Extended to November 15, 2021

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)

▶ 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

A For the 2020 calendar year, or tax year beginning C Name of organization D Employer identification number Check if X Address SIMPLE TRUTH FOUNDATION INC 27-3684092 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 321-460-6072 POBOX 618343 579022. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended ORLANDO, FL 32861 H(a) Is this a group return F Name and address of principal officer: PERRY MCACRTNEY Yes X No for subordinates? pendina same as C above **H(b)** Are all subordinates included? Tax-exempt status: 501(c)(3) X 501(c) (If "No." attach a list. See instructions) (insert no.) J Website: ▶ **H(c)** Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > L Year of formation: 2010 M State of legal domicile: FL Part | Summary Briefly describe the organization's mission or most significant activities: PROVIDE FOOD PANTRY AND Governance NUTRICIANAL SERVICES Check this box Fig. 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) 2 Number of independent voting members of the governing body (Part VI, line 1b) 4 ō Total number of individuals employed in calendar year 2020 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 10 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b **Prior Year Current Year** Ō. 8 Contributions and grants (Part VIII, line 1h) 0. 292262. 303572. Program service revenue (Part VIII, line 2g) 0. 0. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 122452. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 303572. 414714. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), iine 12) 0. 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 66678. 100267. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5:10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 235708. 314447. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 302386. 414714 1186. 0. 19 Revenue less expenses. Subtract line 18 from line 12 5 Beginning of Current Year **End of Year** 0. 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) ٥. 0. Net assets or fund balances. Subtract line 21 from line 20 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. Signature of officer Sign PERRY MCACRINEY, PRESIDENT Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature Byron L. Rambo Byron L. Rambo P00004666 Paid self-employed Firm's name RSB PARTNERS LLC Preparer Firm's EIN **45-5599755** Firm's address > 6931 Tallow Tree Road Use Only Phone no. 407.792.0620 Sanford, FL 32771 May the IRS discuss this return with the preparer shown above? See instructions X Yes

Form	1 990 (2020) SIMPLE TRUTH FOUNDATION INC	27-3684092	Page 2
Pa	R Hi Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		<u></u>
	TO PROVIDE FOOD SERVICES AND EDUCATION THROUGH A FOOD PAI		
	INCOME PERSONS WITHOUT REGARD TO RACE CREED COLOR SEXUAL	ORIENTATION	
		<u> </u>	
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	XYes	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 r Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	•	nd
_	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$	ue \$ 414'	714.)
	1. EXPANDED FOOD PANTRY		
	2. EXPANDED EDUCATION PROGRAMS FOR FOOD PANTRY CUSTOMERS		
	3. NO INCREASE IN OVERHEAD COSTS OR PAYROLL WITH EXPANDED	D SERVICES	
			
			· · · · · · · · · · · · · · · · · · ·
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
4b	(Code:) (Expenses 5 including grants of \$) (Revenue		<u> </u>
	(Code:) (Exposed of		
		•	
			· · · · · · · · · · · · · · · · · · ·
•			
4c	(Code:) (Expenses \$) (Revenue) (Revenue)	ue \$)
		 -	
		 	
			
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 414714.		

Form 990 (2020) SIMPLE TRUTH FOUNDATION INC Part V 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		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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? /f "Yes," complete Schedule C, Part /	_3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			1
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
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		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		X
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? # "Yes," complete			77
	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			ĺ
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			7.
40	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			v
44	or in 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, VIII, IX, or X as applicable.		100	Wales
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D.	2.00		
а				х
b	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a		
IJ				v
_	assets reported in Part X, line 16? # "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11b		<u>X</u>
·				Х
d	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	11c		
ч	Part X, line 16? If "Yes," complete Schedule D, Part IX	444		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
	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	ĺ	Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	iea		
	If "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)(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,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	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		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	1		
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
þ	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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	<u></u>	X
			~~~	

			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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current		ļ	
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		-	
	Schedule J	23		X
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		X
þ	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			ļ
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
þ	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		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of 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 persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			70.74.4
_	instructions, for applicable filing thresholds, conditions, and exceptions):	0.242		
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			7.7
<b>h</b>	*Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
G				v
29	"Yes," complete Schedule L, Part IV  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c		$\frac{x}{x}$
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
-		20		Х
31	contributions? If "Yes," complete Schedule M  Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	30		$\frac{x}{x}$
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	-52		
	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			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	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 B, Part V, line 2	35b	ļ	
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		
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	$\Box$		
10 - 300sc	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 3		12	
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0		30.5	
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		1/2/40	TO:
	(gambling) winnings to prize winners?	1c		
032004	12-23-20	Form	990 ()	20201

V. 7	Committee Trought airing Out of Triming Out of Transport			,
		ZOSANO.	Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		15000	Control of
	mod for the defender your critering with a first training and the first training with the first training and the first training with the first training and	י בי		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	1,320	1111	10000
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<u>3b</u>		-
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)?	4a	F 1040 400	X
b	If "Yes," enter the name of the foreign country	*00		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		100	
5a	, , , , , , , , , , , , , , , , , , , ,	5a	ļ	X
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<u>5b</u>	1	X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	<u> </u>	ļ
6а		}		
	any contributions that were not tax deductible as charitable contributions?	6a	<b></b>	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	1		-
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		65001	3489
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		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required		1	ļ
	to file Form 8282?	7c	W - 1880-2-2-2	X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	<u> </u>	
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 required?	7g		<u> </u>
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	2000		
	sponsoring organization have excess business holdings at any time during the year?	8	0 4000000000	
9	Sponsoring organizations maintaining donor advised funds.		V. Niver	
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	ļ	<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	e (2007-1979)	1 - 2 (S-2012U2)
10	Section 501(c)(7) organizations. Enter:		4.7	
а	Initiation fees and capital contributions included on Part VIII, line 12			
þ	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	_		
11	Section 501(c)(12) organizations. Enter:	400		
а	Gross income from members or shareholders 11a	_		
þ	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)	373.03	<b>4</b> 01 644	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	MINEST GL	# 1000 Teach
þ	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			, Lu
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	200	3 (\$2. §3)	00.82.9
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	ASSESSMENT	G1-786-307-6F
	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		1 Pg	ggwale
	organization is licensed to issue qualified health plans	-		
	Enter the amount of reserves on hand	1203		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or		1	
	excess parachute payment(s) during the year?	15	6 61 520 624	X
	If "Yes," see instructions and file Form 4720, Schedule N.		1000	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	80.026.00	X
	If "Yes," complete Form 4720. Schedule O	<b>以外影</b> (集	447150	Line Spin s

SIMPLE TRUTH FOUNDATION INC 27-3684092 Part VIII Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes Nο 3 1a Enter the number of voting members of the governing body at the end of the tax year 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 0. 2 b Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 ..... 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 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Ω X a The governing body? Яα b Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Na 10a Did the organization have local chapters, branches, or affiliates? 10a 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 b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe 12c in Schedule O how this was done Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? 14 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X The organization's CEO, Executive Director, or top management official 15a X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X 16a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section	۱C.	Disclosu	re

17	List the states with which a copy of this Form 990 is required to be filed $ ightharpoonup FL$
18	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

X Own website Upon request ____ Another's website Other (explain on Schedule O)

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 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

PERRY	<u>r mççi</u>	ARTNEY -	- 321-46	0-6072			
2224	LAKE	POINTE	CIRCLE,	LEESBURG,	FL	34748	

for public inspection. Indicate how you made these available. Check all that apply.

Check this box if neither the organization nor any related organization cor								d any current officer, di	rector, or trustee.	
(A)	(B)			-{C	;)			(U)	\ <b>-</b> /	(F)
Name and title	Average	Position			Lan a		Reportable	Reportable	Estimated	
Name and the	hours per	(do not check more box, unless person		erson is both an		an i	compensation	compensation	amount of	
	week	offic	eran	dadi	ecto	/trust	ee)	from	from related	other
	(list any	흁	ŀ					the	organizations	compensation
	hours for	튄				Page 1		organization	(W-2/1099-MISC)	from the
	related	e e	ustee			eusa		(W-2/1099-MISC)		organization
•	organizations	individual trustee or director	institutional trustee		Key employee	Hightst compensaled employee				and related
	below	idua	attio .	) <u>H</u>	₽ .	ts e	Former			organizations
	line)	indi	Inst	Officer	Key	岩島	For			
(1) PERRY MCARTNEY	40.00									
PRESIDENT		Х		X				48000.	0.	0.
(2) ALICE ABRAHAM	5.00	l		ļ						_
DIRECTOR		X		X		<u> </u>	<u> </u>	0.	0.	0.
(3) FRANCIS TIVALD	5.00									
DIRECTOR		Х			L.	Ļ	_	0.	0.	0.
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Section A. Officers, Directors (A)	(B)		,	(C			.,	(D)	(E)	(F)
Name and title	Average		1	_	tion			Reportable		
Name and the	hours per		not ch	reck r	nore i	than c		compensation	Reportable compensation	Estimated amount of
	week					s both r/trusi		from	from related	other
	(list any	Ē					ĺ	the	organizations	compensation
	hours for	ndivioual trustee or director		ĺ		-		organization	(W-2/1099-MISC)	from the
	related	9 01	ag l			sate		(W-2/1099-MISC)	(14 2/ 1000 141100)	organization
	organizations	Tuste	Ĭ		ae/	wber		(11 2) (1000 111100)		and related
	below	onal	ĝ.	<u>.</u>	(ey empleyee	st co oyee	la la			organizations
	line)	ive	Institutional trustee	Officer	(ey e	Highest compassated employee	Богтег			
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1b Subtotal							<b>&gt;</b>	48000.	0	. 0.
c Total from continuation sheets to P								0.	0	. 0.
d Total (add lines 1b and 1c)								48000.	0	
2 Total number of individuals (including								· · · · · · · · · · · · · · · · · · ·		<u>-, -</u>
compensation from the organization		036 1	15100	<i>a</i> 00	010,	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	010	ocived more than proof	boo of reportable	0
Compensation from the organization								·	-,	Yes No
2 District annual region has any former	dian diangan basak						است اسا			
3 Did the organization list any former o			•	•	•	•	_	•	•	
line 1a? If "Yes," complete Schedule										3 X
4 For any individual listed on line 1a, is										
and related organizations greater than	n \$150,000? <i>If "Yes,</i>	" сол	nple	te S	che	dule	Jf	or such individual	• • • • • • • • • • • • • • • • • • • •	4 X
5 Did any person listed on line 1a receiv										24 29 13
rendered to the organization? // "Yes.	" complete Schedule	J fo	r su	ch p	erso	on .	<u> </u>	4-4-Mag 1 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4		5 X
Section B. Independent Contractors										
1 Complete this table for your five higher	est compensated ind	epen	nden	t co	ntra	ctor	s th	at received more than \$	100.000 of compens	sation from
the organization. Report compensation									· · · · · · · · · · · · · · · · · · ·	
	A)	, Q, Q,	i Çarii i	9 771			<u> </u>	(B)		(C)
Name and bus		NO	NE	!				Description of s	ervices	Compensation
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	to a programme to the second	- li	ن+م-ان	to +	hos	اما د	. بموا	ahove) who received ma	re than	
a Total number of independent contract	tors (including but no	אנווווו	ıı. <del>e</del> ü	נטנו	1001 1	e 1151	.cu	SPOAC) MIIO IECEMEN INC	roundii	
\$100,000 of compensation from the c	organization -		_		U				<u> </u>	<b>~~</b>
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T 21			Statement of nev				r noto to any lin	e in this Part \/III			
			Check if Schedule O co	ontai	ins a r	esponse c	r note to any in-	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
92 v9	1	а	Federated campaigns		Ţ	1a		1. 19. 人名英格兰		Same and the	
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues			1b		a sangaabaalaa ya		and the second	
φğ			Fundraising events			1c					
E P			Related organizations			1d		and the street of the street of the		1961年 - 中国中国	
S.됨		е	Government grants (contril	butio	ens)	1e			and the same of the same		
Sign of		f	All ather contributions, gifts, g	grants	s, and			e ma est pate.		58.05-30(MG03)	
喜			similar amounts not included	above	e	1f					
ĒÔ		9	Noncash contributions included in t	ines 1s	n-1f	1g  \$					38 17 P. STEE ST. 45 M.
ठ ह		h	Total. Add lines 1a-1f				Business Code				A car in the case of the car
			FOOD PANTRY				624210	286760.	286760.		
8	2		CONTRIBUTIONS				624210	5114.	5114.		
e S			FOOD PANTRY				624210	388.	388.		
E S		d	TOOD TIMILET		<u> </u>						
Program Service Bevenue		u e									
됩		f	All other program service i	rever	nue						
								292262.			
	3		Investment income (includ								
			other similar amounts)	milar amounts)					<u> </u>	<del>                                     </del>	<del> </del>
Ì	4		Income from investment o							<del>                                     </del>	
	5		Royalties			) Real	(ii) Personal				2. 4. 6. 6. 6. 6. 5. 3.
			O	_	<u>''</u>	) neai	(ii) i eisonai	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s		of the state of the	ant order a c
	6	-	Gross rents	6a 6b					16 man 18 min sow		
			Less: rental expenses Rental income or (loss)	6c				<b>1</b>		100000	
			Net rental income or (loss)	_			<b>&gt;</b>				
	7		Gross amount from sales of	<u> </u>	(i) S	ecurities	(ii) Other		gen gewen		2 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m
	•	_	assets other than inventory	7a						12,450 142 -0.500	48 9 2 2 2 2 2 2
		b	Less: cost or other basis				1				
활			and sales expenses	7b				10 m 3 a (b) 4 d	$(p_{i_1,i_2,i_3},p_{i_2,i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3},p_{i_3}$	100 400 400	
Revenue		С	Gain or (loss)	7c	<u> </u>		<u> </u>				
Re			Net gain or (loss)				<u></u>				
her	8	a	Gross income from fundraising	ng ev	ents (	I					
å			including \$	17	4-2-0	_ of					
			contributions reported on						Paralle a Milita	Market Grant	
		<b>L</b>	Part IV, line 18							1	
			Net income or (loss) from				<b></b>				
	g		Gross income from gamin								
	Ĭ	_	Part IV, line 19	-		- 1					
		b	Less: direct expenses								G (2) (2) (2) (2) (2) (2) (2) (2)
		С	Net income or (loss) from	gam	ing ac	ctivities	<u> </u>				
	10	) a	Gross sales of inventory,			L L	000000				
			and allowances							a Prince December	and the second
			Less: cost of goods sold				164308	122452.	122452		
	$\vdash$	C	Net income or (loss) from	sale	s of in	<u>iventory</u> .	Business Code	COURT VINEYOUR WITH TAXABLE STREET			
22	١.	1 a						100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 -			
9 E	1	b		_							
Miscellaneous Revenue		C									
Sc	1	_	All other revenue								
2			Total. Add lines 11a-11d				<b>_</b>		Company of the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s	•	
	12	2	Total revenue. See instructi	ons			<b>.</b>	414714	414714	. 0	Form <b>990</b> (2020)
00000		20	20								FORM 330 (2020)

#### Part : 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 (B) Program service (**D)** Fundraising C Do not include amounts reported on lines 6b. Total expenses Management and 7b, 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 2 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 48000. 48000. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 52267. 52267. Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes Fees for services (nonemployees): a Management Legal b 6375. 6375. C Accounting d Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... f Other, (If line 11g amount exceeds 10% of line 25, 260653. 260653. column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 3364. 3364. Office expenses 13 Information technology 14 Royalties 15 19688. 19688. 16 Occupancy 177. 177. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 17233. 17233. Conferences, conventions, and meetings ..... 19 Interest 20 Payments to affiliates 21 Depreciation, depletion, and amortization ..... 22 23 Insurance Other expenses. Itemize expenses not covered 24 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.) INSURANCE 3953. 3953. 1213. MERCHANT FEES 1213. 1012. 1012. MEALS 0. BANK FEES 427. 427. 352. 352. All other expenses 414714. 393410. 21304. 0. Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

032010 12-23-20

		Balance Sileet				
		Check if Schedule O contains a response or note	to any line in this Part X			(B)
				(A) Beginning of year		End of year
	1	Cash · non-interest-bearing			1	
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
Ì	4	Accounts receivable, net		4_		
ļ	5	Loans and other receivables from any current or fo	e proportion de la companya de la companya de la companya de la companya de la companya de la companya de la c	15.4		
ĺ	•	trustee, key employee, creator or founder, substan	ntial contributor, or 35%		)f   b	
		controlled entity or family member of any of these			5	
	6	Loans and other receivables from other disqualifie		使為		
	-	under section 4958(f)(1)), and persons described i		6		
	7	Notes and loans receivable, net			7_	
Assets	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10 a	Land, buildings, and equipment: cost or other		And the section		
		basis. Complete Part VI of Schedule D	10a			STANCE OF THE STANCE
	ь	Less: accumulated depreciation		10c		
	11	Investments - publicly traded securities	· <u></u>	11		
	12	Investments - other securities. See Part IV, line 11	· <u> </u>	12		
	13	Investments - program-related. See Part IV, line 1		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		1	15	
	16	Total assets. Add lines 1 through 15 (must equal			16	
	17	Accounts payable and accrued expenses		1	17	
	18	Grants payable		I	18 19	
	19	Deferred revenue			20	
	20	Tax-exempt bond liabilities			21	
	21	Escrow or custodial account liability. Complete P			1 (7 (A)	
es	22	Loans and other payables to any current or forme				
	ļ	trustee, key employee, creator or founder, substa			22	
Liabilities		controlled entity or family member of any of these Secured mortgages and notes payable to unrelat			23	
	23	Unsecured notes and loans payable to unrelated			24	
	24	Other liabilities (including federal income tax, pay				
	25	parties, and other liabilities not included on lines				
		-f Cahadula D			25	
	26	Total liabilities, Add lines 17 through 25			26	
-	20	Organizations that follow FASB ASC 958, chec	ck here 🕨 🔲			
6		and complete lines 27, 28, 32, and 33.				
anc.	27		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. <u> </u>	27	
3ak	28	Net assets with donor restrictions			28	
밀		Organizations that do not follow FASB ASC 95	8, check here 🕨 🗓		46.9%	recognition of possible
Net Assets or Fund Balances	1	and complete lines 29 through 33.		Constitution and Executive	*E. W	
, o	29	Capital stock or trust principal, or current funds			29	1
Set	30	Paid-in or capital surplus, or land, building, or eq			30	
As	31	Retained earnings, endowment, accumulated inc	come, or other funds		31	
Ne t	32	Total net assets or fund balances			32	
_	33	Total liabilities and net assets/fund balances			33	

1	Accounting method used to prepare the Form 990: Cash Cash Other CASH		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
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 on a	12836	
	separate basis, consolidated basis, or both:		
	X Separate basis Consolidated basis Both consolidated and separate basis		3 64 Branch
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 separate basis,		
	consolidated basis, or both:		3, 6, 6, 6, 7
	Separate basis Consolidated basis Both consolidated and separate basis	\$ (p) (m)	
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	X
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	5/1/4	49 (24 14 25 25
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit	ļļ	
	Act and OMB Circular A-133?	3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	1 [	
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	. 3b	
		Form	<b>990</b> (2020)

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Form 990 Reasonable Cause for Late Filing Statement 1

COVID CLOSED ALL OPERATIONS UNTIL JULY 30 2021

0.

Fundraising expenses

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) 2020

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2020.04011 SIMPLE TRUTH FOUNDATION I SIMPLE 1

### SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

SIMPLE TRUTH FOUNDATION INC

Employer identification number 27-3684092

GIMI HE INGIN 1 COMPUTED THE	
Form 990, Part III, Line 2, New Program Services:	
FOOD PANTRY EXPANSION TO ANOTHER LOCATION TO SERVE MORE PERSONS IN	NEED
Form 990, Part VI, Section B, line 11b:	
NO MANAGEMENT OR POLICY DECISIONS OR ACTIONS HAVE CHANGED SINCE INC	EPTION
PER BYLAWS	
Form 990, Part VI, Section C, Line 19:	
ALL ORGANIZATION INFORMATION ON WEBSITE	
Form 990, Part VII Contact Addresses for Officers, Directors, Etc:	
PERRY MCARTNEY - 2224 LAKE POINTE CIRCLE, LEESBURG, FL 34748	
ALICE ABRAHAM - 4352-1205 S KIRKMAN RD, ORLANDO, FL 32811	
FRANCIS TIVALD - 4728 HEMMINGWAY HOUSE RD, KISSIMMEE, FL 34746	
Form 990, Part IX, Line 11g, Other Fees:	
PANTRY EXPENSES:	
Program service expenses	245506.
Management and general expenses	0.
Fundraising expenses	0.
Total expenses	245506.

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization  SIMPLE TRUTH FOUNDATION INC	Employer identification number 27-3684092
Total expenses	15077.
LICENSES:	
Program service expenses	70.
Management and general expenses	0.
Fundraising expenses	70.
Total Other Fees on Form 990, Part IX, line 11g, Col A	260653.

#### Florida

## **SCHEDULE A** (Form 990-T)

# **Unrelated Business Taxable Income** From an Unrelated Trade or Business

Entity

OMB No. 1545-0047

Open to Public Inspection for 50 (c)(8) Organizations Only

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

	rie of the organization SIMPLE TRUTH FOUNDATION	i	B Employer identification number 27 - 3684092					
C Hor	related business activity code (see instructions)	_	D	Sequence:	1	of	1	

art I Unrelated Trade or Business Income	ļ	(A) Income	(B) Expenses	(C) Net
a Gross receipts or sales				all the contract of the second
b Less returns and allowances c Balance	1c			<u> </u>
Cost of goods sold (Part III, line 8)	2			
Gross profit. Subtract line 2 from line 1c	3		<u> </u>	
a Capital gain net income (attach Sch D (Form 1041 or Form				(1/3
1120)) (see instructions)	4a			
b Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	4b		ensulation (particular and an	7.5
c Capital loss deduction for trusts	4c			
Income (loss) from a partnership or an S corporation (attach				NI.
statement)	5			
Rent income (Part IV)	6		<del> </del>	
Unrelated debt-financed income (Part V)	7			
Interest, annuities, royalties, and rents from a controlled				
organization (Part VI)	8	<del></del>		
Investment income of section 501(c)(7), (9), or (17)				
organizations (Part VII)	9			
Exploited exempt activity income (Part VIII)	10			
Advertising income (Part IX)	1 1			**************************************
Other income (see instructions; attach statement)				7.62
Total. Combine lines 3 through 12	13			
Deductions Not Taken Elsewhere (See instructional directly connected with the unrelated business in	tions fo			
Compensation of officers, directors, and trustees (Part X)				1
Salaries and wages			l l	2
Repairs and maintenance				3
Bad debts				4
Interest (attach statement) (see instructions)				5
Taxes and licenses			·····	6
Depreciation (attach Form 4562) (see instructions)		7		7/S2

8b Less depreciation claimed in Part III and elsewhere on return 8a 8 Depletion _____ 10 Contributions to deferred compensation plans 10 11 Employee benefit programs 12 Excess exempt expenses (Part VIII) 12 13 Excess readership costs (Part IX) 13 14 Other deductions (attach statement) 14 15 Total deductions. Add lines 1 through 14 15 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, 16 0. 16 column (C) 0. 17 Deduction for net operating loss (see instructions) 17 18 Unrelated business taxable income. Subtract line 17 from line 16

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020