## Form **990**

## **Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047

**Open to Public** 

Department of the Treasury

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. Inspection For the 2017 calendar year, or tax year beginning and ending C Name of organization Check if applicable: SIMPLE TRUTH FOUNDATION, INC. D Employer identification number Address change Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite Name change POBOX 618343 E Telephone number ZIP code Initial return City or town 321-460-6072 ORLANDO 32861 FL Final return/terminated Foreign postal code Foreign country name Foreign province/state/county G Gross receipts \$ 298.468 Amended return F Name and address of principal officer: Application pending Yes X No H(a) Is this a group return for subordinates? PERRY MCCARTNEY 4352-1205 KIRKMAN ROAD , ORLANDO, FL 32 H(b) Are all subordinates included? If "No," attach a list. (see instructions) X 501(c)(3) 501(c) ( 4947(a)(1) or ) < (insert no.) Tax-exempt status: J Website: ▶ WWW.SIMPLETRUTHFOUNDATION.ORG H(c) Group exemption number ▶ X Corporation L Year of formation: 2010 Trust K Form of organization: Association Other > M State of legal domicile: Part I Summary TO SUPPORT FOOD BANKS, COMMUNITY FOOD Briefly describe the organization's mission or most significant activities: SHARING PROGRAMS, AND FOOD AND NUTRITIONAL IMPROVEMENT Activities & Governance Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) . . . . . . . . . . . . . . . . . Number of independent voting members of the governing body (Part VI, line 1b) . . . 4 Total number of individuals employed in calendar year 2017 (Part V, line 2a) . . . . . . . 5 6 7a Total unrelated business revenue from Part VIII, column (C), line 12. Net unrelated business taxable income from Form 990-T, line 34 7b **Current Year** 8 13,197 298,468 9 Program service revenue (Part VIII, line 2g) . . . . . . Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . 10 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e). Total revenue—add lines 8 through 11 (must equal Part VIII, column (A) The 12). 13,197 298,468 12 Grants and similar amounts paid (Part Column (A), lines 1–3) 146.382 13 Benefits paid to or for members (Part IX, column (A), line 4). 14 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10). 15 25,293 Professional fundraising fees (Part IX, column (A), line 11e). 16a Total fundraising expenses (Part IX, column (D), line 25) ▶ b 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e). 137,531 53,493 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25). 137,531 225,168 18 Revenue less expenses. Subtract line 18 from line 12. -124,33473,300 19 **Beginning of Current Year** End of Year 20 Total assets (Part X, line 16) . . 3,329 21 Total liabilities (Part X, line 26) . 3,329 22 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 7/16/2018 Sign Signature of officer Date Here PERRY MCCARTNY **PRESIDENT** Type or print name and title Print/Type preparer's name Preparer's signature Check Paid 7/16/2018 BYRON L RAMBO self-employed P00004666 BYRON L RAMBO Preparer Fim's EIN ► 45-5599762 Firm's name ► RSB PARTNERS, LLC **Use Only** Firm's address ▶ 6931 TALLOW TREE RD, SANFORD, FL 32771 Phone no. 407-792-0620

orm 90	00 (2017)	SIMPLE TRUTH FOUNDATION, INC.	27-3684092	Page 2
Par		Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any lin	e in this Part III.............	
	Briefly d TO SUF PROGR	lescribe the organization's mission: PPORT FOOD BANKS, COMMUNITY FOOD SHARING PROGRAMS, RAMS	FOOD AND NUTRIONAL EDUCATION	
2	the prior	organization undertake any significant program services during the yer Form 990 or 990-EZ?	ar which were not listed on  Yes	X No
3	Did the services	organization cease conducting, or make significant changes in how it is second conducting, or make significant changes in how it is second changes on Schedule O.	conducts, any program Yes	X No
4	Describ expense the tota	e the organization's program service accomplishments for each of its test. Section 501(c)(3) and 501(c)(4) organizations are required to report lexpenses, and revenue, if any, for each program service reported.	rt the amount of grants and allocations to others,	
4a	TRAINI	) (Expenses \$ including grants of \$ NG OF LOW INCOME HOUSEHOLDS ON REDUCING FOODS COS HASING DFECISIONS BASED ON FOOD QUALITY AND BULK BUYI	15 BY USING FOOD BANKS, COUPONS, AND B	ETTER
4b	(Code:	) (Expenses \$ including grants of	\$ ) (Revenue \$	)
4c	(Code:	) (Expenses \$ including grants of	\$ ) (Revenue \$	
4d	Other	program services. (Describe in Schedule O.)	) /Poyonue \$	

) (Revenue \$

(Expenses \$

including grants of \$

art	V Checklist of Required Schedules		Yes	No
			100	
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	1	Х	
	complete Schedule A	2		X
2	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
3	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
	candidates for public office? If "Yes," complete Schedule C, Part 1.			
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		Х
_	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		
5	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
		5		Х
_	Part III			
6	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
7	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
0	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
3	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt			
	negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII VIII IX or X as applicable.	The same		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D. Part VI	11a	-	X
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	446		Х
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b	-	<del>  ^-</del>
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	11c	İ	x
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	110	$\vdash$	<del>  ^</del>
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	11d		Х
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11e		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	1.0	<u> </u>	<del>  ``</del>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11f		х
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		T	
12a	Did the organization obtain separate, independent addited infancial statements for the tax years in 700, 00mptots	12a		Х
_	Schedule D, Parts XI and XII		1	
b	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
42	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
13		14a		Х
14a	The state of the s			
b	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			
13	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	1	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	1	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 (see instructions).	17	X	-
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	1		
	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," complete Schedule G, Part III	19	The second second	X

Day Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	Part	Checklist of Required Schedules (continued)			
b If "Yes" to line 20g, did the organization intents of the composition of the substantial organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic prevention report more than \$5,000 of grants or other assistance to or for domestic organization or domestic organization report more than \$5,000 of grants or other assistance to or for domestic organization or domestic organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, Outmun (A), line 27 "Yes," compilete Schedule I, Parts I and III.  22 In the organization answer "Yes" to Part VII. Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees "I "Yes," compilete Schedule I. "In "No, "go to line 25a.  23 Did the organization invest are yer proceeds of tax-exempt bonds beyond a temporary period exception?  24 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  25 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  26 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  27 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  28 Did the organization with a disqualitied person during the year?  29 Did the organization with a disqualitied person during the year?  29 Did the organization orward that it engaged in an excess benefit transaction with a disqualitied person of the proceeding of the year?  29 Did the organization orward that it engaged in an excess benefit transaction with a disqualitied person of the proceeding or the proceeding of the process of the proceeding or the process of the process of the process of the organization or the process of the p				Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization and consisting organization and the property of th	20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H			_X_
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part X, column (A), line 71 if "Yes," complete Schedule I, Parts I and II.  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 27 if "Yes," complete Schedule I, Parts I and III.  23 Did the organization answer "Yes" to Part VII, Section A, line 3.4, or 5 about compensation of the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the lest 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 25s.  24b Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the lest 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 25s.  24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year?  25c Section 501(CS), 501(CI), 40, and 501(CI)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part I.  25c Section 501(CS), 501(CI), 40, and 501(CI)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part I.  25c It the organization expert and it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction with an excess benefit transaction with a disqualified person in a prior year, and that the transaction with an excess benefit transaction with a disqualified person in a prior year, and that the transaction with an excess benefit transaction with a disqualified person in a prior year, complete Schedule I, Part II.  25c D	b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
22		Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
22		domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		_X_
Part IX, column (A), line 27 if "Yes," complete Schedule I, Parts I and III.  22 X  23 Did the organization answer "Yes" to Part VIII. Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, Part III.  24 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 \$240 through 24d and complete Schedule II. *If "Yes," go in line 25a.  24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  25c Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  26d Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  27d Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  28d Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  28d Did the organization with a disqualided person during the year?  28d Did the organization any proceeds and "in such a formation of the organization with a disqualided person w	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 shout compensation of the organization's current and former officers, infectors, fusiteses, key employees, and highest compensated employees? If "Yes," complete Schedule J. 24 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 "Yas," answer lines 24th through 24d and complete Schedule K. If "No.", go to line 25s.  2 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any fax-exempt bonds?  2 Did the organization maintain an escrow account other than a refunding escrow at any time during the year?  2 Did the organization act as an "on behalf of "issuer for bonds outstanding at any time during the year?  2 Did the organization avare that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.  2 Did 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.  2 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV.  2 Did the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV.  2 A family member of accurrent or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee? If "Yes," complete Schedule M, Part II.  3 Did the organization relat		Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		_X_
organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "yes," complete Schedule J. 23	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
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 25s.  b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  c Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  d Did the organization with a disqualified person during the year? If "Yes," complete Schedule L, Part I.  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 spore Forms 990 or 990-E27 if "Yes," complete Schedule L, Part I.  Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, or disqualified persons? If "Yes," complete Schedule L, Part II.  25b X  To Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.  Was the organization provide a grant or other assistance to an officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part II.  A nentity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule II. Part II.  Did the organization related t		organization's current and former officers, directors, trustees, key employees, and highest compensated	DOMESTIC L		
\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24d brough 24d and complete Schedule K. If "No," or 00 time 25a.  b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  24c		employees? If "Yes," complete Schedule J	23		X
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c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  226 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.  b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part II.  25 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part III.  27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III.  28 Was the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV.  A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  28 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.  29 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?  If "Yes," complete Schedule N, Part II.  30 Did the organization	b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
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Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.  1 Is the organization ever 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 erganization erganizat		to defease any tax-exempt bonds?			
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.  25a X  25b 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-E27 if "Yes," complete Schedule L, Part I.  26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II.  27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III.  28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV.  29 La Current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  29 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  29 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.  29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.  29 Did the organization via the organization engage in an excess operations? If "Yes," complete Schedule N, Part II.  30 Did the organization of the organization engage in an entity disregarded as separate from the organization under Regulation sections 301,77	d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
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990-EZ? // "Yes," complete Schedule L, Part I.  25b	b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
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Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.  30 X  31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.  32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?  If "Yes," complete Schedule N, Part II.  33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.  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.  35 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  36 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  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  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 V, Iine 2  38 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 V, Iine 2  39 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 V, Iine 2  30 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11		was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		<del> </del>	
conservation contributions? If "Yes," complete Schedule M.  31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.  32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?  If "Yes," complete Schedule N, Part II.  33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.  33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  34 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  35 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  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 X  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 V, line 2  37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule W.	23	╁	<del>  ^-</del>
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.  32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?  33 If "Yes," complete Schedule N, Part II.  34 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.  34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,  35 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)?  35 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 Jid 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 V, Iine 2  37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	20		\ \
Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?  If "Yes," complete Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.  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  Did the organization have a controlled entity within the meaning of section 512(b)(13)?  If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  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  Told 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 V, lines 1  Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		conservation contributions? If "Yes," complete Schedule M	30	├──	+^
Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?  If "Yes," complete Schedule N, Part II.  32 X  33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-3 of "Yes," complete Schedule R, Part I.  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  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  35b 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  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 X  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 V, Iine 2  37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	31	Did the organization liquidate, terminate, or dissolve and cease operations? If Yes, complete schedule N,	21	1	Y
If "Yes," complete Schedule N, Part II.  32 X  33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.  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  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  35b 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  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 Y  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 V, lines 11b and		Part I	31	<del> </del>	<del>  ^</del>
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III, or IV, and Part V, line 1		sections 301.7/01-2 and 301.7/01-37 if "Yes," complete Scriedule R, Part 1.	- 55	<del>                                     </del>	<del>  ^</del>
Did the organization have a controlled entity within the meaning of section 512(b)(13)?  b 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 X  35c 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 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 V, Interest Intere	34	Was the organization related to any tax-exempt or taxable entity? If Yes, complete schedule N, Part II,	34	Ì	X
b 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		III, or IV, and Part V, line 1		<del> </del>	
entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35a	Did the organization have a controlled entity within the meaning of section 312(b)(13)?	000	T	<del>  ^</del>
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	b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled	35h		x
organization? If "Yes," complete Schedule R, Part V, line 2		entity within the meaning of section 512(b)(13)? If res, complete schedule N, Fait V, line 2	000	+	+^-
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? <i>If "Yes," complete Schedule R, Part VI</i>	36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-character related	36		x
and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		organization ! If "Yes," complete Scriedule II, Fall V, line 2.	30	1	+
V/	37	Did the organization conduct more than 5% of its activities through all entity that is not a related organization			
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		and that is treated as a partitership for federal income tax purposes? If Test, complete conceasors, Fart	37		X
Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		VI	-	T	<del>                                     </del>
	38	Did the organization complete Schedule U and provide explanations in Schedule U for Part VI, lines 110 and	38	1	

12a

13

b

Form 9	90 (2017) SIMPLE TRUTH FOUNDATION, INC. 27-368	4092	Pa	age <b>5</b>
Par				
ı aı	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
1a	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
b	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
С	gaming (gambling) winnings to prize winners?	1c		
20	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	360		
2a	Statements, filed for the calendar year ending with or within the year covered by this return	- A		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
D	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in 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, 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			
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<del> </del>
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	ļ	X
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		-
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	Ch		
	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	7a	Section 1	Name of Street
	and services provided to the payor?	7b	-	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	75	<del>                                     </del>	+^-
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7c		х
	required to file Form 8282?	10		1
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e		X
е	Did the organization receive any funds, directly of indirectly, to pay premiums on a personal benefit contract?  Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	<u> </u>	X
f	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7</b> g		Х
g	If the organization received a contribution of qualified intellectual property, and the organization file a Form 1098-C?	7h		X
h	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
8	sponsoring organization have excess business holdings at any time during the year?	8		Х
0	Sponsoring organizations maintaining donor advised funds.		100	
9	Did the sponsoring organization make any taxable distributions under section 4966?	9a		Х
a b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		Х
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			4

Gross income from other sources (Do not net amounts due or paid to other sources 

Section 501(c)(29) qualified nonprofit health insurance issuers.

Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . . [12b]

Did the organization receive any payments for indoor tanning services during the tax year? . . . . . If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Is the organization licensed to issue qualified health plans in more than one state? . . . . . . Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which 

12a

13a

14a

14b

13b

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI.

Sect	on A. Governing Body and Management	— т	V	NI-					
		- 3.2250	Yes	No					
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			7					
	if the governing body delegated broad authority to an executive committee or similar	347							
	committee, explain in Schedule O.	-7							
b	Enter the number of voting members included in line 1a, above, who are independent .	3 1/4							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with								
	any other officer, director, trustee, or key employee?	2		X					
3	Did the organization delegate control over management duties customarily performed by or under the direct								
-	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4							
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5							
6	Did the organization have members or stockholders?	6		Х					
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint								
7a	one or more members of the governing body?	7a		Х					
	Are any governance decisions of the organization reserved to (or subject to approval by) members,								
b	stockholders, or persons other than the governing body?	7b		Х					
(50)	stockholders, or persons other than the governing body?								
8	Did the organization contemporaneously document the meetings held or written actions undertaken during								
	the year by the following:	8a	W112519	X					
а	The governing body?	8b	<del> </del>	X					
b	Each committee with authority to act on behalf of the governing body?	90	<del>                                     </del>	<del>  ^</del>					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			\ v					
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	Ļ—	Х					
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue C	ode.	1	T N-					
			Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a		X					
b	If "Yes " did the organization have written policies and procedures governing the activities of such chapters,								
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b 11a	X	X					
11a	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?								
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.								
12a	Did the organization have a written conflict of interest policy? If "No." go to line 13	12a		X					
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		Х					
b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"								
С	describe in Schedule O how this was done	12c		Х					
40	Did the organization have a written whistleblower policy?	13		Х					
13	Did the organization have a written document retention and destruction policy?	14	T	X					
14	Did the organization have a written document retention and destruction policy:	5353	800						
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?	15a	100	X					
а	The organization's CEO, Executive Director, or top management official.	15a		x					
b	Other officers or key employees of the organization	150	9,000	+^					
	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	140							
	with a taxable entity during the year?	16a	-	X					
b	If "Yes " did the organization follow a written policy or procedure requiring the organization to evaluate its		1000						
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard								
	the organization's exempt status with respect to such arrangements?	16b	1						
Sac	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed								
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3	s)s on	ly)						
18	available for public inspection. Indicate how you made these available. Check all that apply.		-						
	X Own website		nd						
19	Describe in Schedule O whether (and it so, now) the diganization made its governing documents, commit of interest po	,							
240	financial statements available to the public during the tax year.	•							
20	State the name, address, and telephone number of the person who possesses the organization's books and records:  9ERRY MCCARTNEY 321-460-6072								
	4352-1205 KIRKMAN ROAD, ORLANDO, FL 32861		-	and the second second					

<b>a</b> 41 <b>a</b>	OSS Division Trustees Voy Employees and Highest Companyated Employees	
	Check if Schedule O contains a response or note to any line in this Part VII	
	Employees, and Independent Contractors	
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated	

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	C) Position (do not check more than one box, unless person is both an officer and a director/trustee)  Control Position (do not check more than one box, unless person is both an officer and a director/trustee)  Control Position (do not check more than one box, unless person is both an officer employee  Control Position (do not check more than one box, unless person is both an officer employee  Control Position (do not check more than one box, unless person is both an officer employee  Control Position (do not check more than one box, unless person is both an officer employee  Control Position (do not check more than one box, unless person is both an officer employee  Control Position (do not check more than one box, unless person is both an officer employee  Control Position (do not check more than one box, unless person is both an officer employee  Control Position (do not check more than one box, unless person is both an officer employee  Control Position (do not check more than one box, unless person is both an officer employee  Control Position (do not check more than one box unless person is both an officer employee  Control Position (do not check more than one box unless person is both an officer employee  Control Position (do not check more than one box unless person is both an officer employee  Control Position (do not check more than one box unless person is both an officer employee  Control Position (do not check more than one box unless person is both an officer employee  Control Position (do not check more than one box unless person is both an officer employee  Control Position (do not check more than one box unless person is both an officer employee  Control Position (do not check more than one box unless person is both an officer employee  Control Position (do not check more than one box unless person is both an officer employee  Control Position (do not check more than one box unless person is both an officer employee  Control Position (do not check more than one box unless person is both an offi		(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations				
(1) PERRY MCCARTNEY	40.00									
PRES/ DIRECTOR		X	_	X	X	Х		19,154		
(2) FRANCIS TIVALD	5.00	х								
DIRECTOR (3) VIKKI RAMBO	1.00		$\vdash$							
DIRECTOR		Х								
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)		-								

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	<b>(A)</b> Name and title	(B) Average hours per	box,	unles er and	s pe	tion more rson	than c is both or/trust	an ee)	(D) Reportable compensation	(E) Reportable compensation from related	Esti amo	(F) timated ount of	
		week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	comp fro orga and	pensation the anization related nization	on d
(15)													
(16)													
(17)												44.94	
(18)													
(19)													
(20)			-							<u>- 100 140 140 140 140 140 140 140 140 140</u>			
(21)			-					T					
(22)			-										
(23)			-										
(24)			-										
(25)													
1b c d	Sub-total .  Total from continuation sheets to Part VII, S Total (add lines 1b and 1c).	ection A						. ▶	19,154				
2	Total number of individuals (including but not li reportable compensation from the organization	mited to those lis	sted a	abov	/e) \	who	rece	ive	d more than \$100	),000 of			
	Did the organization list any <b>former</b> officer, dire		kov	amn	love		or hia	ihas	et compensated			Yes	No
3	employee on line 1a? If "Yes," complete Scheo	lule J for such ir	ndivid	ual		٠					3		Х
4	For any individual listed on line 1a, is the sum the organization and related organizations greated individual.	ater than \$150,0	000?	f "Y	es, "	cor	nplet	e S	chedule J for suc	ch .	4		X
5	Did any person listed on line 1a receive or according services rendered to the organization? If "Y	rue compensation	on fro	m a	ny ı	unre	lated	org	ganization or indi	vidual	5		Х
Sec	tion B. Independent Contractors												
1	Complete this table for your five highest compound compensation from the organization. Report compensation are compensation from the organization.	ensated indeper ompensation for	the o	cor	trac nda	tors yea	that ar en	rec ding	eived more than g with or within th	\$100,000 of ne organization's	s tax		
	year. (A) Name and business add	dress							(B) Description of se	rvices	(C Compe		
								Ŧ					
		iding but not line	itod 4	o th	200	lict	ad ah		a) who received				
2	Total number of independent contractors (inclumore than \$100,000 of compensation from the		itea t		Joe	note	ou au		, will received				

Part VIII	Statement of Revenue
T die viii	Object to Solve date O contains a response or note to any line in this Part VIII

Part	VIII	Check if Schedule O contains a response or n	ote to any line in	this Part VIII.			$\square$
			os o day mon	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>ω</b> ω	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues					
S, G	С	Fundraising events					
Gift.	d	Related organizations					
ns,	е	Government grants (contributions) <u>1e</u>					
utto	f	All other contributions, gifts, grants, and					
를 들		similar amounts not included above 1f	L				
Son	g	Noncash contributions included in lines 1a-1f: \$					
	h	Total. Add lines 1a–1f	Business Code				
en e				404 469			AND THE RESIDENCE OF THE PARTY
Ven		NEWSPAPER FEES RECD	511110	194,468 104,000			
8		FOOD PANTRY	511110	104,000		<u> </u>	
5	20						
တိ	d						
ram	е	All other program service revenue				<del>                                     </del>	
Program Service Revenue	7	Total. Add lines 2a–2f	<b>•</b>	298,468			
	<u>g</u>	Investment income (including dividends, interest,		200, 100		***************************************	
	٦	other similar amounts)					
	4	Income from investment of tax-exempt bond prod	ceeds				
	5	Royalties					
	Ĭ	(i) Real	(ii) Personal				
	6a	Gross rents					
	b	Less: rental expenses					
	С	Rental income or (loss)					
	d	Net rental income or (loss)					
	7a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory					
	b	Less: cost or other basis					
		and sales expenses					
	С	Gain or (loss)					
	d	Net gain or (loss)	. <u> </u>				
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c).					
Je		See Part IV, line 18 a Less: direct expenses b					
<b>7</b>	b	Net income or (loss) from fundraising events					
	C						
	9a	See Part IV, line 19 a					
	b	Less: direct expenses b					
	C	Net income or (loss) from gaming activities					
		Gross sales of inventory, less					
	1.00	returns and allowances a					
	b						
	C						
	-	Miscellaneous Revenue	Business Code				
	11a	Wilsconarious November		1			
	b						
	C						
	d	All other revenue					
	e	Total. Add lines 11a–11d				A Physics I	
	12	Total revenue. See instructions.		298,468			

Part IX Statement of	Functional Expenses
----------------------	---------------------

Section	n 501(c)(3) and 501(c)(4) organizations must complete all co	olumns. All other org	ganizations must co	mpiete column (A).					
	Check if Schedule O contains a response or note to any line in this Part IX								
Do n 8b, 9	oot include amounts reported on lines 6b, 7b, bb, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to domestic organizations								
	domestic governments. See Part IV, line 21								
2	Grants and other assistance to domestic	4 40 000	440,000						
	individuals. See Part IV, line 22	146,382	146,382						
3	Grants and other assistance to foreign								
	organizations, foreign governments, and foreign								
	individuals. See Part IV, lines 15 and 16								
4	Benefits paid to or for members								
5	Compensation of current officers, directors,	10.151	40.454						
	trustees, and key employees	19,154	19,154						
6	Compensation not included above, to disqualified								
	persons (as defined under section 4958(f)(1)) and								
	persons described in section 4958(c)(3)(B)								
7	Other salaries and wages								
8	Pension plan accruals and contributions (include								
	section 401(k) and 403(b) employer contributions)								
9	Other employee benefits	2.455	0.400						
10	Payroll taxes	6,139	6,139						
11	Fees for services (non-employees):								
а	Management	0.050	2.250						
b	Legal	3,250	3,250						
C	Accounting								
d	Lobbying								
е	Professional fundraising services. See Part IV, line 17								
f	Investment management fees								
g	Other. (If line 11g amount exceeds 10% of line 25, column								
	(A) amount, list line 11g expenses on Schedule O.)	20	20		,				
12	Advertising and promotion	20	5,042						
13	Office expenses	5,042	1,572						
14	Information technology	1,572	1,072						
15	Royalties	22.049	32,918						
16	Occupancy	32,918	981						
17	Travel	981	901						
18	Payments of travel or entertainment expenses								
	for any federal, state, or local public officials	6,040	6,040						
19	Conferences, conventions, and meetings	6,040	0,040	, , , , , , , , , , , , , , , , , , ,					
20	Interest								
21	Payments to affiliates								
22	Depreciation, depletion, and amortization								
23	Insurance								
24	Other expenses. Itemize expenses not covered								
	above (List miscellaneous expenses in line 24e. If								
	line 24e amount exceeds 10% of line 25, column								
	(A) amount, list line 24e expenses on Schedule O.)	2.936		2,936					
а	INSURANCE	322	322						
b	LICENSES	412	V22	412					
c	DONATION	412		.,,					
d	All all an armanage								
е	All other expenses	225,168	221,820	3,348					
25	Total functional expenses. Add lines 1 through 24e	220,100	22.,320	, , , , , ,					
26	Joint costs. Complete this line only if the								
	organization reported in column (B) joint costs								
	from a combined educational campaign and fundraising solicitation. Check here								
	fulfulation in School Trees								
	following SOP 98-2 (ASC 958-720)	<u></u>			Form 990 (2017				

	_		
Dart Y	Ralance	Shoot	

		Check if Schedule O contains a response or note to any line in this Part X .			<u> </u>
			(A) Beginning of year		<b>(B)</b> End of year
П	1	Cash—non-interest-bearing	85	1	3,329
	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 current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary		15/14	
ts		organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
ď	8	Inventories for sale or use		8	
	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		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	05	15	2 220
	16	Total assets. Add lines 1 through 15 (must equal line 34)	85	16 17	3,329
	17	Accounts payable and accrued expenses		18	
	18	Grants payable		19	
	19	Deferred revenue		20	
	20	Tax-exempt bond liabilities		21	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		-21	
Liabilities	22	Loans and other payables to current and former officers, directors,			
=		trustees, key employees, highest compensated employees, and		22	
jab		disqualified persons. Complete Part II of Schedule L		23	
	23	Secured mortgages and notes payable to unrelated third parties		24	
	24	Other liabilities (including federal income tax, payables to related third			
	25	parties, and other liabilities not included on lines 17-24). Complete			
		Part X of Schedule D		25	
	20	Total liabilities. Add lines 17 through 25		26	
	26		The second second		
w		Organizations that follow SFAS 117 (ASC 958), check here ► X and			
Ce		complete lines 27 through 29, and lines 33 and 34.	85	27	3,329
Net Assets or Fund Balances	27	Unrestricted net assets	00	28	0,020
B	28	Temporarily restricted net assets		29	
nd	29	Permanently restricted net assets		23	
Ī		Organizations that do not follow SFAS 117 (ASC958), check here			
ō		complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
SS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
it A	32	Retained earnings, endowment, accumulated income, or other funds		32	0.000
Š	33	Total net assets or fund balances	85		3,329
	34	Total liabilities and net assets/fund balances	85	34	3,329

Form 9	90 (2017) SIMPLE TRUTH FOUNDATION, INC.	27	-3684092	Pag	e 12
Part					
	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)	1			3,468
2	Total expenses (must equal Part IX, column (A), line 25)	2			,168
3	Revenue less expenses. Subtract line 2 from line 1	3		73	3,300
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			85
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7	.,		
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10		73	3,385
Part	XII Financial Statements and Reporting				$\overline{}$
	Check if Schedule O contains a response or note to any line in this Part XII				ᆜ
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		17.75		
	Schedule O.				BAE.
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		IN STATE		
	reviewed on a separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2b		Х
IJ	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				
	Coparate 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	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in		20	1	100
_	Schedule O.			The last 1953	1000000
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		. За		X
-	the Single Audit Act and OMB Circular A-133?		. 00	<del>                                     </del>	<del>  ^</del>
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 in Schedule O and describe any steps taken to undergo such audits.		. 3b		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such addits.	<u></u>	. 100		

Form **990** (2017)

#### **SCHEDULE A** (Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

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

OMB No. 1545-0047

Open to Public Inspection

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

IMI	PLE	TRUTH FOUNDATION, INC.					27-368	4092
aı		Reason for Public Chari	ty Status (All org	anizations must cor	nplete th	is part.) 🤄	See instructions.	
he	orga	nization is not a private foundation	on because it is: (Fo	or lines 1 through 12, o	heck only	one box.)		
1		A church, convention of churche	es, or association of	churches described in	section '	170(b)(1)(	A)(i).	
2	П	A school described in section 1	<b>70(b)(1)(A)(ii)</b> . (Atta	nch Schedule E (Form	990 or 99	0-EZ).)		
3	同	A hospital or a cooperative hosp					<b>).</b>	
4		A medical research organization hospital's name, city, and state:						er the
5		An organization operated for the section 170(b)(1)(A)(iv). (Comp	e benefit of a college plete Part II.)	e or university owned o	or operate	d by a gov	ernmental unit desci	ribed in
6		A federal, state, or local governr	ment or government	al unit described in <b>se</b>	ction 170	(b)(1)(A)(v	<b>/</b> ).	
7		An organization that normally redescribed in section 170(b)(1)(	ceives a substantia <b>A)(vi).</b> (Complete P	I part of its support from art II.)	m a gover	nmental u	nit or from the gener	al public
8	П	A community trust described in	section 170(b)(1)(A	(Complete Part I	l.)			
9		An agricultural research organiz or university or a non-land-granuniversity:	t college of agricultu	ıre (see instructions). I	Enter the r	name, city	, and state of the col	ege or 
10	Х	An organization that normally re receipts from activities related to support from gross investment i acquired by the organization aft	o its exempt function income and unrelate	ns—subject to certain ed business taxable ind	exceptions come (less	s, and (2) s section 5	no more than 33 1/3	% of its
11		An organization organized and	operated exclusively	y to test for public safe	ty. See <b>se</b>	ction 509	(a)(4).	
12		An organization organized and of one or more publicly supported the check the box in lines 12a through	ed organizations de ugh 12d that descrit	scribed in <b>section 509</b> bes the type of support	(a)(1) or s ing organ	ection 50 ization and	d complete lines 12e	, 12f, and 12g.
â	ı	Type I. A supporting organization supported organization organization. You must com	s) the power to regul oplete Part IV, Sect	larly appoint or elect a ions A and B.	majority o	of the direc	ctors or trustees of th	e supporting
ł	)	Type II. A supporting organiz control or management of th organization(s). You must c	e supporting organi: omplete Part IV, Se	zation vested in the sa	me perso	ns that co	ntrol or manage the s	supported
(	;	Type III functionally integra	ated. A supporting o	rganization operated i	n connect	on with, a	nd functionally integ	rated with,
		its supported organization(s)  Type III non-functionally in	(see instructions).	You must complete F	art IV, Se	ctions A,	<b>D, and E.</b>	anization(s)
(	i	that is not functionally integrated integrated that is not functionally integrated instruction.	ated. The organizati s). <b>You must comp</b>	ion generally must sati <b>lete Part IV, Sections</b>	sfy a distr A and D,	ibution red and Part	quirement and an att <b>V.</b>	entiveness
•	9	Check this box if the organiz functionally integrated, or Ty	ation received a wri	itten determination fror Ily integrated supportir	n the IRS ng organiz	that it is a ation.	Type I, Type II, Type	
1		Enter the number of supported of	organizations					
!	(i)	Provide the following information  Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10		organization or governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
				above (see instructions))		ment?	instructions)	instructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)								
(E)								

#### **SCHEDULE G** (Form 990 or 990-EZ)

## Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

Name o	f the organization					Employer identificati	on number
	E TRUTH FOUNDATION INC					27-368	
Par		omplete if the	organizati	on answe	ered "Yes" on For	m 990, Part IV, lii	ne 17.
	Form 990-EZ filers are not	required to co	mplete th	is part.			
1	Indicate whether the organization ra	ised funds throu	gh any of t	he followin	g activities. Check	all that apply.	
а	Mail solicitations		e Sc	olicitation o	f non-government (	grants	
b	Internet and email solicitations		f Sc	olicitation o	f government grant	S	
С	Phone solicitations		g X S	oecial fund	raising events		
d	In-person solicitations						
2a	Did the organization have a written of key employees listed in Form 990, F	or oral agreeme	nt with any	individual	(including officers, ofessional fundrais	directors, trustees, ing services?	Yes X No
b	If "Yes," list the 10 highest paid indiv	viduals or entities	s (fundraise	ers) pursua	ant to agreements u	inder which the fund	Iraiser is
Б	to be compensated at least \$5,000 b	by the organizati	ion.	, ,			
organización de <del>P. M</del>	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have r control of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total				•			
Total 3	List all states in which the organizat registration or licensing.	tion is registered	or license	d to solicit	contributions or ha	s been notified it is	exempt from
FLOI	 						

		events with gross rece	ipts greater than \$5,0 (a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Kevenue		Our en manaimba				
4eve	1	Gross receipts				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
uses	6	Rent/facility costs				
xbe	7	Food and beverages				
Direct Expenses	'					
	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add	inico i anough o m oo.			(
Pa	11 irt III	Gaming. Complete if	ct line 10 from line 3, col the organization ansv n 990-EZ. line 6a.	umn (d)	00, Part IV, line 19, or	reported more
		Gaming. Complete if than \$15,000 on Form	ct line 10 from line 3, col the organization ansv n 990-EZ, line 6a. (a) <sup>Bingo</sup>	umn (d)	00, Part IV, line 19, or	reported more  (d) Total gaming (add col. (a) through col. (c))
		Gross revenue	n 990-EZ, line 6a. T	umn (d)	00, Part IV, line 19, or	(d) Total gaming (add
Revenue	rt III	than \$15,000 on Form	n 990-EZ, line 6a. T	umn (d)	00, Part IV, line 19, or	(d) Total gaming (add
Revenue	rt III	than \$15,000 on Form	n 990-EZ, line 6a. T	umn (d)	00, Part IV, line 19, or	(d) Total gaming (add
t Expenses Revenue	1 2	than \$15,000 on Form  Gross revenue	n 990-EZ, line 6a. T	umn (d)	00, Part IV, line 19, or	(d) Total gaming (add
Expenses Revenue	1 2 3	than \$15,000 on Form  Gross revenue  Cash prizes  Noncash prizes	n 990-EZ, line 6a. T	umn (d)	(c) Other gaming	(d) Total gaming (add
t Expenses Revenue	1 2 3 4	than \$15,000 on Form  Gross revenue	n 990-EZ, line 6a. T	umn (d)	00, Part IV, line 19, or	(d) Total gaming (add
t Expenses Revenue	1 2 3 4 5 6	than \$15,000 on Form  Gross revenue	1 990-EZ, line 6a.  (a) Bingo  Yes	umn (d)	(c) Other gaming  Yes%	(d) Total gaming (add
t Expenses   Revenue	1 2 3 4 5	than \$15,000 on Form  Gross revenue	yes % No  d lines 2 through 5 in co	umn (d)	(c) Other gaming  Yes%  No	(d) Total gaming (add col. (a) through col. (c))
t Expenses   Revenue	1 2 3 4 5 6	than \$15,000 on Form  Gross revenue	yes % No  d lines 2 through 5 in co	umn (d)	(c) Other gaming  Yes%  No	(d) Total gaming (add col. (a) through col. (c))
Direct Expenses Revenue	1 2 3 4 5 6 7 8 B a 1:	than \$15,000 on Form  Gross revenue	Yes % No d lines 2 through 5 in co Subtract line 7 from linerganization conducts gallonduct gaming activities	wered "Yes" on Form 99  (b) Pull tabs/instant bingo/progressive bingo  Yes	(c) Other gaming  Yes %  No	(d) Total gaming (add col. (a) through col. (c))

chedu	ule G (Form 990 or 990-EZ) 2017 SIMPLE TRUTH FOUNDATION, INC.
11	Does the organization conduct gaming activities with nonmembers?
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?
13	Indicate the percentage of gaming activity conducted in:
а	The organization's facility
b	An outside facility
14	and records:
	Name ▶
	Address •
	Does the organization have a contract with a third party from whom the organization receives gaming revenue?
b	If "Yes," enter the amount of gaming revenue received by the organization   smount of gaming revenue retained by the third party   \$\bigs\bigs\bigs\bigs\bigs\bigs\bigs\bigs
С	If "Yes," enter name and address of the third party:
	Name ▶
	Address •
16	Gaming manager information:
	Name ▶
	Gaming manager compensation   \$
	Description of services provided
	Director/officer Employee Independent contractor
17 a	Mandatory distributions:  Is the organization required under state law to make charitable distributions from the gaming proceeds to  Yes No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations
Part	of spent in the organizations own exempt destructed damage and the port Line 2h, columns (iii) and (v); and

Page 2

Schedule I (Form 990) (2017)

ALION, INC.

(f) Description of noncash assistance Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of noncash assistance (c) Amount of cash grant Part III can be duplicated if additional space is needed. (b) Number of recipients (a) Type of grant or assistance Part IV Part III Ŋ 4

# SCHEDULE (Form 990)

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

OMB No. 1545-0047	2017	Open to Public Inspection

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

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

General Information on Grants and Assistance

SIMPLE TRUTH FOUNDATION, INC.

Part

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

27-3684092

<ol> <li>Does the organization maintain records to substantiate the amount of the grants of assistance, the grants of assistance; and the selection criteria used to award the grants or assistance?</li> <li>Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.</li> </ol>	ain records to su award the grants nization's proced	ostantiate the amout s or assistance? ures for monitoring t	induit of the grants of assistance, the grantees??	n the United States.			Yes No
art	Assistance to	Domestic Organient that received	nizations and Dom more than \$5,000. F	estic Governments Part II can be duplic	rganizations and Domestic Governments. Complete if the organization answered "Yes" on Form ved more than \$5,000. Part II can be duplicated if additional space is needed.	janization answerec ce is needed.	"Yes" on Form
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(9)							
(9)							
(2)	-						
(8)							
(6)							
(10)							
(11)							
(12)	-						
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table .	on 501(c)(3) and gorden	government organizatied in the line 1 table	ations listed in the line	1 table		•	
r Pa	ice, see the Instru	ctions for Form 990				,	Schedule I (Form 990) (2017)

HTA

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

Department of the Treasury

Internal Revenue Service

### Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047 Open to Public Inspection

Employer identification number

Name of the organization	Employer identification number
	27-3684092
Form 990, NOT APPLICABLE	

Schedule O (Form 990 or 990-EZ) (2017)	Employer identification number
Name of the organization	
SIMPLE TRUTH FOUNDATION, INC.	27-3684092