EXTENDED TO NOVEMBER 16, 2020 **Exempt Organization Business Income Tax Return** Form 990 - I (and proxy tax under section 6033(e)) For calendar year 2019 or other tax year beginning ► Go to www.irs.gov/Form990T for instructions and the latest information Department of the Treasury Internal Revenue Service Open to Public Inspection to 501(c)(3) Organizations Only ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3) DEmployer identification number (Employees' trust, see instructions) Check box if Name of organization (Check box if name changed and see instructions.) address changed TRINITY CREDIT COUNSELING, INC. 31-1410758 B Exempt under section Print E Unrelated business activity code (See instructions) X 501(c)(3 Number, street, and room or suite no. If a P.O. box, see instructions Туре 408(e) 1220(e) 11229 READING ROAD City or town, state or province, country, and ZIP or foreign postal code ___530(a) 408A 529(a) CINCINNATI, OH 45241 l523000 C Book value of all assets F Group exemption number (See instructions.) .536,099. G Check organization type X 501(c) corporation 501(c) trust 401(a) trust Other trust H Enter the number of the organization's unrelated trades or businesses Describe the only (or first) unrelated . If only one, complete Parts I-V. If more than one, trade or business here INVESTMENT IN SILVER LEAFS describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V. Yes X No 1 During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If "Yes," enter the name and identifying number of the parent corporation 513-769-0621 J The books are in care of ► GARY A. VOSICK Telephone number Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 1a Gross receipts or sales b Less returns and allowances c Balance 1c 2 Cost of goods sold (Schedule A, line 7) Gross profit Subtract line 2 from line 1c 3 4a 4a Capital gain net income (attach Schedule D) 4b b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) c Capital loss deduction for trusts 4c 5 Income (loss) from a partnership or an S corporation (attach statement) 6 Rent income (Schedule C) 3.313 7 Unrelated debt-financed income (Schedule E) 8 interest, annuities, royalties, and rents from a controlled organization (Schedule F) Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 9 10 Exploited exempt activity income (Schedule I) 10 11, 11 Advertising income (Schedule J) Other income (See instructions; attach schedule) 12 2,585. 728. Total. Combine lines 3 through 12 313. 13 Deductions Not Taken Elsewhere (See instructions for limitations on deductions Part II (Deductions must be directly connected with the unrelated business inco 14 Compensation of officers, directors, and trustees (Schedule K) 14 15 15 Salaries and wages 16 16 Repairs and maintenance OCT 2 1 2020 17 17 Bad debts 18 18 Interest (attach schedule) (see instructions) OGDEN, UT 19 19 Taxes and licenses 20 Depreciation (attach Form 4562) 20 21a 21b Less depreciation claimed on Schedule A and elsewhere on return 22 22 Depletion . Contributions to deferred compensation plans 23 23 24 24 Employee benefit programs 25 Excess exempt expenses (Schedule 1) 25 Excess readership costs (Schedule J) 26 26 27 Other deductions (attach schedule) 27 28 Total deductions. Add lines 14 through 27 2,585. 29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) 30 2,585. Unrelated business taxable income. Subtract line 30 from line 29 31 Form **990-T** (2019) 923701 01-27-20 LHA For Paperwork Reduction Act Notice, see instructions

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Part	4 11 [otal Unrelated Business Taxable Income					
32	Total of	unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	- 1	_ 3‡		2,5	85.
33	Amoun	ts paid for disallowed fringes	1	3,₿			
34	Charital	ole contributions (see instructions for limitation rules)	1	3/4			0.
35	Total ur	trelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of I	nes 32 and 33	35		2,5	85.
		on for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	_	3,6			
		unrelated business taxable income before specific deduction. Subtract line 36 from line 35		7 37	_	2 5	85.
		e deduction (Generally \$1,000, but see line 38 instructions for exceptions)	ć				00.
			B	 		<u> </u>	00.
		ted business taxable income Subtract line 38 from line 37. If line 38 is greater than line 37,	17			1 5	0.5
		e smaller of zero or line 37		39	<u></u>	Ι, ͻ	<u>85.</u>
Part		Tax Computation		- '			
48	Organi	zations Taxable as Corporations. Multiply line 39 by 21% (0.21)	>	40		3	33.
41	Trusts	Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from	,	1 [
	Ti	ax rate schedule or Schedule D (Form 1041)	. ▶	4			
42	Proxy t	ax. See instructions	} ▶	42			
43	Alterna	ive minimum tax (trusts only)		43			
		Noncompliant Facility Income. See instructions		44	 		
		add lines 42, 43, and 44 to line 40 or 41, whichever applies	7	45		3	33.
		Tax and Payments		1 40			
				т	г		—
_	_	tax credit (corporations attach Form 1118; trusts attach Form 1116) 46a		-			
		redits (see instructions) 46b		4			
		business credit. Attach Form 3800		4	l		
d	Credit f	or prior year minimum tax (attach Form 8801 or 8827)		┧ .			
е	Total c	redits. Add lines 46a through 46d		46e			
47	Subtrac	business credit. Attach Form 3800 or prior year minimum tax (attach Form 8801 or 8827) redits. Add lines 46a through 46d it line 46e from line 45		47		3	33.
48	Other to	ixes Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (a)	tach schedule)	48			
49	Total ta	x Add lines 47 and 48 (see instructions)	4	49		3	<u>33.</u>
		et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	1	50			0.
		nts: A 2018 overpayment credited to 2019	31.	 	 		<u> </u>
	•			Ή.	}		
				4			
				4			
	-	organizations: Tax paid or withheld at source (see instructions) 51d		4			
		withholding (see instructions) 5 te		4			
f	Credit f	or small employer health insurance premiums (attach Form 8941) 511		4			
g	Other c	redits, adjustments, and payments Form 2439					
	F	orm 4136 Other Total ▶ 5 g		_	l		
52	Total p	ayments. Add lines 51a through 51g		52	ļ		31.
53	Estimat	ed tax penalty (see instructions) Check if Form 2220 is attached 🕨 🔲		53			
54	Tax du	e If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	\triangleright	54		3	02.
55		yment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid		\$5			
			inded 🕨	56			
		Statements Regarding Certain Activities and Other Information (see instruct		1 00			—
		ime during the 2019 calendar year, did the organization have an interest in or a signature or other authority		_		Yes	No
	•					162	INU
		inancial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file					
		Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the foreign country					7.
	here	P					X
	-	the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreigi	n trust?			$oxed{oxed}$	X
	If "Yes,"	see instructions for other forms the organization may have to file.]]	
59	Enter th	e amount of tax-exempt interest received or accrued during the tax year 🕨 💲					
	Ur	oder penalties of perjury. I declare that I have examined this return, including accompanying schedules and statements, and to the meet, and complete. Declaration of preparer other than taxpayer) is based on all information of which preparer has any knowledge.	e best of my kno	wledge a	ind belief, it is	s true,	
Sign		most, and somplied designment of property content than taxpayer) is based on an information of which prepare has any knowledge.	_	lay the ID	S discuss this	e return	with .
Here		Sunk kill 10-16-2020 EXECUTIVE DIREC	ו מאשי	-	is discuss this er shown belo		*(0)
		Signature of officer Date Title	ın	struction	s)? X Ye	es	No
		Print/Type preparer's name Preparer's signature Date C	heck	f PTI			
			elf- employed	¨ ' ''			
Paid		CPA CPA 10/07/20	op.o., ou	Þ	00197	565	
Prep		<u></u>	Firm's EIN		$\frac{5-147}{}$		
Use	Only	3601 RIGBY ROAD SUITE 400	I IIII S E IIV		<u> </u>	0 / 0	<u> </u>
			Dhann /	027	1222	E 2 4	7
		Firm's address ► DAYTON, OH 45342	Phone no (93/)223-		
923711 (01-27-20				Form 99	90-T ((2019)