Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047 118

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

Open to Public Inspection

A	For the	e 2018 calendar year, or tax year beginning	and	ending							
В	Check if applicable	C Name of organization			D Employer identif	cation number					
Г	Addre	S HOLY TRINITY APARTMENTS, INC.									
	Name chang				20-5	045648					
	Initial return Final return	Number and street (or P.O. box if mail is not delivered to street address 3701 ST. MICHAELS CHURCH DRIVE	ess)	Room/su		E Telephone number (812) 876-5478					
_	termin	City or town, state or province, country, and ZIP or foreign pos	tal code		G Gross receipts \$	27 057					
Ļ	Amen	10015VILLE, KI 40220-2061			H(a) Is this a group r						
L	Application pendi	F Name and address of principal officer. FAIRER ALEXI	A KOUR	.I	for subordinates						
<del>-</del>		SAME AS C ABOVE	10474-1441	-1/2	H(b) Are all subordinates						
_		empt status X 501(c)(3) 501(c)( )◀ (insert no.) te: ► N/A	☐ 4947(a)(1)	or LLL 5	<del></del>	list. (see instructions)					
			her 🕨	li Ve	H(c) Group exemption 2006	M State of legal domicile: KY					
_	art I	Summary		1	ar or formation. 2000 [1	VI Otate of legal definione, 202					
1 Broth, describe the exemplator's market are from the AFFORDARLE HOUSING - SEE PART											
Activities & Governance	l	III LINE 1 FOR MISSION STATEMENT.									
rus	2	Check this box If the organization discontinued its operation	ons or dispo	sed of m	ore than 25% of its net a	ssets					
Š		Number of voting members of the governing body (Part VI, line 1a)			3	6					
<b>অ</b>	4	Number of independent voting members of the governing body (Part	t VI, line 🙀	ECEI	VED 4	6					
ies	[	Total number of individuals employed in calendar year 2018 (Part V,	1 1 '		<u>5</u>	0					
Ę	1	Total number of volunteers (estimate if necessary)	3034 IA	ה 1 מכ	2010 8	6					
Š	1	Total unrelated business revenue from Part VIII, column (C), line 12	A	PR 13	· 1781	0.					
	Ь	Net unrelated business taxable income from Form 990-T, line 38	<u> </u>								
_	8	Contributions and grants (Part VIII, line 1h)	00	SDEN	, U Prior Year 27, 447.	Current Year 23,748.					
Revenue	9	Program service revenue (Part VIII, line 2g)			52,425.	53,918.					
	1	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	47.	50.							
œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e	s)	t	0.	141.					
	ľ	Total revenue - add lines 8 through 11 (must equal Part VIII, column (	-	Ī	79,919.	77,857.					
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.						
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0.	0.					
es	15	Salaries, other compensation, employee benefits (Part IX, column (A)	), lines 5-10)		24,475.	23,198.					
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0.	0.					
X		Total fundraising expenses (Part IX, column (D), line 25)		0.	114 507	110 300					
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			114,587.						
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line	25)		139,062. <59,143.						
or es		Revenue less expenses Subtract line 18 from line 12		+	Beginning of Current Year						
ance	20	Total assets (Part X, line 16)		<u> </u>	1,383,879.	End of Year 1,324,349.					
Ass	21	Total liabilities (Part X, line 26)		ŀ	1,785,455.	1,783,586.					
Net Assets Fund Balanc	22	Net assets or fund balances Subtract line 21 from line 20		<u> </u>	<401,576.						
	art II	Signature Blook	•			<del>,</del>					
		ilties of perjuly, I deplaye that I have examined this return, including accompan				y knowledge and bolief, it is					
true	, correc	t, and complete, Declaration of trendror (other than officer) is based on all info	ormation of w	hich prepa	rer has any knowledge.						
Sig	n	engnature of officer				/14					
Her		CARSON HAYES, MANAGEMENT AGENT									
		Type or print name and title									
		Print/Type preparer's name Preparer's signature			Date Check	PTIN					
Paid			LEMLER	, CPA	03/17/19 self-emplo						
	parer	Firm's name LEMLER GROUP, LLC			Firm's EIN ▶	33-1215017					
Use	Only	Firm's address 5625 N POST ROAD, SUITE 1	U <b>4</b>			17\ 440 0101					
_	INDIANAPOLIS, IN 46216   Phone no. (317) 449-0121										
		RS discuss this return with the preparer shown above? (see instruction			, ,	X Yes No Form <b>990</b> (2018)					
8320	01 12-3	11-18 LHA For Paperwork Reduction Act Notice, see the separa	ate instructi	ions.		FOIIII 990 (2018)					

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		)-50 <b>4</b> 56 <b>4</b> 8	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission		
	TO PROVIDE ELDERLY PERSONS AND HANDICAPPED PERSONS WITH HO		
	FACILITIES AND SERVICES SPECIALLY DESIGNED TO MEET THEIR F		
	SOCIAL AND PSYCHOLOGICAL NEEDS AND TO PROMOTE THEIR HEALTH	I, SECURIT	<del>Y,</del>
_	HAPPINESS AND USEFULNESS IN LONGER LIVING.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as mea	sured by expenses	
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the		
	revenue, if any, for each program service reported.	ic total expenses,	uno
4a	(Code ) (Expenses \$ 126,963 · Including grants of \$ ) (Revenue \$	54.	059.)
	TO PROVIDE LOW-INCOME HOUSING FOR DISABLED INDIVIDUALS SUE		
	CONTRACT WITH U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOR		
	The state of the s	112111	
			····
	V (1 - 1)		
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$		)
4c	(Code) (Expenses \$		)
	···		
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses ► 126,963.	<del></del>	
		Form 9	90 (2018)

Form 990 (2018) HOLY TRINITY

Part IV | Checklist of Required Schedules

			162	IAO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  If "Yes," complete Schedule A		х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	$\vdash$
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			$\vdash$
•	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	<u> </u>		<del></del>
•	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			1
	as applicable		-	لـــا
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total		v	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	X	
a	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			х
	Part X, line 16? If "Yes," complete Schedule D, Part IX  Put the organization report on amount for other liabilities in Best X, line 353 If "Yes," complete Schedule D. Part X	11d	X	<u>~</u>
f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e	Λ	_
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			_
	Schedule D, Parts XI and XII	12a	х	
ь	Was the organization included in consolidated, independent audited financial statements for the tax year?	,		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	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	14b		X
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		X
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	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
46	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		v
20-	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<del></del>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
	democracy government on Factor, column try, line 11 ii 100, complete democració i, Factor and ii			

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
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 employees? If "Yes," complete Schedule J	23		Х
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 through 24d and complete			
	Schedule K If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	-	
С	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			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	200		
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			İ
	instructions for applicable filing thresholds, conditions, and exceptions).			X
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		^
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			<sub>v</sub>
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24		x
25.	Part V, line 1	34 35a		X
	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	<i>~</i> a		<del></del> -
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		l
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		3,7	
Da	Note. All Form 990 filers are required to complete Schedule O	_38_	Х	
Pa	Tt V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	Shook is deficable of contains a response of note to any line in this rate v		Yes	No
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		163	1,40
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  1b  0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			]
v	(gambling) winnings to prize winners?	1c	X	
83200	4 12-31-18		990	(2018)

Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, feed for the calendar year ending with or within the year covered by this return.  9	Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)	•							
Mode of the calendar year ending with or within the year covered by this return   2   0   0   0   0   0   0   0   0   0				t anamous uni	Yes	No				
b if at least one is reported on line 2a, did the organization file all required federal employment tax returns?  30 bot the organization have unretured to business gross income of \$1,000 or more during the year?  31 bif **Yes**, has it filed a form \$90.7 for this year? If **No* to line 3b, provide an explanation in \$20.000 or more during the callendary ear, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  52 bif **Yes**, enter the name of the foreign country*.  53 bif **Yes**, enter the name of the foreign country*.  54 bif **Yes**, enter the name of the foreign country*.  55 centrollors for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  56 bif **Yes** to the foreign country*.  57 bif **Yes** to the foreign country*.  58 bif **Yes** to the foreign country*.  59 bif **Yes**, in the fact of bif the organization that it was or is a party to a prohibeted tax shetter transaction?  50 bif **Yes**, in the fact of bif the organization that it was or is a party to a prohibeted tax shetter transaction?  50 bif **Yes**, in the fact of bif the organization that it was or is a party to a prohibeted tax shetter transaction?  50 bif **Yes**, in the fact of bif the organization that it was or is a party to a prohibeted tax shetter transaction?  50 bif **Yes**, indicate the rount tax deductible of the organization and the organization shet organization received a contribution of unity the donor of the value of the goods or services provided?  50 bif the organization that may receive deductible contributions under section 170(c).  50 bif the organization received a contribution of cardiscate the value of the goods or services provided?  51 bif the organization received a contribution of unity the donor of the value of the goods or services provided?  52 bif the organization received a contribution of unity to the value of the goods o	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
Note. If the sum of lines 1s and 2s is greater than 250, you may be required to 6-five (see instructions) 3		filed for the calendar year ending with or within the year covered by this return	2a (		M.					
3. Dit the organization have unrelated business gross income of \$1,000 or more during the year?  4. At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. Note that she your day a explanation on Schedule O  4. At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. So the second in the second	b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?			L				
b. If Yes, 'Insart filed a Form 990.T for the year? If 'No' to live 3b, provide an explanation in Schedule O  At any time during the calendar year, did the organization have an interest in, or a signature or other authonity over, a financial account in a foreign country (such as a bank account, securities account, or other financial accountry?  b If 'Yes,' enter the name of the foreign country; Sec.  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Did any taxable party notify the organization that twas or is a party to a prohibited sax shelter transaction?  c If 'Yes' to live 5a or 5b, did the organization file Form 888-7?  5b Did any taxable party notify the organization file Form 888-7?  5c Does the organization and pross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  b If 'Yes', did the organization moutle with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 organizations that may receive deductible contributions under section 170(c).  b If If 'Yes', did the organization notify the domor of the value of the goods or services provided?  7 b If If 'Yes', did the organization notify the domor of the value of the goods or services provided?  7 b If the solicitation of the service dispose of tanglish personal property for which it was required to the Form 8822? filed during the year  c Did the organization during the year, pay premitting, directly or indirectly, to pay premiums on a personal benefit contract?  7 t Did the organization during the year, pay premitting, directly or indirectly, on pay personal benefit contract?  7 t Did the organization during the year, pay premitting, directly or indirectly, on pay personal benefit contract?  8 ponesoring organization has a distribution of gualified infelectual property, did the organization file Form 890 as required?  b of the organization re		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s)							
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  b If "Yes," enter the name of the foreign country: ▶  5a Was the organization party to a prohibited tax shelter transaction at any time during the tax year?  b Did any taxable party notify the organization file form 88867?  c If "Yes" to line \$a or \$b, did the organization file form 8867?  6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solict any contributions that were not tax deductible as charablee contributions?  b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charablee contributions and party for goods and services prowded to the pain?  b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive a payment in excess of \$75 made party as a contribution and party for goods and services prowded to the pain?  b If "Yes," did the organization neonate that such contributions or gifts were not tax deductible to ontribution or the value of the goods or services prowded?  7 Organizations that may receive a payment in excess of \$75 made party as a contribution of organization and party for goods and services prowded to the pain?  b If "Yes," indicate the number of Forms 8282 filed during the year  c Did the organization, during the year, pay premiums, directly or indirectly, to na personal benefit contract?  7 If John the organization make any taxable distributions under section 4965?  b Did the organization make any taxable distributions under section 4965?  b Did the sponsoring organization make any taxable distributions under section 4965?  b Costs receipts, included on Form 809, Part VIII, line 1			•	3a		X				
tinancial account in a foreign country (such as a bank account, securities account, or other financial account)?  See instructions for fining requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  Soe Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  5b Ibid any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  6c If "Yes" to line Sa or Sb, did the organization in that it was or is a party to a prohibited tax shelter transaction?  6c If "Yes" to line Sa or Sb, did the organization fall to a charable contributions?  6c If "Yes" to line Sa or Sb, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charable contributions?  7b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7c Organizations that may receive deductible contributions under section 170(c).  8d If "Yes," did the organization notify the donor of the value of the goods or services provided?  8d If "Yes," did the organization notify the donor of the value of the goods or services provided?  9d If "Yes," indicate the number of Forms 8282 field during the year  9d If "Yes," indicate the number of Forms 8282 field during the year  9d If the organization received a contribution of qualified reliefactual property, did the organization file a Form 1098-C?  9d If the organization received a contribution of qualified reliefactual property, did the organization file a Form 1098-C?  9d If the organization have excess business holdings at any time during the year?  9d Sponsoring organization make any texable distributions under section 4966?  9d Did the sponsoring organization make any texable distributions under section 4966?  9d Did the sponsorin		•		3b	ļ	ļ				
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).  5a Was the organization a party to a prohibited tax shelter transaction?  5b If wes 10 in 65 aro 5b, did the organization filing Form 88867.  6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that tweer not tax deductible as charitable contributions?  6a X  6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7b Organizations that may receive deductible contributions under section 170(c).  a bill the organization neity the donor of the value of the goods or services provided?  7c Organizations that may receive deductible contributions under section 170(c).  a bill the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the Form 82827 to the Form 82827 filed during the year  6b If the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the Form 82827 to the organization organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C7 to 10 the organization received a contribution of cars, boats, arplanes, or other vehicles, did the organization file a Form 1098-C7 to 10 the organization have excess business holdings at any time during the year?  5c Sponsoring organization make a distribution of undonor, donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. Did a donor advised fund the organization file a Form 1098-C7 to 10 the organization make a distribution of the property of the fund of the organization file a form 1098-C7 to 10 the organization make a distribution to a donor, donor advised, or related person?  5c dross incorne fr	4a		•			,,				
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g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  9 Sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organization make any taxable distribution sunder section 4966?  b Did the sponsoring organization make any taxable distribution sunder section 4966?  b Did the sponsoring organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  11 Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders  b Gross income from ther sources (Do not net amounts due or paid to other sources against amounts due or received from them)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b	е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contract?	7e						
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		ii res, complete Form 4720, Schedule O.	<del></del>		_					

Form 990 (2018) HOLY TRINITY APARTMENTS, INC. 20-5045648 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

_	Check if Schedule O contains a response or note to any line in this Part VI				لها			
Sec	tion 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	6					
	If there are material differences in voting rights among members of the governing body, or if the governing			Slatic	100			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				J.W.			
b	Enter the number of voting members included in line 1a, above, who are independent	1b	6					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with any other		Na.				
	officer, director, trustee, or key employee?		2	100000000000000000000000000000000000000	X			
3	Did the organization delegate control over management duties customarily performed by or under the	he direct supervision						
_	of officers, directors, or trustees, or key employees to a management company or other person?		3	Х				
4	Did the organization make any significant changes to its governing documents since the prior Form	990 was filed?	4		Х			
5	Did the organization become aware during the year of a significant diversion of the organization's as		5		X			
6	Did the organization have members or stockholders?	3003.	6		X			
	annoint one or	<u> </u>						
7 4	Did the organization have members, stockholders, or other persons who had the power to elect or a	appoint one of	7a		x			
_	more members of the governing body?	ataaldadaa ar	14		<del>  ^</del>			
D	Are any governance decisions of the organization reserved to (or subject to approval by) members,	Stockholders, or			x			
_	persons other than the governing body?		7b	المستحدث	A			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ear by the following:						
	The governing body?		8a	X	<u> </u>			
	Each committee with authority to act on behalf of the governing body?		8b	X	ļ			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	ached at the			۱.,			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		Х			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenue Code )			1			
				Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?		10a		X			
b	If "Yes," did the organization have written policies and procedures governing the activities of such of	chapters, affiliates,	1					
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b	X				
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.		3136 AV.	對於				
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 ris	e to conflicts?	12b					
С	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	Did the organization have a written whistleblower policy?		13		X			
14	Did the organization have a written document retention and destruction policy?		14		X			
15	Did the process for determining compensation of the following persons include a review and approv	val by independent		地流	松器			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision				A STATE			
а	The organization's CEO, Executive Director, or top management official		15a	www.w	X			
	Other officers or key employees of the organization		15b		Х			
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		M. M.	har.	Eliza Fin			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement with a		RH				
	taxable entity during the year?		16a	Shekidetemil	X			
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its participation	THE SE	, FREE	THE S			
-	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluate the organization the organization to evaluate the organization that the organization the organization the organization the organization the organization the							
	exempt status with respect to such arrangements?	a, neation o	16b	, Little Hander	deministra			
Sec	tion C. Disclosure		1100					
17	List the states with which a copy of this Form 990 is required to be filled NONE	<del> </del>						
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, a	and 990.Ti/Section 501/o	1/3/s only	avail	ahle			
18		and 990-1 (OBCHOH 301(C	nois only	uvalle	تا ب			
	for public inspection. Indicate how you made these available. Check all that apply.	n in Cohodula Ol						
40		n in Schedule O)	and for	ouc!				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	ornilict of interest policy,	and tinan	cial				
	statements available to the public during the tax year.							
20	State the name, address, and telephone number of the person who possesses the organization's b	ooks and records -						
	HAYES-GIBSON INTERNATIONAL, INC (812) 876-5478							
	320 WEST 8TH ST., STE 216, BLOOMINGTON, IN 47404							

Form **990** (2018)

# Part VIII 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.

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

(A) Name and Title	(B) Average hours per week	(do	not c	(C Pos heck ss pe	C) Ition more rson		one h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) FATHER ALEXIS KOURI PRESIDENT	1.00	x		х				0.	0.	0.
(2) PARTICK HOBBS	1.00					Т				
BOARD MEMBER		x						0.	0.,	0.
(3) MARY JEAN CIRESI	1.00									
BOARD MEMBER		X		L				0.	0.	0.
(4) JOHN VERNAK	1.00	_								
BOARD MEMBER		X		<u> </u>	<u> </u>	<u> </u>	_	0.	0.	0.
(5) MITCH METRY	1.00									0
BOARD MEMBER	1.00	Х	_	<u> </u>	_	┞	ļ	0.	0.	0.
(6) LAUREEN REIMER BOARD MEMBER	1.00	x	ŀ	1		İ		0.	0.	0.

Form 990 (2018)

	990 (2018) HOLY TRI									20-50	45	648	Р	age 8
Pa	t VII] Section A. Officers, Directors, Trus		ploy	ees			ghe	st C						
	(A) Name and title	(B) Average hours per week	box	not c	Pos heck iss pe nd a d	more rson	than is bot	h an	( <b>D</b> )  Reportable  compensation  from	(E)  Reportable compensation from related		an	(F) stimate nount other	of
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS	1	fr org an	pensa rom th janizat d relat anizati	ie tion ted
			_					_						
			_		-	L	_	_						
			<u> </u>	_			_							
			<u> </u>	_				L						
			_		<u> </u>	 								
			-				_							
			_											
	Sub-total  Total from continuation sheets to Part V	I Section A	<u> </u>		l	<u>L</u>		<u> </u>	0.		0.			0.
	Total (add lines 1b and 1c)								0.		0.			0.
2	Total number of individuals (including but recompensation from the organization	not limited to th	ose	liste	ed a	bov	e) wi	ho r	received more than \$100	0,000 of reportabl	e —		Yes	No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s			e, ke	ey er	nplo	oyee	, or	highest compensated e	employee on	1	3		X
4	For any individual listed on line 1a, is the si and related organizations greater than \$15	um of reportab	le co							the organization		4		X
5	Did any person listed on line 1a receive or rendered to the organization? If "Yes," con	accrue compe	nsat	ion i	from	any	y uni			ridual for services		 5		х
	tion B. Independent Contractors									4400.000 (				
1	Complete this table for your five highest co the organization. Report compensation for										ipens	ation	irom	
	(A) Name and business			ONI					(B) Description of		C		C) ensatio	n
													<b>-</b>	
	Total number of independent contractors (	ıncluding but r	ot li	mite	ed to	tho	se li	ste	d above) who received r	nore than		1		
	\$100,000 of compensation from the organ	zation >				!	0					Farm	990	(2019)

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832009 12-31-18

141.

77,857.

And suithful the same

Form 990 (2018)

All other revenue

Total. Add lines 11a 11d

Total revenue. See instructions

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 respon	nse or note to any line in			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16			frieder bestätigt in der stelle bestätigt.	MANAGEMENT EN
4	Benefits paid to or for members			nawa kanamikan;	HALLER MEDICAL
5	Compensation of current officers, directors,				16
	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)	04 050	04 050		
7	Other salaries and wages	21,272.	21,272.		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)			:	
9	Other employee benefits	1 000	1 000		
10	Payroll taxes	1,926.	1,926.		
11	Fees for services (non-employees)	0 555		0 555	
a	Management	8,555.		8,555.	<del></del>
b	Legal	4,100.	4,100.		
c	Accounting	4,100.	4,100.		
ď	Lobbying  Professional fundraising converse See Boot IV line 17		SAME CONTRACTOR CONTRACTOR SAME SAME SAME SAME SAME SAME SAME SAME		
e	Professional fundraising services. See Part IV, line 17		· · · · · · · · · · · · · · · · · · ·	2个群联中国的1364年201日290年2011	
f	Investment management fees Other (If line 11g amount exceeds 10% of line 25,				
g	column (A) amount, list line 11g expenses on Sch O.)	265.	265.		
10	Advertising and promotion	203.	203.	1	
12 13	Office expenses	4,937.	4,937.		•
14	Information technology	1,357.	1,357.		······································
15	Royalties	2,00,0	2,00,1		
16	Occupancy	20,080.	20,080.		
17	Travel	20,000			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
-19 <sup></sup>	Conferences, conventions, and meetings			-	_
20	Interest				
21	Payments to affiliates				<del></del>
22	Depreciation, depletion, and amortization	64,269.	64,269.		
23	Insurance	8,757.	8,757.		
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а					
b		· · · · · · · · · · · · · · · · · · ·			
С					
d					
е	All other expenses	125 510	126 062	0 555	^
25	Total functional expenses. Add lines 1 through 24e	135,518.	126,963.	8,555.	0.
26	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 if following SOP 98-2 (ASC 958-720)		<u></u>		Form <b>990</b> (2018)

1,324,349. Form 990 (2018)

<459,237.>

33

<401,576.>33

1,383,879.

Total net assets or fund balances

Total liabilities and net assets/fund balances

Form	1990 (2018) HOLY TRINITY APARTMENTS, INC.	20-50	45648	Page	e 12
Pa	Reconciliation of Net Assets				_
	Check if Schedule O contains a response or note to any line in this Part XI				Ш
			7.	, 0	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		7,85	
2	Total expenses (must equal Part IX, column (A), line 25)	2		5,51	
3	Revenue less expenses. Subtract line 2 from line 1	3		7,66	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	<401	.,5	<u>/ 6 • ;</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,		4-6		. =
	_column (B))	10	<459	, 2:	<u>37.</u> >
ŀуа	rt XIII Financial Statements and Reporting			ſ	
	Check if Schedule O contains a response or note to any line in this Part XII			<u> </u>	<u> </u>
1	Accounting method used to prepare the Form 990: Cash X Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0	-	Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	-	2a	***********	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a	Ebafai a	Mili i	
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				162
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,	435		型制
	consolidated basis, or both  X 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	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O	relier :	in the l	北潭
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil				
	Act and OMB Circular A-133?		3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	Х	
			Form	990 (2	2018)

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### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Nan	16 01 1	the organization H∩T.V	מ עיידואדמיי א	PARTMENTS, I	NC				0-5045648			
Pa	rt T	Reason for Public (				is nart \ Se	e instruction		0 3043040			
		nization is not a private found		<del></del>								
1 2 3 4		A church, convention of che A school described in secti A hospital or a cooperative A medical research organiz	urches, or association 170(b)(1)(A)(ii). (/	n of churches described Attach Schedule E (Form anization described in se	d in <b>sectio</b> n 990 or 99 ection 170	n <b>170(b)</b> (1 90-EZ) ) ( <b>b)(1)(A)(</b> ii	I)(A)(i). ii).	)(iii). Enter	the hospital's name,			
		city, and state										
5		An organization operated for section 170(b)(1)(A)(iv). (C		llege or university owned	d or operat	ted by a g	overnmental (	unit describ	ped in			
6		A federal, state, or local gov	vernment or governm	nental unit described in s	section 17	70(b)(1)(A)	(v).					
7	X											
8		A community trust describe		1)(A)(vi). (Complete Part	t II )							
9		An agricultural research org				ed in conju	inction with a	land-grant	college			
		or university or a non-land-guniversity.	grant college of agric	ulture (see instructions)	Enter the	name, city	, and state o	f the colleg	e or			
10												
		See section 509(a)(2). (Cor	•		fate Can	! <i>El</i>	10/-1/41					
11 12	Ħ	An organization organized a An organization organized a	•	•	•			arn, out the	a nurnoses of one or			
12		more publicly supported or	•									
		lines 12a through 12d that	•						SHOOK WIE DOX III			
а		Type I. A supporting orga	• •			•		_	/ giving			
		the supported organization	•	•								
		organization. You must o		• • • • •								
þ		Type II. A supporting org	-		tion with it	s support	ed organizatio	on(s), by ha	aving			
		control or management o	of the supporting orga	anization vested in the s	ame perso	ons that co	ontrol or mana	age the sup	ported			
		organization(s). You mus	t complete Part IV,	Sections A and C.								
С		Type III functionally inte	grated. A supporting	g organization operated	ın connec	tion with, a	and functiona	illy integrat	ed with,			
	_	its supported organization	n(s) (see instructions	) You must complete i	Part IV, Se	ections A,	D, and E.					
d		☐ Type III non-functionally						-				
		that is not functionally int	=					d an attent	riveness			
	_	requirement (see instruct	•	-								
е	Ь.	☐ Check this box if the organization.					a Type I, Type	ılı, Type III				
	<b>-</b>	functionally integrated, or		nally integrated support	ing organi	zation						
		er the number of supported of vide the following information	~	nd organization(e)								
9		(i) Name of supported	(ii) EIN	(III) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount o	fmonetary	(vi) Amount of other			
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ii	nstructions)	support (see instructions)			
				above (356 mandetions))								
		<u></u>										
Tota					<u> </u>							

## Schedule A (Form 990 or 990 EZ) 2018 HOLY TRINITY APARTMENTS, INC. Part | Support Schedule for Organizations Described in Sections 170/6 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Section A. Public Support											
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total				
1	Gifts, grants, contributions, and										
	membership fees received (Do not										
	include any "unusual grants ")	26,293.	24,610.	26,073.	27,447.	23,748.	128,171.				
2	Tax revenues levied for the organ-										
	ızatıon's benefit and either paid to										
	or expended on its behalf										
3	The value of services or facilities										
	furnished by a governmental unit to										
	the organization without charge										
4	Total. Add lines 1 through 3	26,293.	24,610.	26,073.	27,447.	23,748.	128,171.				
5	The portion of total contributions	GHARMAN SAME	部以外数数	rtiyaya		<b>CLUME CONT</b>					
	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)		の対象を対象	<b>自然不利的</b>		是神经神经					
_6	Public support. Subtract line 5 from line 4	心理學的學	開展的物質開	が表現では	神學可能的學	"的中国的特别。 <del>这</del> 个	128,171.				
Sec	ction B. Total Support										
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total				
7	Amounts from line 4	26,293.	24,610.	26,073.	27,447.	23,748.	128,171.				
8	Gross income from interest,										
	dividends, payments received on										
	securities loans, rents, royalties,										
	and income from similar sources	35.	39.	44.	47.	50.	215.				
9	Net income from unrelated business										
	activities, whether or not the		•								
	business is regularly carried on										
10	Other income Do not include gain										
	or loss from the sale of capital										
	assets (Explain in Part VI)					141.	141.				
11	Total support. Add lines 7 through 10	<b>米加州州东部</b> 伊	建制的期间的	學的學科學學		以外数数本种的	128,527.				
12	Gross receipts from related activities,	, etc (see instructi	ons)			12	262,191.				
13	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth to	ax year as a sectio	n 501(c)(3)					
-8-	organization, check this box and stor						▶└┘				
	ction C. Computation of Publ						00 72				
	Public support percentage for 2018 (			column (f))		14	99.72 %				
	Public support percentage from 2017					15	99.85 %				
16a	33 1/3% support test - 2018. If the	•			14 is 33 1/3% or n	nore, check this bo	x and				
_	stop here. The organization qualifies						•				
b	33 1/3% support test - 2017. If the	=			l line 15 is 33 1/3%	or more, cneck tr	is box				
	and stop here. The organization qua	•			10.1010!	11 44 4004					
17a	10% -facts-and-circumstances tes										
	and if the organization meets the "fac					rt vi now the organ	lization				
_	meets the "facts-and-circumstances"	-	•			17a and bee 45 -	100/ 07				
b	10% -facts-and-circumstances tes										
	more, and if the organization meets the				-		·				
40	organization meets the "facts-and-circ		•	-							
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 100, 1/a, 0r 1/t		edule A (Form 990					
					Sche	Carle v (I.Othi 330	0, 330-LZ, ZV 10				

# Schedule A (Form 990 or 990-EZ) 2018 HOLY TRINITY APARTMENTS, INC. Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to

Se	ction A. Public Support	elow, please comp	piete Part II )				
	endar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and	1,5,5,5,5	13/2010	1,2,2,0	1	1 7	
•	membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7:	a Amounts included on lines 1, 2, and		/				
	3 received from disqualified persons						
ı	b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	c Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)	,	/		•	-	
Se	ction B. Total Support		7				
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2014 /	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10:	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
١	b Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	c Add lines 10a and 10b				<u></u>		<del></del>
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12)	L		and favorate is 500 in	<u> </u>	on 501/5\/2\	otion
_	First five years. If the Form 990 is fo check this box and stop here			ra, τουπη, οτ τίπη τ	tax year as a secti	on 501(c)(3) organiz	ation,
	ction C. Computation of Publ				···		
	Public support percentage for 2018 (			column (f))		15	<u>%</u>
	Public support/percentage from 2017					16	%
_	ction D. Computation of Inve						
	Investment income percentage for 20			line 13, column (f))	)	17	%
	Investment income percentage from	•	•			18	%
19	a 33 1/3% support tests - 2018. If the	_					7 is not
	more than 33 1/3%, check this box a						▶□
1	<b>b 33 1/3</b> % <b>support tests - 2017.</b> If the	•					and
	line 18 is not more than 33 1/3%, che						▶⊨
20	<del></del>	on did not check a	box on line 14, 19	9a, or 19b, check t			<b>▶</b> ∟
8320	023 A0-11-18				Scl	nedule A (Form 990	, or 990-EZ) 2018

## Part IV 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. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (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
- 4a 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
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (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)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

  If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined 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.
- c 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.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

	Yes	No
2		
3a		
3b	Ken Ken	
	ňű	nei
4a	NY.	
4b		
4c		
5a 5b		1910
5c		
7		
#### 8		
9a		
9b		
9c	ł	
10a		
10b		

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Sche		0-5045648	8 Pa	age <b>5</b>
Pa	Supporting Organizations (Continued)			
		litin I and hard	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		akte	THE STATE
	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		Щ
Sec	tion B. Type I Supporting Organizations	<del></del>		
	Did the directors trustees as mark each a few as mark as maded as a mark the bound the name to	19010-122-1-101	Yes	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		例例	
	controlled the organization's activities. If the organization had more than one supported organization,			70
`	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		Paris	
_	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	E-Ruger	Chiast	85375.51
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		(H)	
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
500	supervised, or controlled the supporting organization tion C. Type II Supporting Organizations	2		
000	tion of Type it supporting organizations	·····	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	是"海路·拉尔"。	Charle	in that
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
		1		
Sec	the supported organization(s) tion D. All Type III Supporting Organizations	<del></del>		L
000	tion b. All Type III oupporting Organizations	<del></del>	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	5、战略强烈。	外域的	不過到到
•	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		攤	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	Hillis C	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	articles	沙兰的	TESM
~	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		***************************************
3	By reason of the relationship described in (2), did the organization's supported organizations have a	A CHARLES	(aba)	123541
3	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3	ale de la constante de la cons	لتنششنا
Sec	tion 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 yea(see instru	ctions).		
a	The organization satisfied the Activities Test. Complete line 2 below			
ь	The organization is the parent of each of its supported organizations. Complete line 3 below			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity	see instructions	)	
2	Activities Test Answer (a) and (b) below.	r r	Yes	No :
- ·a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	<b>斯尼沙亞</b>	路線	NECH
_	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		THE STATE	
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	A CHEES	int	1.50
~	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		ny.	1777
	reasons for the organization's position that its supported organization(s) would have engaged in these			1000000
	activities but for the organization's involvement	2b	mezenia.	XXXXXXXX
2			rit.iii	Thisker
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 trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		AMEZITE
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		1114	E FOR
b	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b	er er	
	or no supported diganizations; if res, describe in Fait 41 the role played by the organization in this regard			

	edule A (Form 990 or 990-EZ) 2018 HOLY TRINITY APARTMENTS			0-5045648 'Page 6
Pa	Type III Non-Functionally Integrated 509(a)(3) Supporting	g Org	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust o	on Nov. 20, 1970 (explain in I	Part VI ) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		-
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or	١.		
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	细数		
	instructions for short tax year or assets held for part of year)	排源		SECTION SEASON FROM
a	Average monthly value of securities	1a	<u> </u>	
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		
е	Discount claimed for blockage or other	一种的		
	factors (explain in detail in Part VI)	THE REAL PROPERTY.		
2	Acquisition indebtedness applicable to non-exempt-use assets	2		, <u>, , , , , , , , , , , , , , , , , , </u>
_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, see instructions)	4		(
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		<del> </del>
-6	Multiply line 5 by .035	6		1
7	Recoveries of prior-year distributions	<del>  7</del>		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	ion C - Distributable Amount	1 0		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	<b>建筑等的大学的发展的</b>	
2	Enter 85% of line 1	2	<b>2. 10 10 10 10 10 10 10 10 10 10 10 10 10 </b>	•
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	THE RECEIPTERS.	
4	Enter greater of line 2 or line 3	4	<b>设置设备产品高温等的地</b>	
5	Income tax imposed in prior year	5	對歐洲體學和學術的學術	
6				
	emergency temporary reduction (see instructions)	6	[4] [14] [14] [14] [14] [14] [14] [14] [	<u> </u>

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

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 HOLY TRINITY APARTMENTS, INC. 20-5045648 Page 7 Rant Va Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 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 3 Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) 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 2018 from Section C, line 6 Line 8 amount divided by line 9 amount (i) (ii) (iii) Underdistributions Distributable Section E - Distribution Allocations (see instructions) **Excess Distributions** Amount for 2018 Pre-2018 Distributable amount for 2018 from Section C, line 6 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI) See instructions Excess distributions carryover, if any, to 2018 a From 2013 **罗斯斯尔斯特里斯斯斯斯 b** From 2014 c From 2015 d From 2016 e From 2017 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2018 distributable amount i Carryover from 2013 not applied (see instructions) Remainder Subtract lines 3g, 3h, and 3i from 3f. **未必须注册证明**科别。 Distributions for 2018 from Section D. line 7 NAME OF THE PARTY a Applied to underdistributions of prior years b Applied to 2018 distributable amount c Remainder. Subtract lines 4a and 4b from 4 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions Remaining underdistributions for 2018. Subtract lines 3h and 4b-from-line-1-For result-greater than zero, explain in Part VI See instructions. Excess distributions carryover to 2019. Add lines 3 and 4c Breakdown of line 7 a Excess from 2014 為自由教育。以此是政治的心理、人民和政府中央政治的政治、政治的法律、国际的人民共和党共和党 b Excess from 2015 SETTLE STREET, STREET, SETTLE STREET, SETTLE STREET, SETTLE STREET, SETTLE STREET c Excess from 2016 d Excess from 2017 

Schedule A (Form 990 or 990-EZ) 2018

e Excess from 2018

Schedule A	(Form 990 or 990-E	Z) 2018 HOLY	TRINITY	APARTMENTS,	INC.	20-5045648 Page 8
Part VI	Supplemental Part IV, Section A, line 1; Part IV, Sec	Information. lines 1, 2, 3b, 3c tion D, lines 2 and	Provide the exp , 4b, 4c, 5a, 6, 9 3; Part IV, Sect	lanations required by Pa a, 9b, 9c, 11a, 11b, and tion E, lines 1c, 2a, 2b, 3a	rt II, line 10, I 11c; Part IV, : a, and 3b; Pa	Part II, line 17a or 17b; Part III, line 12; Section B, lines 1 and 2, Part IV, Section C, rt V, line 1; Part V, Section B, line 1e, Part V, rt for any additional information.
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### **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

Open to Public Inspection

Name of the organization Employer identification number 20-5045648 HOLY TRINITY APARTMENTS, INC.

Pai			or Acco	unts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	(a) Donor advised funds	(b) Fu	inds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	l funds	
	are the organization's property, subject to the organization's			Yes No
6	Did the organization inform all grantees, donors, and donor a		sed only	
_	for charitable purposes and not for the benefit of the donor of			
	impermissible private benefit?		ŭ	Yes No
Pa		janization answered "Yes" on Form 990, Pa	rt IV, line	7
1	Purpose(s) of conservation easements held by the organizati			
	Preservation of land for public use (e.g., recreation or e	· —	cally impo	ortant land area
	Protection of natural habitat	Preservation of a certifie		
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form of	a conser	vation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
ь	Total acreage restricted by conservation easements		2b	
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c	
đ	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structure	•	
	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the o	rganizati	on during the tax
	year <b>&gt;</b>	•		
4	Number of states where property subject to conservation ea	sement is located >		
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements in	t holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	rvation ea	asements during the year
	<b>&gt;</b>			
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation	n easem	ents during the year
	<b>▶</b> \$			
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)	)(4)(B)(ı)	
	and section 170(h)(4)(B)(ii)?			☐ Yes ☐ No
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expense s	tatement	, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes th	e organiz	ation's accounting for
	conservation easements			
Pa	rt III Organizations Maintaining Collections o	f Art, Historical Treasures, or Oth	ier Sim	ilar Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under SFAS 116 (AS			
	historical treasures, or other similar assets held for public ext	nibition, education, or research in furtherand	e of publ	lic service, provide, in Part XIII,
	the text of the footnote to its financial statements that descr			
b	If the organization elected, as permitted under SFAS 116 (AS			
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of publi	c 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		<b>&gt;</b>	\$
2	If the organization received or held works of art, historical tre		gain, prov	nde
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:		
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b>	\$
_	Assets included in Form 990, Part X			\$
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.		Schedule D (Form 990) 2018

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Part III   Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assetszcontnued)	Sche	edule D (Form 990) 2018 HOLY TR	INITY APART	<b>IMENT</b>	S, IN	C.			<del>20-50</del>	45648	Page 2
clock all that apply :   a	Pa	rt III   Organizations Maintaining C	collections of Ar	t, Histo	orical Tr	easures, o	or Othe	r Simil	ar Asse	ts(continu	ied)
a Public achibition d Loan or exchange programs   Scholarly research   Other   c   Preservation for future generations   Other   c   Preservation for future generations   d Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Parl XIII   5 During the year, did the organization scollot or receive donations of art, historical reasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?   Yes   No	3	Using the organization's acquisition, accessi	on, and other record	s, check	any of the	following tha	t are a sig	nificant	use of its	collection	items
b Scholarly research c		· · · · · · · · · · · · · · · · · · ·									
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Parl XIII 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Parl IV   Ecorow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Parl IV, line 9, or reported an amount on Form 990, Parl X, line 21  Is the organization an agent, intistee, custodian or other intermediary for contributions or other assets not included on Form 990, Parl XIII and complete the following table  If "Yes," explain the arrangement in Parl XIII and complete the following table  C Beginning balance  C Beginning balance  C Beginning balance  C Beginning balance  D Bestributions during the year  D Stributions during the year that the stributions during the year that the year that the year that the year that year the year that year the year that year the year that year the year that year the year that year the year that year the year that year the year that year the year that year the year that year the year that year the year that year the year that yea	а	Public exhibition	d			hange progra	ams				
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII  5 During the year, did the organization solor or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of 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, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21  1b If "Yes," explain the arrangement in Part XIII and complete the following table  1c Beginning balance  2d Additions during the year  1 Ending balance  2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	b		е		ther						
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds riter than to be maintained as part of the organization's collection?  Part IV   Scorow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X ine 21  Is it the organization an agent, fusites, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  If "Yes," explain the arrangement in Part XIII and complete the following table  Beginning balance  Amount  1c   Amount   1c   Amount   1c   Id   Id   Id   Id   Id   Id   Id   I	С	Preservation for future generations									
to be sold to raise funds rather than to be maintained as part of the organization's collection?  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  Is its the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X in 990, Part X in 990, Part X in 10	4	•	•		-	-			ose in Par	t XIII	
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   Tall 18 the organization an agent, trustee, custodian 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   Amount   1c   Amount   1c   Amount   1c   Amount   1c   1d   Amount   1c   1d   1d   1d   1d   1d   1d   1d	5						er sımılar i	assets	_	7	
reported an amount on Form 990, Part X, line 21  1a Is the organization an agent, trustee, 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  1 Ending balance 2 Both though a manual on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes No  b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII    Part V   Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  1a Beginning of year balance 1b Contributions  c Net investment earnings, gains, and losses d Grants or scholarships c Other expenditures for facilities and programs f Administrative expenses g End of year balance P Provide the estimated percentage of the current year end balance (line 1g, column (al) held as: a Board designated or quasi-endowment  % T remporarily restricted endowment  % T remporarily restricted endowment  % T remporarily restricted andowment  % T re											<u> </u>
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	Pa			te if the	organizatio	n answered '	'Yes" on f	Form 990	0, Part IV,	line 9, or	
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 during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?		reported an amount on Form 990, Pa	rt X, line 21								
b If "Yes," explain the arrangement in Part XIII and complete the following table  c Beginning balance d Additions during the year e Distributions during the year 1 Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes   No   If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.    Part V   Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Table   Part V   Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Table   Part V   Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Table   Part V   Provided on Part XIII.	1a	Is the organization an agent, trustee, custod	ian or other intermed	iary for c	ontribution	s or other as	sets not i	ncluded	_	_	
c Beginning balance d Additions during the year e Distributions during the year 1 Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes   No   If   Yes, explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V   Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.  1a Beginning of year balance   (a) Current year   (b) Pnor year   (c) Two years back   (d) Three years back   (e) Four years back   (e) Fo		on Form 990, Part X?								」Yes	└─ No
c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?    Fart V   Endowment Funds. Complete if the explanation has been provided on Part XIII     Part V   Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Part V   Endowment Funds. Complete if the explanation has been provided on Part XIII     Part V   Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Part V   Endowment Funds. Complete if the explanation has been provided on Part XIII     Part V   Endowment Funds. Complete if the organization such answersed "Yes" on Form 990, Part IV, line 10.    Part V   Endowment Funds. Complete if the explanation has been provided on Part XIII     Part V   Part	b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing ta	able				<del>,</del>		
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Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?    Yes	е	Distributions during the year						1e			
Bill *Yes,* explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.   Part V   Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.		-								1	
Part V   Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    (a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back		-						y?	L	J Yes	⊢ No
(a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back   (e) Four years back   (d) Three years back   (e) Four years   (e) Four y											
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b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment			(a) Current year	(b) Pri	or year	(c) Two year	s back (e	d) Three y	ears back	(e) Four y	ears back
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e Other expenditures for facilities and programs  1 Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % The percentages on lines 2a, 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 organization by. (i) unrelated organizations (ii) related organizations b If "Yes" on lines 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 (b) Cost or other (c) Accumulated depreciation depreciation depreciation  1a Land 247,393. 247,393. b Buildings 1,331,091. 486,611. 844,480. c Leasehold improvements d Equipment 292,550. 203,472. 89,078. e Other	С										
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g End of year balance  Provide the estimated percentage of the current year end balance (line 1g, column (ai)) held as:  a Board designated or quasi-endowment ▶	е	Other expenditures for facilities									
g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % The percentages on lines 2a, 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 organization by.  (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related 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)  b Buildings c Leasehold improvements d Equipment  Q 247, 393. 484, 480. Equipment 292, 550. 203, 472. 89,078. e Other		· · ·								ļ	
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment ▶ %  b Permanent endowment ▶ %  The percentages on lines 2a, 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 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 (investment)  basis (investment)  b Buildings  1, 331, 091. 486, 611. 844, 480.  c Leasehold improvements d Equipment Qother	f	'								ļ	
a Board designated or quasi-endowment ▶	g	•								<u> </u>	<del></del>
b Permanent endowment ▶	2		rent year end balance	_	, column (a	i)) held as:					
Temporarily restricted endowment ▶	а	•		_%							
The percentages on lines 2a, 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 organization by.  (i) unrelated organizations (ii) related organizations  3a(ii)			<del></del> -								
Are there endowment funds not in the possession of the organization that are held and administered for the organization by.  (i) unrelated organizations (ii) related organizations  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)  1a Land  247,393.  b Buildings  1,331,091. 486,611. 844,480.  c Leasehold improvements d Equipment e Other	С										
Ves   No   (i)   unrelated organizations   (ii)   related organizations   (ii)   related organizations   (ii)   related organizations   (iii)   (iii			•								
(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 (investment)  1a Land  247,393.  b Buildings  1,331,091.  486,611.  844,480.  c Leasehold improvements d Equipment e Other	За		ession of the organiza	tion that	are held a	nd administe	red for the	e organi	zation	· ·	
(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)  (b) Cost or other basis (other)  (c) Accumulated depreciation  1a Land  247,393.  247,393.  b Buildings  1,331,091.  486,611.  844,480.  c Leasehold improvements  d Equipment  Other		•									res No
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)  (b) Cost or other basis (other)  (c) Accumulated depreciation  1a Land  247,393.  247,393.  b Buildings  1,331,091.  486,611.  844,480.  c Leasehold improvements  d Equipment  292,550.  203,472.  89,078.		=									<del></del>
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)  (b) Cost or other basis (other)  (c) Accumulated depreciation  247,393.  247,393.  b Buildings  c Leasehold improvements  d Equipment  e Other		• •									
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)  1a Land  5 Buildings  5 Leasehold improvements  6 Equipment  6 Other  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10  (b) Cost or other basis (other)  (c) Accumulated depreciation  247,393.  247,393.  247,393.  247,393.  247,393.  247,393.  247,393.			•							[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 (investment)   (b) Cost or other basis (other)   (c) Accumulated depreciation				wment fu	ınds						
Description of property   (a) Cost or other basis (investment)   (b) Cost or other basis (other)   (c) Accumulated depreciation   (d) Book value	Fai			Dark NA	handda C	F 000	. n V 1	10			
basis (investment)         basis (other)         depreciation           1a Land         247,393.         247,393.           b Buildings         1,331,091.         486,611.         844,480.           c Leasehold improvements         292,550.         203,472.         89,078.           e Other         1,000,0554.         1,000,0554.         1,000,0554.			1		-	т		•		·	
1a Land       247,393.       247,393.         b Buildings       1,331,091.       486,611.       844,480.         c Leasehold improvements       292,550.       203,472.       89,078.         e Other       292,550.       203,472.       89,078.		Description of property	1 ''							(d) Book	value
b Buildings c Leasehold improvements d Equipment e Other  1,331,091. 486,611. 844,480. 292,550. 203,472. 89,078.			basis (investm	ierit)			аері	eciation		2 4 7	303
c Leasehold improvements d Equipment 292,550. 203,472. 89,078. e Other			-				A	96 6	11		·
d Equipment 292,550. 203,472. 89,078. e Other		• • • • • • • • • • • • • • • • • • •			1,33	<u> </u>	4	00,0	+ + •	044	, +00.
e Other	_	<u>.</u>	<u> </u>		20	2 550	<u> </u>	<u> </u>	72	Ω Ω	078
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			qual Form 990 Port	Y colum	n (R) line 1	(OC)		•		1,180	.951.

Schedule D (Form 990) 2018

organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2018

, Scho	dule D (Form 990) 2018 HOLY TRINITY APARTMENTS, II	NC .	20-5045648 Page 4
	tXI Reconciliation of Revenue per Audited Financial Stateme		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	•	
1	Total revenue, gains, and other support per audited financial statements		1 77,857.
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	
C	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e 0.
3	Subtract line 2e from line 1		3 77,857.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1	1.1.2.45
_	Investment expenses not included on Form 990, Part VIII, line 7b	4a	- [2003]
b	Other (Describe in Part XIII.)	4b	
	Add lines 4a and 4b  Tatal reviews Add lines 2 and 4a (This must equal Form 990, Part I line 12.)		4c 0. 5 77,857.
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  TeXII   Reconciliation of Expenses per Audited Financial Statement	ents With Expenses per	
((o , Ç <del>a</del> no	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	onto trun Exponede per	
1	Total expenses and losses per audited financial statements		1 135,518.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		in se
а	Donated services and use of facilities	2a	The state of the s
b	Prior year adjustments	2b	
С	Other losses	2c	
d	Other (Describe in Part XIII )	2d	
е	Add lines 2a through 2d		2e 0.
3	Subtract line 2e from line 1		3 135,518.
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 0.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5 135,518.
	t XIII Supplemental Information.		
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part		e 4, Part X, line 2, Part XI,
iines .	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any add	tional information.	
-			
PAR	RT X, LINE 2:		
HOI	LY TRINITY IS EXEMPT FROM FEDERAL AND STAT	E INCOME TAX UNI	DER THE
DDC	OVISIONS OF SECTION 501(C)(3) OF THE INTER	NAT. DEVENUE CODS	r. murprr∩pr
FRC	OVISIONS OF SECTION SUI(C)(S) OF THE INTER	NAL REVENUE CODI	E; INEKEFORE,
NO	PROVISION FOR INCOME TAXES HAS BEEN MADE.	HOLY TRINITY HA	AS ALSO BEEN
CLA	ASSIFIED AS AN ENTITY THAT IS NOT A PRIVAT	E FOUNDATION WIT	THIN THE
MEZ	ANING OF SECTION 509(A) AND QUALIFIES FOR	OFDUCTIBLE CONTR	RIBUTTONS AS
MESE	WING OF BECTION 303/K/ AND QUADITIES FOR	DEDUCTION CONTI	KIDOTIOND IID
PRO	OVIDED IN SECTION 170(B)(1)(A)(VI). GENERAL	ALLY ACCEPTED AC	CCOUNTING
PRT	INCIPLES IN THE UNITED STATES REQUIRE HOLY	<b>ΤΡΙΝΙΤΎΥ ΤΟ ΕΧΑΝ</b>	MINE ITS TAX
<u> </u>	MCII DED IN THE ONITED DIATED REQUIRE HODI	INIMITI TO DIGIT	110 110
POS	SITIONS FOR UNCERTAIN POSITIONS. HOLY TRIN	ITY IS NOT AWAR	E OF ANY TAX
POS	SITIONS THAT ARE MORE LIKELY THAN NOT TO C	HANGE IN THE NEX	XT TWELVE
MON	THS, OR THAT WOULD NOT SUSTAIN AN EXAMINA	rion by Applicat	BLE TAXING
	CHORITIES. HOLY TRINITY'S POLICY IS TO RECO	OGNIZE PENALTIES	
832054	1 10-29-18		Schedule D (Form 990) 2018

Sche	dule D (Form 990)	2018		HOLY TRI	TIR	Y APARTMENT:	S, :	INC	3.		20-5045648	Page 5
Par	t XIII Suppler	nent	tal Info	HOLY TRII	ed)							
AS	INCURRED	IN	ITS	STATEMENT	OF	ACTIVITIES	AS	A	COMPONENT	OF	OPERATING	
	PENSES.											
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											Schedule D (Form 9	90) 2018

# **SCHEDULE O**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

OMB No 1545-0047

Name of the organization

HOLV TRINITY ADARTMENTS

Employer identification number

HOLI TRINITI APARIMENTS, INC. 20-5045646
FORM 990, PART VI, SECTION A, LINE 3:
HOLY TRINITY APARTMENTS, INC. HAS A MANAGEMENT AGENT CONTRACT WITH
HAYES-GIBSON INTERNATIONAL, INC. FOR DAILY OPERATIONS. ON A MONTHLY BASIS,
HAYES-GIBSON INTERNATIONAL, INC. REPORTS TO THE BOARD OF DIRECTORS ON
FINANCIAL OPERATIONS AND COMPLIANCE WITH LAWS AND REGULATIONS.
FORM 990, PART VI, SECTION B, LINE 11B:
HOLY TRINITY BOARD HAS THE MANAGEMENT AGENT REVIEW THE INTERNAL REVENUE
SERVICE (IRS) FORM 990 WITH PREPARER. AFTER REVIEW AND REVISIONS, IT IS
PRESENTED TO THE FULL BOARD OF DIRECTORS BEFORE FILING WITH THE IRS.
FORM 990, PART VI, SECTION C, LINE 19:
HOLY TRINITY ALLOWS GOVERNING DOCUMENTS, FINANCIAL STATEMENTS AND TAX
RETURNS TO BE AVAILABLE UPON WRITTEN REQUEST AT 320 WEST 8TH STREET, STE
216, BLOOMINGTON, INDIANA 47404.
FORM 990, PART XII, LINE 2C:
HOLY TRINITY APARTMENTS, INC. BOARD OF DIRECTORS WITH THE MANAGEMENT
AGENT ASSUMES RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDITED FINANCIAL
STATEMENTS AND RESPONSIBLE FOR THE SELECTION OF INDEPENDENT ACCOUNTANT.