ		0.		0.			0.
1b 2	Total  Total number of individuals (including but compensation from the organization	not limited to t	hose	e liste	ed a	bov	e) w	no r	1	l ),000 in reportable				0
3	Did the organization list any former office line 1a? If "Yes," complete Schedule J for			e, ke	y en	nplo	yee,	or h	nighest compensated e	mployee on		3	Yes	No X
4	For any individual listed on line 1a, is the and related organizations greater than \$1	sum of reportat 50,000 <sup>9</sup> <i>If</i> "Yes	ble c	mpl	ete	Sch	edul	e J i	for such individual			4		X
5	Did any person listed on line 1a receive o the organization? If "Yes," complete School				from	an	y uni	relat	ed organization for serv	rices rendered to		5		х
Sec 1	Complete this table for your five highest of the organization NONE	compensated in	ndep	ende	ent c	cont	racte	ors t	that received more than	\$100,000 of com	pens	ation f	rom	
	the organization NONE  (A)  Name and busines	ss address							(B) Description of	services	C	(C Compe		n
<u>. — — — — — — — — — — — — — — — — — — —</u>														-
2	Total number of independent contractors \$100,000 in compensation from the orga		not l	ımıte	ed to		ose I	sted	d above) who received r	nore than		***********		**********
	4 : 50,000 in compensation nom the orga		_			_						Form	990	(2009)

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must comp				
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the US				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
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				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)			<u> </u>	
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
9	Other				
12	Advertising and promotion		<u> </u>		<u> </u>
13	Office expenses	···· · · · · · · · · · · · · · · · · ·		<u> </u>	
14	Information technology		<del></del>		
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	23579.	18863.	4716.	
22	Depreciation, depletion, and amortization	23313.	10003.	1,10.	
23	Insurance		<del></del>	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled				
	miscellaneous may not exceed 5% of total				
_	expenses shown on line 25 below ) SUPPLIES	20374.	20374.	<u> </u>	·
a b	UMITIME AND BUEL	16715.	16715.		
D C	INSURANCE	12666.	12666.		
d	CONTRACT OFFITCHE	4891.	4891.		
e e	VTOO	1509.	1509.		
e f	All other expenses	4209.	2811.	1398.	
25	Total functional expenses Add lines 1 through 24f	83943.	77829.	6114.	
26	Joint costs Check here I following				
20	SOP 98-2 Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation	]			
	Tananan anni anni anni anni anni anni an		·		

					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			5371.	1	3782.
	2	Savings and temporary cash investments		2			
İ	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
ł	5	Receivables from current and former officers, di	trustees, key				
1		employees, and highest compensated employee	olete Part II				
		of Schedule L			5		
	6	Receivables from other disqualified persons (as	under section				
		4958(f)(1)) and persons described in section 495	3) Complete				
		Part II of Schedule L				6	
ខ្ម	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	, · · · · · · · · · · · · · · · · · · ·
⋖	9	Prepaid expenses and deferred charges		ļ		9	
	10a	Land, buildings, and equipment: cost or other	1				
		basis. Complete Part VI of Schedule D	10a	603221.			
	b	Less accumulated depreciation	10ь	465130.	161669.	10c	138091
	11	Investments - publicly traded securities		ļ <u>.</u>	<del></del>	11	···
	12	Investments - other securities See Part IV, line 1	11			12	- <del></del>
	13	Investments · program-related See Part IV, line	11	-	····	13	
	14	Intangible assets		  -		14	
	15	Other assets See Part IV, line 11	1.550.40	15	111070		
_	16	Total assets. Add lines 1 through 15 (must equal	167040.	16	141873		
	17	Accounts payable and accrued expenses		17			
١,	18	Grants payable		-		18	
	19	Deferred revenue		ļ <u>-</u>		19	
	20	Tax-exempt bond liabilities				20	
es	21	Escrow or custodial account liability Complete		T C		21	<del>1, 111 ··· - , · · · · · · · · · · · · · · · ·</del>
Liabilities	22	Payables to current and former officers, director		* -			
<u> </u>		highest compensated employees, and disqualifi	ed perso	ons Complete Part II			
		of Schedule L				22	
- 1	23	Secured mortgages and notes payable to unrela				23	
- 1	24	Unsecured notes and loans payable to unrelated	a thira p	arties		24	. =
	25 06	Other liabilities Complete Part X of Schedule D		-	0.	25 26	0
+	26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check he		X and complete		20	<u></u>
		lines 27 through 29, and lines 33 and 34.	ere P	(A) and complete			
Ö	27	Unrestricted net assets			167040.	27	141873
lan	28	Temporarily restricted net assets			107010.	28	1110,0
	29	Permanently restricted net assets		-		29	
Ĕ	20	Organizations that do not follow SFAS 117, cl	heck he	re 🕨 🔲 and	MILITARY CONTRACTOR OF THE CON		
בַ		complete lines 30 through 34.	neek ne				
13	30	Capital stock or trust principal, or current funds				30	
Sse	31	Paid-in or capital surplus, or land, building, or ed	ulpment	fund		31	
<b>⋖</b>	32	Retained earnings, endowment, accumulated in		Ī		32	
Z	33	Total net assets or fund balances			167040.	33	141873.
- 1	34	Total liabilities and net assets/fund balances		}-	167040.	34	141873

Form **990** (2009)

			Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b		Х
С	TERM BUILD ON THE REPORT OF THE PARTY OF THE			
	review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a			
	consolidated basis, separate basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			
	Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3ь		
		Form	990 (	(2009)

932012 02-04-10

#### **SCHEDULE A**

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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. ➤ See separate instructions.

Inspection

Employer identification number

		THE TRI	NITY INSTITU	TE, I	NC.				75	-2305	<u> 263</u>	
Part I	Reason	for Public Chari	ty Status (All organiz	ations mus	t complet	e this part	) See inst	ructions				
********	ization is not a A church, cor A school des A hospital or	a private foundation be invention of churches cribed in section 17 a cooperative hospit search organization o	pecause it is (For lines 1 s, or association of church (b)(1)(A)(ii). (Attach Sci al service organization operated in conjunction	through 1 ches descr hedule E) described i	1, check of the second section	only one bo ction 170( 170(b)(1)(	ox ) b)(1)(A)(i) A)(iii).		i). Enter th	e hospital'	's namı	e,
5	A federal, sta An organizati section 170( A community An organizati activities rela income and u	(b)(1)(A)(iv). (Complete, or local governmente, or that normally received (1)(A)(vi). (Complete trust described in somethat normally received to its exempt fur unrelated business to	ent or governmental unit elves a substantial part of te Part II ) ection 170(b)(1)(A)(vi). ( elves (1) more than 33 1 actions - subject to certal axable income (less sect	t described of its supp (Complete 1/3% of its ain exception	I in section ort from a Part II ) support frons, and (2	n 170(b)(1 governme om contrib 2) no more	)(A)(v). ntal unit o putions, m than 33 1	r from the nembership /3% of its	general pu p fees, and support fr	iblic desc I gross rec om gross	ceipts f investi	rom ment
10	An organizati An organizati more publicly describes the a Type I By checking foundation m If the organiz supporting o Since Augus (i) A perso the gove (ii) A family (iii) A 35% o	ion organized and op y supported organiza e type of supporting I b this box, I certify that nanagers and other to cation received a writter ganization, check that t 17, 2006, has the come who directly or ind erning body of the signature.	perated exclusively to tenderated exclusively for the tions described in section organization and complete the organization is not than one or more publicition determination from the tenderemination from the perated exception.	ne benefit of on 509(a)(1) ete lines 1 controlled by supporte the IRS that the IRS the IRS that the IRS that the IRS the IRS the IRS the IRS that th	of, to perform of the through the through the through the through the through the transfer of the through the transfer of the through the	orm the fun on 509(a)(2 on 11h tionally int or indirectly otions desc pe I, Type	ections of, ) See sec egrated by one or cribed in s II, or Type	or to carry etion 509(a more disc ection 509 e III	d Qualified po d(a)(1) or so	k the box Type III - ( ersons oth	Other ner than (a)(2)	
• •	of supported anization	(iı) EIN	(III) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organization (described on lines 1-9 above or IRC section						(vii) An sup	nount o	f
Total												

932021 02-08-10

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for

# Schedule A (Form 990 or 990-EZ) 2009 THE TRINITY INSTITUTE, INC. 75-23052 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Sec	tion A. Public Support							
Cale	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	
1	Gifts, grants, contributions, and					[		
	membership fees received (Do not							
	include any "unusual grants.")	52392.				58776.	111168.	
2	Tax revenues levied for the organ-			j				
	ızatıon'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	52392.				58776.	111168.	
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)						26877.	
6	Public support. Subtract line 5 from line 4			·			84291.	
	ction B. Total Support	······						
	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	
	Amounts from line 4	52392.	. 12/	1		58776.	111168.	
8	Gross income from interest,							
0	dividends, payments received on							
	securities loans, rents, royalties			1				
	and income from similar sources							
_			<del></del>					
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on			<del> </del>	<del></del>	-		
10	Other income Do not include gain							
	or loss from the sale of capital					1		
	assets (Explain in Part IV)						111168.	
11				<u> </u>	1	10	111100.	
12	Gross receipts from related activities					12		
13	_		s first, second, th	ird, fourth, or fifth	tax year as a secti-	on 501(c)(3)	<b>L</b>	
_	organization, check this box and sto	p here	roontoss					
	ction C. Computation of Pub					14	75.82 %	
14	Public support percentage for 2009 (			column (f))		14	75.82 % 54.76 %	
15								
16a	a 33 1/3% support test - 2009.If the c				14 is 33 1/3% or i	more, check this bo	x and ⊾ [▼]	
	stop here. The organization qualifies as a publicly supported organization							
ŀ	33 1/3% support test - 2008.If the c				d line 15 is 33 1/39	% or more, check th	is box	
	and stop here. The organization qua						<b>▶</b> []	
178	a 10% -facts-and-circumstances tes	<b>st - 2009.</b> If the org	anization did not	check a box on lin	e 13, 16a, or 16b,	and line 14 is 10%	or more,	
	and if the organization meets the "fac					art IV how the organ	nization	
	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.							
ı	b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or							
	more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the							
	organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.							
18					7b, check this box	and see instruction	s •	
					Sch	nedule A (Form 990	or 990-EZ) 2009	

hequie A (Form 990 or 990-EZ) 2009 art III   Support Schedule for Or	ranizationo	Described in	Section 500/s	1/2)		Page
ection A. Public Support	gariizations	Described in	Section 509(a)	(Complete onl	y if you checked the bo	ox on line 9 of Par
lendar year (or fiscal year beginning in)▶	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
Gifts, grants, contributions, and		(3) 2000	(0) 200:		(0) 2000	(4) 10(0.
membership fees received. (Do not						
Include any "unusual grants ")		1	Ĭ			ľ
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						
Gross receipts from activities that						
are not an unrelated trade or bus- iness under section 513						
Tax revenues levied for the organ-						
ization's benefit and either paid to			!			1
or expended on its behalf						
The value of services or facilities						
furnished by a governmental unit to the organization without charge			!			
_						
Total. Add lines 1 through 5					<del></del>	·
Amounts included on lines 1, 2, and						
3 received from disqualified persons Amounts included on lines 2 and 3 received					<del></del>	
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)						
tion B. Total Support						
endar year (or fiscal year beginning in)▶	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
Amounts from line 6						
Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
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 in line 10b, whether or not the business is regularly carried on						
Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
Total support (Add lines 9, 10c, 11, and 12)			<u> </u>		<u> </u>	
First five years. If the Form 990 is for t	he organization's	s first, second, thii	rd, fourth, or fifth to	ax year as a sect	ion 501(c)(3) organiz	ation,
check this box and stop here						▶ [
tion C. Computation of Public	: Support Pe	rcentage				
Public support percentage for 2009 (lin	ne 8, column (f) divided by line 13, column (f))				15	
Public support percentage from 2008 Schedule A, Part III, line 15				16_		
tion D. Computation of Invest	ment Incom	e Percentage				
Investment income percentage for 200	9 (line 10c, colur	mn (f) divided by lii	ne 13, column (f))		17	
Investment income percentage from 2008 Schedule A, Part III, line 17					18	
33 1/3% support tests - 2009. If the o	_					7 is not
more than 33 1/3%, check this box and	dstop here. The	organization quali	fies as a publicly s	upported organi	zation	▶ [_

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2009

932023 02-08-10

my

**b 33 1/3% support tests - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

## Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

# Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

**Employer identification number** 

THE TRINITY INSTITUTE, INC. 75-2305263 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds 1 Total number at end of year 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II | Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements 2a 2b b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2¢ 2d d Number of conservation easements included in (c) acquired after 8/17/06 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 Yes violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ 7 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III | Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Part VI	Investments - Other Securities. S	ee Form 990, Part X, line 1	12		
<b>1</b>	(a) Description of security or category (including name of security)	(b) Book value	Cos	(c) Method of valuationst or end-of-year market	
Financial c	derivatives				
Closely-he	ld equity interests				
		<del> </del>			
Total. (Col.	(b) must equal Form 990, Part X, col (B) line 12 )				
Part VI	II Investments - Program Related.	See Form 990, Part X, line	13		
(a) Description of investment type		(b) Book value	Co	(c) Method of valuati st or end-of-year marke	
Total /Col	(b) must equal Form 990, Part X, col (B) line 13 )				
Part IX		9.15			
I dit iv		) Description			(b) Book value
		, <u> </u>			
					_ <del></del>
		, <u></u> .			<u>.</u>
Total. (Co.	lumn (b) must equal Form 990, Part X, col (B) lir	ne 15)		<b>&gt;</b>	
Part X	Other Liabilities. See Form 990, Part X	, line 25			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
1	(a) Description of liability		(b) Amount		
Federal Inc	come taxes				
<del></del>				]	
				1	
			<del></del>	1	
			· · · · · · · · · · · · · · · · · · ·	1	
				1	
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iotal. (Co	lumn (b) must equal Form 990, Part X, col (B) lii	ne 25 )	-1- francial -4-4		enzation's liability for

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 932053 02-01-10

### **SCHEDULE 0**

Department of the Treasury

(Form 990)

Supplemental Information to Form 990

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

Attach to Form 990.

2009
Open to Public Inspection

Internal Revenue Service Name of the organization **Employer identification number** THE TRINITY INSTITUTE, INC. 75-2305263 FORM 990, PART VI, SECTION B, LINE 11: COPIES OF THE FEDERAL 990 ARE MADE AVAILABLE TO THE BOARD OF DIRECTORS FOR THEIR REVIEW AND APPROVAL AT REGULAR BOARD MEETING. FORM 990, PART VI, SECTION C, LINE 18: COPIES OF DOCUMENTS ARE MAINTAINED BY THE BOARD OF DIRECTORS AND MADE AVAILABLE TO THE PUBLIC UPON REQUEST. FORM 990, PART VI, SECTION C, LINE 19: COPIES OF DOCUMENTS ARE MAINTAINED BY THE BOARD OF DIRECTORS AND MADE AVAILABLE TO THE PUBLIC UPON REQUEST.