| | LE TRIN | IITY 42/ | /31/2020 8.01 AM | | | | (| | | |
|---------------------------|---|-------------|--|---|---|---|---|---|-----------------------|---|
| | | | 990 | i R | eturn of O | rganization Exen | ant From tr | come Tay | • | OMB No 1545-0047 |
| | - | | | | | _ | • | | | 0040 |
| | | | ary 2020) It of the Treasury | • | Do not enter s | ocial security numbers on th | is form as it may | be made public. | 1 MAI | Open to Public |
| | Inte | | t of the Treasury evenue Service | | | | | | <u> VUUV</u> | Inspection * |
| | <u>A</u> | | | | beginning 0 | 7/01/19 , and ending | ng 06/30/ | 20 | | <u> </u> |
| | В | Check | ıl applicable: C Name | of organization | | | | | D Employer | Identification number |
| | | Addres | ss change | | Crinity A | cademy, Inc. | | | | |
| | | Name | enanno I - | business as per and street (or P.O box | If mali le met deleve | and to almost address? | | I 6 | | 14032 |
| | П | initiat n | | 25N3131 Dupl | | | | Room/suite | E Telephone | 195-2933 |
| | Ħ | Final re | elurn/ City o | r town, state or province. | | | · · · · · · · · · · · · · · · · · · · | · | | |
| _ | 끔 | termina | Per | waukee | | WI 53072-4155 | _ | | G Gross recei | pts\$ 1,741,628 |
| 13 | | Amend | fed return F Name | and address of principal | olficer: | | · | | | |
| 0) | <i>,</i> \sqcup | Applica | appropriate Dr. | . Robin M: | itchell | | | H(a) Is this a gro | rup return for sub | ordinates? Yes X No |
| /.\ | | | 25 | 45 N Swan | Blvd | | 1 | H(b) Are all sub | ordinates Includ | led? Yes No |
| 1 | - | | | uwatosa | | WI 53226-1 | 1844 | If "No." | attach a list. (s | ee Instructions) |
| * ; | , <u>, </u> | Tax-e | | | | (insert no.) 4947(a)(1) or | 521 | 4 | | |
| | J. | Webs | | <u>trinityaca</u> | demy.ne | <u>t</u> | | H(c) Group exe | mption number | <u> </u> |
| | K | | | Corporation Trust | Association | Other > | | Year of formation | | State of legal domicile: |
| | | art | | Ŋ | | | | | | |
| | | 1 | Briefly describe t | he organization's m | ission or most | significant activitles: | 1 | ······································ | a CORRI | ES |
| 1 | 9 | 1 | Education | nal services | s | | F | RECEIVED | 100 20:43 | |
| (2) |) <u> </u> | 1 | • | • | | | | IRS - O | | |
| 6 | Governance | , | Chack this have | li it the experien | | ed its operations or dispose | | | 5-7021 | |
| | ŏ | 2 | Number of voting | members of the go | suon discontinu Svomba body (| ed its operations or dispose | a of more than 2 | 2% or file Utet sea | ers. | 3 |
| 8 | ණ ගු | ٨ | Number of Inden | , members of the go endent voting mem | hers of the gove | Part VI, line 1a) eming body (Part VI, line 1b ear 2019 (Part V, line 2a) | | • | . 3 | 2 |
| 7 | Activities | 5 | Total number of i | individuals employe | ed in calendar v | ear 2019 (Part V, line 2a) | " | ` OGUÉN | 4; 4 73/11 | 18 |
| V 1 | 1 | | | volunteers (estimate | | | | | | 10 |
| $\widetilde{\mathcal{C}}$ | • | | | | | lumn (C), line 12 | • | | 7a | 200 |
| \ | | <u> </u> | Net unrelated but | siness taxable inco | me from Form | 990-T, line 39 | ······· | | 7b | 0 |
| <u>'</u> . | . 1 | ١. | | | | | | Prior Yea | | Current Year |
| | 8 2022 Revenue | | Contributions and | J grants (Part VIII, II | ine 1h) | ••••• | | | 7.725 | 366,747 |
| 6 | | 9 | Program service | revenue (Part VIII, I | line 2g) | | | | 7,528 | 279,053 |
| • | x a | 10 | Other revenue (D | 1e (Part VIII, columi | n (A), lines 3, 4 | , and 7d) , 9c, 10c, and 11e) | | | 3,294 3,293 | -199,377 58,699 |
| | ⊸ | | | | | Part VIII, column (A), line 1 | | | 5,840 | 505,122 |
| 4 | MAK — | | | | | A), lines 1–3) | | | 7,360 | 003,122 |
| 7 | \geq | 14 | Benefits paid to o | or for members (Par | rt IX. column (A | \ line A\ | | | ,,500 | 0 |
| | 2 v | | | | | Part IX, column (A), lines 5- | 10) | 483 | 3.586 | 482,060 |
| Ē | VINE | 168 | a Professional fund | iraising fees (Part I) | X, column (A), i | ine 11e) | | | | 0 |
| | | D | lotal fundraising | expenses (Part IX, | column (D), line | e 25) ▶ | U | MITERALE. | `V\$.36 | 477766688888 |
| $\overline{\mathbf{v}}$ | ₹ 🗓 | 17 | Other expenses (| (Part IX, column (A) | , lines 11a-11d | l, 11f-24e) | | 324 | 1,595 | 239,199 |
| | 7 | 18 | Total expenses. A | Add lines 13–17 (mı | ust equal Part I | X, column (A), line 25) | | | 5,541 | 721,259 |
| AUG 20'2 | - | 19 | Revenue less exp | enses. Subtract lin | e 18 from line 1 | 12 | | | 1,299 | -216,137 |
| \equiv | its or | 20 | Total accele /Par | t V Jino 16) | | | | Beginning of Cur | 3,233 | End of Year 9,774 |
| ⋖ | et Assets ond Balanc | 21 | Total liabilities (Par | art Y line 10) | • | | | | 2,662 | 620,340 |
| 21 | Net. | 22 | Net assets or fund | d balances Subtrac | ct line 21 from li | ine 20 | | | ,429 | -610,566 |
| $\ddot{\sim}$ | 5.55.55 | an i | All and a second | | or and E r mont i | | *************************************** | | . / 12.5) | 020,000 |
| 0 | | | | | amined this return | n, including accompanying sch | edules and statem | ents, and to the be | st of my know | vledge and belief, it is |
| 7 | tn | ue, cor | rect, and complete. I | Declaration of prepare | er (other than offic | er) is based on all information | of which preparer | has any knowledg | е. | |
| 2 | | | | li-C.Mital | ζ, | | | | I I' | 5/21 |
| 23 | Sig | | Signature of | | | | | | [Dale] | |
| 4 | He | re | | Robin Mit | chell | | <u>Presi</u> | <u>dent</u> | | · |
| Ò | _ | | | t name and title | | State and the second | | | | |
| | Pale | d | Print/Type preparer's | | | Preparers signature | フ | Date | Check | II PTIN |
| | | u parer | Michael P. B | | C 3000 | CTAMES SS | <u> </u> | | 20 self-emplo | · · · · · · · · · · · · · · · · · · · |
| | | Only | Firms name . F | | ATERTOW | | | FI | m's EIN | 39-1783820 |
| | _00 | , | 1 | WAUKESH | | N KD 53186-1806 | | 1 | | 262-798-8160 |
| | May | the I | Firm's address | | | e? (see instructions) | 7771 | 1 18 | nane no. | (==1 |
| | | | | t Notice, see the sep | | | | | 1. f | X Yes No Farm 990 (2019) |
| | DAA | | , | , oop | | - | | 1 | $T \cup T$ | Fulli C30 (2019) |
| | | | | | | | | 3 | J |) |

| | Trinity Acad | emy, Inc. | 39- | 1914032 | Page 2 |
|------------------------------|---|-------------------------------|-------------------------------|-----------------------------------|------------------|
| | | m Service Accomplis | | D III | |
| | neck if Schedule O on the organization's mi | contains a response or | note to any line in this | Рап III | <u></u> _ |
| Education | | | | | |
| | | | | | |
| | | | | | |
| 2 Did the oma | inization undertake any si | gnificant program services di | inno the year which were n | ot listed on the | |
| _ | 90 or 990-EZ? | grimoani program corvicco at | annig are year milian were to | or noted on the | Yes X No |
| If "Yes," des | cnbe these new services | on Schedule O | | | |
| - | inization cease conducting | g, or make significant change | es in how it conducts, any p | rogram | ⊓ യ |
| services? | onho thosa shannos on f | Sahadula O | | | Yes X No |
| | conbe these changes on secondary | | each of its three largest pro | ogram services, as measured by | |
| | | • | - · | grants and allocations to others, | |
| the total exp | enses, and revenue, if ar | ny, for each program service | reported | | |
| 4 (0.1 | \ (F | E00 057 | Process of A |) /D | 270 052 \ |
| 4a (Code |) (Expenses \$ | 509,857 included and services | |) (Revenue \$ | 279,053) |
| | | year. We had | | | |
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| 4b (Code N/A |) (Expenses \$ | indu | ding grants of \$ |) (Revenue \$ |) |
| 21, 22 | | | | | |
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| 4c (Code |) (Expenses \$ | inclus | ding grants of \$ |) (Revenue \$ | |
| N/A |) (Expenses \$ | iiidu | ang grants or \$ |) (Nevenue \$ | , |
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| 4d Other ===== | om consocs (December | Schodulo O \ | _ | | |
| 4d Other progra (Expenses | am services (Describe on \$ | including grants of \$ | 1 | (Revenue \$ |) |
| | m service expenses ▶ | 509,857 | | | |
| | | | | | |

39-1914032

FABOGIO Page 3

| 1 is the organization described in section 591(c)(3) or 947(a)(1) (other than a private foundation)? If "Yes," complete Schedule P. Pet I P. Section 591(c) organization. Delite prosperior of a grant provide Schedule P. Pet I P. Section 591(c) organization. Delite prosperior Schedule P. Pet II P. Section 191(c) organization and provide Schedule P. Pet II P. Section 191(c) organization and provide Schedule P. Pet II P. S | | | | Yes | No |
|---|-----|--|---------------|-----|----------|
| 2 X Del the organization engage in in direct or inductor of positional professional control and an activation of the professional control and activates on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II section in effect during the tax year? If "Yes," complete Schedule C, Part II section in effect during the tax year? If "Yes," complete Schedule C, Part III section in effect during the tax year? If "Yes," complete Schedule C, Part III section in effect during the tax year? If "Yes," complete Schedule C, Part III section in effect during the tax year? If "Yes," complete Schedule C, Part III section in effect during the tax year? If "Yes," complete Schedule C, Part III section in effect during the tax year? If "Yes," complete Schedule C, Part III section in exercision in the part of the control in the | 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," | | | |
| 3 X Saction 501(c)(3) organization engage in direct or indirect political campaign activities for public office? If "Yee", complete Schedule C, Part II 5 staction in effect during the lax yee? If "Yee," complete Schedule C, Part III 5 list the organization as exclore 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amount as defined in Revenue Procedure 95-197 If "Yee," complete Schedule C, Part III 6 Old the organization markinal and order advesed finder or any similar finds or accounted for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounte? If "Yee," complete Schedule C, Part III 7 Old the organization receive or hold a conservation essement, including essements to preserve open space, the enveronment, historic facilities areas, or historic structures? If "Yee," complete Schedule D, Part III 8 Unit the organization markinal rease, or historic structures? If "Yee," complete Schedule D, Part III 9 Unit the organization and in Part X, in provide credit courseling, debt management, credit repair, or debt negotiation servators? If "Yee," complete Schedule D, Part IV 10 Unit the organization report an amount for land following questions is "Yee," then complete Schedule organization and amount for land substantial for account shall be accounted to the part X, in a 10 or 10 organization report an amount for land substantial for the part X, in a 10 organization report an amount for land substantial for the organization report an amount for investments—other securities in Part X, line 10 organization report an amount for investments—other securities in Part X, line 10 organization report an amount for investments—other securities in Part X, line 10 organization report an amount for investments—other securities in Part X, line 10 organization report an amount for investments—other securities in Part X, line 10 organization report and amount for other investments—other securities in Part X, line | | complete Schedule A | 1 | - | |
| candidates for public office? If "Yes," complete Schedule C, Part II 4 Section 501(K)3 organizations. Did the organization engage in libbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part III 5 Is the organization a section 501(c)4), 501(c)(5), or 501(k)3) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 6 Oct the organization and an any disord advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part II 7 Oct the organization requere or hold a conservation essement, including essements to preserve open space, the environment, historic land areas, or hold a conservation essement, including essements to preserve open space, the environment, historic land areas, or hold a conservation essement, including essements to preserve open space, the environment, historic land areas, or hold a conservation essement, including essements to preserve open space, the environment, historic land areas, or hold a conservation essement, including essements to preserve open space, the environment, historic land areas, or hold a conservation of an including essement set of the | 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2_ | X | |
| 4 Section 501(x)3) organizations. Did the organization engage in lobbying advices, or have a section 501(h) election in effect during the tax year? If Yea, "complete Schedule C, Part III 5 5 Is the organization as eachon 501(x)4, 501(x)50, or 501(x)50 organization that receives memberating dues, assessment, or small amounts as defined in Revenue Procedure 99-167 If Yea," complete Schedule C, Part III 6 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the dishibution or investment of amounts in such funds or accounts? If Yea," complete Schedule D, Part II 1 7 Did the organization maintain any donor advised funds or any similar funds or accounts? If Yea," complete Schedule D, Part II 1 8 Did the organization maintain collections of works of art, instincial treasures, or other similar assets? If Yea," complete Schedule D, Part II 1 9 Did the organization maintain collections of works of art, instincial treasures, or other similar assets? If Yea," complete Schedule D, Part II 1 9 Did the organization report an amount in Part X, line 100 and treating and treating a custodian for amounts in clisted in Part X, inc provide credit counseling, debt management, credit report, or debt negotiation services? If Yea," complete Schedule D, Part IV 1 10 Did the organization answert or through a related organization, hold assets in donor-restricted endowments or in quase endowments? If Yea," complete Schedule D, Part V VI 1 11 If the organization answert or any of the following quasteriors is Yea," then complete Schedule D, Part VI 1 12 Did the organization report an amount for interior and account to part VI II VI I | 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to | | | |
| selection in effect during the tax year? If "Yea," complete Schedule C, Part III Is the organization a section Sici(A)4, 501(C6), or 501(C6) or 501(C6) organization that receives membership duris, assessments, or similar amounts as defined in Revenue Procedure 96-192 If "Yea," complete Schedule C, Part III Did the organization memore on the distribution or investment of amounts in such funds or accounts? If "Yea," complete Schedule D, Part I I Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or hotion structures? If "Yea," complete Schedule D, Part II I Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or hotion structures? If "Yea," complete Schedule D, Part II I Did the organization memoral collections of works of art. historical researce, or other aminer assess? If "Yea," complete Schedule D, Part II I Did the organization report an amount in Part X, tine 21, for escrive or custodial account liability, serve as a custodian for armounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt nepotation services? If "Yea," complete Schedule D, Part V I Did the organization report an amount for head organization, hold assets in donor-restricted endowments or in quase indownments of "Yea," complete Schedule D, Part V I Did the organization report an amount for heart, briefly in Yea," complete Schedule D, Part V I Did the organization report an amount for heart, service in the part X, line 10; If "Yea," complete Schedule D, Part V I Did the organization report an amount for heart securities in Part X, line 10; If Yea," complete Schedule D, Part V I Did the organization report an amount for other securities of part X, line 10; If Yea," complete Schedule D, Part V I Did the organization report an amount for other labellities in Part X, line 10; If Yea," complete Schedule D, Part V I Did the o | | candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | <u> </u> |
| b is the organization in section SOT(c/d), SOT(c/d), or SOT(c/d) organization that receives membership dues, assessments, or emiter amounts as defined in Revenue Procedure 95-10? If "Yes," complete Schedule C, Pet III 5 Out the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If "Yes," Complete Schedule C, Pet II 7 Out the organization receive or hold a conservation or investment of amounts in such funds or accounts? If "Yes," organization receive or hold a conservation or investment, including essements to preserve open space, the environment, histonic fauld areas, or histonic structures? If "Yes," complete Schedule D, Pet II 7 Did the organization maintain collections of works of art, histonical treasures, or other similar assetts? If "Yes," complete Schedule D, Pet IV 19 Did the organization report an amount in Part X, line 21, for escrive or cuslodial account liability, serve as a custodian for amounts on the standard pressures, or other similar assetts? If "Yes," complete Schedule D, Pet IV 19 Did the organization report an amount for levelate organization, hold assets in donor-restricted endowments or in quiese endowments? If "Yes," complete Schedule D, Pet IV 19 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Pet IV 19 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Pet IV 19 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Pet IV 19 Did the organization report an amount for other assets in Pet IV "Yes," complete Schedule D, Pet IV 19 Did the organization report an amount for other assets in Pet IV Yes, complete Schedule D, Pet IV 19 Did the organization report an amount for other assets in Pet IV Yes, complete Schedule D | 4 | | | | |
| assessments, or smiler amounts as defined in Revenue Procedure 96-197 if "Yes," complete Schedule C, Part II 5 | | | 4 | | _X |
| b Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I To Did the organization receive or hold a conservation easement, including easemants to preserve open space, the environment, histonic land areas, or histonic structures? If "Yes," complete Schedule D, Part II To Did the organization maintain collections of works of art, histonical treasures, or other similar assessa? If "Yes," complete Schedule D, Part II I To Did the organization report an amount in Part X, line 21, for escrive or custodial account liability, serve as a custodian for amounts in the side in Part X, or provide credit counseling, debt management, credit repair, or debt negopation services? If "Yes," complete Schedule D, Part IV I Did the organization services? If "Yes," complete Schedule D, Part IV I Did the organization services? If "Yes," complete Schedule D, Part IV I II II, X or X as applicable. If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part V II II II, X or X as applicable. If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V II II II X III II X III II X III II X III X I | 5 | | _ | | |
| 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 Did the organization recover 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 III Did the organization maintain collections of works of art, historical reseaurse, or other similar assests? If "Yes," complete Schedule D, Part III Did the organization and the structure of the structure of the structure of each registration of the structure of each registration services. If "Yes," complete Schedule D, Part IV Did the organization, directly or through a helated organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part IV If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part IV If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part IV Did the organization and the organization of the structure of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VIII Did the organization report an amount for investments—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 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 167 If "Yes," complete Schedule D, Part X VIII Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of the total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part X VIII Did the organization shall be the organization of the transpirate, independent audited financial statements for the tax year if the view of the vie | | | _ 5 | | X |
| "Mes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, histonic land areas, or histonic structures? If "Yes," complete Schedule D, Part III T X B Did the organization maintain collections of works of art, histonical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 8 B C M the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotation services? If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part IV II If the organization service to any of the following quiestions is "Yes," then complete Schedule D, Part S IV, IV, IV, IV, IV, or X as applicable a Did the organization report an amount for line structures in Part X, line 10? If "Yes," complete Schedule D, Part VII b Did the organization report an amount for investments—other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII C 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 16? If "Yes," complete Schedule D, Part X VII Did the organization report an amount for other assets in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X VII Did the organization report an amount for other sasses 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 X VIII Did the organization report an amount for other sasses 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 X VIII Did the organizatio | 6 | · | | | |
| 7 De the organization receive or hold a conservation essement, including essements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 9 Did the organization organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide cored counseling, debit management, credit repair, or debt negotation services? If "Yes," complete Schedule D, Part V 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasis endowments? If "Yes," complete Schedule D, Part V 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part VI 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VIII 12 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 19! If "Yes," complete Schedule D, Part VIII 13 Did the organization report an amount for other assets in Part X, line 19 that is 5% or more of its total assets reported in Part X, line 19 the "Yes," complete Schedule D, Part VIII 14 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 VIII 15 Did the organization report an amount for other isabilities 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 X VIII 16 Did the organization report an amount for other isabilities 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 X V | | · · | | | 37 |
| the enveroment, histonic land areas, or histonic structures? If "Yes," complete Schedule D, Part III Did the organization maintain collections of works of art, histonical treasures, or other similar assets? If "Yes," complete Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V Did the organization indentity of through a related organization, hold assets in donor-resincted endowments or in quasa endowments? If "Yes," complete Schedule D, Part V If the organization report an amount for land, buildings, and equipment in Part X, line 10° If "Yes," complete Schedule D, Part VIII Did the organization report an amount for investments—other securities in Part X, line 10° If "Yes," complete Schedule D, Part VIII Did the organization report an amount for investments—other securities in Part X, line 10° If "Yes," complete Schedule D, Part VIII 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 16° 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 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 X III Did the organization separate or consolidated financial statements for the tax year include a foothock that addresses the organization stability for uncertain tax positions under If N4 46, KGC 740) " If "Yes," complete Schedule D, Part X III Did the organization asset organization in a part X, line 15, that is 5% or more of its total assets eroped in III III III II | _ | | 6 | | <u> </u> |
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| custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotation services? If "Yes," complete Schedule D, Part IV 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V 11 If the organization in answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII b Did the organization report an amount for investments—other securibes in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII c 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 16? If "Yes," complete Schedule D, Part VIII 11c X 11d X 11d X 12 Did the organization or port an amount for other assets in Part X, line 15? If "Yes," complete Schedule D, Part VIII 11 X 12 Did the organization report an amount for other assets in Part X, line 16? If "Yes," complete Schedule D, Part X 13 Did the organization separate or consolidated financial statements for the tax year." If "Yes," complete Schedule D, Part X 14 Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X IIII 15 Was the organization included in consolidated, independent audited financial statements for the tax year? II "Yes," complete Schedule D, Part X IIII IIII IIII IIII IIII IIII IIII | ^ | · · | ┡ | | |
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| 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V V V V V V V V V V V V V V V V V V V | | | | | ¥ |
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| reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11d X 11d Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 12b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII is optional 12b X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 Id Did the organization maintain an office, employees, or agents outside of the United States? 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), line 3 and Individuals? If "Yes," complete | | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | X |
| e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X I and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII is optional is the organization a school described in section 170(b)t/(A)(ii)? If "Yes," complete Schedule E. 13 X 13 Is the organization a school described in section 170(b)t/(A)(ii)? If "Yes," complete Schedule E. 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States? 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 15 Did the organization report a total of more than \$15,000 fexpenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part II and IV 16 Did the organization report more than \$15,000 for fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, li | d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets | | | |
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| | | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | X |

39-1914032 Form 990 (2019) Trinity Academy, Page 4 Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on X Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated X 23 employees? If "Yes," complete Schedule J 24a 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 X through 24d and complete Schedule K If "No," go to line 25a 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary penod 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 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit X transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a 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? X 25b If "Yes," complete Schedule L, Part I 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% X controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part 28 έ, IV instructions, for applicable filing thresholds, conditions, and exceptions). A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If X 28a "Yes," complete Schedule L, Part IV X b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If X 28c "Yes." complete Schedule L. Part IV X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 X conservation contributions? If "Yes," complete Schedule M 30 X Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 32 X complete Schedule N, Part II 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I X 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV. and Part V. line 1 34 35a 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable 36 X related organization? If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 X and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O X Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V Yes No 1 Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 1a 1b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

Did the organization comply with backup withholding rules for reportable payments to vendors and

reportable gaming (gambling) winnings to prize winners?

X

Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 18 Statements, filed for the calendar year ending with or within the year covered by this return X 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, X a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a b If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) X 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the X organization solicit any contributions that were not tax deductible as chantable contributions? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). 7 a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7с d If "Yes," indicate the number of Forms 8282 filed during the year 7e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f 7g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? g 7h h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter 10 a Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b ь Section 501(c)(12) organizations. Enter 11 11a а Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. 13 Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13c c Enter the amount of reserves on hand X Did the organization receive any payments for indoor tanning services during the tax year? 14a 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or X excess parachute payment(s) dunng the year? 15 If "Yes," see instructions and file Form 4720, Schedule N is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 16 If "Yes," complete Form 4720, Schedule O

Form 990 (2019) Trinity Academy, Inc. 39-1914032 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O 2 b Enter the number of voting members included on line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X 2 any other officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customanly performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, X stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8 X 8a a The governing body? X b Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c 13 X Did the organization have a written whistleblower policy? 13 X 14 Did the organization have a written document retention and destruction policy? 14 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? X a The organization's CEO, Executive Director, or top management official 15a X b Other officers or key employees of the organization 15b 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 X with a taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records 20 Dr. Elizabeth Mitchell W225N3131 Duplainville Rd 262-695-2933 WI 53072 Pewaukee

| orm 990 (2019) | Trinity | Academy, | Inc. | |
|----------------|---------|----------|------|--|
| | | | | |

39-1914032

Page 7

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

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See 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. See instructions for the order in which to list the persons above

| Check this box if neither the org | anization nor ar | ny rel | ated | orga | anıza | tion | com | pensated any current office | er, director, or trustee | |
|-----------------------------------|--|--------------------------------|-----------------------|------------------------|--------------|---------------------------------|-----------|--|--|--|
| , (A) Name and title | (B) Average hours per week (list any | bo. off | x, unle ficer a | Pos check ess pe | ırson ı | than o s both or/trust | an ee) | (D) Reportable compensation from the organization | (E) Reportable compensation from related organizations | (F) Estmated amount of other compensation from the |
| | hours for related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | (W-2/1099-MISC) | (W-2/1099-MISC) | organization and related organizations |
| (1) Susan Mitchell | | | | | | | | | | |
| Vice President | 40.00 | | | x | | | | 50,000 | o | 0 |
| (2) Dr. Elizabeth M | itchell | | | | | | | | | |
| | 40.00 | | | | | | | | | |
| Director | 0.00 | X | | X | | | | 9,167 | 0 | 0 |
| (3) Dr. Robin Mitche | | | | | | | | | | |
| | 40.00 | | | | | | | | | _ |
| President | 0.00 | ↓ | <u> </u> | X | | _ | | 0 | 0 | 0 |
| (4) | | | | | | | | | | 1 |
| (5) | | <u> </u> | | | | | | | | |
| (6) | | | | | | | | | | |
| (7) | | | <u></u> | | | | | | | - |
| (8) | | ig | | ļ | | | | | | |
| (0) | | | | | | | | | | |
| (9) | | | | | | | | | | |
| (10) | | | | | | | | | | |
| (11) | | | | | | | | | | |
| | | | | | | | | | | |

DAA

| l Part VIII | (A) Name and title | (B) Average hours per week (list any | (do | o not o | Posi check iss pe | c) iton more rson i | than o | ne an | (D) Reportable compensation from the organization | (E) Reportable compensation from related organizations | (F) / Estimated amount of other compensation from the |
|---------------------------------|---|--|-----------------------------------|-----------------------|-------------------------|------------------------------|------------------------------|-----------------|--|--|---|
| | | hours for related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | (W-2/1099-MISC) | (W-2/1099-MISC) | organization and related organizations |
| | | | | | | | | | | | |
| | | | - | | | | | | | , | |
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| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | al rom continuation shee add lines 1b and 1c) | ets to Part VII, S | Secti | on A | \ | | | > • • | 59,167 59,167 | | |
| 2 Total n | | cluding but not li | mite | d to O | thos | e lis | ted a | bove | e) who received more than | \$100,000 of | |
| 3 Did the employ | e organization list any foree on line 1a? If "Yes," | ormer officer, dir complete Sched | ecto: | r, tru J for | suci | h ind | dıvidi | ıal | ee, or highest compensated | | Yes No |
| organiz individu 5 Did an | zation and related organial | nizations greater | than crue | \$15 com | 60,00 pens | 10? <i>I</i> ation | f "Ye n fror | s," c n ar | complete Schedule J for surviversy unrelated organization or | ch | 4 X |
| Section B. I | ndependent Contracto | ors | | | | | | | | | |
| 1 Comple | nsation from the organiz | zation Report co | ensa mpe | ted i | nder ion f | or th | lent one ca | contr lend | ractors that received more that year ending with or with | in the organization's tax ye | ear |
| | Name and | (A) business address | | | | | | | Descript | (B) non of services | (C) Compensation |
| | | | | | | | | _ | | | |
| | ,, | | | | | | | | | | |
| | | | | | | | | ļ | | | |
| | number of independent | | | | | | | | se listed above) who | | |
| DAA | ed more than \$100,000 | ui coinpensation | ITOF | ii the | org | ai 112 | auon | | · | 0 | Form 990 (2019 |

Statement of Revenue Part VIII Check if Schedule O contains a response or note to any line in this Part VIII (A) (C) (B) Related or exempt Revenue excluded Total revenue Unrelated from tax under sections 512-514 business revenue Gifts, Grants nilar Amounts 1a Federated campaigns 1a 1b b Membership dues c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, grits, grants, and similar amounts not included above 1f 366,747 g Noncash contributions included in lines 1a-1f 1g \$ 366,747 h Total. Add lines 1a-1f Business Code 270,721 270,721 Student Tultions/Book Fees 4,300 4,300 Sports Fund b 3,312 3,312 Reimbursed Expenses 620 620 Summer Camps 75 75 Play Ticket Sales 25 25 f All other program service revenue 279,053 g Total. Add lines 2a-2f ▶ Investment income (including dividends, interest, and 2,702 2,702 other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (a) Personal 200 6a Gross rents 6a 6b b Less rental expenses 200 c Rental inc or (loss) 6c 200 200 d Net rental income or (loss) Gross amount from (II) Other (i) Secunties sales of assets 1,009,000 7a other than inventory **b** Less cost or other 1,211,079 7b basis and sales exps -202,079 c Gain or (loss) 7c -202,079 -202,079 d Net gain or (loss) 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) 49,537 See Part IV, line 18 8a 25,427 8b b Less direct expenses 24,110 24,110 \blacktriangleright c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV. line 19 9a 9b b Less direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances 10a b Less cost of goods sold 10b c Net income or (loss) from sales of inventory Business Code 34,320 34,320 ·Loan Forgiveness 11a 69 69 b Miscellaneous d All other revenue 34,389 ▶ e Total. Add lines 11a-11d 505,122 114,065 200 24,110 Total revenue. See instructions ▶

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising (A) Total expenses (B) Program service (C) Management and Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. general expenses expenses ехрелѕеѕ Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV. line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 4 Benefits paid to or for members 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) 335,600 111,867 447,467 7 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 34,593 25,945 8,648 Payroll taxes 10 Fees for services (nonemployees) a Management 2,272 2,272 **b** Legal 19,110 19,110 Accounting C d Lobbying e Professional fundraising services See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column 7,563 7,564 15,127 (A) amount, list line 11g expenses on Schedule O) 52 82 30 12 Advertising and promotion 19,432 7,088 12,344 13 Office expenses 823 823 1,646 Information technology 14 15 Royalties 52,177 29,886 82,063 16 Occupancy 464 464 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 50,454 45,366 5,088 20 Interest 21 Payments to affiliates 7,290 7,290 22 Depreciation, depletion, and amortization 15,278 2,292 12,986 23 Insurance 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses on line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) 7,201 7,201 WI DPI WPCP Program Expense 6,873 6,873 b Bad Debt 5,523 5,523 C 2,505 2,505 Athletics Expense 3,879 3,117 762 e All other expenses 721,259 509,857 211,402 0 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ following SOP 98-2 (ASC 958-720)

| _ | art > | | - | | 1914032 | | rage 11 |
|-----------------------------|-------|--|---------------|---|---------------------------------------|-----|-------------|
| | | Check if Schedule O contains a response or note t | o any li | ne in this Part X | (A) | | (B) |
| | | | | | Beginning of year | | End of year |
| | 1 | Cash—non-interest-bearing | | | -5,641 | 1 | 1,623 |
| | 2 | Savings and temporary cash investments | | | | 2 | • |
| | 3 | Pledges and grants receivable, net | | | | 3 | |
| | 4 | Accounts receivable, net | | | 5,487 | 4 | 8,138 |
| | 5 | Loans and other receivables from any current or former | officer, | director, | | | i |
| | | trustee, key employee, creator or founder, substantial co | | · · | | _ | <u>.</u> |
| | | controlled entity or family member of any of these persor | าร | | | 5 | |
| | 6 | Loans and other receivables from other disqualified personal | | defined | · _ · | | |
| s | 1 | under section 4958(f)(1)), and persons described in sect | • | i ⁻ | | 6 | |
| Assets | 7 | Notes and loans receivable, net | | - \ - \ \ - \ \ \ \ \ \ \ \ \ \ \ \ \ \ | | 7 | |
| Ą | 8 | Inventories for sale or use | | | | 8 | |
| | 9 | Prepaid expenses and deferred charges | | | | 9 | |
| | 10a | Land, buildings, and equipment cost or other | | <u> </u> | | | |
| | | basis Complete Part VI of Schedule D | 10a | 117,663 | | | |
| | Ь | Less accumulated depreciation | 10b | 117,650 | 1,218,387 | 10c | 13 |
| | 11 | Investments—publicly traded securities | | , | , , , , , , | 11 | |
| | 12 | Investments—other securities See Part IV, line 11 | | | | 12 | |
| | 13 | Investments—program-related See Part IV, line 11 | | | | 13 | - |
| | 14 | Intangible assets | | | | 14 | |
| | 15 | Other assets See Part IV, line 11 | | | | 15 | |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 33 | 3) | | 1,218,233 | 16 | 9,774 |
| | 17 | Accounts payable and accrued expenses | | | 67,163 | 17 | 34,155 |
| | 18 | Grants payable | | | • | 18 | |
| | 19 | Deferred revenue | | [| 87,455 | 19 | 37,193 |
| | 20 | Tax-exempt bond liabilities | | | | 20 | |
| | 21 | Escrow or custodial account liability Complete Part IV of | Sched | ule D | | 21 | |
| v | 22 | Loans and other payables to any current or former office | r, direct | or, | | | |
| Liabilities | | trustee, key employee, creator or founder, substantial co | ntnbuto | r, or 35% | | | |
| abi | | controlled entity or family member of any of these person | าร | | 412,162 | 22 | 410,063 |
| = | 23 | Secured mortgages and notes payable to unrelated third | parties | | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third pa | irties | | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to | related | I third | | | |
| | | parties, and other liabilities not included on lines 17-24) | Comple | te Part X | | | |
| | | of Schedule D | | | 1,045,882 | 25 | 138,929 |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 1,612,662 | 26 | 620,340 |
| | | Organizations that follow FASB ASC 958, check here | ► X | | | | - |
| Ses | ļ | and complete lines 27, 28, 32, and 33. | | Į, | | | |
| auc | 27 | Net assets without donor restrictions | | | -394,429 | 27 | -610,566 |
| Bal | 28 | Net assets with donor restrictions | | | | 28 | |
| Б | | Organizations that do not follow FASB ASC 958, chec | ck here | ▶ □ | ı | | |
| Ī | | and complete lines 29 through 33. | | | · · · · · · · · · · · · · · · · · · · | | |
| ō | 29 | Capital stock or trust principal, or current funds | | | | 29 | |
| sets | 30 | Paid-in or capital surplus, or land, building, or equipment | fund | | | 30 | |
| Ass | 31 | Retained earnings, endowment, accumulated income, or | other f | unds | <u></u> | 31 | |
| Net Assets or Fund Balances | 32 | Total net assets or fund balances | | | -394,429 | 32 | -610,566 |
| _ | 33 | Total liabilities and net assets/fund balances | | | 1,218,233 | 33 | 9,774 |

Form **990** (2019)

| Form | 1 990 (2019) Trinity Academy, Inc. 39-1914032 | | | | Page | <u> 12</u> |
|------|---|----|------------|-------------|---------------|------------|
| Pa | rt XI Reconciliation of Net Assets | | | | | _ |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | | l |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | 505 | 5,12 | <u>2</u> |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 721 | .,25 | 9 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3_ | | | 5,13 | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | | <u>-394</u> | 1,42 | <u>:9</u> |
| 5 | Net unrealized gains (losses) on investments | 5 | | | | |
| 6 | Donated services and use of facilities | 6 | | | | |
| 7 | Investment expenses | 7 | | | | |
| 8 | Pnor penod adjustments | 8 | | | | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | | | | |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line | | | | | |
| | 32, column (B)) | 10 | _ | -610 | ,56 | 6 |
| Pa | rt XII Financial Statements and Reporting | | | | _ | _ |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | | 丄 |
| | | | _ | Y | es N | lo_ |
| 1 | Accounting method used to prepare the Form 990 Cash X Accrual Other | | | | İ | -1 |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in | | ŀ | | | |
| | Schedule O. | | ļ <u>.</u> | _ _ | _ | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | Li | 2a | _ 2 | K_ |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or | | | | | Ì |
| | reviewed on a separate basis, consolidated basis, or both | | | 1 | | 1 |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | _ | | |
| b | Were the organization's financial statements audited by an independent accountant? | | <u></u> | 2b | | X_ |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a | | | | | |
| | separate basis, consolidated basis, or both | | | i | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | _ _ | |
| c | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of | | | | | |
| | the audit, review, or compilation of its financial statements and selection of an independent accountant? | | نے ا | 2c _ | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on | | | | | - 1 |
| | Schedule O. | | | | | |
| 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? | | <u>L:</u> | 3a | _ 2 | <u>K_</u> |
| 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 on Schedule O and describe any steps taken to undergo such audits | | ; | 3b | | |
| | | | | Form | 990 (2 | 019) |

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust

OMB No 1545-0047 2019

Open to Public

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

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

Inspection,

| Name | of th | e organization | Trinity Acad | lemy, Inc. | | | Employer Iden 39-191 | trilication number |
|------|-------|-----------------|---|---|--------------|--------------------|---------------------------------|-----------------------------|
| I P | art l | - I Pose | | Status (All organizations | must c | omolete | | |
| | | | | e it is (For lines 1 through 12, | | | | / |
| 1 | Ä | | • | sociation of churches described | | • | • | \wedge |
| 2 | X | | | (A)(ii). (Attach Schedule E (Forn | | | ·)(^)(')· | $\mathcal{D}_{\mathcal{O}}$ |
| 3 | Ĥ | | , , , , | ce organization described in se | | | (iii) | O |
| A | Н | = | | d in conjunction with a hospital | | | • • | hoenital'e name |
| • | ш | city, and stat | | a in conjunction with a nospital | described | iii secin | on troubittions the factor | nospitai s riame, |
| 5 | | An organizati | on operated for the benefit of | of a college or university owned | or operat | ed by a g | governmental unit described in | |
| | _ | section 170 | (b)(1)(A)(iv). (Complete Part | : II) | | | | |
| 6 | Ц | A federal, sta | ate, or local government or g | governmental unit described in s | section 1 | 70(b)(1)(<i>A</i> | \)(v). | |
| 7 | Ш | • | ion that normally receives a section 170(b)(1)(A)(vi). (C | substantial part of its support fromplete Part II) | om a gov | emmenta | unit or from the general publi | С |
| 8 | | A community | trust described in section | 170(b)(1)(A)(vi). (Complete Part | t II) | | | |
| 9 | | | | cnbed in section 170(b)(1)(A)(i | | | | ege |
| | | | or a non-land-grant college | of agriculture (see instructions) | Enter the | name, ci | ty, and state of the college or | |
| 10 | Ш | university | on that narmally received (| 1) man than 22 1/20/ of its sun | nod from | contribut | ana mambambin faaa and ar | ~~~ |
| 10 | Ш | • | • | more than 33 1/3% of its sup pt functions—subject to certain | • | | • | |
| | | • | | nd unrelated business taxable in | • | | • | |
| | _ | acquired by t | he organization after June 3 | 0, 1975 See section 509(a)(2) | . (Comple | te Part II | 1) | |
| 11 | Ц | An organizati | ion organized and operated | exclusively to test for public safe | ety See : | section 5 | 09(a)(4). | |
| 12 | Ш | • | • | exclusively for the benefit of, to | • | | • • • • | |
| | | | | zations described in section 50 hat describes the type of suppor | | | , , , , | • • |
| | а | | _ | erated, supervised, or controlled | | | • | = |
| | u | | ,, , | ver to regularly appoint or elect | • | | | "'9 |
| | | | • ,, , | omplete Part IV, Sections A a | | | | |
| | b | Type II. | A supporting organization su | pervised or controlled in connec | ction with | its suppo | rted organization(s), by having |) |
| | | | • | ting organization vested in the s | same per | sons that | control or manage the support | ted |
| | | | _ • • | Part IV, Sections A and C. | | | | |
| | С | | | supporting organization operated structions) You must complete | | | | vitn, |
| | d | _ ` | • ,,,, | d. A supporting organization ope | | | | on(s) |
| | | that is no | ot functionally integrated. The | e organization generally must sa | atisfy a di | stribution | requirement and an attentiven | ess |
| | | requireme | ent (see instructions) You r | nust complete Part IV, Sectior | ns A and | D, and P | art V. | |
| | е | | | eived a written determination fro in-functionally integrated suppor | | | s a Type I, Type II, Type III | |
| | f | | mber of supported organization | , | ung organ | iization | | <u> </u> |
| | 9 | | | ne supported organization(s) | | | | <u> </u> |
| | | ne of supported | (ii) Eini | (III) Type of organization | (iv) Is the | organization | (v) Amount of monetary | (vi) Amount of |
| | | ganization | | (described on lines 1-10 | listed in yo | ur governing | support (see | other support (see |
| | | | | above (see instructions)) | | ment? | instructions) | instructions) |
| | | | | | Yes | No | | |
| (A) | | | | | | | | |
| (B) | | | | | | | , | |
| | | | | | ļ | | | |
| (C) | | | | | | | | |
| (D) | | | | | | | | |
| (E) | | | | | | | - | |
| | | | | | | | | |
| Tota | ı | | ' | | 1 | | | |

| Sche | tule A (Form 990 or 990-EZ) 2019T1 | nity Acad | iemy, inc | • | 39 | <u>-1914032</u> | Page 2 |
|-------|---|-----------------------|----------------------|------------------------|---------------------|------------------|---------------------|
| _Pa | it II Support Schedule for O | | | | | | |
| | (Complete only if you ched | | | | | | y under/ |
| | Part III. If the organization | fails to qualify | under the test | s listed below, p | olease complet | e Part III.) | |
| | tion A. Public Support | | | | | | |
| Calen | dar year (or fiscal year beginning in) | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") | | | | | | |
| 2 | Tax revenues levied for the organization'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 | | | | | | |
| 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) | 1 | | | | <u>.</u> | |
| 6 | Public support. Subtract line 5 from line 4 | | L | · / _ | | | |
| Sec | tion B. Total Support | | | | | | |
| Calen | dar year (or fiscal year beginning in) | (a) 2015 | (b) 2016 | (ç) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 7 | Amounts from line 4 | | | | | | |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | / | | | |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carned on | | | | | | |
| 10 | Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) | | | ! | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | |
| 12 | Gross receipts from related activities, etc | | | | | 12 | |
| 13 | First five years. If the Form 990 is for the | - / | t, second, third, fo | urth, or fifth tax yea | ar as a section 501 | I(c)(3) | |
| | organization, check this box and stop her | | | | | | <u>▶</u> |
| Sec | tion C. Computation of Public Sc | | | | · | | |
| 14 | Public support percentage for 2019 (line 6 | | | nn (f)) | | 14 | <u>%</u> |
| 15 | Public support percentage from 2018 Scho | / | | | | 15 | <u>%</u> |
| 16a | 33 1/3% support test—2019. If the organi | | | | 33 1/3% or more, o | check this | , m |
| | box and stop here. The organization gual | | | | | | ▶ ∐ |
| b | 33 1/3% support test—2018. If the organ | | | | 5 is 33 1/3% or m | ore, check | , — |
| | this box and stop here. The organization | | - | | | | ▶⊔ |
| I7a | 10%-facts-and-circumstances/test—201 | | | | | | |
| | 10% or more, and if the organization mee | | | | - | | |
| | Part VI how the organization meets the "forganization" | acts-and-circumsta | nces" test. The on | ganızatıon qualıfies | as a publicly supp | ported | ▶ □ |
| b | 10%-facts-and-circumstances test—201 | 18. If the organizati | on did not check a | box on line 13, 16 | a, 16b, or 17a, an | d line | _ |
| | 15 is 10% or more, and if the organization | n meets the "facts- | and-circumstances | " test, check this b | ox and stop here. | | |
| | Explain in Part VI how the organization m | eets the "facts-and | l-circumstances" te | est The organization | n qualifies as a pi | ublicly | |
| | supported organization | | | | | | ▶ 🗌 |
| 18 - | Private foundation. If the organization did | d not check a box | on line 13, 16a, 16 | b, 17a, or 17b, cho | eck this box and se | e | _ |
| | instructions | | | | | | ▶ 🗌 |
| | | . | | | | Schedule A /Form | 990 or 990-FZ) 2019 |

17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3% support tests—2018. 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 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

20

Schedule A (Form 990 or 990-EZ) 2019

Supporting Organizations

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

| | Section | A. A | II Sup | portina | Organization |
|--|---------|------|--------|---------|--------------|
|--|---------|------|--------|---------|--------------|

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation of historic and continuing relationship, explain,
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the chantable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? 8 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
- Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

| | | Yes | No |
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| _ | Me A (FORM 990 of 990-EZ) 2019 111111 Cy Action (FORM) | | | r age 3 |
|----------|--|---------------|---------|--------------|
| Paı | t·IV Supporting Organizations (continued) | | | 1 |
| | | | Yes | No . |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | ı | | |
| а | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) | 44- | | |
| | below, the governing body of a supported organization? | 11a | | |
| | A family member of a person described in (a) above? | 11b | | |
| | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. | 11c | l | |
| Seci | ion B. Type I Supporting Organizations | | Yes | No |
| _ | Did the device to the constraint of the constrai | $\overline{}$ | res | No |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to | | | |
| | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the | | | |
| | tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or | | i | |
| | controlled the organization's activities if the organization had more than one supported organization, | | | |
| | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported | | | |
| _ | organizations and what conditions or restrictions, if any, applied to such powers during the tax year | 1 | | - |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | | | |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part | ŀ | ļ, | |
| | VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | <u> </u> | | |
| <u> </u> | supervised, or controlled the supporting organization | 2 | l | L |
| Sect | on C. Type II Supporting Organizations | | | T |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | į | |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | į | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | | |
| | the supported organization(s). | 1 | L | L |
| Sect | on D. All Type III Supporting Organizations | | | T ::- |
| | | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | year, (II) a copy of the Form 990 that was most recently filed as of the date of notification, and (III) copies of the | | | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | } | |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | <u></u> | ļ | |
| | the organization maintained a close and continuous working relationship with the supported organization(s) | 2 | | |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a | | | |
| | significant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | income or assets at all times duning the tax year? If "Yes," describe in Part VI the role the organization's | | ļ | |
| | supported organizations played in this regard | 3 | | |
| Sect | on E. Type III Functionally-Integrated Supporting Organizations | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions |) | | |
| а | The organization satisfied the Activities Test Complete line 2 below | | | |
| b | The organization is the parent of each of its supported organizations. Complete line 3 below | | | |
| С | The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instruc | ctions). | | |
| | | | | , |
| 2 / | Activities Test Answer (a) and (b) below. | | Yes | No |
| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | } | |
| | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | 1 | |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | how the organization was responsive to those supported organizations, and how the organization determined | | <u></u> | |
| | that these activities constituted substantially all of its activities | 2a | | |
| b | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more | | | |
| | of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the | 1 | | |
| | reasons for the organization's position that its supported organization(s) would have engaged in those | | | |
| | activities but for the organization's involvement. | 2b | L | <u></u> |
| 3 | Parent of Supported Organizations Answer (a) and (b) below. | | | |
| а | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | | | l |
| | trustees of each of the supported organizations? Provide details in Part VI. | 3a | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | | | |
| - | of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard | 3b | | ., |
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|-------|---|-------|---------------|--------------------------------|
| Par | | aniza | | |
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying trust on No | | | See |
| | instructions. All other Type III non-functionally integrated supporting organizations mus | | | |
| Sect | ion A - Adjusted Net Income | | (A) Pnor Year | (B) Current Year (optional) |
| 1 | Net short-term capital gain | 1 | | |
| 2 | Recovenes of pnor-year distributions | 2 | | |
| 3 | Other gross income (see instructions) | 3 | - | |
| 4 | Add lines 1 through 3 | 4 | | |
| 5 | Depreciation and depletion | 5 | | |
| 6 | Portion of operating expenses paid or incurred for production or | | | |
| col | lection of gross income or for management, conservation, or | | | |
| ma | intenance of property held for production of income (see instructions) | 6_ | | |
| 7 | Other expenses (see instructions) | 7 | | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Sect | ion B - Minimum Asset Amount | | (A) Pnor Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | | | |
| ins | tructions for short tax year or assets held for part of year) | | | |
| | a Average monthly value of securities | 1a | | |
| | b Average monthly cash balances | 1b | | |
| | c Fair market value of other non-exempt-use assets | 1c | | |
| | d Total (add lines 1a, 1b, and 1c) | 1d | | <u> </u> |
| | e Discount claimed for blockage or other | | |] |
| | factors (explain in detail in Part VI) | | - | - |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 | Subtract line 2 from line 1d | 3 | | |
| 4 | Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, | | | |
| se | e instructions) | 4 | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 | Multiply line 5 by 035 | 6 | | |
| 7 | Recovenes of pnor-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Sect | ion C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for pnor year (from Section A, line 8, Column A) | 1 | | |
| 2 | Enter 85% of line 1 | 2 | | |
| 3 | Minimum asset amount for pnor year (from Section B, line 8, Column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3 | 4 | | |
| 5 | Income tax imposed in pnor year | 5 | | |

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

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6 Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions)

instructions)

Schedule A (Form 990 or 990-EZ) 2019 Page 7 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) **Current Year** Section D - Distributions Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (pnor IRS approval required) 6 Other distributions (describe in Part VI) See instructions Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions Distributable amount for 2019 from Section C, line 6 10 Line 8 amount divided by line 9 amount (i) (iii) (ii) Section E - Distribution Allocations (see instructions) **Excess Distributions** Underdistributions Distributable Pre-2019 Amount for 2019 Distributable amount for 2019 from Section C, line 6 Underdistributions, if any, for years prior to 2019 (reasonable cause required-explain in Part VI) See instructions 3 Excess distributions carryover, if any, to 2019 a From 2014 **b** From 2015 c From 2016 d From 2017 e From 2018 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2019 distributable amount i Carryover from 2014 not applied (see instructions) j Remainder Subtract lines 3g, 3h, and 3i from 3f Distributions for 2019 from Section D. line 7 a Applied to underdistributions of prior years b Applied to 2019 distributable amount c Remainder Subtract lines 4a and 4b from 4 5 Remaining underdistributions for years prior to 2019, if any Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI See instructions 6 Remaining underdistributions for 2019 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI See instructions Excess distributions carryover to 2020. Add lines 3j and 4c 8 Breakdown of line 7 a Excess from 2015 **b** Excess from 2016 c Excess from 2017 d Excess from 2018

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e Excess from 2019

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Trinity Academy, Inc.

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Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information. (See instructions.)

1 6

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No 1545-0047
2019
Open to Public

Inspection

Name of the organization Employer identification number 39-1914032 Trinity Academy, Inc. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year Aggregate value of contributions to (duning year) Aggregate value of grants from (during year) 3 Aggregate value at end of year 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" on 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 (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure 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 2a Total number of conservation easements 2b Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year 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 violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) ☐ Yes ☐ No and section 170(h)(4)(B)(ii)? In Part XIII, 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 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, 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 XIII the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under FASB ASC 958, 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 these items (i) Revenue included on 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 FASB ASC 958 relating to these items a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

| Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) | Schedule D (Form 990) 2019 Trinity | Academy, 3 | Inc. | | | 39-1 | <u>914</u> 03 | 32 | Pag | <u>e 2</u> |
|--|---|---|----------------------|----------------|----------------|------------------|---------------|--------------|--------------------|------------|
| Supplementation accusation, accession, and other records, check any of the following that make significant use of its collection retriev (check all that apple) | Part III Organizations Maintainin | g Collections o | f Art, His | storical Ti | reasures, | or Othe | r Simila | ar Asset | ts (continued) | _ |
| b | | sion, and other recor | ds, check a | ny of the fol | llowing that n | nake signif | ficant use | of its | | _ |
| b | a Public exhibition | аГ | l Loan or e | xchange or | ogram | | | | | |
| Preservation for future generations | — | | 1 | nonango pro | ·9· ···· | | | | | |
| Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII | - H ' | |] 00.0. | | | | | | | |
| SUII 5 During the year, did the organization solect or receive denations of art, historical treasures, or other armitar sissets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements | _ | collections and expla | un how they | further the | omanization' | s evemnt : | numose i | n Part | | |
| 5 During the year, did the organization solicit or receive dinations of art, historical breasures, or other similar sessets to be sold to mise funds rather than to be maintained as part of the organization? Selection? Part IV Escrow and Custodial Arrangements. | • • | conections and expir | iii now uic | riururer ure | Organization | s exempt | puipose i | ii i ait | | |
| Section Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a is the organization an agent, futuse, ousedan or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No If "Yes," explain the arrangement in Part XIII and complete the following table Additions during the year Ic Id Id Id Id Id Id Id | | or rocewa densition | s of art buck | oncol troncu | me er ether | cumulae | | | | |
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| Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a is the organization an agent, frustee, ouslocian or other intermediary for contributions or other assets not included on Form 990, Part X? □ Yes □ No b If "Yes," explain the arrangement in Part XIII and complete the following table □ Beginning balance □ Additions during the year □ Data of Ending balance □ Data balance □ Data balance □ Data balance □ Data balance □ Data balance □ Data balance □ Data balance □ Data balance □ Part V □ Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. □ Data Beginning of year balance □ Contributions □ No Form 990, Part IV, line 10. □ Data Beginning of year balance □ Contributions □ No Form 990, Part IV, line 10. □ Data balance □ Contributions □ No Form 990, Part IV, line 10. □ Data balance □ Contributions □ No Form 990, Part IV, line 10. □ Data balance □ Contributions □ No Form 990, Part IV, line 10. □ Data balance □ Contributions □ No Form 990, Part IV, line 10. □ Data balance □ Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as □ Board designated or quasi-endowment ▶ % □ Permanent endowment № % □ Pe | | | s part or the | organizatioi | n's collection | | | | res | NO |
| 990, Part X, line 21. 1a is the organization an agent, tustiee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b if "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance d Additions during the year e Distributions Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prov year balance e Other expenditures for facilities and programs (a) Grants or scholarships e Other expenditures for facilities and programs Administrative expenses g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment % Permanent endowment % Permanent endowment % The percentages on lines 22, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organizations (ii) Unrelated organizations (iii) Related orga | | | o" on Eon | ~ 000 Ba | rt IV line (|) or ron | artad a | o omoun | t on Form | |
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| organization by (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (investment) (other) 4 Describe in Part XIII the intended uses of the organization's endowment funds Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (other) 4 Description of property (a) Book value (d) Book value (d) Book value 1a Land b Buildings c Leasehold improvements d Equipment e Other | The percentages on lines 2a, 2b, and 2c sh | nould equal 100% | | | | | | | | |
| (ii) Unrelated organizations (iii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) depreciation depreciation 1a Land (investment) (other) depreciation 4 Equipment 117,663 117,650 13 6 Other | 3a Are there endowment funds not in the poss | ession of the organi | zation that a | are held and | administered | for the | | | | |
| (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (investment) (investment) (other) 4 Description of property (a) Cost or other basis (other) (other) (other) 1a Land b Buildings c Leasehold improvements d Equipment e Other | organization by | | | | | | | | Yes N | <u>10</u> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (investment) (other) (d) Book value (d) Book value 1a Land b Buildings c Leasehold improvements d Equipment e Other | (i) Unrelated organizations | | | | | | | | 3a(i) | _ |
| 4 Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (investment) (other) (d) Book value (d) Book value (d) Book value (d) Book value 1a Land b Buildings c Leasehold improvements d Equipment d Equipment e Other | (ii) Related organizations | | | | | | | | 3a(ii) | |
| Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (other) (other) (other) 1a Land b Buildings c Leasehold improvements d Equipment e Other | b If "Yes" on line 3a(ii), are the related organi | zations listed as req | uired on Sc | hedule R? | | | | | 3b | |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (investment) (b) Cost or other basis (other) (other) (d) Book value (d) Book value (d) Book value (d) Book value 1 a Land b Buildings c Leasehold improvements d Equipment e Other | 4 Describe in Part XIII the intended uses of t | he organization's en | dowment fu | nds | | | | | | |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (investment) (b) Cost or other basis (other) (other) (d) Book value (d) Book value (d) Book value (d) Book value 1 a Land b Buildings c Leasehold improvements d Equipment e Other | Part VI Land, Buildings, and Eq | uipment. | | · · | | | | | | |
| Description of property (a) Cost or other basis (other) (investment) (investment) (investment) (other) (other) (c) Accumulated depreciation (d) Book value (d) Book value 1 Land b Buildings c Leasehold improvements d Equipment e Other | | • | s" on For | n 990, Pa | rt IV, line 1 | <u> 1a. Se</u> e | Form 9 | 990, Par | t X, line 10. | |
| 1a Land | | | 1 | | | | | T | | _ |
| b Buildings c Leasehold improvements d Equipment e Other 117,663 117,650 13 | | (investmen | t) | (oth | er) | de | preciation | | | |
| b Buildings c Leasehold improvements d Equipment e Other 117,663 117,650 13 | 1a Land | , | | | | | | | | _ |
| c Leasehold improvements 117,663 117,650 13 e Other 117,650 13 | | | | | | | | | | |
| d Equipment 117,663 117,650 13 e Other | • | | | | | | | | _ | |
| e Other | | = | | 1 | 17.663 | | 117 | 650 | | <u> </u> |
| | | | + | | , | · · · · · · · | _ <i>,</i> | | | <u> </u> |
| | | equal Form 990. Pa | art X, colum | n (B), line 10 | | | | ▶ | | 13 |

| Schedule D (F | om 990) 2019 Trinity Academy, Inc | • | 39-1914032 | Page 3 |
|----------------|--|---------------------------------------|--------------------------------|---------------------------------------|
| Part VII | Investments – Other Securities. | 5 000 D 1 N 1 N | 441 0 5 000 5 | |
| | Complete if the organization answered "Yes" or | | | |
| | (a) Description of security or category | (b) Book value | (c) Method of | |
| | (including name of security) | | Cost or end-of-year | market value |
| (1) Financial | | | | |
| (2) Closely he | eld equity interests | | | |
| (3) Other | | | | |
| (A) | | | | |
| (B) | | | | |
| (C) | | · · | | |
| (D) | | | | |
| (E) | | | | |
| (F) | | | | |
| (G) | | | | |
| (H) | | | | · |
| | n (b) must equal Form 990, Part X, col (B) line 12) | | <u> </u> | |
| Part VIII | Investments - Program Related. | <u> </u> | | |
| Li ait viii) | Complete if the organization answered "Yes" or | Form 990 Part IV lir | ne 11c. See Form 990. Pa | art X line 13 |
| | (a) Description of investment | (b) Book value | (c) Method of | |
| | ., | | Cost or end-of-year | market value |
| (1) | - | | | · · · · · · · · · · · · · · · · · · · |
| (2) | - | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | - |
| (6) | | | | |
| (7) | · | | | |
| ` | | | - | |
| (8) | | + | | |
| (9) | n (b) must equal Form 990, Part X, col (B) line 13) | | | • |
| Part IX | n (b) must equal Form 990, Part X, col (B) line 13) Other Assets. | | _1 | |
| [Fait IX] | Complete if the organization answered "Yes" or | Form 000 Bort IV/ lir | o 11d Soo Form 000 Pr | ort V lino 15 |
| | | i romi 990, rantiv, iii | le 11d. See Foill 990, Fa | |
| | (a) Description | | | (b) Book value |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | <u>-</u> . | | |
| <u>(7)</u> | | | | |
| (8) | | | | |
| (9) | | | | |
| Total. (Colum | n (b) must equal Form 990, Part X, col (B) line 15) | | <u> </u> | |
| Part X | Other Liabilities. | | | |
| | Complete if the organization answered "Yes" or | n Form 990, Part IV, Iir | ne 11e or 11f.See Form 9 | }90, Part X, |
| | line 25. | | | |
| 1. | (a) Description of liability | | | (b) Book value |
| (1) Federal | income taxes | | | |
| (2) N/P | - Spring Bank (PPP) | | | 96,900 |
| | Grace Investors | | | 34,827 |
| | payment Owed to DPI | · | | 7,202 |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| | | | | |
| (9) | n (b) must equal Form 990, Part X, col (B) line 25) | | • | 138,929 |
| | uncertain tax positions In Part XIII, provide the text of the fo | otnote to the omenization's | | |
| = | | | | ` |
| organization's | liability for uncertain tax positions under FASB ASC 740 Chi | eak here ii the text <u>of</u> the to | outote has been provided in Pa | ILAIII |

| Sche | dule D (Form 990) 2019 Trinity Academy, Inc. | 39 | -1914032 | Page 4 |
|------|--|-----------------------|-------------------|-------------|
| Pa | rt XI Reconciliation of Revenue per Audited Financial Stat | ements With Reve | nue per Return. | |
| | Complete if the organization answered "Yes" on Form 99 | 0, Part IV, line 12a. | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | | |
| а | Net unrealized gains (losses) on investments | 2a | | |
| b | Donated services and use of facilities | 2b | , | |
| С | Recovenes of prior year grants | 2c | | |
| d | Other (Describe in Part XIII) | 2d | | |
| е | Add lines 2a through 2d | _ | 2e | |
| 3 | Subtract line 2e from line 1 | | 3 | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII) | 4b | | |
| С | Add lines 4a and 4b | • | 4c | |
| 5 | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) | | 5 | |
| Pa | rt XII Reconciliation of Expenses per Audited Financial Sta | tements With Exp | enses per Return. | |
| | Complete if the organization answered "Yes" on Form 99 | 0, Part IV, line 12a. | | |
| 1 | Total expenses and losses per audited financial statements | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | | |
| а | Donated services and use of facilities | 2a | | |
| b | Pnor year adjustments | 2b | | |
| С | Other losses | 2c | | |
| d | Other (Describe in Part XIII) | 2d | | |
| е | Add lines 2a through 2d | | 2e | |
| 3 | Subtract line 2e from line 1 | | 3 | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1 | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII) | 4b | | |
| С | Add lines 4a and 4b | | 4c | |
| 5 | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) | | 5 | |

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line

2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

| Part XIII | Supplemental Information.

Schedule D (Form 990) 2019 Trinity Academy,
Part XIII: Supplemental Information (continued) Inc. 39-1914032

Page 5

SCHEDULE E

(Form 990 or 990-EZ)

Schools

Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

2019

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name of the organization

Trinity Academy, Inc

Employer Identification number 39-1914032

| | IIIII Cy Academy, Inc. | 39-1914032 | | |
|----|--|------------|---------------|----------|
| Pa | art I | | | |
| | | | YES | NO |
| 1 | Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? | 1 | х | |
| 2 | Does the organization include a statement of its racially nondiscriminatory policy toward students in all its | | | |
| | brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? | 2 | X | |
| _ | | | | |
| 3 | Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please | | | |
| | describe If "No," please explain If you need more space, use Part II | 3 | X | <u> </u> |
| | All of our promotional materials and recruitment infor states we are totally non discriminatory including race | | | |
| | states we are totally non discriminatory including rac | Hally. | | |
| 4 | Does the organization maintain the following? | | | |
| а | Records indicating the racial composition of the student body, faculty, and administrative staff? | <u>4a</u> | X | <u> </u> |
| b | Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? | 4b | x | |
| С | Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? | 4c | x | |
| d | Copies of all material used by the organization or on its behalf to solicit contributions? | 4d | X | |
| | If you answered "No" to any of the above, please explain If you need more space, use Part II | | | |
| 5 | Does the organization discriminate by race in any way with respect to | | | |
| а | Students' rights or privileges? | 5a | | X |
| - | | | | |
| b | Admissions policies? | 5b | ļ | Х |
| | | | | |
| С | Employment of faculty or administrative staff? | <u>5c</u> | ļ | X |
| d | Scholarships or other financial assistance? | 5d | | x |
| _ | | | | |
| е | Educational policies? | 5e | | X |
| | Han of facilities? | 5f | | x |
| T | Use of facilities? | 51_ | 1 | |
| 9 | Athletic programs? | 5g | | X |
| | | | | |
| h | Other extracumcular activities? | <u>5h</u> | <u> </u> | X |
| | If you answered "Yes" to any of the above, please explain. If you need more space, use Part II | | | |
| | | | | |
| | | | | |
| | | | ļ | |
| 6a | Does the organization receive any financial aid or assistance from a governmental agency? | 6a | | X |
| b | Has the organization's right to such aid ever been revoked or suspended? | 6b | \vdash | X |
| 7 | If you answered "Yes" on either line 6a or line 6b, explain on Part II | | | |
| 7 | Does the organization certify that it has compiled with the applicable requirements of sections 4.01 through | | - | <u> </u> |

Part II

Schedule E (Form 990 or 990-EZ) 2019

Trinity Academy, Inc.

39-1914032

Page 2

Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information. See instructions

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Inspection

Open to Public

| Trinity Academy, I | inc. | | | | 39-19140 | |
|---|--|------------------|--|--|---|---|
| Part Fundraising Activities. Complete if | the organization | n an | swer | ed "Yes" on Form 9 | | |
| Form 990-EZ filers are not required t | o complete this | s par | t | | | |
| 1 Indicate whether the organization raised funds through a | any of the following | g activ | ities | Check all that apply | | |
| a Mail solicitations | e Solicitation | of no | n-gov | emment grants | | |
| b Internet and email solicitations | f Solicitation | of go | vemm | nent grants | | |
| c Phone solicitations | g Special fur | ndraisi | ng ev | ents | | |
| d In-person solicitations | | | | | | |
| 2a Did the organization have a written or oral agreement v or key employees listed in Form 990, Part VII) or entity | vith any individual in connection with | (ınclud profe | ling of | fficers, directors, trustees al fundraising services? | i, | Yes No |
| b If "Yes," list the 10 highest paid individuals or entities (fi | undraisers) pursuai | nt to a | green | nents under which the fu | ndraiser is to be | |
| compensated at least \$5,000 by the organization (i) Name and address of individual or entity (fundraiser) | (ii) Activity | raiser | d fund- have dy or rol of thons? | (Iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col (l) | (vi) Amount paid to (or retained by) organization |
| | | + | No | | | <u> </u> |
| 1 | | | | | | |
| 2 | - | <u> </u> | | | | |
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| | | | | | | |
| Total | | | ▶ | | | |
| 2. List all states in which the emenioration is registered or | licensed to solicit o | natah | dion' | or has been notified it is | e evernet from | |

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events AUCTIONS & RUMM FALL DINNER None (add col (a) through ∞l (c)) (event type) (event type) (total number) 27,957 11.849 39,806 1 Gross receipts 2 Less Contributions 3 Gross income (line 1 minus 27,957 11,849 39,806 line 2) 800 800 4 Cash pnzes 5 Noncash prizes 9,181 5,165 14,346 6 Rent/facility costs Expenses 7 Food and beverages 8 Entertainment 839 4,060 3,221 9 Other direct expenses 19,206 10 Direct expense summary Add lines 4 through 9 in column (d) 20,600 11 Net income summary Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming Revenue col (a) through col (c)) bingo/progressive bingo 1 Gross revenue 2 Cash prizes Expenses 3 Noncash prizes Direct 4 Rent/facility costs 5 Other direct expenses Yes % Yes % Yes % No 6 Volunteer labor No No 7 Direct expense summary Add lines 2 through 5 in column (d) 8 Net gaming income summary Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities ☐ Yes ☐ No a is the organization licensed to conduct gaming activities in each of these states? b If "No," explain Yes No 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," explain

| Sche | edule G (Form 990 or 990-EZ) 2019 | Trinity | Academy, | Inc. | 39-191403 | 2 Page 3 |
|----------|---|-----------------------|----------------------|--|---------------------|-------------------|
| 11 | Does the organization conduct gaming | | <u></u> | <u> </u> | | Yes No |
| 12 | Is the organization a grantor, beneficia | ry or trustee of a t | rust, or a member | of a partnership or other entity | | |
| | formed to administer chantable gamin | g? | | | | Yes No |
| 13 | Indicate the percentage of gaming act | ovity conducted in | | | 1 | 1 |
| а | The organization's facility | | | | 13a | %_ |
| b | An outside facility | _ | | | 13b | %_ |
| 14 | Enter the name and address of the percords | erson who prepare: | s the organization's | s gaming/special events books and | j | |
| | Name ▶ | | | | • | |
| | Address ▶ | | | | | |
| 15a | Does the organization have a contract | with a third party | from whom the org | ganization receives gaming | | ☐ Yes ☐ No |
| . | revenue? If "Yes," enter the amount of gaming re | avanua racawad h | the emenization | . c | and the | ☐ fes ☐ No |
| b | amount of gaming revenue retained by | | - | \$ | and the | |
| С | If "Yes," enter name and address of the | · • | • | | | |
| | Name ▶ | | | | | |
| | Address ▶ | | | | | |
| 16 | Gaming manager information | | | | | |
| | Name ▶ | | | | | |
| | Gaming manager compensation ▶ \$ | | | | | |
| | Description of services provided ▶ | | | | | |
| | Director/officer Em | ployee | Independent | contractor | | |
| 17 | Mandatory distributions | | | | | |
| ''a | Is the organization required under state | e law to make cha | ntable distributions | from the gaming proceeds to | | |
| _ | retain the state gaming license? | | | , nome are gamming processes to | | Yes No |
| b | Enter the amount of distributions requi | red under state lav | v to be distributed | to other exempt organizations or | | |
| | spent in the organization's own exemp | t activities during t | he tax year 🕨 💲 | | | |
| Pa | | | | ns required by Part I, line 2b applicable. Also provide any | | |
| | See instructions. | | · | · · · · · · · · · · · · · · · · · · · | | |
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| | | | | | Schedule G (Form 99 | 0 or 990-EZ) 2019 |

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3

TRINITY 12/31/2020 7 46 AM

SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open To Public Inspection

| Name of the organi | zation | | | | | | | Empl | oyer Ide | ntificat | ion nur | mber | | |
|--------------------|---|------------------------------------|----------------------|---------------|----------------------|---------------------------|---|---|---------------|----------|--|-------------------------------|--|------------------|
| · | Trinity Academy, Inc | | | | | | | | 19140 | 32 | | | | |
| Part I | Excess Benefit Transactions Complete if the organization answered | | | | | | | | | l0b | | | | |
| 4 | (a) Name of discussified access | (b) Relatio | ınship between disqu | ualifie | d pers | son and | | (a) Danaha- of | | | | (d) | Солес | ted? |
| 1 | (a) Name of disqualified person | | organization | | | | | (c) Description of | ransacu | on | | Yes | <u>. </u> | No |
| (1) | | | | | | | | | | | | ↓ | \perp | |
| (2) | | | | | | | | | | | | | \dashv | |
| (3) | | | | | | | | | | | | ₩ | + | |
| (4) | | | | | | | | · · · · · · · · · · · · · · · · · · · | | | | +- | + | |
| (5) (6) | | | | | | <u></u> | | | | - | | ╁ | + | |
| 2 Enter the | amount of tax incurred by the organiza | ition manager | rs or disqualified | j pe | rson | s dunng th | e year | | • | \$ | | | | |
| | amount of tax, if any, on line 2, above | reimbursed t | by the organizat | bon | | | | | • | \$ | | | | |
| Part II | Loans to and/or From Interes | stad Parso | ne . | | | | | | | | | | | |
| <u> </u> | Complete if the organization answered | | | t V. I | line : | 38a or For | m 990. | . Part IV. line 26 | . or if | the | | | | |
| | organization reported an amount on Fe | | | | | | | | | | | | | |
| | (a) Name of interested person | (b) Relationship with organization | (c) Purpose of loan | to o | Loan from org? | (e) Ongii principal ar | | (f) Balance due | (g) In | default | by bo | pproved oard or nittee? | | Votten ement? |
| | | | | $\overline{}$ | From | | | | Yes | No | Yes | No | Yes | No |
| N/P- Dr. (1) | Robin Mitchell | | | x | | | | 410,06 | 3 | x | x | | x | |
| (2) | | | | | • | | | | | | | | | |
| (3) | | | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | | | |
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| (9) | , | | | | | | | | | | | | | |
| (10) | | | | | | - | | | | | | <u> </u> | | |
| Total | | | l | ь_ | L | <u></u> | ▶ \$ | 410,06 | 3 | | ╁_ | | <u> </u> | Ц |
| Part III | Grants or Assistance Benefic Complete if the organization answered | | | | 27 | | , | | | | | | | |
| | (a) Name of interested person | (b) Relation | ship between interes | sted | T | Amount of assis | tance | (d) Type of assistance | е | (e) | Purpos | se of ass | sistance | |
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| (2) | | | | | ļ | | | | | | | | | |
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| (4) | | | | | - | | | - | \dashv | | | | | |
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| (6) (7) | | | | | 1 | | $\overline{}$ | | \dashv | | | | | |
| (8) | | | | - | † – | - | | | + | | | | | |

(9)

| Schedule L (Form 990 or 990-EZ) 2019 Trinity | Academy, Inc. | | 39-1914032 | Page |
|--|--|---------------------------|--|----------------------------------|
| | | | | |
| Complete if the organization answered "Yes | on Form 990, Part IV, line 28 | a, 28b, or 28c | | |
| (a) Name of interested person | (b) Relationship between interested person and the | (c) Amount of transaction | (d) Description of transaction | (e) Shann of org revenues? |
| | | | | |
| | President | | Loan to Company | <u> </u> |
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| Part V Supplemental Information. | | | | |
| Provide additional information for responses | to questions on Schedule L (| see instructions) | | |
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047 2019 (Inspection)

Department of the Treasury Internal Revenue Service Name of the organization

Trinity Academy, Inc.

Employer identification number 39-1914032

Form 990, Part I, Line 6

Assist in office duties, help teachers in classrooms and fundraising.

Form 990, Part VI, Line 2 - Related Party Information Among Officers

Robin Mitchell

Susan Mitchell

Head Master

Director

Spouse

Elizabeth Mitchell

Robin & Susan Mitchell

Director

Directors

Child/Parents

Susan Mitchell

Robin Mitchell

Director

Head Master

Spouse

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 No review was or will be conducted.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation No documents available to the public