

820 Lake Kathryn Circle Casselberry, FL 32707 info@dcrowder.com Phone: (407)831-1407 | Fax: (407)831-3537

ENGAGEMENT LETTER

May 10, 2023

Simple Truth Foundation Inc PO Box 618343 Orlando, FL 32861

Subject: Preparation of 2022 Tax Returns

Simple Truth Foundation Inc:

Thank you for choosing DC & ASSOCIATES OF CENTRAL FLORIDA to assist with the 2022 taxes for Simple Truth Foundation Inc. This letter confirms the terms of the engagement and outlines the nature and extent of the services we will provide.

We will prepare the 2022 federal and state income tax returns for Simple Truth Foundation Inc. We will depend on management to provide the information we need to prepare complete and accurate returns. We may ask management to clarify some items but will not audit or otherwise verify the data submitted.

We will perform accounting services only as needed to prepare the tax returns. Our work will not include procedures to find defalcations or other irregularities. Accordingly, our engagement should not be relied upon to disclose errors, fraud, or other illegal acts, though it may be necessary for management to clarify some of the information submitted. We will, of course, inform management of any material errors, fraud, or other illegal acts we discover.

The law imposes penalties when taxpayers underestimate their tax liability. Please call us if there are any concerns about such penalties.

Should we encounter instances of unclear tax law, or of potential conflicts in the interpretation of the law, we will outline the reasonable courses of action and the risks and consequences of each. We will ultimately adopt, on the behalf of Simple Truth Foundation Inc, the alternative selected by management.

Our fee will be based on the time required at standard billing rates plus out-of-pocket expenses. Invoices are due and payable upon presentation. To the extent permitted by state law, an interest charge may be added to all accounts not paid within thirty (30) days.

We will return the original records to management at the end of this engagement. These records, along with all supporting documents, canceled checks, etc., should be securely stored, as these items may later be needed to prove accuracy and completeness of a return. We will retain copies of the records and our work papers for the engagement for seven years, after which these documents will be destroyed.

Our engagement to prepare the 2022 tax returns will conclude with the delivery of the completed returns to management (if paper-filing) or with the tax matters partner's signature and our subsequent submittal of the tax return (if e-filing). If management has not selected to e-file the returns with our office, management will be solely responsible to file the returns with the appropriate taxing authorities. The tax matters partner should review all tax-return documents carefully before signing them.

To affirm that this letter correctly summarizes the arrangements for letter in the space indicated and return it to us in the envelope provide	this work, please sign the enclosed copy of this led.							
We appreciate your confidence in us. Please call (407)831-1407 if you have questions.								
Sincerely,								
Ginger Ellis DC & ASSOCIATES OF CENTRAL FLORIDA								
Accepted By:								
Officer								
Date								

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May 10, 2023

Simple Truth Foundation Inc PO Box 618343 Orlando, FL 32861

Simple Truth Foundation Inc:

Is the taxpayer E-FILING a federal tax return? Insert content for federal e-filing results here. Obtain keywords from the keyword tree in the left column. Refer to "Federal Electronic Filing Paragraph" in Result Letter #1 (the default letter) as a guide. The default letter also demonstrates how to use additional "nested" paragraphs for specific return results and actions, such as a balance due, refund, or zero due result; and methods of money transfer (direct debit, direct deposit, etc.).

All federal e-filing letter content must fall between the "Federal Electronic Filing Paragraph" marker and its associated "End Paragraph" marker. If no text appears between these two markers, the program will skip forward to the next paragraph.

Thank you for the opportunity to be of service. For further assistance with your tax return needs, contact our office at (407)831-1407.

(Because the paragraph above does not appear between conditional-paragraph markers, it will automatically appear in the letter to the client. Change or replace the closing message as desired, then DELETE this text and the parentheses.)

Sincerely,

Ginger Ellis
DC & ASSOCIATES OF CENTRAL FLORIDA

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Note to Drake Tax Preparer*

Use the Customized Supplemental Letter to create a document such as a customer survey, package or product offering sheet, generic letter, or client coupon. See the left column of the Client Communications Editor for the keywords that can be used in this document.

To generate the Customized Supplemental Letter with all client returns, go to Setup > Options > Optional Documents. Under Letter Options, select Include customized supplemental letter with returns.

To generate the Customized Supplemental Letter for selected returns only, go to the LTR screen of the return. Under Setup Options Override, select Yes for Customized Supplemental Letter.

If you have selected to generate the Customized Supplemental Letter with all returns, you can suppress it for a selected return. To do so, go to the LTR screen of the return. Under Setup Options Override, select No for Customized Supplemental Letter.

*This note should be deleted before generating your Customized Supplemental Letter with any returns.

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May 10, 2023

Simple Truth Foundation Inc PO Box 618343 Orlando, FL 32861

Your privacy is important to us. Read the following privacy policy.

We collect nonpublic personal information about you from various sources, including:

- * Interviews regarding your tax situation
- * Applications, organizers, or other documents that supply such information as your name, address, telephone number, Social Security Number, number of dependents, income, and other tax-related data
- * Tax-related documents you provide that are required for processing tax returns, such as Forms W-2, 1099R, 1099-INT and 1099-DIV, and stock transactions

We do not disclose any nonpublic personal information about our clients or former clients to anyone, except as requested by our clients or as required by law.

We restrict access to personal information concerning you, except to our employees who need such information in order to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your personal information.

If you have any questions about our privacy policy, contact our office at (407)831-1407.

Sincerely,

Ginger Ellis
DC & ASSOCIATES OF CENTRAL FLORIDA

820 Lake Kathryn Circle Casselberry, FL 32707 info@dcrowder.com

Invoice Date: 05/10/2023

700.00

Total Balance Due \$

Phone: (407)831-1407 | Fax: (407)831-3537

Simple Truth Foundation Inc

PO Box 618343 Orlando, FL 32861

Email : PWMCCARTNEY@GMAIL.COM

Your 2022 tax return was prepared by Ginger Ellis.

Description		<u> Fee</u>
Federal and Supple	mental Forms	
Form 990	- Return of Org Exempt from Income Tax, page 1	
Form 990 pg 2	- Return of Org Exempt from Income Tax, page 2	
Form 990 pg 3	- Return of Org Exempt from Income Tax, page 3	
Form 990 pg 4	- Return of Org Exempt from Income Tax, page 4	
Form 990 pg 5	- Return of Org Exempt from Income Tax, page 5	
Form 990 pg 6	- Return of Org Exempt from Income Tax, page 6	
Form 990 pg 7	- Return of Org Exempt from Income Tax, page 7	
Form 990 pg 8	- Return of Org Exempt from Income Tax, page 8	
Form 990 pg 9	- Return of Org Exempt from Income Tax, page 9	
Form 990 pg 10	- Return of Org Exempt from Income Tax, page 10	
Form 990 pg 11	- Return of Org Exempt from Income Tax, page 11	
Form 990 pg 12	- Return of Org Exempt from Income Tax, page 12	
Schedule B	- Schedule of Contributors, page 1	
Schedule B pg 2	- Schedule of Contributors, page 2	
Schedule D	- Supplemental Financial Statement, page 1	
Schedule D pg 2	- Supplemental Financial Statement, page 2	
Schedule D pg 3	- Supplemental Financial Statement, page 3	
Schedule D pg 4	- Supplemental Financial Statement, page 4	
Schedule O	- Supplemental Information, page 1	
Form 8879-TE	- E-file Signature Authorization for Tax Exempt	
Overflow	- Itemized Listing Attachment	
Total Forms : 21	Forms Subtotal \$	700.00

Form **990**

Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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.

OMB No. 1545-0047

Open to Public

Inspection Internal Revenue Service For the 2022 calendar year, or tax year beginning 2022, and ending 20 Check if applicable: C Name of organization SIMPLE TRUTH FOUNDATION INC D Employer identification number Address change Doing business as 27-3684092 Name change E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite Initial return PO BOX 618343 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts Amended return ORLANDO, FL 32861 295,462 Application pending F Name and address of principal officer: H(a) Is this a group return for subordinates? X No H(b) Are all subordinates included? **X** 501(c) (**5** 4947(a)(1) or 527 If "No," attach a list. See instructions Tax-exempt status:) (insert no.) WWW.SIMPLETRUTHFOUNDATION.ORG Website: H(c) Group exemption number X Corporation Trust Association Other L Year of formation: 2010 M State of legal domicile: Part I Summary Briefly describe the organization's mission or most significant activities: TO PROVIDE FOOD SERVICES AND EDUCATION THROUGH A FOOD PANTRY FOR LOW INCOME PEOPLE WITHOUT REGARD TO RACE CREED COLOR OR SEXUAL ORIENTATION. Activities & Governance Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 2 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) . . . 0 Total number of volunteers (estimate if necessary) 6 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0 Prior Year **Current Year** Contributions and grants (Part VIII, line 1h) 149,900 295,462 Revenue 0 226,200 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 0 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 295,462 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 Benefits paid to or for members (Part IX, column (A), line 4) 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 123,927 169,893 Expenses Professional fundraising fees (Part IX, column (A), line 11e) 0 Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 253,967 125,156 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 377,894 295,049 Revenue less expenses. Subtract line 18 from line 12 (1,794)413 **Beginning of Current Year** End of Year Total assets (Part X, line 16) . . . 20 21,495 21,723 21 Total liabilities (Part X, line 26) 4,939 4,939 Net assets or fund balances. Subtract line 21 from line 20 16,784 16,556 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge PERRY MCCARTNEY 05-08-2023 Sign Signature of officer Date Here PERRY MCCARTNEY, DIRECTOR Type or print name and title Print/Type preparer's name Preparer's signature Date **Paid** GINGER ELLIS GINGER ELLIS 05-10-2023 self-employed XXXXXXXX **Preparer** Firm's name DC & ASSOCIATES OF CENTRAL FLORIDA Firm's EIN **Use Only** Firm's address 820 Lake Kathryn Circle Phone no. Casselberry FL 32707 407-831-1407

May the IRS discuss this return with the preparer shown above? See instructions

No

Yes

27-3684092

Form 990 (2022) SIMPLE TRUTH FOUND Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1		х
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
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		v
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		Х
•	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? <i>If</i> "Yes,"	'		_ A
Ū	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 donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
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 as applicable.			
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		Х
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		х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
e ,	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	445		
120	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete	11f		X
12a	Schedule D, Parts XI and XII	12a		v
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	IZa		Х
b	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
b	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		х
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		х
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		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20 a		20a		X
b 24		20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	21		7.7
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	41	I	X

Form 990 (2022) SIMPLE TRUTH FOUNDATION INC Page 4 27-3684092 Part IV Checklist of Required Schedules (continued) Yes No 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 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 23 x Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than 24a \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b 24a х Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?...... 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c 24d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit 25a 25a 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? 25b Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II. 26 X 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these 27 x 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 28a х 28b Х A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If 28c х Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 29 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 Х 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. 31 Х Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 32 Х 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part L.............. 33 Х Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 х 35a 35a х If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Х Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 36 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 on Schedule O for Part VI, lines 11b and 38 Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V

Part V

					162	NO	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	4				
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0				
С	c Did the organization comply with backup withholding rules for reportable payments to vendors and						
	reportable gaming (gambling) winnings to prize winners?			1c	x		
					000	0000	

Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				
	Statements, filed for the calendar year ending with or within the year covered by this return	2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	x	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over	r,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)? .		4a		x
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 (FB	AR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	organization solicit any contributions that were not tax deductible as charitable contributions?		6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or				
	gifts were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods				
	and services provided to the payor?		7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	required to file Form 8282?		7c		
d		7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	1	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as a	equired?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? .		7h		
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?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources				
	against amounts due or received from them.)	11b			
12a			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
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	13b			
С	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O \dots	[14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or				
	excess parachute payment(s) during the year?		15		х
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		16		х
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any any disqualified or other person engage in any activitie	s			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				

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.

X Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax year 3 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 2 b 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 Х 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, 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 assets? Х 6 Did the organization have members or stockholders? 6 х Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a Х **b** Are any governance decisions of the organization reserved to (or subject to approval by) members. 7b x 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: х 8b Х Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at 9 Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Х **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . 11a х **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 13 Х 14 14 Х Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a Х 15b х If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a х b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed Florida Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Other (explain on Schedule O) Another's website Upon request Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records. 20

PERRY MCCARTNEY (321)460-6072, 2224 LAKE POINTE CR, LEESBURG, FL 34748

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - · List all of the organization's current key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

© Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

Check this box if fletther the organization flor any rela-	ieu organizai		Hipei	เจลเ	c u a	riy cui	IEIIL	officer, director, or	ii usiee.	
					(C)					
(A)	(B)	(-1			sition			(D)	(E)	(F)
Name and title	Average					han one s both a		Reportable	Reportable	Estimated amount
	hours					/trustee)		compensation	compensation	of other
	per week							from the	from related	compensation
	(list any	악파		Q	Ke	en H	T.	organization (W-2/ 1099-MISC/	organizations (W-2/ 1099-MISC/	from the organization and
	hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	ghe	Former	1099-NEC)	1099-NEC)	related organizations
	related	ctor	e di		mplo	st co	ä		,	, and the second
	organizations	trus	a t		Jyee	omp	1			
	below dotted line)	tee	uste		"	ens				
	dotted line)		Ф			Highest compensated employee				
(1) ALICE ABRAHIM										
DIRECTOR	5.00			X				0	0	0
(2) PERRY MCCARTNEY	40.00									
DIRECTOR	40.00	X		X		Х		0	0	0
(3)										
(4)	9 }									
<u>(5)</u>										
(6)										
(7)										
<u>(8)</u>										
<u>(9)</u>										
<u>(10)</u>										
<u>(11)</u>										
<u>(12)</u>										
<u>(13)</u>										
(14)										
									•	

EEA Form **990** (2022)

	90 (2022) SIMPLE TRUTH FOUN				.las			ا ام	liaboot Comp	27-3684			age 8
Part	(A)	(B)	(do r	not che	Pos eck m	C) sition ore th	nan one		(D)	(E)		(F)	
	Name and title	Average hours per week (list any	offic	er and	l a dir	ector	both ar /trustee)		Reportable compensation from the organization (W-2/	Reportable compensation from related organizations (W-2/	com fro	ated amo of other opensation om the	on
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)		ization a organiza	
15)													
16)													
17)													
18)													
19)													
20) 21)													
22)						-							
23)						4							
24)													
25)				5									
1b c d	Subtotal	ion A .							0	0			0
2	Total number of individuals (including but not limit reportable compensation from the organization												(
3	Did the organization list any former officer, direct employee on line 1a? <i>If</i> "Yes," <i>complete Schedul</i>		-	-			-				3	Yes	No x
4	For any individual listed on line 1a, is the sum of re organization and related organizations greater th	eportable co	mpensa	ation	and	othe	er com	pen	sation from the	· · · · · · · · ·	3		
5	individual	compensation	on from	any	unre	elate	ed orga	aniza	ation or individual		4		х
	for services rendered to the organization? If "Yes										5		Х
1	Complete this table for your five highest compensation from the organization. Report comp												

(A)	(B)	(C)
Name and business address	Description of services	Compensation
•		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

Part VIII Statement of Revenue

		Check if Schedule O contains a response	or note to any line in th	is Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	1a b c d e f f g h	Federated campaigns	Business Code	295,462			
Program Rev		All other program service revenue					
	b	Investment income (including dividends, inter other similar amounts)	proceeds				
evenue	7a b c	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses					
Other Rev	8a b c 9a b	Net gain or (loss)	8a 8b 	-			
	10a b	Net income or (loss) from gaming activities Gross sales of inventory, less returns and allowances	10a 10b	-			
Miscellanous Revenue		All other revenue					
		Total revenue. See instructions		295,462	0	0	0

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising (A) Total expenses (B) Do not include amounts reported on lines 6b. 7b. Program service Management and 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Compensation of current officers, directors, 66,500 66,500 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 94,267 94,267 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . 9 10 9,126 9,126 11 Fees for services (nonemployees): b Legal...... 3,886 3,886 d Professional fundraising services. See Part IV, line 17 f Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 2,386 2,386 12 Advertising and promotion 1,091 1,091 Office expenses 13 668 668 Information technology 14 15 Royalties 16 26,939 26,939 17 3,365 3,365 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 22 Depreciation, depletion, and amortization 23 5,343 5,343 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 199 199 MEALS b FACILITIES AND EQUIPMENT 349 349 C BANK FEES 327 327 d COST OF GOODS 56,108 56,108 е All other expenses 24,495 24,495 Total functional expenses. Add lines 1 through 24e. . 25 295,049 228,549 66,500 0 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) . . .

Part X

Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	21,723	1	21,495
	2	Savings and temporary cash investments	2		
	3	Pledges and grants receivable, net	3		
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	5		
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	6		
	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ass	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	21,723	16	21,495
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
iabi		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	4,939	25	4,939
	26	Total liabilities. Add lines 17 through 25	4,939	26	4,939
		Organizations that follow FASB ASC 958, check here			
Ś		and complete lines 27, 28, 32, and 33.			
nce	27	Net assets without donor restrictions		27	
ala	28	Net assets with donor restrictions		28	
d B		Organizations that do not follow FASB ASC 958, check here			
Fun		and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds	16,784	31	16,556
Net Assets or Fund Balances	32	Total net assets or fund balances	16,784	32	16,556
	33	Total liabilities and net assets/fund balances	21,723	33	21,495

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Form 990 (2022)

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27-3684092

Page **12** 

Par	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)		295,	462
2	Total expenses (must equal Part IX, column (A), line 25)		295,	049
3	Revenue less expenses. Subtract line 2 from line 1			413
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		16,	784
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments		(	641
9	Other changes in net assets or fund balances (explain on Schedule O)			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	32, column (B))		16,	556
Par	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII	. <b></b> .		
			Yes	No
1	Accounting method used to prepare the Form 990:   Cash  Cash  Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on			
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	. 2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			
	reviewed on a separate basis, consolidated basis, or both:			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	. 2b		х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			
	separate basis, consolidated basis, or both:			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	. 2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on			
	Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	. За		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	. 3b		
		Form	000	(2022)

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# Schedule B (Form 990)

### **Schedule of Contributors**

OMB No. 1545-0047

2022

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-PF.

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

Name of the organization Employer identification number SIMPLE TRUTH FOUNDATION INC 27-3684092

SIMPL	E TRUTH FOUNDATI	ON INC 27-3684092	
Organia	zation type (check one):		
Filers o	f:	Section:	
Form 99	90 or 990-EZ	X 501(c)( 5 ) (enter number) organization	
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
		527 political organization	
Form 99	90-PF	501(c)(3) exempt private foundation	
		4947(a)(1) nonexempt charitable trust treated as a private foundation	
		501(c)(3) taxable private foundation	
Check i	f your organization is cov	ered by the <b>General Rule</b> or a <b>Special Rule</b> .	
Note: C		(8), or (10) organization can check boxes for both the General Rule and a Special Rule. See	
Genera	l Rule		
X	For an organization filin	g Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000	
	or more (in money or p contributor's total contri	roperty) from any one contributor. Complete Parts I and II. See instructions for determining a butions.	
Special	Rules		
	For an organization des	cribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the	
	-	ons 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or	
		from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or	
	(2) 2% of the amount of	n (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.	
П	For an organization des	cribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one	
Ц	-	vear, total contributions of more than \$1,000 exclusively for religious, charitable, scientific,	
	-	purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering	
		ead of the contributor name and address), II, and III.	
	For an organization des	cribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one	
	contributor, during the	year, contributions exclusively for religious, charitable, etc., purposes, but no such	
	contributions totaled mo	ore than \$1,000. If this box is checked, enter here the total contributions that were received	
		exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the	
	General Rule applies to this organization because it received <i>nonexclusively</i> religious, charitable, etc., contributions		
	totaling \$5,000 or more	during the year	
Cautio	n: An organization that i	sn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it	
	=	ne 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line	
2. to ce	ertify that it doesn't meet	he filing requirements of Schedule B (Form 990).	

Employer identification number

Name of organization SIMPLE TRUTH FOUNDATION INC 27-3684092

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
_1_	ADVENT HEALTH ORLANDO  601 E ROLLINS ST  ORLANDO FL 32803	\$295,462	Person X Payroll Oncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution  Person Payroll Noncash  (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person		

#### **SCHEDULE D** (Form 990)

### **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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

**Open to Public** Inspection

Name o	lame of the organization Employer identification number					
SIMPI	E TRUTH FOUNDATION INC	27-3684092				
Pai	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.					
	Complete if the organization answered "Yes"	on Form 990, Part IV, line 6.				
		(a) Donor advised funds	(b) Funds and other accounts			
1	Total number at end of year					
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	I			
	funds are the organization's property, subject to the organiz	_	<del>_</del>			
6	Did the organization inform all grantees, donors, and donor					
	only for charitable purposes and not for the benefit of the do	onor or donor advisor, or for any other purpos	e			
	conferring impermissible private benefit?		Yes No			
Part						
	Complete if the organization answered "Yes"					
1	Purpose(s) of conservation easements held by the organization	1 1 1				
	Preservation of land for public use (for example, recreati	' =	historically important land area			
	Protection of natural habitat	Preservation of a	certified historic structure			
_	Preservation of open space		ii.			
2	Complete lines 2a through 2d if the organization held a qual	ified conservation contribution in the form of				
	easement on the last day of the tax year.		Held at the End of the Tax Year			
a	Total number of conservation easements					
b	Total acreage restricted by conservation easements					
۲ C	Number of conservation easements on a certified historic st		<u>2c</u>			
d	Number of conservation easements included in (c) acquired		2d			
3	historic structure listed in the National Register					
3		eleased, extilliguished, of terminated by the t	organization during the			
4	tax year Number of states where property subject to conservation ea	asement is located				
5	Does the organization have a written policy regarding the pe					
-	violations, and enforcement of the conservation easements					
6	Staff and volunteer hours devoted to monitoring, inspecting,					
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservatio	n easements during the year			
8	Does each conservation easement reported on line 2(d) about					
	and section 170(h)(4)(B)(ii)?					
9	In Part XIII, describe how the organization reports conserva-	ation easements in its revenue and expense s	statement and			
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statements	s that describes the			
	organization's accounting for conservation easements.	(	21 2: 11 4			
Part			Other Similar Assets.			
	Complete if the organization answered "Yes"		d b alance about word a			
1a	If the organization elected, as permitted under FASB ASC 9	•				
	of art, historical treasures, or other similar assets held for pu					
L	service, provide in Part XIII the text of the footnote to its final					
b	If the organization elected, as permitted under FASB ASC 9					
	art, historical treasures, or other similar assets held for publi	ic exhibition, education, or research in further	rance of public service,			
	provide the following amounts relating to these items:		¢			
	(i) Revenue included on Form 990, Part VIII, line 1					
2	(ii) Assets included in Form 990, Part X					
2	following amounts required to be reported under FASB ASC		yaırı, provide trie			
а	Revenue included on Form 990, Part VIII, line 1	_	\$			
a b	Assets included in Form 990, Part X					
			Ψ			

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection terms (check all this apply):  a   Public exhibition	Par	t III   Organizations Maintaining Coll	ections of Art, His	storical Treasures,	or Other Similar As	sets (continued)
a   Public exhibition   d   Losn or exchange program   b   Scholarly research   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 Part XXII.  5   During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be said to riske funds rather than to be maintained as paint of the organization's collection?.   Yes   No   Part VI   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 XI, line 21.  1	3		nd other records, check	any of the following that n	nake significant use of its	
b   Scholarty research   e   Other						
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 Part 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?.	а		d			
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.   During the year, did the organization sociality 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?.	b		е	Other		
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?.	С					
5 During the year, did the organization solicit or receive donelores of ant, historical treasures, or other similar assests to be sold to raise funds rather than to be maintained as part of the organization's collection?.	4		ons and explain how the	ey further the organization	n's exempt purpose in Part	
Part IV   Escrow and Custodial Arrangements.   Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a   Is the organization an agent trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?   Included on Form 990, Part X?   Included on Form 990, Part X?   Included on Form 990, Part X!   Included in Additions during the year   Included in Additions during the year   Included in Part X!   Included in Par	_					
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 IV, line 21.   Tall is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part IV, line 21.   Tall is the organization and pert IV?   Yes   No   No   If "Yes," explain the arrangement in Part XIII and complete the following table:	5					
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, 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:    Beginning balance   16	Dan			e organization's collection	1?	. U Yes U No
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?    Yes   No	Par			m 000 Dort IV line	O ar reported an am	aunt on Farm
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X; explain the arrangement in Part XIII and complete the following table:  C Beginning balance 1		•	vered res on For	m 990, Part IV, line	9, or reported an am	ount on Form
included on Form 990, Part X?    Ves   No			other intermedians for a	entributions or other asso	to not	
b If "Yes," explain the arrangement in Part XIII and complete the following table:    Amount	ıa		· ·			□ Vos □ No
c Beginning balance d Additions during the year e Distributions during the year 1 tel 1 Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	h					.   les   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?	D	ii res, explain the arrangement in Fart Ain and t	complete the following to	able.	Δm	
d Additions during the year    Ending belance   It   It   It	c	Reginning halance				Odit
e Distributions during the year  f Ending balance 2 Did the organization include an amount 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 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 b Permanent endowment f Administrative expenses g End of year balance b Permanent endowment f Administrative expenses g End of year balance b Permanent endowment f Administrative expenses g End of year balance b Permanent endowment f Administrative expenses g End of year balance b Permanent endowment f Administrative expenses g End of year balance h Permanent endowment f Administrative expenses g End of year balance b Permanent endowment f Administrative expenses g End of year balance h Permanent endowment f Unds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations g in Related organizations g in Related organizations g in 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 f a Cost or other basis (i) Octor other basis (i) Accumulated depreciation f College of the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Leasehold improvements c Leasehold improvements d Equipment e Other					A .	
Ending balance   1						
Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	_	3 ,				
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.    (a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back		3				. Yes No
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) Prior year. (c) Two years back (d) Three years back (e) Four years back (c) Ture years back (e) Four years hack (e)		•				
Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Administrative expenses   (a) Turkey expenses   (b) Prior years back   (c) Turkey expenses   (c) Turkey expenses						
1a Beginning of year balance			vered "Yes" on For	m 990, Part IV, line	10.	
Beginning of year balance 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 Permanent endowment preparation by:  Term 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 (b) Cost or other basis (c) Accumulated depreciation (d) Book value depreciation  1a Land  b Buildings c Leasehold improvements d Equipment G Cother Other						(e) Four years back
b Contributions c Net investment earnings, gains, and losses dispersion of property c Net investment earnings, gains, and losses dispersion of property c Net investment earnings, gains, and losses dispersion of property c Net other expenditures for facilities and programs definition of property c Net or facilities and programs definition of property c Net or facilities and programs definition of property c Net or facilities and programs definition of property definition of prop	1a	Beginning of year balance				1
losses	b	Contributions				
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 % 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?  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 (b) Cost or other basis (c) Accumulated depreciation depreciation  1a Land  Description of property (a) Cost or other basis (c) Cost or other basis (c) Accumulated depreciation depreciation  4 Description of property (a) Cost or other basis (c) Accumulated depreciation depreciation  4 Description of property (a) Cost or other basis (c) Accumulated depreciation depreciation  5 Description of property (a) Cost or other basis (c) Accumulated depreciation depreciation	С	Net investment earnings, gains, and	,			
e Other expenditures for facilities and programs		losses				
f Administrative expenses g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment % c Term 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 (iii) Related organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (c) Accumulated depreciation (d) Book value depreciation  1a Land  b Buildings  c Leasehold improvements d Equipment c Other	d	Grants or scholarships				
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	е	Other expenditures for facilities and				
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		programs				
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment	f	Administrative expenses				
a Board designated or quasi-endowment	g	End of year balance				
b Permanent endowment	2	Provide the estimated percentage of the current year	ear end balance (line 1g	, column (a)) held as:		
Term 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.  (iii) Related organizations.  (iii) Related organizations.  (iv) Unrelated organizations.  (iv) Unrelated organizations.  (iv) Eart 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 (c) Accumulated depreciation  (d) Book value  (d) Book value  (d) Book value  (d) Book value  (e) Cuther)	b	Permanent endowment%				
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.  (iii) Related organizations.  (iii) Respective 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 (b) Cost or other basis (c) Accumulated depreciation  1a Land  b Buildings  c Leasehold improvements  d Equipment  e Other  Other	С					
organization by:  (i) Unrelated organizations			•			
(i) Unrelated organizations	3a		of the organization that	are held and administere	ed for the	
(ii) Related organizations						
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?		"				
4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  (d) Book value  (e) Equipment  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  (e) Equipment		,,				- ` · ·
Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (other) (other) (d) Book value (d) Book value (investment) (other) (other) (c) Accumulated (depreciation) (d) Book value (d) Book value (d) Book value (other) (o	_	( )			• • • • • • • • • • • • • • • • • • • •	. 3b
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  (investment)  (inv	_			unds.		
Description of property  (a) Cost or other basis (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  (d) Book value  (d) Book value  (e) Cost or other basis (other)  (f) Accumulated depreciation  (h) Cost or other basis (other)  (other)  (other)  (f) Accumulated depreciation  (h) Cost or other basis (other)	Par			m 000 Part IV lina	11a Saa Farm 000	Dort V line 10
ta Land b Buildings c Leasehold improvements d Equipment e Other  (investment) (other) depreciation  (other) depreciation		•				
1a Land		Description of property	` '	` '	` '	(d) Book value
b Buildings	12	Land	(ivodanoni)	(other)	305.00(0)1	
c Leasehold improvements	_					
d         Equipment						
e Other						
		0:1				
			Form 990, Part X. colui	mn (B), line 10c.)		

Part VII	Investments - Other Securities.					
-	Complete if the organization answered	d "Yes" on Forr	n 990, Part I	V, line 11b. S	See Form 990	), Part X, line 12.
	(a) Description of security or category (including name of security)		(b) Book valu	e	(c) Method of Cost or end-of-yea	
(1) Financial	derivatives					
(2) Closely-h	eld equity interests					
(3) Other						
(A)						
(B)						
(C)						
(D)						
(E) (F)						
(G)						
(H)						
	nn (b) must equal Form 990, Part X, col. (B) line 12	2.)				
Part VIII	Investments - Program Related.	,				
	Complete if the organization answered	d "Yes" on Forr	n 990, Part l	V, line 11c. S	See Form 990	), Part X, line 13.
	(a) Description of investment		(b) Book valu	e	(c) Method of	valuation:
					Cost or end-of-year	
(1)						
(2)						
(3)						
(4)						
(5)						
(6) (7)						
(8)						
(9)						
	nn (b) must equal Form 990, Part X, col. (B) line 13	3.)				
Part IX	Other Assets.					
	Complete if the organization answere	d "Yes" on Forr	n 990, Part l	V, line 11d. S	See Form 990	), Part X, line 15.
	(a) D	escription				(b) Book value
(1)						
(2)						
(3)						
(4)						
(5)		*				
(6) (7)						
(8)						
(9)						
	nn (b) must equal Form 990, Part X, col. (B) line 15	5.)				
Part X	Other Liabilities.	,			'	
	Complete if the organization answered	d "Yes" on Forr	n 990, Part l	V, line 11e o	r 11f. See Fo	rm 990, Part X,
	line 25.					
1.	(a) Description of liability	(b) Book va	alue			
(1) Federal	income taxes					
(2 <b>)LOAN</b> F	ROM DIRECTOR		310			
(3PAYROL	L TAXES		4,629			
(4)						
(5)						
(6)						
(7)						
(8) (9)						
	(b) must equal Form 990, Part X, col. (B) line 25.) .		4,939			
	, , ,		-,			

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII. . . . . . .

Part		er Return.	
	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	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	. 2e	
3	Subtract line 2e from line 1	. 3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines <b>4a</b> and <b>4b</b>		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Part		s per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	. 1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	. 2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
c	Add lines <b>4a</b> and <b>4b</b>	. 4c	
5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	.   5	
Part	XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line	4. Dort V. line	
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	e 4; Part A, line	
z, rait	AI, lines 2d and 4b, and Part AII, lines 2d and 4b. Also complete this part to provide any additional information.		

EEA Schedule D (Form 990) 2022

# SCHEDULE O (Form 990)

#### 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.

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

SIMPLE TRUTH FOUNDATION INC 27-3684092 01. Form 990 governing body review (Part VI, line 11) NO MANAGEMENT OR POLICY DECISIONS OR ACTIONS HAVE CHANGED SINCE INCEPTION PER BYLAWS 02. Governing documents, etc, available to public (Part VI, line 19) ALL ORGANIZATION INFORMATION IS ON WEBSITE 03. Cessation of, or significant change to, any program service (Part III, line 3) FOOD PANTRY EXPANSION TO ANOTHER LOCATION TO SERVE MORE PEOPLE IN NEED

#### Eorm 8879-TE

#### IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2022, or fiscal year beginning

, 2022, and ending

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

SIMPLE TRUTH FOUNDATION INC Name and title of officer or person subject to tax PERRY MCCARTNEY, DIRECTOR

Form 990-T check here . . . .

Form 4720 check here . . . .

Form 5227 check here . . . .

Form 5330 check here . . . .

Form 8038-CP check here . .

Under penalties of perjury, I declare that

Name of filer

Part I

6a

7a

8a

10a

of entity)

, 20 2022 Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information. **EIN or SSN** 27-3684092 Type of Return and Return Information Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. Form 990 check here . . . . x **b Total revenue,** if any (Form 990, Part VIII, column (A), line 12)..... Form 990-EZ check here . . . Form 1120-POL check here. . Form 990-PF check here . . . b Tax based on investment income (Form 990-PF, Part V, line 5). . . . . Form 8868 check here . . . . b Balance due (Form 8868, line 3c)......... b FMV of assets at end of tax year (Form 5227, Item D) . . . . . . . . . . . . b Amount of credit payment requested (Form 8038-CP, Part III, line 22) . 10b Declaration and Signature Authorization of Officer or Person Subject to Tax I am an officer of the above entity or I am a person subject to tax with respect to (name and that I have examined a copy of the

2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to

ectronic funds withdrawal.			
IN: check one box only			
X   authorize DC & ASSOCIATES OF CENTRAL	to enter my PIN	84092	as my signature
ERO firm name		Enter five numb	•
on the tax year 2022 electronically filed return. If I have indicated within this retu agency(ies) regulating charities as part of the IRS Fed/State program, I also au return's disclosure consent screen.  As an officer or person subject to tax with respect to the entity, I will enter my Pli filed return. If I have indicated within this return that a copy of the return is being of the IRS Fed/State program, I will enter my PIN on the return's disclosure constitution.	thorize the aforemention  N as my signature on the filed with a state ager	oned ERO to ente	er my PIN on the electronically
gnature of officer or person subject to tax		Date 05-0	8-2023
Part III Certification and Authentication			
PO's EFIN/PIN Enter your six digit electronic filing identification			

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

561035 32707

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature GINGER ELLIS 05-10-2023 Date

> **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

Si

990	Overflow Statement (This page is not filed with the return. It is for your records only.)	<b>2022</b> Page 1	
Name(s) as shown on return		FEIN	
SIMPLE TRUT	H FOUNDATION INC	27-3684092	

#### OTHER EXPENSES

Description		Amount
CONTRACTS SERVICES	\$	739
LICENSE		1,647
	Total: \$	2,386

#### OTHER EXPENSES

Description		Amount
PER DIEM	<u> </u>	7,961
AUTO EXPENSE		16,534
	Total: \$	24,495

