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# Form 990-PI Department of the Treasury Internal Revenue Service

Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0052

and ending For calendar year 2011 or tax year beginning A Employer identification number Name of foundation's 48-1019709 WICHITA TRINITY FOUNDATION Room/suite Number and street (or P O box number if mail is not delivered to street address) B Telephone number 3168384663 21755 I-45N, BLDG 9 C If exemption application is pending, check here City or town, state, and ZIP code SPRING, TX 77388 D 1. Foreign organizations, check here Initial return of a former public charity G Check all that apply: Initial return Final return Amended return 2. Foreign organizations meeting the 85% test, check here and attach computation Name change Address change H Check type of organization: X Section 501(c)(3) exempt private foundation E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Unit Other taxable private foundation under section 507(b)(1)(A), check here I Fair market value of all assets at end of year | J Accounting method: Accrual F If the foundation is in a 60-month termination Other (specify) under section 507(b)(1)(B), check here (from Part II, col. (c), line 16) 2,281,436. (Part I, column (d) must be on cash basis) ▶\$ Part I Analysis of Revenue and Expenses (d) Disbursements (a) Revenue and (b) Net investment (c) Adjusted net (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) ) for charitable purposes (cash basis only) expenses per books income ıncome 825,000 Contributions, gifts, grants, etc., received Check If the foundation is not required to attach Sch. B STATEMENT 19,710. Interest on savings and temporary cash investments 19,710. 4 Dividends and interest from securities 5a Gross rents b Net rental income or (loss) 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a Ô. 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain Income modifications 10a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) 11 Other income 844,710 19.710 0 12 Total. Add lines 1 through 11 0 0. Compensation of officers, directors, trustees, etc. 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees 0. STMT 2 1,675 1,675 0. **b** Accounting fees c Other professional fees 17 Interest O. 726 726. STMT 3 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications σ. STMT 4 10. 10. 0. 23 Other expenses perating 24 Total operating and administrative 2,411 2,411 0 expenses Adulhes 18 through Contributions, gifts, grants paid 1,639,750. 1,639,750. 25 S Fotal expanses and disbursements 24 and 25 1,642,161 2,411 0 1,639,750. Subtract-line 26 from line -797,451 17,299. b Net investment income (if negative, enter -0-) 0. c Adjusted net income (if negative, enter -0-) Form **990-PF** (2011) LHA For Paperwork Reduction Act Notice, see instructions.

P	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
=		Cash - non-interest-bearing	(a) Book Value	(b) Book Value	(0) Tall Market Value
	,	Savings and temporary cash investments	3,074,387.	2,276,936.	2,276,936.
	1	Accounts receivable 4,500.	3,074,307	2,270,330.	2,210,3300
	1	Less: allowance for doubtful accounts	4,500.	4,500.	4,500.
	١,		4,500.	4,500.	4,5001
	*	Pledges receivable			
	_ ا	Less: allowance for doubtful accounts			<del></del>
	I -	Grants receivable	· · · · · <del> </del> -		
	6	Receivables due from officers, directors, trustees, and other			
	_	disqualified persons			
	7	Other notes and loans receivable			
		Less: allowance for doubtful accounts	<del> </del>		
ats		Inventories for sale or use	<del></del>		<del></del>
Assets		Prepaid expenses and deferred charges			·
Q.	10a	Investments - U.S. and state government obligations			
		Investments - corporate stock	. <u></u>		<del> </del>
	C	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation			
	12	Investments - mortgage loans			<del> </del>
	13	Investments - other			
	14	Land, buildings, and equipment: basis ▶			
		Less accumulated depreciation			
	15	Other assets (describe ►)			
	16	Total assets (to be completed by all filers)	3,078,887.	2,281,436.	<u>2,281,436.</u>
	17	Accounts payable and accrued expenses	675.	675.	
	18	Grants payable			
S	19	Deferred revenue	_		
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
abi	21	Mortgages and other notes payable			
Ξ.	22	Other liabilities (describe >			
	23	Total liabilities (add lines 17 through 22)	675.	675.	
		Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26 and lines 30 and 31.			
ances	24	Unrestricted			
ä	25	Temporarily restricted			
Bal		Permanently restricted	<u>-</u>		
Net Assets or Fund Bal		Foundations that do not follow SFAS 117, check here			
3		and complete lines 27 through 31.			
ō	27	Capital stock, trust principal, or current funds	0.	0.	
šets	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
Ass	29	Retained earnings, accumulated income, endowment, or other funds	3,078,212.	2,280,761.	STATEMENT 5
ĕ	30	Total net assets or fund balances	3,078,212.	2,280,761.	
~					
	31	Total liabilities and net assets/fund balances	3,078,887.	2,281,436.	
Ξ			······································	<del></del>	
Щ	art	Analysis of Changes in Net Assets or Fund Ba	alalices		
1	Tota	I net assets or fund balances at beginning of year - Part II, column (a), line 3	30		
		st agree with end-of-year figure reported on prior year's return)		1	3,078,212.
2	•	r amount from Part I, line 27a		2	-797,451.
		r increases not included in line 2 (itemize)		3	0.
_		lines 1, 2, and 3		4	2,280,761.
5	Decr	reases not included in line 2 (itemize)		5	0.
		I net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	lumn (b), line 30	6	2,280,761.
					Form <b>990-PF</b> (2011)

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(a) List and des	cribe the kin	d(s) of property sold (e.g. r common stock, 200 shs	, real estate,		( <b>b)</b> Ho P - I D -	w acquir Purchase Donation	ed (d	) Date a (mo., da	acquired ay, yr.)	(d) Date sold (mo., day, yr.)
18										
b NC	NE									
<u>C</u>		<del></del>			<u> </u>					
d		· <del>-</del> .								
<u>e</u>	1 40.5		<b>/-\ 0</b>		<u> </u>			/b\ 0-	(1)	
(e) Gross sales price		epreciation allowed (or allowable)		t or other basis kpense of sale					in or (loss) (f) minus (	
<u>a</u>	ļ									
b	ļ									
C	<b>-</b>									
<u>d</u>	<del> </del>									
Complete only for assets show	IDO GAID ID C	olumn (h) and owned by t	he foundation	on 12/31/60	$\dashv$		(1) (	ounc (C	ol (h) gain	minuo
Complete only for assets snow	<del>,                                      </del>	<del></del>							ol. (h) gain ot less thar	
(i) F.M.V. as of 12/31/69		) Adjusted basis as of 12/31/69		cess of col. (I)					(from col. (	
a	ļ									
b	<b></b>									
C	<u> </u>				$\bot$	-				
d										
е	<u> </u>				<b></b>					<u> </u>
2 Capital gain net income or (net o	apital loss)	If gain, also enter If (loss), enter -0-	in Part I, line in Part I, line	7 7	}	2				
3 Net short-term capital gain or (lo	nes) as defin	•			ÍΓ					
If gain, also enter in Part I, line 8	•		u (U).		λl					
If (loss), enter -0- in Part I, line 8	3				儿	3				
Part V   Qualification	Jnder Se	ection 4940(e) for	Reduced	Tax on Net	Inve	stmer	nt Inco	me		
If section 4940(d)(2) applies, leave Was the foundation liable for the se If "Yes," the foundation does not qu	ction 4942 t alify under s	ax on the distributable am ection 4940(e). Do not co	mplete this pa	t.			<u> </u>			Yes X No
1 Enter the appropriate amount in	each colum		ictions before	making any entre						(4)
(a) Base period years Calendar year (or tax year beginn	ning in)	(b) Adjusted qualifying dist		Net value of no					Distrib (col. (b) div	(d) oution ratio ided by col. (c))
2010			6,500.				008.			.244821
2009		33	5,725.				925.			.181972
2008			3,444.				322.			.388712
2007		72	4,001.	<del></del>			812.	ļ		.339618
2006		24	2,550.		1,	<u>329,</u>	125.	<u> </u>		.182488
2 Total of line 1, column (d)								2		1.337611
3 Average distribution ratio for the	5-year base	e period - divide the total o	on line 2 by 5,	or by the number	of year	rs				_
the foundation has been in exist	ence if less t	han 5 years						3		.267522
4 Enter the net value of noncharita	able-use ass	ets for 2011 from Part X,	ine 5					4		2,778,151
5 Multiply line 4 by line 3								5		743,217
6 Enter 1% of net investment inco	me (1% of f	Part I, line 27b)						6		173
7 Add lines 5 and 6								7		743,390
8 Enter qualifying distributions fro	om Part XII, I	ine 4						8		1,639,750
If line 8 is equal to or greater the See the Part VI instructions.	an line 7, che	eck the box in Part VI, line	1b, and comp	lete that part usin	ıg a 1%	tax rate.		_		

	019709		Page 4
Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - s	see instru	ctio	ns)
1a Exempt operating foundations described in section 4940(d)(2), check here  and enter "N/A" on line 1.			
Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)			
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1%		1	<u>73.</u>
of Part I, line 27b			
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			<u>0.</u>
3 Add lines 1 and 2		1	73.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		1	73.
6 Credits/Payments:			
a 2011 estimated tax payments and 2010 overpayment credited to 2011 6a 6a			
b Exempt foreign organizations - tax withheld at source			
c Tax paid with application for extension of time to file (Form 8868)			
d Backup withholding erroneously withheld			
7 Total credits and payments. Add lines 6a through 6d 7			0.
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		1	73.
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
11 Enter the amount of line 10 to be; Credited to 2012 estimated tax ▶ Refunded ▶ 11			
Part VII-A Statements Regarding Activities			
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in		Yes	
any political campaign?	1a		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?	1b		X
If the answer is "Yes" to $_{1a}$ or $_{1b}$ , attach a detailed description of the activities and copies of any materials published or			
distributed by the foundation in connection with the activities.			<b> </b> `
c Did the foundation file Form 1120-POL for this year?	10		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
(1) On the foundation. ► \$ 0. (2) On foundation managers. ► \$ 0.			Ι,
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			
managers. ▶ \$ 0 •			
2 Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
If "Yes," attach a detailed description of the activities.			
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or			-
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	7 4a		
<ul> <li>b If "Yes," has it filed a tax return on Form 990-T for this year?</li> <li>Was there a liquidation, termination, dissolution, or substantial contraction during the year?</li> </ul>			X
	5		
<ul> <li>If "Yes," attach the statement required by General Instruction T.</li> <li>Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:</li> </ul>			
<ul> <li>By language in the governing instrument, or</li> <li>By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law</li> </ul>			
remain in the governing instrument?	6	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year?	7	X	<del></del>
If "Yes," complete Part II, col (c), and Part XV	<del>-'- </del>		
8a Enter the states to which the foundation reports or with which it is registered (see instructions)			
KS	<del></del>		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)	<del></del>		
of each state as required by General Instruction G? If "No," attach explanation	86	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar	"		<del></del>
year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," complete Part XIV	9		x
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10	-	X

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Form 990-PF (2011) WICHITA TRINITY FOUNDATI			48-10197	09	Page 6
Part VII-B   Statements Regarding Activities for Which I	Form 4720 May Be F	lequired (contin	ued)		
<ul> <li>5a During the year did the foundation pay or incur any amount to:</li> <li>(1) Carry on propaganda, or otherwise attempt to influence legislation (section)</li> <li>(2) Influence the outcome of any specific public election (see section 4955); or</li> </ul>			es X No		
any voter registration drive? (3) Provide a grant to an individual for travel, study, or other similar purposes	?	Ye	es X No		
(4) Provide a grant to an organization other than a charitable, etc., organizatio 509(a)(1), (2), or (3), or section 4940(d)(2)?			es 🛣 No		
(5) Provide for any purpose other than religious, charitable, scientific, literary, the prevention of cruelty to children or animals?		Ye	es X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify uni		n Regulations	NT/A	E.	
section 53.4945 or in a current notice regarding disaster assistance (see instru			N/A	5b	+
Organizations relying on a current notice regarding disaster assistance check he if the answer is "Yes" to question 5a(4), does the foundation claim exemption fi		hen			
expenditure responsibility for the grant?  If "Yes." attach the statement required by Regulations section 53.494.	N	/A Ye	es 🔲 No		
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	' '				ł
a personal benefit contract?	<b>F</b>	Ye	s X No		
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?			6b	X
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	Ye	s X No		1 ;
b if "Yes," did the foundation receive any proceeds or have any net income attribu	utable to the transaction?			7b	
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors		nagers, Highly	<i>,</i>		
1 List all officers, directors, trustees, foundation managers and their	<del></del>		75%		
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	ačcou	xpense int, other wances
	PRESIDENT			ì	
21755 N. I45 BLDG 9	0.00		0		0
SPRING, TX 77388	0.00 SEC/TREASURER	0.	0.		0.
W.R. NATH 21755 N. I45 BLDG 9	SEC/IREASURER				
SPRING, TX 77388	0.00	0.	0.		0.
SPRING, IX //300	0.00	· ·	0.		<del></del>
Compensation of five highest-paid employees (other than those inc	cluded on line 1). If none,	enter "NONE."			
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	accou	Expense Int, other wances
NONE			oompandad.		
	1				
Total number of other employees paid over \$50,000	<u> </u>		<b>•</b>	<u> </u>	0
					_

Form 990-PF (2011) 48-1019709 WICHITA TRINITY FOUNDATION Page 8 Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: 0. a Average monthly fair market value of securities 1a 2,820,458. 1b b Average of monthly cash balances 1c c Fair market value of all other assets 2,820,458. d Total (add lines 1a, b, and c) 1d e Reduction claimed for blockage or other factors reported on lines 1a and 0. 1c (attach detailed explanation) 1e Acquisition indebtedness applicable to line 1 assets 2 3 Subtract line 2 from line 1d 307. Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 4 778,151. Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 5 138,908. Minimum investment return. Enter 5% of line 5 6 Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here 

and do not complete this part.) 138,908. Minimum investment return from Part X, line 6 173. 2a Tax on investment income for 2011 from Part VI, line 5 Income tax for 2011, (This does not include the tax from Part VI.) c Add lines 2a and 2b 2c 3 Distributable amount before adjustments. Subtract line 2c from line 1 Recoveries of amounts treated as qualifying distributions 4 5 Add lines 3 and 4 Deduction from distributable amount (see instructions) 6 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 7 138*.*735 Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: 1,639,750. a Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 1a 1b b Program-related investments - total from Part IX-B 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 2 3 Amounts set aside for specific charitable projects that satisfy the: a Suitability test (prior IRS approval required) 3a 3b **b** Cash distribution test (attach the required schedule) 1,639,750. 4 Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment 173. income. Enter 1% of Part I, line 27b 5

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section

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1,639,

6

Adjusted qualifying distributions. Subtract line 5 from line 4

4940(e) reduction of tax in those years.

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## Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2010	(c) 2010	(d) 2011
1 Distributable amount for 2011 from Part XI,			· <u>-</u>	
line 7				138,735.
2 Undistributed income, if any, as of the end of 2011		·		
a Enter amount for 2010 only			0.	
b Total for prior years:		•		
3 Excess distributions carryover, if any, to 2011:		0.		
a From 2006   177, 142.				
bFrom 2007 619,008.				
c From 2008 561, 240.				
dFrom 2009 243,858.				
eFrom 2010 499, 227.				
f Total of lines 3a through e	2,100,475.			
4 Qualifying distributions for 2011 from	2/100/1/31			
Part XII, line 4: ▶\$ 1,639,750.				
a Applied to 2010, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				·
(Election required - see instructions)	0.			
d Applied to 2011 distributable amount				138,735.
e Remaining amount distributed out of corpus	1,501,015.		· <del> · · · · · · · · · · · · · · · ·</del>	
5 Excess distributions carryover applied to 2011	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
& Corpus Add lines 3f, 4c, and 4e Subtract line 5	3,601,490.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b	·····	0.		
c Enter the amount of prior years'				
undistributed income for which a notice of deficiency has been issued, or on which				
the section 4942(a) tax has been previously		_		
assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2010. Subtract line		i	0	
4a from line 2a. Taxable amount - see instr.		'	0.	
f Undistributed income for 2011. Subtract				
lines 4d and 5 from line 1. This amount must			-	0.
be distributed in 2012 7 Amounts treated as distributions out of			··	<u>.</u>
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2006				<del></del>
not applied on line 5 or line 7	177,142.			
9 Excess distributions carryover to 2012.				
Subtract lines 7 and 8 from line 6a	3,424,348.			
10 Analysis of line 9:				
a Excess from 2007   619,008.				
b Excess from 2008 561, 240.				
c Excess from 2009 243,858.				
d Excess from 2010 499, 227.				
e Excess from 2011 1,501,015.				
				Form <b>QQO_DF</b> (2011)

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Part XV Supplementary Informat	t <b>ion</b> (continued)			
3 Grants and Contributions Paid During th		Payment		
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
WORLD VISION	N/A	PNO	GENERAL OPERATING	
PO BOX 9716			BUDGET	
FEDERAL WAY, WA 98063				500
SAMARITAN'S PURSE	N/A	PNO	GENERAL OPERATING	
PO BOX 3000	M/ A		BUDGET	
BOONE, NC 28607				750
	7/3	7770	GENERAL OPERATING	
JUSTICE FOR ALL 113 N. MARTINSON	N/A	PNO	BUDGET	
WICHITA, KS 67203				25,000
		1	,	, ,
CHOICES MEDICAL CLINIC	N/A	PNO	GENERAL OPERATING BUDGET	
538 S BLECKLEY WICHITA, KS 67218			Bobdet	25,000
		-		
	.,,		CHARDAL ODEDAMING	
UNITED METHODIST OPEN DOOR PO BOX 2756	N/A	PNO	GENERAL OPERATING BUDGET	
WICHITA, KS 67201				10,000
	CONTINUATION SHE	T(S)	<b>▶</b> 3a	1,639,750
b Approved for future payment				. =-
NONE				
NONE		1		
		1		
Total			<b>▶</b> 3b	0
			r.	000 DE (2011

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Part XV Supplementary Informati 3 Grants and Contributions Paid During the				
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	Purpose of grant or contribution	Amount
HOPENET	N/A	РИО	GENERAL OPERATING	
2501 E. CENTRAL			BUDGET	
WICHITA, KS 67214				5,00
HOUSTON CHRISTIAN FOUNDATION	N/A	PNO	GENERAL OPERATING	
ONE RIVERWAY, SUITE 800			BUDGET	
HOUSTON, TX 77056		<u> </u>		1,500,00
FIRST BAPTIST CHURCH	N/A	PNO	GENERAL OPERATING	
PO BOX 218			BUDGET	
GALENA, KS 66739			<del>-  </del>	25,00
SOUL WINNERS INDIA	N/A .	PNO	GENERAL OPERATING	
PO BOX 9958			BUDGET	45.00
CHICAGO, IL 60659				15,00
TRINITY ACADEMY	N/A	PNO	GENERAL OPERATING	
12345 E 21ST STREET			BUDGET	22.5
WICHITA, KS 67206				33,50
•				
			-	
Total from continuation sheets			<del></del>	1,578,50

Part XVI-A	Δnah	eis o	f Income	-Producing	Activities
Fail Avisa	Arian	73I3 U	i ilicome.	-riouucing	MCHAINES

nter gross amounts unless otherwise indicated.	Unrelated	business income		by section 512, 513, or 514	(e)
g	(a) Business	(b)	(C) Exclu-	(d)	Related or exempt
1 Program service revenue:	code	Amount	sion code	Amount	function income
a					
b					
c					
d					
e					
1					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments			14	19,710.	
4 Dividends and interest from securities	,				
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					_
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory					
9 Net income or (loss) from special events					
O Gross profit or (loss) from sales of inventory					
1 Other revenue:					
a					
b					
C					
d					
e					
2 Subtotal. Add columns (b), (d), and (e)		(	).	19,710.	(
3 Total. Add line 12, columns (b), (d), and (e)				13	19,710
See worksheet in line 13 instructions to verify calculations	s.)				

Line No.	Explain below now each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).
<del></del>	
+	
123621 12-02-11	Form <b>990-PF</b> (2011

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of									Yes	No
the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?										
a -	a Transfers from the reporting foundation to a noncharitable exempt organization of:									
(1) Cash										X
(2) Other assets										
b t	Other tran	sactions:								
	(1) Sales	of assets to a noncharital	ble exempt organizat	tion				1b(1)		X
	(2) Purch	hases of assets from a not	ncharitable exempt of	organization				1b(2)		X
	(3) Renta	al of facilities, equipment,	or other assets					1b(3)		X
	(4) Reim	bursement arrangements						1b(4)		X
	( <b>5</b> ) Loan:	s or loan guarantees						1b(5)	-	X
	(6) Perfo	rmance of services or me	mbership or fundrai	sıng solıcıtatıo	ns			1b(6)		X
c	Sharing o	f facilities, equipment, ma	uling lists, other asse	ts, or paid em	ployees			1c		X
	-				dule. Column (b) should alv	ways show the fair m	arket value of the goods, o	ther ass	ets,	
	or service	s given by the reporting fo	oundation. If the four	ndation receive	ed less than fair market valu	ie in any transaction	or sharing arrangement, st	now in		
-	column (d	i) the value of the goods,	other assets, or serv	ices received.						
(a)Lın	e no	(b) Amount involved	(c) Name of		exempt organization	(d) Description	of transfers, transactions, and s	haring arr	angeme	nts
				N/A						
					· · ·					
						ļ				
		·	<u> </u>							
	_   _									
	<u> </u>					<u> </u>				
				<del></del>		+	<del> </del>			
		<del></del>					· · · · · · · · · · · · · · · · · · ·			
	-+	<del></del>				+				—
			<del> </del>			-				
										—
										—
20	te the four	ndation directly or indirect	thy affiliated with or	related to one	or more tax-exempt organiz	zations described				—
		501(c) of the Code (other	-			zations acsented	Г	Yes	X	] No
		omplete the following sch		/(0// 01 III 300t	1011 021 :		_			, ,,,
	11 103, 0	(a) Name of org			(b) Type of organization	[	c) Description of relationsh	пр		<del></del>
		N/A					· · · · · · · · · · · · · · · · · · ·	•		
		51,15								
				-				-		
					g accompanying schedules and		has any brawladas May	the IHS o	ISCUSS 1	his
Sig	n and b	elief, it is true, correct and cor	npiete Declaration of pr	eparer (other tha	n taxpayer) is based on all inform		show	rn with the <u>wn</u> below	prepar (see ins	er tr )?
He		INKII	100		8/9//2	SEC/TR	EASURER	Yes		No
	Sigi	nature of officer or trustee			Date*	Title	<b>L</b>			
		Print/Type preparer's na		Preparer's s	-	Date	Check if PTIN			
	_	DEBORAH S	SAUER,	0000	can & Source	8-2-12	self- employed			
Pai		CPA			all & Nolle	0-9-10)		595		
	parer	Firm's name ► CBI	Z MHM, LI	ıC			Firm's EIN ► 34-18	) / / T	Ι/	
US	e Only	Eirm's address > 0.0	O W DOME	7 C CTT	TME 200					
		Firm's address > 22					Dhana 216 '	065	5 <i>6</i> 0	Λ
		I MT	CHITA, KS	01202			Phone no. 316.2			
							FOI	rm <b>990</b>	(	2011)

# Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

#### **Schedule of Contributors**

Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No 1545-0047

2011

**Employer identification number** Name of the organization 48-1019709 WICHITA TRINITY FOUNDATION Organization type (check one): Filers of: Section: 501(c)( Form 990 or 990-EZ ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor Complete Parts I and II. **Special Rules** 🔟 For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. 🔟 For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, chantable, etc., contributions of \$5,000 or more during the year Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization .

Employer identification number

### WICHITA TRINITY FOUNDATION

48-1019709

Part I	Contributors (see instructions). Use duplicate copies of Part I i	if additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	W R NATH PO BOX 9958 SPRING, TX 77387	\$ 825,000.	Person X Payroll Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
123452 01-2		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution) 990, 990-EZ, or 990-PF) (2011)

Employer identification number

### WICHITA TRINITY FOUNDATION

48-1019709

art II	Noncash Property (see instructions) Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<u> </u>	
		<b>\$</b>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		_	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
3453 01-23	-12		990, 990-EZ, or 990-PF)

Employer identification number

CHITA	TRINITY FOUNDATION		48-1019709		
art III	Exclusively religious, charitable, etc., indiv year. Complete columns (a) through (e) and the the total of exclusively religious, charitable, etc. Use duplicate copies of Part III if additional	ridual contributions to section 501(c)(7), he following line entry. For organizations co , contributions of \$1,000 or less for the y	(8), or (10) organizations that total more than \$1,000 for tompleting Part III, enter year. (Enter this information once)		
No.	Ose duplicate copies of Fart III II addition		1		
om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
_		(e) Transfer of gift			
	Transferee's name, address, ar		Relationship of transferor to transferee		
-   -					
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
-		(e) Transfer of gift			
  -	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee		
- No.					
om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
—   <u>-</u>					
	(e) Transfer of gift  Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee		
-					
No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
-		(e) Transfer of gift			
1					
_	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee		

FORM 990-PF INTEREST ON SAVI	INGS AND TEM	PORARY CASH IN	VESTMENTS S	TATEMENT 1
SOURCE				AMOUNT
CAPITAL ONE - 5476 EMPRISE CD - 7087 EMRPISE BANK - 8146				819. 13,446. 5,445.
TOTAL TO FORM 990-PF, PART I	, LINE 3, CO	LUMN A	_	19,710.
FORM 990-PF	ACCOUNTI	NG FEES	S	TATEMENT 2
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEES	1,675.	1,675.	0.	0.
TO FORM 990-PF, PG 1, LN 16B	1,675.	1,675.	0.	0.
FORM 990-PF	TAX	ES	S	TATEMENT 3
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FEDERAL TAX DUE KANSAS ANNUAL REPORT	686. 40.		0.	0.
TO FORM 990-PF, PG 1, LN 18 =	726.	726.	0.	0.
FORM 990-PF	OTHER EXPENSES		S	TATEMENT 4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
BANK CHARGES	10.	10.	0.	0.
	10.	10.	0.	

FORM 990-PF C	THER FUNDS		STATEMENT	5
DESCRIPTION		(A) BEGINNING OF YEAR	(B) END OF YEAR	
RE OR ACCUMULATED INCOME		3,078,212.	2,280,76	1.
TOTAL TO FORM 990-PF, PART II, LIN	IE 29	3,078,212.	2,280,76	<u>1.</u>

#### Form **8868**

(Rev January 2012)
Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

• If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

OMB No. 1545-1709

 $\triangleright X$ 

Form 8868 (Rev. 1-2012)

•	are filing for an Additional (Not Automatic) 3-Month Ex						
Do not	complete Part II unless you have already been granted a inic filing (e-file) . You can electronically file Form 8868 if y	an automa ou need a	atic 3-month extension on a previous a 3-month automatic extension of time	ly filed Fo ie to file (	orm 8868. 6 months for a corp	oration	
	d to file Form 990-T), or an additional (not automatic) 3-moi						
of time	to file any of the forms listed in Part I or Part II with the exc	ception of	Form 8870, Information Return for T	ransfers	Associated With Ce	rtain	
Person	al Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions). For more details o	n the ele	ctronic filing of this	form,	
visit ww	w.irs gov/efile and click on e-file for Chanties & Nonprofits						
Part	Automatic 3-Month Extension of Time	Only s	submit original (no copies nee	ded).			
A corpo	pration required to file Form 990-T and requesting an autor	natic 6-mo	onth extension - check this box and c	omplete			
Part I o	nly				<b>•</b>		
	r corporations (including 1120-C filers), partnerships, REM acome tax returns	ICs, and t	rusts must use Form 7004 to reques	t an exter	nsion of time		
Type o	e or Name of exempt organization or other filer, see instructions.  Employer identification nui					per (EIN) or	
print							
Eile by the	WICHITA TRINITY FOUNDATION			LX.	X 48-1019709		
File by the due date t filing your return Se	$_{e  ext{ for }}$ Number, street, and room or suite no. If a P.O. box, see instructions.			Social se	Social security number (SSN)		
instruction		City, town or post office, state, and ZIP code. For a foreign address, see instructions.					
Enter th	ne Return code for the return that this application is for (file	a separa	te application for each return)			0 4	
Applica	ation	Return	Application		***	Return	
Is For		Code	Is For			Code	
Form 9	90	01	Form 990-T (corporation)			07	
Form 9		02	Form 1041-A			08	
Form 990-EZ		01	Form 4720			09	
Form 9		04	Form 5227			10	
	90-T (sec 401(a) or 408(a) trust)	05	Form 6069			11	
	90-T (trust other than above)	06	Form 8870			12	
1 01111 0	W.R. NATH				<del></del> ·	<del></del>	
• The	books are in the care of > 21755 N. I45 -	SPRI	NG. TX 77388				
	phone No ► 316-838-4663		FAX No. ▶				
	e organization does not have an office or place of business	s in the Ur	· · · · · · · · · · · · · · · · · · ·				
	s is for a Group Return, enter the organization's four digit (			this is fo	r the whole aroup.	heck this	
box 🕨	. —				- ·		
	request an automatic 3-month (6 months for a corporation				TOTO LITO OXIONOTO IC		
٠, ٠	AUGUST 15, 2012 , to file the exemp				The extension		
- 15	for the organization's return for.	· • · gaa			THE EXTENSION		
	X calendar year 2011 or						
	tax year beginning	. an	d ending		_		
•		, -	3		<u> </u>		
2 If	the tax year entered in line 1 is for less than 12 months, c  Change in accounting period	heck reas	on: Initial return F	inal retu	m		
,	5						
3a If	this application is for Form 990-BL, 990-PF, 990-T, 4720, 0	or 6069. e	nter the tentative tax. less any				
nonrefundable credits. See instructions.					0.		
_	this application is for Form 990-PF, 990-T, 4720, or 6069,	enter anv	refundable credits and		<u> </u>		
	•••	nated tax payments made. Include any prior year overpayment allowed as a credit.			<b>s</b>	0.	
_	salance due. Subtract line 3b from line 3a Include your pa	•		1 -		<u>- ·</u>	
	y using EFTPS (Electronic Federal Tax Payment System).	-	•	3с	<b> </b>	0.	
	n. If you are going to make an electronic fund withdrawal v			rm 8879	EO for payment ins	tructions.	

123841 01-04-12

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