Return of Organization Exempt From Income Tax

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

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.

Inte	emal Reve	я me treasury mue Service	I ► Information	about Form 990 and it	s instructions	is at www.ir	s.aov/form990.		Open to Fublic Inspection
<u>A</u>			lendar year, or tax year b	eginning	terrette de		ending		
B	1	f applicable:	C Name of organization	SIMPLE TRUTH FOUN	NDATION, INC		CONTRACTOR OF THE PROPERTY OF	ployer identifica	rtion number
	Address	i Change	Doing Business As						
	Name cl	hange	POBOX 618343	box if mail is not delivered to s	treet address)	Room/suite	27-368		
П	Initial rel	turn	City or town		Ct-t-	<u> </u>	E Tele	phone number	
\Box			ORLANDO		State FL	ZIP code 32861	321-46	0-6072	
	Terminal	ted	Foreign country name	Foreign province/state		Foreign postal			
	Amende	ed return				. a. o.g., pages	The state of the s	ss receipts \$	96,198
	Applicati	ion pending	F Name and address of princi	oal officer			14. 14. 14. 14. 14. 14. 14. 14. 14. 14.	Marine St. South of the Control of t	protection of the same of the
-		1	PERRY MCCARTNEY 4		OVU VOLVI	una er aa	H(a) Is this a group	return for subordin	ates? Yes X No
1	Tav_even	npt status:				getrablisation	Branch Committee of the		h-managed Sana
	~6 000 to 100 to	, 		() ◀ (insert no.)	4947(a)(1)	or 527	If "No," attac	th a list. (see ins	tructions)
-	Websit		M/SIMPLETRUTHFOUN	IDATION.ORG			H(c) Group exem	ption number 🟲	
CONTROL OF THE PARTY OF THE PAR	and the second second	organization,	X Corporation Trus	st Association O	ther 🏲	L Yes	ir of formation: 2	O10 mista	e of legal domicile: FL
	Pari I		nmary		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	A Control of the Cont		4,24,00	1 3,-
O)	1	Briefly de	escribe the organization's	s mission or most signif	icant activities	; TO S	SUPPORT FOO	D BANKS. (COMMUNITY FOOD
2		SHARIN	G PROGRAMS, AND FO	OD AND NUTRITION	AL IMPROVE	MENT			
Governance			this his wall to the first that the last the las				. The case was not not may be say and all all all and and all all	** = **********************************	also with made right many more more more and take major major with many take more more many also many major
OVE	2	Check th	nis box ▶ ☐ if the orga	anization discontinued i	ts operations	or disposed	of more than 2	5% of its net	assets
	· ·	ivaniinei	or voung members of the	governing body (Part)	VI. line 1a)			3	3
Activities &	4	Number	or independent voting me	embers of the governing	a body (Part \	(line 1h)		A	
#	5	iotai nun	nper of individuals emplo	yed in calendar year 20	013 (Part V. III	ne 2a)		5	2
Cti	6	rotal fiul	liber of volunteers (estim	ate if necessary)	4.4 Page 32				
4	7a b	lotal unn	elated business revenue	from Part VIII, column	(C), line 12.	:		7a	
	<u> </u>	Mermine	lated business taxable in	<i></i>	7b				
4	8	Contribut	finne and arante (Dart \ III	f time 4L\			Prior Ye	ar	Gurrent Year
ane	9	Program	tions and grants (Part VII service revenue (Part VI						
Revenue	10	Investme	ent income (Part VIII, colu	ii, mie zy) imm (A) lines 2 4 and	741		·	290,162	96,198
œ	11	Other rev	venue (Part VIII, column	Al linge F Rd RA OA	10). 10a mad 14al				
	12	Total reve	nue—add lines 8 through	irv, ands o, oo, oo, sc, It imust equal Part VIII	ruu, amu me) roluma (A) lina	12)		200 400	06 (00
-	13	Grants a	nd similar amounts paid	Part IX column (A) lin	es 1_3\	7 (4.).		290,162 98,490	96,198
	14	Benefits	paid to or for members (F	Part IX. column (A), line	(4)			90,480	
S	15	Salaries, o	other compensation, emplo	yee benefits (Part IX, co	lumn (A), lines	5-10)		35,082	22,721
Expenses	16a	Professio	inal fundraising fees (Pai	t IX, column (A), line 1º	1e)			42,738	<u> </u>
, X	b	Total fund	draising expenses (Part I	X, column (D), line 25)				751.95	
i.Li	1 4	Other exp	penses (Part IX, column	(A), lines 11a-11d, 11f-	-24e)			113,355	73,475
	18	lotal exp	enses. Add lines 13-17 (must equal Part IX, col	umn (A), line	25) [289,665	96,196
∟ Ø	19	Kevenue	less expenses. Subtract	line 18 from line 12.		<u> </u>		497	2
ets c	20	Total ace	ate (Dart V line 10)			-	Beginning of Cu	rrent Year	End of Year
Ass Bal	21	Total liabi	ets (Part X, line 16) ilities (Part X, line 26) .		• • • • • •			1,540	2
Net Assets or Fund Balances	22		ts or fund balances. Subt					4 5 40	
	ir II		rature Block	AGENTIG Z I NOM MIC Z	<i></i>			1,540	2
Und	er penalti	ies of perjury,	I declare that I have examined t	his return, including accompar	nving schedules a	nd statements	and to the hest of n	ny knowledge	
and	belief, it is	s true, correct	t, and complete. Declaration of p	reparer (other than officer) is	based on all infon	nation of which	preparer has any k	nowledge.	
Sig		-							
			Signature of officer				Da	ate	
T 6			PERRY MCCARTNY			PRES	SIDENT		
He									
re		**************	Type or print name and title	Y =			Date	1	PTIN
vo valonija a	. A o historia de Maria de Constantino de Constantino de Constantino de Constantino de Constantino de Constanti	**************	Type or print name and title Type preparer's name	Preparer's sig	nature		L. Carea	Charle []	
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Pai Pre	id	Print/I BYR(Type preparer's name ON RAMBO name ► RSB PARTNE	BYRON RA	MBO		10/6/2014 Firm's EIN	self-employe ▶ 45-5599	P00004666 762
Pai Pre Use	id eparer e Only	Print/I BYR(Firm's	Type preparer's name ON RAMBO name ► RSB PARTNE address ► 6931 TALLOV	BYRON RARS, LLC	MBO), FL 32771		10/6/2014 Firm's EIN Phone no	self-employe ▶ 45-5599	P00004666 762 -5308
Pai Pre Usi	id eparer e Only y the IR	BYR(Firm's RS discuss	Type preparer's name ON RAMBO name ► RSB PARTNE	BYRON RA RS, LLC I TREE RD, SANFORD arer shown above? (see	MBO), FL 32771		10/6/2014 Firm's EIN	self-employe ▶ 45-5599	P00004666 762

·	990 (2013)	SIMPLE TRUTH FOUN	DATION, INC.			27-3684092	Page 2
n.	i c !!!	Statement of Program Check if Schedule O co	Service Acontains a resp	omplishments onse of note to any li	ne in this Part III	7/44	
April 1	Briefly d TO SUP PROGR	escribe the organization's mis PORT FOOD BANKS, COMM	sion: MUNITY FOOD		S, FOOD AND NUTRION		
2	Did the	and a second second second					
۵	tne prior	organization undertake any si Form 990 or 990-EZ? describe these new services			aar which were not listed	on Yes	X No
3	Did the o	organization cease conducting?	j, or make sign	ificant changes in how it		Yes	X No
4	Describe expense	describe these changes on S the organization's program s s. Section 501(c)(3) and 501(expenses, and revenue, if an	ervice accomp c)(4) organizati	ions are required to repo	three largest program se out the amount of grants a	rvices, as measured by ind allocations to others,	7
4a	(Code:) (Expenses \$	73 /	175 including assets of	& \/D		
	PURCH	ASING DECISIONS BASED	ON FOOD QU	EDUCING FOODS COS ALITY AND BULK BUYI	STS BY USING FOOD BA	evenue \$ NKS, COUPONS, AND	BETTER
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4b) (Expenses \$					77 45 50 TH 4V .
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		e de sa ser con ser programa amonto de la companier de programa por consente de la companier de la companier de	e de servicio de servicio de encolar de la compansión de servicio de la compansión de la compansión de la comp	်ချိန်းကို ကောက်ကောက်သောက်သောကို ကောက်ကောက်သောက်သောက်သောက်သောက်သောက်သောက်	报告 有现象的现在分词 医阿特洛克氏 医阿斯特氏征 经基础 经现代证据 化二甲基乙酰甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基	:自我我看到我们还在对你在我就得过吃冷心的好到什么	ಗಳವ್ಷವಾವರಾಧಾಧರು
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40	Other pro (Expense	gram services. (Describe in S s \$ inc	chedule O.) cluding grants o	of \$) (Poyonio ¢	N Company of the Comp	CONTROL CONTRO
40		IFAM SARvice expenses	orania di mino (72 A75) (Revenue \$	}	Attacher per land the representation of the second

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		1.00	
2		1	<u> </u>	X
3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.	2		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	3	The second secon	X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.	4		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	5		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space	8		Х
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	7_		Х
9	complete Schedule D, Part III	8	***************************************	Х
J	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV			v
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	9		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.	10		_X_
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes." complete			
b	Schedule D, Part VI. Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	<u>11a</u>		_X_
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		Х
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		Х
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d	delication	Х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
ī	the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes." complete Schedule D. Part X	11f		Х
	Schedule D, Parts XI and XII.	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		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
b	fundraising, business, investment, and program service activities outside the United States, or aggregate	144	pick management and the	_^_
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
13	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	Daniel State of London	Χ
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
17	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV. Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	16		X
18	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	Х	
	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	The state of the s	Х
	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		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.	20a		X
<u>b</u>		20b		

Par	t IV Checklist of Required Schedules (continued)	Z/-3004	MAS	Pa	ge 1
			Т	Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	Γ			
	government on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II		21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States	-	=	$\neg \vdash$	
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		22	ĺ	Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the		1		ranio men
	organization's current and former officers, directors, trustees, key employees, and highest compensated	na n	na-mediano (Co		
	employees? if "Yes," complete Schedule J		23	[Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	The Designation of the Later of	1	$\neg \uparrow$	
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes "answer lines	Ĺ	***	1	
	24b through 24d and complete Schedule K. If "No," go to line 25a		24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	-	24b		X
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?	and the same of th	24c	- Comment	Х
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		24d		X
25a	Section 501(c)(3) and 501(c)(4) 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	1	х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	F			
	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	1:	25b		Χ
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	· F			
	current or former officers, directors, trustees, key employees, highest compensated employees, or) all and a second	-		
	disqualified persons? If so, complete Schedule L, Part II	1.	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee	· ·			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	(parameter)	Į		
	entity or family member of any of these persons? If "Yes," complete Schedule L. Part III		27	l	Χ
28	Was the organization a party to a business transaction with one of the following parties (see Schedule I	` 	=-		
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):	Į.			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV	9	28a		Χ
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	·			1.5
	Schedule L, Part IV	12	28b		Χ
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereoff		-21		<u> </u>
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L. Part IV	,	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes " complete Schedule M		29		<u>^</u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	· F			
	conservation contributions? If "Yes," complete Schedule M	. :	30		Х
31	bid the organization additioner, reunificate, or dissolve and cease operations? If "yes," complete Schedule N	· F	-		
	Part I		31		Х
34	Life the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?	Ţ-			-
	If "Yes," complete Schedule N, Part II	:	32		Χ
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	and the same of	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		Χ
งจล	Lid the organization have a controlled entity within the meaning of section 512(b)(13)?	3	5a		X
Ю	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled				W 10-200
	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	. 3	5b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related		1	\dashv	
	organization? if "Yes," complete Schedule R, Part V, line 2	etromotra	36		Χ
31	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		-		
	W] :	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			T	-
CPAC TO MARKAGE	19? Note. All Form 990 filers are required to complete Schedule O.	3	38	x	
		_	TOWN DAY OF THE PARTY.	00 00	AND THE REAL PROPERTY.

Form 990 (2013) SIMPLE TRUTH FOUNDATION, INC. 27-3684092 Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V. Yes No 12 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable b 2 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable 10 Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 2a Statements, filed for the calendar year ending with or within the year covered by this return: 2a If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . Χ 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? За 3а Χ If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O. b X 36 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)? Х 4a h 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 5а χ h Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . Χ If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Х Does the organization have annual gross receipts that are normally greater than \$100,000, and did the 6a organization solicit any contributions that were not tax deductible as charitable contributions? Χ If "Yes," did the organization include with every solicitation an express statement that such contributions or b gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods Χ b 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was Χ 7c d e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f **7**f Χ If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . g X 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?. Χ 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? Χ Q Sponsoring organizations maintaining donor advised funds. Χ h Χ Section 501(c)(7) organizations. Enter: 10 а 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: 11a Gross income from other sources (Do not net amounts due or paid to other sources 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? 13a Χ 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 13b C 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 142 Χ

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

14b

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.

Sec	tion A. Governing Body and Management			<u>Ш</u>
4			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	3		
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar	ALV-CACAMAR .		
	committee, explain in Schedule O.	and the same of th		
b	Enter the number of voting members included in line 1a, above, who are independent]		
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		Х
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
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		X
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		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	and the property of the same		
	the year by the following:			
а	The governing body?	8a		Х
b	Each committee with authority to act on behalf of the governing body?	8b		Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
TRUCING SPORTICE	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Cade	}	Lorenza
	그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		Х
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe 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		Х
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		Х
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes."			
	describe in Schedule O how this was done	12c		Х
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		Х
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?			
a	The organization's CEO, Executive Director, or top management official.	15a		Х
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		į
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			Paradiya.
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard			11505
Martin Description	the organization's exempt status with respect to such arrangements?	16b		
Sect	ion C. Disclosure	لتتني	·	
17	List the states with which a copy of this Form 990 is required to be filed FL		·····	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only	/)	
	available for public inspection. Indicate how you made these available. Check all that apply.	,	,	
	X Own website			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest pol	icy, an	đ	
	financial statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization: PERRY MCCARTNEY 321-460-60 4352-1205 KIRKMAN ROAD ORI ANDO FL 32861	72		
	4352-1205 KIRKMAN ROAD, ORI ANDO, EL 32861			

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151		á	Ď.	. 1	100	4	43	A	au	13	

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

ATTS AND IN								
Section A	Officers C	livertere '	Trictane	Mars E.	malamana	and Hinkans	Compensated	·
		are remarked the	s s samuel and and	1207 mg	muyeco,	, alla fillista	Commensated	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 thi	s box if neither the organi	zation nor an	y related organiz	ation	CO	npe	nsa	ted a	ny c	surrent officer, dir	ector, ar trustee	i.
	(A) Name and Title				unle er an	Pos heck ss pe	erson	b than is both	an hool	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
		week (list any hours for related organizations below dotted line)	for dividing the series of the organization of		Officer	key employee	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations				
	MCCARTNEY		40.00	1				Tong ye				
PRES/ DIREC	IS TIVALD	engini 445. Katalan sana	F 00	X	-	X	X	<u> </u>	-	20,435		
DIRECTOR	er e		5.00	Х					-			
(3) VIKKI R	CAMBO		1.00	The rest of the last of the la	1-		\vdash	<u> </u>	\vdash			
DIRECTOR				X								Commence of the Commence of th
(4)							The same of the sa		City (Volume)			
(5)												
(6)										300 (10 (10 (10 (10 (10 (10 (10 (10 (10 (AND THE PROPERTY OF THE PROPER	
(7)										and for the first the second s		A STATE OF THE STA
(8)												
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(10)	p (r - 4)											
(11)												
(12)					Part of the State							
(13)												
(4A)				·	1				1			

	ar: VII	Section A. Officers, Direct	tors, Tri	istees, Key Em	ploye	20 8,			ghes	t C	ompensated En	nployees (cont	inued)		
		(A) Name and title		(B)			Pos heck		e than		(D)	(E)		(F)	
		Name and sae		Average hours per week (list any hours for related organizations below dotted line)		eran		lirect	b Highest compensated employee	tee)	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	co or a	Estimate amount other mpensa from the ganizate and relate ganizate	of ation ie tion ted
(15)	e and the contraction of the con		en e												***************************************
(16)					<u> </u>				30 a.s					NAMES OF THE PERSON OF THE PER	
(17)													uning the same of		
(18)			**										1		con transcallar
(19)								-			de la constanta de la constant		1		
(20)					-						And the state of t				AWA-4
(21)													-		~~~~
				and the second s		_		-					-		
(23)													1		***************************************
										-					and the second
(25)					<u> </u>	_			14.5	-					
1b	Col. Aniai			- TO SEE SEE SEE SEE SEE SEE SEE SEE SEE SE									-		
c	Total from	continuation sheets to Par	rt VII, Sı	ection A)/ } •			>	20,435				
2 2	Total numb	lines 1b and 1c). er of individuals (including becompensation from the organ	ut not lir		ted a	bov	e) v	vho	recei	ved	20,435 more than \$100	,000 of			
3	Did the org	anization list any former offi on line 1a? If "Yes," complete	cer, dire	ctor, or trustee, ule J for such ind	key e dividu	mpl	oye	e, o	_		compensated		3	Yes	No X
4	For any ind	lividual listed on line 1a, is th ation and related organization	ie sum c ons grea	of reportable con ter than \$150,00	npeni 00? II	satic "Ye	ın a s,"	nd o	other	con	npensation from				
5	Did any per	rson listed on line 1a receive s rendered to the organization	or accr	ue compensatio	n fror	n ar	ny u for	 nrel suc	 ated h pei	arg: son	anization or indiv	idual	5		X
Sec 1	tion B. Inde Complete t	pendent Contractors his table for your five highest ion from the organization. Re	t compe	nsated independ	dent (cont	ract	ors	that	ece	eived more than s	\$100.000 of			Biochian Communication of the
		(A Name and bus		ess							(B) Description of serv	rices	(C Compe		
			FF-FF-Webbirth shell be the lands and a second		Automorphis								***************************************		***********
2		er of independent contractor \$100,000 of compensation fr			ed to	tho	se li	ste	d abc	ve)	who received				أفيده

Form 990 (2013)
Part VIII

Statement	αf	Revenue
An or the state of a to be described for	100	2 7 7 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4

		Check if Schedule O contains a respon	nse or note to any line i	in this Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenué	(D) Revenue excluded from tax under sections 512-514
Contributions, Giffs, Grants and Other Similar Amounts	1a b c d	Membership dues	1b 1c 1d				
	9 h	All other contributions, gifts, grants, and similar amounts not included above . Noncash contributions included in lines 1a-1f Total. Add lines 1a-1f					
Program Service Revenue	2a b	NEWSPAPER FEES RECD	Business Code 511110	96,198			
ram Servic	c d e						
rogi	f	All other program service revenue	· <u>L</u>	i i i i i i i i i i i i i i i i i i i			
Lile.	3	Total. Add lines 2a–2f Investment income (including dividends, in other similar amounts)	nterest, and	98,198			
	4	Income from investment of tax-exempt bo					
	5	Royalties	eal (ii) Personal				
	6a	Gross rents	ear (ii) Fersonar				
	b	Less: rental expenses		1			
	C	Rental income or (loss)					
	d	Net rental income or (loss)			!! !		
	7a	Gross amount from sales of (i) Secu					
		assets other than inventory					
	b	Less: cost or other basis					
		and sales expenses			e e e e e e e e e e e e e e e e e e e		
	c d	Gain or (loss)					
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18			a talik kaluari. Talik		
the	b	Less: direct expenses	a	1			
Ö		Net income or (loss) from fundraising ever					
	9a	Gross income from gaming activities. See Part IV, line 19.	. a				
		Less: direct expenses				en training	
	C 40a	Net income or (loss) from gaming activities	S				
		Gross sales of inventory, less returns and allowances		THE PROPERTY OF THE PROPERTY O			
		Less: cost of goods sold Net income or (loss) from sales of inventor Miscellaneous Revenue					
	11a		mental and				
	b						
	C	A11 .0					183-100
	d	All other revenue	,				
	e 12	Total. Add lines 11a–11d		96.198			

Part IX Statement of Functional Expenses

0000	On 501(c)(3) and 501(c)(4) organizations must complete all Check if Schedule O contains a response or note				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				200 gr 50 5 2 3 5 4 5 4
	organizations in the United States. See Part IV, line 21		A)		
2	Grants and other assistance to individuals in the	Walter Comments			
_	United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
_	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
_	trustees, and key employees	20,435			
6	Compensation not included above, to disqualified	म तम देवाई			
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	20 (10 mg/2) 1 mg/2			
7	Other salaries and wages			" Vera"	
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions).				
9	Other employee benefits				
10	Payroll taxes	2,286		2,286	
11	Fees for services (non-employees):				
а	Management			'	
b	Legal	100 pt 14 to 16 to 10 to			
C	Accounting			***************************************	
ď	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.)				
12	Advertising and promotion	1,865		1,865	
13	Office expenses	6,071	6,071		4. 4
14	Information technology	32.510			
15	Royalties	55.25.647			
16	Occupancy				
17	Travel	1,026	1,026		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	667		667	200
20	Interest				
21	Payments to affiliates		A STATE OF THE PARTY OF THE PAR		
22	Depreciation, depletion, and amortization				
23	Insurance.				
24	Other expenses. Itemize expenses not covered	H 1351 194 75	alakan da Seri arrag		
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column		etael de hijean		
	(A) amount, list line 24e expenses on Schedule O.)				
а	REVENUE PASS-THROUGHS	26,658			
b	AUTO REIMBURSEMENTS	3,481			
C	FEES PAID	1,090			The second secon
d	OTHER G/A COSTS	32,617			
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	96,196	27,532	4,818	
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here if				
	following SOP 98-2 (ASC 958-720)				

Balance Sheet

- Distriction with the		Check if Schedule O contains a response or	note to any line in this Part X		4 .	5
				(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		1,540	1	2
	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 for	ormer officers, directors,			
		trustees, key employees, and highest compensi	ated employees.			la de la Maria de La Segui
		Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified person	ons (as defined under section		3	rai Taga Taga da kanggara da S
		4958(f)(1)), persons described in section 4958(c)(3)(B), a	nd contributing employers and		194 13	
		sponsoring organizations of section 501(c)(9) voluntary e	mployees' beneficiary			
\$		organizations (see instructions). Complete Part II of Sche	dule L		6	
Assets	7	Notes and loans receivable, net			7	
⋖	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		14 TH	
	b	Less: accumulated depreciation	10b		10c	
	11	investments—publicly traded securities		2 1 1/2 3 1 1/2 3 2 2 2	11	
	12	Investments—other securities. See Part IV, line	11	\$40 (44)	12	
	13	Investments—program-related. See Part IV, line	11.		13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equi	at line 34)	1,540	16	2
	17	Accounts payable and accrued expenses			17	
	18	Grants payable			18	
	19	Deferred revenue		48' X	19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete F			21	
Liabilities	22	Loans and other payables to current and former				
oped Title Title		trustees, key employees, highest compensated				Harry Nachard
10		disqualified persons. Complete Part II of Schedu			22	
	23	Secured mortgages and notes payable to unrela			23	
	24	Unsecured notes and loans payable to unrelate	d third parties		24	
	25	Other liabilities (including federal income tax, pa				
		parties, and other liabilities not included on lines				
	20	Part X of Schedule D		****	25	
	26	Total liabilities. Add lines 17 through 25	paintens 3		26	
Ø		Organizations that follow SFAS 117 (ASC 958				
၁၁		complete lines 27 through 29, and lines 33 ar				
Balances	27	Unrestricted net assets		1,540	27	2
	28	Temporarily restricted net assets			28	
Ē	29	Permanently restricted net assets			29	
U.		Organizations that do not follow SFAS 117 (ASC958),	check here 🔛 and			
ō	T- Weller	complete lines 30 through 34.	Lamane de la constante de la c			
e	30	Capital stock or trust principal, or current funds			30	18.
Net Assets or Fund	31	Paid-in or capital surplus, or land, building, or ed			31	
4	32	Retained earnings, endowment, accumulated in		ATT STREET, ST	32	
Z	33	Total net assets or fund balances		1,540	33	2,
THE RESIDENCE	34	Total liabilities and net assets/fund balances		1,540	-	2

Form	990 (2013) SIMPLE TRUTH FOUNDATION, INC.	2	7-3684092	Par	ge 12
Par	EXIST Reconciliation of Net Assets				Section 1
	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		96	6,198
2	Total expenses (must equal Part IX, column (A), line 25)	2			6,196
3	Revenue less expenses. Subtract line 2 from line 1	3		***************************************	2
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		-	1,540
5	Net unrealized gains (losses) on investments	5	ar de plantación de la desarra con activo (), es e lección de la desarra con activo (), es elección de la desarra co	Windows Value of the	
6	Donated services and use of facilities	6	Aria-riam (Idiamin Garana)		************
7	Investment expenses	7	N PHONE STEERING OF STATE OF S	man kirala da basan	-
8	Prior period adjustments	8		-1	1,540
9	Other changes in net assets or fund balances (explain in Schedule O)	9			Physical State of the State of
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				***************************************
	column (B))	10			2
Par	XIII Financial Statements and Reporting				
-	Check if Schedule O contains a response or note to any line in this Part XII.				
				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		_ []		
	Schedule O.	Ą.V			
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 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		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:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
•	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	v	Tad in a
	If the organization changed either its oversight process or selection process during the tax year, explain in		 	X	
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				- Continues - Cont
	the Single Audit Act and OMB Circular A-133?		. 3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	• • •	Ja	*******	 ^-
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3h		

Form **990** (2013)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

Internal Revenue Service | Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization | Final Over 1 | Final Over 1 | Final Over 2 | Fin

2013

OMB No. 1545-0047

坐⊎し Open to Public

Inspection

Employer identification number SIMPLE TRUTH FOUNDATION, INC. 27-3684092 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii), A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) Я A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) a An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. Type I Type II Type III—Functionally integrated d Type III—Non-functionally integrated e X By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the a following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (iii) below, the governing body of the supported organization? Х 11g(i) A family member of a person described in (i) above? Χ 11g(ii) X 11g(iii) Provide the following information about the supported organization(s) (i) Name of supported (ii) EIN (iii) Type of organization (iv) is the organization (v) Did you notify (vi) is the (viii) Amount of monetary organization in col. (i) listed in your organization in col. (described on lines 1-9 the organization in support above or IRC section governing document? col. (i) of your (i) organized in the (see instructions)) support? **U.S.?** Yes Yes No Yes No (A) (B) (C) (D) (E) Total

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants."). 570,903 290.162 96.198 957,263 9 Tax revenues levied for the organization's benefit and either paid to or expended on 3 The value of services or facilities furnished by a governmental unit to the Total. Add lines 1 through 3 4 957,263 570,903 96.198 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11. singt. Public support. Subtract line 5 from line 4. 957,263 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total 7 Amounts from line 4 570.903 290.162 96.198 957,263 8 Gross income from interest, dividends. payments received on securities loans, rents, royalties and income from similar 9 Net income from unrelated business activities, whether or not the business is 10 Other income. Do not include gain or loss from the sale of capital assets 11 Total support. Add lines 7 through 10 957,263 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f) 14 15 16a 33 1/3% support test-2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box 33 1/3% support test-2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this b 10%-facts-and-circumstances test-2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test-2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 19

Part III

Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support	The Control of the Co					
Cale	ndar year (or fiscal year beginning in) 🔝 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	All the second of the second o		Bank Name de canada Arriga	A CONTRACTOR OF THE CONTRACTOR		
2	Gross receipts from admissions, merchandise		***************************************				
	sold or services performed, or facilities furnished	Hite factor				Control of the Contro	
	in any activity that is related to the				17.78%	Company and a	
	organization's tax-exempt purpose						<u></u>
3	Gross receipts from activities that are not an unrelated trade or business under section 513.			rier i de made estado de la companya del companya del companya de la companya de			
4	Tax revenues levied for the organization's		A STATE OF THE PROPERTY OF THE				The second secon
	benefit and either paid to or expended on its behalf	mental control of the	Á				
5	The value of services or facilities						
	furnished by a governmental unit to the			The state of the s			
	organization without charge		a de vilagilia		19		
6	Total. Add lines 1 through 5		rig Evración.			149	
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3 received	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				e de la companya de l	
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year				-	744986	
c	Add lines 7a and 7b.			<u> </u>			
8	Public support (Subtract line 7c from	n entersona sum vandirida en did e vica morre con con vana					
•	line 6.)						
Sec	tion B. Total Support		\$2\$£. 5		J		
Cale	ndar year (or fiscal year beginning in) 🕒 🔊	(a) 2009	(b) 2010	(e) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,	the state of the s					
	rents, royalties and income from similar sources			Property			
b	Unrelated business taxable income (less					4 (000 00 000 000 000 000 000 000 000 0	
	section 511 taxes) from businesses			-	a) market and a second	Name of the state	
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business		y 1467				
	activities not included in line 10b, whether			A CALLED TO THE			
40	or not the business is regularly carried on			ļ			
12	Other income. Do not include gain or loss from the sale of capital assets			T-LAND TRANSPORT			
	(Explain in Part tV.)			ALO MANAGAN			
13	Total support. (Add lines 9, 10c, 11,						
14	and 12.)	Line 6 feat again	and their all for each		L COd/	-1/21	**************************************
1 -x	organization, check this box and stop here	anni a mai, acco	m, mu, mum,	n mm sax kosu s	is a section ovi(5)(5) · · · · · · · · ·	• 🔲
Sec	tion C. Computation of Public Support	Percentage					
15	Public support percentage for 2013 (line 8, column					15	
16	Public support percentage from 2012 Schedule A,	Part III, line 15.				16	
	tion D. Computation of Investment Inc						
17	Investment income percentage for 2013 (line 10c,					17	
18	Investment income percentage from 2012 Schedu					18	
19a	33 1/3% support tests—2013. If the organization						
h	not more than 33 1/3%, check this box and stop h	ere. The organiz	ation qualifies as	a publicly supp	orted organizatio	n	> 📘
b	33 1/3% support tests—2012. If the organization						. [
20	line 18 is not more than 33 1/3%, check this box a Private foundation. If the organization did not ch						🖺
A. I	are rounnaments. It the organization the not ch	env a nox ou ille	19, 19a, UF 19D,	CHECK THIS DOX S	mu see instructio	m5	

Parally	990 or 990-EZ) 2013 Sill Supplemental Info	WPLE TRUTH FO	<u>unuation, INC.</u> te the explanations	s required hy	Part II line 10-	27-3684092 Part II line 17a or	Page 4 - 17h
	and Part III, line 12.	Also complete	this part for any ac	ditional info	mation (See in	raitii, iiile i ia ui structions)	IIU,
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SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990. Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number SIMPLE TRUTH FOUNDATION, INC. 27-3684092 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate contributions to (during year). 3 Aggregate grants from (during year) . . . Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other Parti Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements . а Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization 3 4 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?....... Yes Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Я Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Q In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Assets included in Form 990, Part X

- Catani	ule D (Form 990) 2013 SIMPLE TRUTH F	"^:::::::\				
		OUNDATION, INC.	S. 4 12 2 . T . 2 mps	All a series	27-36840	
3		g Collections of	ATT, MISTORICAL L	reasures, or Oth	<u>ier Similar Asset</u>	s (continued)
ý.	Using the organization's acquisition, a use of its collection items (check all the	iccession, and other lat apply):	records, check any	of the following th	at are a significant	
a	Public exhibition	****	d Loan	or exchange progra	ams	
b	Scholarly research		e Other			
c	Preservation for future generati	one	C Other	We see that we we are we were an according to the polytope and	of the section and an are all the section will be section and and an are an are an are an are	the section of the self-process are set the section and section and section and
4	Provide a description of the organizati		evalain how they f	wher the examinat	tionle overret symbol	no in
	Part XIII.	ivira conections and	exhigh now mey h	nuier uie organiza	uons exempt purpo:	56 M
5	During the year, did the organization s	solicit or receive don	ations of art, histori	cal treasures, or ot	her similar	
	assets to be sold to raise funds rather	than to be maintain	ed as part of the or	ganization's collect	ion?	Yes No
Pali	- Control of the Cont					
	Complete if the organization	n answered "Yes"	to Form 990, Pai	rt IV, line 9, or re	ported an amount	on Form
*******************************	990, Part X, line 21.			Martine Vi		
1a	Is the organization an agent, trustee,				ssets not	
	included on Form 990, Part X?					Yes No
b	If "Yes," explain the arrangement in Page 1981.	art XIII and complete	a the following table			
					A	mount
C	Beginning balance				1c 10 10 10 10 10 10 10	HERPER STATE OF THE PROPERTY O
ď	Additions during the year				<u>1d</u>	
e f	Distributions during the year				1e	
	Ending balance			- Marine	1f	Innered Section 2
2a	Did the organization include an amou					Yes X No
d	If "Yes," explain the arrangement in P	art XIII. Check here	if the explanation h	as been provided in	n Part XIII	<u> LJ</u>
Part	Internal Control					
-	Complete if the organization		I manage and the second	rt.IV, line 10.		
		(a) Current year	(b) Prior year	(c) Two years back	1 4.45 William	I don't have a man hand.
		The state of the s	(i) i ivi your	fal inchagis nack	(d) Three years back	(e) Four years back
1a	Beginning of year balance		(W) TWO YOU	Wr Iwo years pack	(a) Inree years back	(e) Four years back
b	Contributions		(7)	ey iwo yours back	(d) Three years back	(e) Four years back
_	Contributions		(0)	Wr ford years track	(d) inree years back	(a) Four years back
b	Contributions			gir iwo years track	(d) inree years back	(a) Four years back
b c d	Contributions . Net investment earnings, gains, and losses . Grants or scholarships .		(I) III year	gir iwo years back	(d) inree years back	(e) Four years back
b	Contributions . Net investment earnings, gains, and losses . Grants or scholarships . Other expenditures for facilities			gir iwo years back	(d) Inree years back	(a) Four years back
b c d e	Contributions			gg iwo years track	(d) Inree years back	(a) Four years back
b c d e	Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses			gy iwo years track	(d) Inree years back	(e) Four years back
b c d e	Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance				(d) Inree years back	(e) Four years back
b c d e f g	Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the school of	he current year end	balance (line 1g, co		(d) Inree years back	(e) Four years back
b c d e f g	Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance	he current year end	balance (line 1g, co		(d) Inree years back	(a) Four years back
b c d e f g 2	Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the Board designated or quasi-endowments	he current year end	balance (line 1g, co		(d) Inree years back	(a) Four years back
b c d e f g 2 a b	Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the Board designated or quasi-endowment Temporarily restricted endowment The percentages in lines 2a, 2b, and 2	he current year end at % % % 2c should equal 100	balance (line 1g, co	olumn (a)) held as:		(e) Four years back
b c d e f g 2 a b	Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the Board designated or quasi-endowment Temporarily restricted endowment The percentages in lines 2a, 2b, and 2 Are there endowment funds not in the	he current year end at % % % 2c should equal 100	balance (line 1g, co	olumn (a)) held as:		(e) Four years back
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Other.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

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2	Amount	s included on line 1 but n	ot on Form 990, F	Part VIII, line 12:				
а					2a			
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Schedule D (Form 9		SIMPLE TRI	UTH FOUNDATION	ON, INC.			27-3684092	Page 5
Part XIII	Supple	emental info	rmation (conti	nued)				
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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047
2013
Open to Public

Name of the organization Employer identification number SIMPLE TRUTH FOUNDATION, INC. 27-3684092 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. 2.111 Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1 Mail solicitations Solicitation of non-government grants a Internet and email solicitations Solicitation of government grants b Phone solicitations Special fundraising events c g In-person solicitations đ Did the organization have a written or oral agreement with any individual (including officers; directors, trustees or 2a Yes X No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is b to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (Iv) Gross receipts (or retained by) (II) Activity custody or control of (or retained by) or entity (fundraiser) from activity fundraiser listed in contributions? organization col. (i) Yes No 1 2 3 4 y Syria 5 6 7 8 9 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from 3 registration or licensing **FLORIDA**

- 1			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
0			(event type)	(event type)	(total number)	col. (c))
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	3	Gross income (line 1 minus line 2)		fr to		
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-	9	Other direct expenses	-50			
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ocnedi	ule G (Form 990 or 990-EZ) 2013 SIMPLE TRUTH FOUNDATION, INC.	27-	3684092	Page 3
11	Does the organization operate gaming activities with nonmembers?	[Yes	No
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?	[Yes	No
13	Indicate the percentage of gaming activity operated in:	Ì		Вонщици экой.
a	The organization's facility	13a		%
b	An outside facility	13b	***************************************	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name ▶			
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	Does the organization have a contract with a third party from whom the organization receives garning revenue?	I	Yes	∏ No
b	revenue?	 1		learned " "
	amount of gaming revenue retained by the third party			
c	If "Yes," enter name and address of the third party:			
	Name ▶		er mal mer ske mår skyligt skylinge med m	at and and more only only only only only one
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16	Gaming manager information:			
	Name >			
	Gaming manager compensation			
	Description of services provided			
	□ Director/officer □ Employee □ Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	,	-	gamanulishig
	retain the state gaming license?		Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations			
Zīr	or spent in the organization's own exempt activities during the tax year Supplemental information. Provide the explanations required by Part I, line 2b, columns Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to p additional information (see instructions).			and
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SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

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

Attach to Form 990.

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Does	award the gran	substantiate the amonts or assistance?	unt of the grants or assistance, the grantees	sistance, the grantees' e	iligibility for the grants o	or assistance, and	T Yes No
2 Describe in Part IV the organization's procedures for monitoring Eart Cants and Other Assistance to Governments in Part IV, line 21, for any recipient that received more	Assistance any recipient	dures for maniforing to Governments to that received mor	and Organizations of than \$5,000. Part	in the United States. In the United States II can be duplicated	In me use or grant funds in the United States. and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, re than \$5,000. Part II can be duplicated if additional space is needed.	nanization answered needed.	"Yes" to Form 990,
1 (a) Name and address of organization or government	WE (0)	(c) (RC 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 non-cash assistance	(h) Purpose of grant or assistance
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2013)

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Schedule I (Form 990) (2013)

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Page &

27-3684092

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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.

2013

Department of the Treasury Internal Revenue Service

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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OMB No. 1545-0047

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# Form 8868

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

### Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

HISCHARI LEGACIO	e delates   F information about Form	8868 and #	is instructions is at www.irs.gov/form8	868.			
<ul> <li>If you are</li> </ul>	e filing for an <b>Automatic 3-Month Extensic</b> e filing for an <b>Additional (Not Automatic)</b> 3 <b>oplete Part II unless</b> you have already bee	-Month Ex	tension, complete only Part II (on pa	age 2 of this form	<b>&gt;</b> []		
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Type or	Name of exempt organization or other filer, se	e instruction		Employer identificatio			
print	SIMPLE TRUTH FOUNDATION, INC.			• •	,		
File by the Number, street, and room or suite no. If a P.O. box, see instructions.  Social security number (SSN)							
due date for filing your POBOX 618343							
return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions.							
instructions.	ORLANDO, FL 32861						
Enter the Re	eturn code for the return that this application	n is for (file	a separate application for each return	)	[01]		
Application		Return	Application	**************************************	Return		
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Form 990-BL 02 Form 1041-A 08							
Form 4720 (individual) 03 Form 4720 (other than individual) 09							
Form 990-PF 04 Form 5227 10							
Form 990-1	(sec. 401(a) or 408(a) trust)	05	Form 6069		1 11		
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• If you	ı are filing for an Additional (Not Automati	ic) 3-Month Ex	tension, complete only Part II a	nd check this box	> X
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Part II				inal (no copies needed)	) <u>.</u>
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Type or	Name of exempt organization or other file	r, see instruction		Employer identification number (E	-
print	SIMPLE TRUTH FOUNDATION, INC.	,	ļ.	27-3684092	
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File by the	POBOX 618343	, , , , , , , , , , , , , , , , , , , ,			•
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