kmarion@tsgfm.com

| From: | Solomon Smallwood <ssmallwood@tsgfm.com></ssmallwood@tsgfm.com> |
|----------|--|
| Sent: | Tuesday, November 14, 2023 10:18 AM |
| То: | Kim Marion |
| Subject: | Fwd: Solomon's Temple Foundation, Inc2022 Tax Return and Public Disclosure |

Print

Sent from my iPhone

Begin forwarded message:

From: Kelly Greene <ichannelmj@mjcpa.com> Date: November 13, 2023 at 12:32:17 PM EST To: ssmallwood@tsgfm.com Subject: Solomon's Temple Foundation, Inc.--2022 Tax Return and Public Disclosure Reply-To: "kgreene@mjcpa.com" <kgreene@mjcpa.com>

Dear Solomon,

Attached are the tax return and public disclosure PDFs for Solomon's Temple Foundation, Inc. We have forwarded a copy of the public disclosure to the GA DOR on your behalf. Should you have any questions or concerns, please contact MJ Alexander at mjalexander@mjcpa.com. Thank You!

Note: Each document can only be downloaded 10 times until 2/13/2024 12:00:00 AM.

To open secure documents:

- Click on the link below
- Enter your email address
- Enter the secure key Your secure key has been sent in a separate email

Next you should be given the option(s) to Open, Download, or Save, but this varies by web browser. Note: your file may get placed in your browser's download folder automatically. <u>990 Clnt V1</u>

990 Public Disclosure Copy



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MAULDIN & JENKINS, LLC 200 GALLERIA PKWY SE STE 1700 ATLANTA, GA 30339-5946

> SOLOMON'S TEMPLE FOUNDATION INC. 2836 SPRINGDALE ROAD SW ATLANTA, GA 30315

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Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

CLIENT'S COPY



November 13, 2023

Solomon's Temple Foundation Inc. 2836 Springdale Road SW Atlanta, GA 30315 Attention: Solomon Smallwood , Chairman

Dear Solomon:

Enclosed is the organization's 2022 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-TE to us by November 15, 2023.

Mauldin & Jenkins has confirmed, with the Georgia Department of Revenue, that the Form 990 provided to Georgia does not require signature. We have forwarded a copy to GA DOR on your behalf.

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Sincerely,

Man Sof

Mary Jo Alexander MAULDIN & JENKINS, LLC

| for a Tãs ExemptEntity Image: Series of the series of | 0070 | - - | | | IRS e-fil | e Signatur | e Author | ization | | OMB No. 1545-0047 |
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| submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS <i>e-file</i> Providers for Business Returns. ERO's signature <u>MAULDIN & JENKINS, LLC</u> Date <u>11/13/23</u> ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So | | | e e | | 0 | | here and the second | | | |
| ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So | submitting this | return in ac | - | - | | - | | eF) Information fo | or Authorized IRS | |
| Do Not Submit This Form to the IRS Unless Requested To Do So | ERO's signature | MAU | LDIN & | JEN | KINS, L | LC | | Date | 1/13/23 | |
| Do Not Submit This Form to the IRS Unless Requested To Do So | | | | | | Datain This Far | m Cac In- | ruotiona | | |
| | | | | | | | | | 0.50 | |
| | HA For Prive | acv Act and | | | | | | | | Form 8879-TE (2022) |

Form **8879-TE** (2022)

(Rev. January 2022)

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

Department of the Treasury Internal Revenue Service

| Eilo a | conarato | application | for oach | roturn |
|----------|----------|-------------|----------|-----------|
| · File a | separate | application | tor each | i return. |

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

| Type o | | | | Taxpayer | ridentification | n number (TIN) | | |
|---|--|-------------|---------------------------------------|------------|-----------------|----------------|--|--|
| print | SOLOMON'S TEMPLE FOUNDATION | | 81-098 | 3784 | | | | |
| File by the due date filing your return. Se | Number, street, and room or suite no. If a P.O. box, so | | | | | | | |
| | Instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. ATLANTA, GA 30315 | | | | | | | |
| Enter t | ne Return Code for the return that this application is for (file | e a separa | te application for each return) | | | 0 1 | | |
| Applic | ation | Return | Application | | | Return | | |
| ls For | | Code | Is For | | | Code | | |
| Form 9 | 90 or Form 990-EZ | 01 | Form 1041-A | | | 08 | | |
| Form 4 | 720 (individual) | 03 | Form 4720 (other than individual) | | | 09 | | |
| Form 9 | 90-PF | 04 | Form 5227 | | | 10 | | |
| Form 9 | 90-T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | | | 11 | | |
| Form 9 | 90-T (trust other than above) | 06 | Form 8870 | | | 12 | | |
| Form 9 | 90-T (corporation) | 07 | | | | | | |
| Tele • If th • If th box • 1 I t • 2 I | I request an automatic 6-month extension of time until <u>NOVEMBER 15, 2023</u>, to file the exempt organization return for the organization named above. The extension is for the organization's return for: X calendar year 2022 or tax year beginning, and ending | | | | | | | |
| | ⁱ this application is for Forms 990-PF, 990-T, 4720, or 6069 ny nonrefundable credits. See instructions. | , enter the | tentative tax, less | 3a | \$ | 0. | | |
| - | this application is for Forms 990-PF, 990-T, 4720, or 6069 | , enter any | refundable credits and | | | | | |
| e | stimated tax payments made. Include any prior year overp | ayment all | owed as a credit. | 3b | \$ | 0. | | |
| | Balance due. Subtract line 3b from line 3a. Include your pa | | | | | | | |
| | ising EFTPS (Electronic Federal Tax Payment System). See | | | 3c | \$ | 0. | | |
| Cautio instruc | n: If you are going to make an electronic funds withdrawal tions. | (direct det | bit) with this Form 8868, see Form 84 | 153-TE and | d Form 8879- | TE for payment | | |

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

EXTENDED TO NOVEMBER 15, 2023 Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.



| Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest | | | | | Open to Public Inspection | | | |
|--|---------------------------|--|--|----------------------------------|------------------------------|--|--|--|
| - | For th | | | | | | | |
| | Check if applicab | | | D Employer identificat | ion number | | | |
| X | Addre | SOLOMON'S TEMPLE FOUNDATION INC. | | | | | | |
| | Name | | | 81-0983784 | | | | |
| | Initial | | Room/suite | | | | | |
| | Final | 2836 SPRINCDALE ROAD SW | 1100m/Julio | 404-441-47 | 90 | | | |
| L | ⊥returr termii ated | | | G Gross receipts \$ | 720,181. | | | |
| | Amer | | | H(a) Is this a group retur | | | | |
| | | | | for subordinates? | | | | |
| | pendi | ^{ng} SAME AS C ABOVE | | H(b) Are all subordinates includ | | | | |
| 1 | Tax-ex | empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) c | or 🚺 527 | | | | | |
| | Websi | | | H(c) Group exemption n | | | | |
| κ | orm o | f organization: 🚺 Corporation 🔄 Trust 🔄 Association 📄 Other | L Year | of formation: 2016 M S | tate of legal domicile: GA | | | |
| | art I | Summary | | | | | | |
| | 1 | Briefly describe the organization's mission or most significant activities: | SCHEDU | LE O | | | | |
| Governance | | | | | | | | |
| rna | 2 | Check this box if the organization discontinued its operations or dispos | ed of more | than 25% of its net assets | s. 13 | | | |
| ove | 3 | Number of voting members of the governing body (Part VI, line 1a) | voting members of the governing body (Part VI, line 1a) | | | | | |
| | | Number of independent voting members of the governing body (Part VI, line 1b) | ndependent voting members of the governing body (Part VI, line 1b) | | | | | |
| ŝ | 5 | Total number of individuals employed in calendar year 2022 (Part V, line 2a) | | | | | | |
| Activities & | 6 | Total number of volunteers (estimate if necessary) | r of volunteers (estimate if necessary) | | | | | |
| Acti | 7 a | | | | 0. | | | |
| _ | b | Net unrelated business taxable income from Form 990-T, Part I, line 11 | | 0. | | | | |
| | | | | Prior Year | Current Year | | | |
| e | 8 | Contributions and grants (Part VIII, line 1h) | | 506,466. | 686,920. | | | |
| /eni | 9 | Program service revenue (Part VIII, line 2g) | | 0. | 0. 144. | | | |
| Revenue | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | -7,419. | -69,450. | | | |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 499,104. | 617,614. | | | |
| | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | <u> 499,104 </u> 0 | 2,545. | | | |
| | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 0. | 2,545. | | | |
| | 45 | Benefits paid to or for members (Part IX, column (A), line 4) | | 320,962. | 257,551. | | | |
| Expenses | 160 | Professional fundraising fees (Part IX, column (A), line 11e) | | 24,000. | 26,000. | | | |
| en en | 10a | Total fundraising expenses (Part IX, column (A), line 116) | | 21/0001 | 20,0001 | | | |
| Ĕ | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 117,708. | 174,169. | | | |
| | 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 462,670. | 460,265. | | | |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | | 36,434. | 157,349. | | | |
| or | | | | ginning of Current Year | End of Year | | | |
| Net Assets or | 20 | Total assets (Part X, line 16) | | 570,893. | 654,837. | | | |
| Ass | 21 | Total liabilities (Part X, line 26) | | 184,951. | 111,546. | | | |
| [Net | 22 | Net assets or fund balances. Subtract line 21 from line 20 | | 385,942. | 543,291. | | | |
| Pa | art 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.

| Sign | Signature of off | icer | | | Date | | | | |
|----------------------------------|---|-------------------|----------------------|-------|-------------------|-----------|--|--|--|
| Here SOLOMON SMALLWOOD, CHAIRMAN | | | | | | | | | |
| | Type or print na | me and title | | | | | | | |
| | Print/Type prepa | arer's name | Preparer's signature | Date | Check | PTIN | | | |
| Paid | MARY JO | ALEXANDER | MARY JO ALEXANDER | 11/13 | /23 self-employed | P00002534 | | | |
| Preparer | Firm's name | MAULDIN & JENKINS | <u>, -</u> | | Firm's EIN 58- | 0692043 | | | |
| Use Only | Firm's address | 200 GALLERIA PKWY | SE STE 1700 | | | | | | |
| ATLANTA, GA 30339-5946 | | | | | | 955-8600 | | | |
| May the IF | May the IRS discuss this return with the preparer shown above? See instructions | | | | | | | | |
| 232001 12-1 | 32001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022) | | | | | | | | |

| | 1 990 (2022) SOLOMON'S TEMPLE FOUNDATION INC. | 81-0983784 Page 2 |
|----|--|--------------------------------|
| Pa | rt III Statement of Program Service Accomplishments | |
| | Check if Schedule O contains a response or note to any line in this Part III | X |
| 1 | Briefly describe the organization's mission: | |
| | SEE SCHEDULE O | |
| | | |
| | | |
| | | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the | |
| | prior Form 990 or 990-EZ? | |
| | If "Yes," describe these new services on Schedule O. | |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program service | es? Yes X No |
| 5 | If "Yes," describe these changes on Schedule O. | |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, | as massured by expenses |
| 4 | | |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to o | thers, the total expenses, and |
| | revenue, if any, for each program service reported. | |
| 4a | (Code:) (Expenses \$316,826. including grants of \$2,545.) (R | |
| | THE ORGANIZATION HAD FOUR MAJOR PROGRAMS DURING 2022. | THE MAJOR |
| | PROGRAMS INCLUDE FAMILY EMPOWERMENT INSTITUTE WHERE HO | |
| | CHILDREN RECIEVED CASE MANAGEMENT SERVICES AND SHELTER | |
| | OTHER PROGRAMS TO SUPPORT THIS MISSION WERE CHILD & YOU | UTH DEVELOPMENT, |
| | HEALTH & WELLNESS, AND THE AFTER CARE PROGRAMS. | |
| | | |
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| 4b | (Code:) (Expenses \$ including grants of \$) (R | Revenue \$ |
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| 4c | (Code:) (Expenses \$ including grants of \$) (R | Revenue \$) |
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| | | |
| 4d | Other program services (Describe on Schedule O.) | ` |
| | (Expenses \$ including grants of \$) (Revenue \$ Total program service expenses 316,826. |) |
| 4e | Total program service expenses 316,826. | |

| Form | 990 | (2022) |
|------|-----|--------|

 Form 990 (2022)
 SOLOMON'S TEMPLE FOUNDATION INC.

 Part IV
 Checklist of Required Schedules

| | | | Yes | No |
|------------|---|-----|-----|----------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1 | Х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 2 | Х | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | 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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | 5 | | X |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | |
| | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | |
| | Schedule D, Part III | 8 | | X |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for | | | |
| | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | |
| | If "Yes," complete Schedule D, Part IV | 9 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | | | |
| | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | | 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. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| | Part VI | 11a | Х | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | X |
| С | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | X |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in | | | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | X |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | x |
| f | Did 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 | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes, " complete | | | |
| | Schedule D, Parts XI and XII | 12a | Х | |
| 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 | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | | | |
| | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | v |
| <i>.</i> – | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | v | |
| 40 | column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions | 17 | Х | <u> </u> |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | v | |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | Х | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | v |
| | complete Schedule G, Part III | 19 | | X X |
| 20a | Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> | 20a | | |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | <u> </u> |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | x |
| | domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II | 21 | | |

Form 990 (2022)

| Form | 990 | (2022) |
|------|-----|--------|
| | 000 | |

| | | | Yes | No |
|-----|--|-----|-----|----------|
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | X X |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | |
| | Schedule J | 23 | | <u> </u> |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | |
| | Schedule K. If "No," go to line 25a | 24a | | <u> </u> |
| | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | <u> </u> |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| | any tax-exempt bonds? | 24c | | <u> </u> |
| | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | <u> </u> |
| 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 X |
| 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-EZ? If "Yes," complete | | | |
| | Schedule L, Part I | 25b | | X X |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, | | | |
| | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | | |
| | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> | | | |
| - | "Yes," complete Schedule L, Part IV | 28a | | x |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | x |
| | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i> | | | |
| | "Yes," complete Schedule L, Part IV | 28c | | x |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | X |
| 30 | 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 | 31 | | X |
| 32 | 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 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | |
| | Part V, line 1 | 34 | | X |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | | | 1 |
| | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | <u> </u> |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | 1 |
| | 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 VI | 37 | | X |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? | | | 1 |
| Par | Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance | 38 | Х | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | |
| | | | Yes | No |
| 1a | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 12 | | _ | |
| b | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 | | | |
| с | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| | (gambling) winnings to prize winners? | 1c | Х | |

| Form | 990 (2022) SOLOMON'S TEMPLE FOUNDATION INC. 81-0983 | 784 | Р | age 5 | | | | |
|------|--|-----------|-----|--------------|--|--|--|--|
| Par | t V Statements Regarding Other IRS Filings and Tax Compliance (continued) | | | | | | | |
| | | | Yes | No | | | | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | | | | | |
| | filed for the calendar year ending with or within the year covered by this return 2a 13 | | | | | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | Х | | | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | X | | | | |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | 3b | | | | | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, 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 | | X | | | | |
| | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | <u>5c</u> | | | | | | |
| 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? | <u>6a</u> | | X | | | | |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | | | | | | | |
| _ | were not tax deductible? | 6b | | | | | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | _ | | v | | | | |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | X | | | | |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | | | | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7- | | x | | | | |
| d | | 7c | | - 23 | | | | |
| | | 7e | | x | | | | |
| f | | | | | | | | |
| | g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | | | | | | |
| - | h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | | | | | | |
| - | 8 Sponsoring organization metaning donor advised funds. Did a donor advised fund maintained by the | | | | | | | |
| - | sponsoring organization have excess business holdings at any time during the year? | | | | | | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | | | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | | | | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | | | | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | | | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 10a | | | | | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | | | | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | | | | | |
| а | Gross income from members or shareholders 11a | | | | | | | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources against | | | | | | | |
| | amounts due or received from them.) | | | | | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | | | | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | - | | | | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | | | | | |
| | Note: See the instructions for additional information the organization must report on Schedule O. | | | | | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the | | | | | | | |
| | organization is licensed to issue qualified health plans | - | | | | | | |
| | Enter the amount of reserves on hand | | | v | | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | X | | | | |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O | 14b | | <u> </u> | | | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | 4- | | x | | | | |
| | excess parachute payment(s) during the year? | 15 | | | | | | |
| 10 | If "Yes," see the instructions and file Form 4720, Schedule N. | 40 | | x | | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | | | | | |
| 47 | If "Yes," complete Form 4720, Schedule O. | | | | | | | |
| 17 | Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 49532 | 17 | | | | | | |
| | that would result in the imposition of an excise tax under section 4951, 4952 or 4953? | | | | | | | |
| | | | | | | | | |

SOLOMON'S TEMPLE FOUNDATION INC.

81-0983784 Page **6**

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 on Schedule O. See instructions. X

| Check if Schedule O contains a response or note to any line in this Part VI | |
|---|--|
| Section A. Governing Body and Management | |

| | | | | | Yes | No | | | | | |
|--------|--|---------------------------------------|-------------------------|---------|---------|----------|--|--|--|--|--|
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 1a | 13 | | | | | | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | | | | | | | | | |
| | body delegated broad authority to an executive committee or similar committee, explain on Schedule O. | | | | | | | | | | |
| b | Enter the number of voting members included on line 1a, above, who are independent 1b 12 | | | | | | | | | | |
| 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 | | | | | | | | | | | |
| | of officers, directors, trustees, or key employees to a management company or other person? | | | | | | | | | | |
| 4 | | | | | | | | | | | |
| 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 ap | | | | | | | | | | |
| | more members of the governing body? | | | 7a | | Х | | | | | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, st | | | | | | | | | | |
| | persons other than the governing body? | | | 7b | | Х | | | | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year | | | | | | | | | | |
| 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 real | | | | | | | | | | |
| | organization's mailing address? If "Yes." provide the names and addresses on Schedule O | | | 9 | | Х | | | | | |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Re | | | | | | | | | | |
| | | | | | Yes | No | | | | | |
| 10a | Did the organization have local chapters, branches, or affiliates? | | | 10a | | Х | | | | | |
| | If "Yes," did the organization have written policies and procedures governing the activities of such ch | | | | | | | | | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | | | | | | | | | | |
| 11a | 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | | | | | | | | | | |
| b | b Describe on Schedule O the process, if any, used by the organization to review this Form 990. | | | | | | | | | | |
| 12a | 2a Did the organization have a written conflict of interest policy? If "No," go to line 13 | | | | | | | | | | |
| b | | | | | | | | | | | |
| с | Did the organization regularly and consistently monitor and enforce compliance with the policy? // " | /es," d | escribe | | | | | | | | |
| | on Schedule O how this was done | · · · · · · · · · · · · · · · · · · · | | 12c | Х | | | | | | |
| 13 | Did the organization have a written whistleblower policy? | | | 13 | | X | | | | | |
| 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 approva | l by ind | dependent | | | | | | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | | | | | | | | |
| | 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 on Schedule O. See instructions. | | | | | | | | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger | nent w | ith a | | | | | | | | |
| | taxable entity during the year? | | | 16a | | <u> </u> | | | | | |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate | | | | | | | | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ | nizatior | 'S | | | | | | | | |
| | exempt status with respect to such arrangements? | | | 16b | | | | | | | |
| Sec | tion C. Disclosure | | | | | | | | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed | | | | | | | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and | nd 990 | -T (section 501(c)(3)s | only) a | availat | ble | | | | | |
| | for public inspection. Indicate how you made these available. Check all that apply. | | | | | | | | | | |
| | Own website X Another's website X Upon request Other (explain | | , | | | | | | | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, co | onflict c | of interest policy, and | financ | ial | | | | | | |
| | 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 box THE ORGANIZATION - $404-441-4790$ | oks and | d records | | | | | | | | |
| | 2836 SPRINGDALE ROAD SW, ATLANTA, GA 30315 | | | | | | | | | | |
| 232006 | 12-13-22 | | | Form | 990 | (2022) | | | | | |

| Part VII | Со | ompensation of Officers, | Directors, | Trustees, | Key Employees, | Highest | Compensa | ted |
|----------|----|--------------------------|------------|-----------|----------------|---------|----------|-----|
| | Em | nployees, and Independe | ent Contra | ctors | | | | |

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)

who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

| (A) | (B) | (C) | | | | | (D) | (E) | (F) | |
|-------------------------------|------------------------|---|-------------------------------|---------|--------------|---------------------------------|--------------|---------------------------------|------------------------------|--------------------------|
| Name and title | Average | Position (do not check more than one | | | | ne | Reportable | Reportable | Estimated | |
| | hours per | box | , unles | ss pei | rson i | s both | n an | compensation | compensation | amount of |
| | week | | officer and a director/truste | | lee) | from | from related | other | | |
| | (list any hours for | Individual trustee or director | recto | | | | | the | organizations | compensation from the |
| | related | e or d | tee | | | sated | | organization (W-2/1099-MISC/ | (W-2/1099-MISC/ 1099-NEC) | organization |
| | organizations | ruste | l trus | | /ee | m pen | | 1099-NEC) | 1033-NEO) | and related |
| | below | dual t | nstitutional trustee | - | mplo | st co | Ŀ | , | | organizations |
| | line) | Indivi | Institu | Officer | Key employee | Highest compensated employee | Former | | | 5 |
| (1) JACQUELINE SMALLWOOD | 1.00 | | | | | | | | | |
| DIRECTOR | | х | | | | | | 4,811. | Ο. | 0. |
| (2) SOLOMON SMALLWOOD | 0.00 | | | | | | | | | |
| CHAIRMAN | | х | | х | | | | 0. | Ο. | 0. |
| (3) BEVERLY THOMAS | 0.00 | | | | | | | | | |
| CHAIRMAN | | Х | | х | | | | 0. | Ο. | Ο. |
| (4) MARY CATHERINE BLOODWORTH | 0.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (5) VON DUBOSE | 0.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (6) CHRISTOPHER FAGAN | 0.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (7) SUE HRIB | 0.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (8) JOHN JACKSON | 0.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (9) TAYLOR LANIER | 0.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (10) PAT LOTTIER | 0.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (11) ANGELIQUE NIARE | 0.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (12) CLARK SEYDEL | 0.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (13) LAQUISHA MILNER | 0.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| | | | | | | | | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |

| | 990 (2022) SOLOMON'S | 3 TEMPLE | F | OU | ND. | AΤ | 10 | N | INC. | 81-0983 | 784 | Page 8 | | |
|-----------|---|--|---|-----------------------|---------|---|---------------------------------|--------|---|--|--------------|--|--|--|
| Par | t VII Section A. Officers, Directors, Trus | tees, Key Emp | loye | es, | and | Hig | ghes | t Co | ompensated Employee | s (continued) | | | | |
| | (A) Name and title | (B) Average hours per week | Average hours per (do not box, unle | | | (C) Position do not check more than one ox, unless person is both an fficer and a director/trustee) | | | (D) Reportable compensation from | (E) Reportable compensation from related | Estir amo | (F) mated ount of ther | | |
| | | (list any hours for related organizations below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC/ 1099-NEC) | organizations (W-2/1099-MISC/ 1099-NEC) | compensatior | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | <u> </u> | | | |
| | | | | | | | | | | | <u> </u> | | | |
| | | | | | _ | | | | | | <u> </u> | | | |
| | | | | | | | | | | | <u> </u> | | | |
| | | | | | _ | | | | | | <u> </u> | | | |
| | | | | | | | | | | | | | | |
| | Subtotal | | | | | | | | 4,811. | 0. | | 0. | | |
| | Total from continuation sheets to Part VI Total (add lines 1b and 1c) | | | | | | | | 0.4,811. | 0. | | 0. | | |
| 2 | Total number of individuals (including but n compensation from the organization | ot limited to the | ose | listec | l ab | ove) |) wh | o re | ceived more than \$100, | 000 of reportable | | 0 | | |
| 3 | Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for si | , | , | | | | · | 0 | | , | 3 | Yes No X | | |
| 4 | For any individual listed on line 1a, is the su and related organizations greater than \$150 | m of reportable | e co | mpei | nsat | tion | and | oth | er compensation from t | he organization | 4 | x | | |
| 5 | Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes," com</i> | • | | | | | | | • | dual for services | 5 | x | | |
| Sect 1 | tion B. Independent Contractors Complete this table for your five highest con | npensated inde | eper | nden | t co | ontra | actor | s th | at received more than \$ | 100,000 of compensa | ation from | n | | |
| | the organization. Report compensation for t | he calendar ye | ar e | nding | g wi | ith o | or wi | hin: | the organization's tax y (B) | ear. | (C) | | | |
| | Name and business | address | NC |)NE | | | | _ | Description of s | ervices (| Compens | | | |
| | | | | | | | | + | | | | | | |
| | | | | | | | | + | | | | | | |
| | | | | | | | | + | | | | | | |
| | | | | | | | | | | | | | | |
| 2 | Total number of independent contractors (ir \$100.000 of compensation from the organiz | | ot lim | nited | to t | hos 0 | | ted | above) who received mo | ore than | | | | |

| | 1 990 (<i>i</i> | | | FEME | PLE FOUNI | DATION INC | • | 81-0983 | 784 Page 9 |
|---|---|---|------------------|-------------|--------------------|----------------------------|-------------------|------------------|-----------------------------------|
| Pa | rt VII | | | | | | | | |
| | | Check if Schedule O | contains a respo | onse o | r note to any line | e in this Part VIII (A) | (B) | (C) | (D) |
| | | | | | | Total revenue | Related or exempt | Unrelated | Revenue excluded |
| | | | | | | | function revenue | business revenue | from tax under sections 512 - 514 |
| (0, (0 | 1.0 | Federated campaigns | 1a | | | | | | |
| ant | r a b | | | | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | c | Fundraising events | | | 131,023. | | | | |
| fts, | с А | Related organizations | | | 131,023. | | | | |
| , Gi lilai | u | Government grants (contr | | | 308,995. | | | | |
| Sins | e f | All other contributions, gifts, | | | 300,333. | | | | |
| utic Jer | | similar amounts not included | | | 246,902. | | | | |
| ott | ~ | Noncash contributions included in | | | 18,592. | | | | |
| n o' | 9 b | Total. Add lines 1a-1f | | | 10,352. | 686,920. | | | |
| 0 0 | | TOTAL AUD INTES TATI | | | Business Code | 000,520. | | | |
| • | 2 a | | | F | Business Coue | | | | |
| /ice | z a b | | | | | | | | |
| ser, ue | 0 | | | | | | | | |
| am Serv evenue | с с | | | | | | | | |
| Program Service Revenue | d | | | | | | | | |
| Jro. | e | All other prearem convice | | | | | | | |
| - | | All other program service | | | | | | | |
| | <u>д</u> 3 | Total. Add lines 2a-2f Investment income (includ | | | | | | | |
| | 3 | | | | | 144. | | | 144. |
| | 4 | | of tax axampt be | | | 111. | | | 111. |
| | 4 Income from investment of tax-exempt bond pr 5 Royalties | | | | | | | | |
| | 5 | noyanies | (i) Rea | al | (ii) Personal | | | | |
| | 6 a | Gross rents | 6a | | | | | | |
| | | | | | | | | | |
| | b | Less: rental expenses | 6b | | | | | | |
| | C L | Rental income or (loss) | 6c | | | | | | |
| | | Net rental income or (loss) Gross amount from sales of |) (i) Securi | | (ii) Other | | | | |
| | /а | | | 1103 | | | | | |
| | L | assets other than inventory Less: cost or other basis | 7a | | | | | | |
| Ø | U | | 7b | | | | | | |
| enue | _ | and sales expenses Gain or (loss) | 70 7c | | | | | | |
| 2 | | | | | | | | | |
| Other Re | | Net gain or (loss) Gross income from fundraising | | | | | | | |
|)the | 0 a | including \$ 131 | • | | | | | | |
| 0 | | contributions reported on | | | | | | | |
| | | Part IV, line 18 | - | 8a | 32,756. | | | | |
| | h | Less: direct expenses | | | 102,567. | | | | |
| | | Net income or (loss) from | | · · · · · | | -69,811. | | | -69,811. |
| | | Gross income from gamin | - | | | | | | |
| | 5 4 | Part IV, line 19 | | | | | | | |
| | h | Less: direct expenses | | | | | | | |
| | | Net income or (loss) from | | | | | | | |
| | | Gross sales of inventory, I | | | | | | | |
| | 10 0 | and allowances | | 10a | | | | | |
| | h | Less: cost of goods sold | | | | | | | |
| | | Net income or (loss) from | | | | | | | |
| | | | | · · · · · · | Business Code | | | | |
| sno | 11 a | REIMBURSEMENT | S | ŀ | 900099 | 361. | | | 361. |
| scellaneo Revenue | b | | | - | | | | | |
| ella Wel | c | | | — | | | | | |
| Miscellaneous Revenue | d | All other revenue | | - | | | | | |
| Σ | | Total. Add lines 11a-11d | | | | 361. | | | |
| | 12 | Total revenue. See instruction | | | | 617,614. | 0. | 0. | -69,306. |

SOLOMON'S TEMPLE FOUNDATION INC.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

| | 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 domestic organizations | | | | |
| | and domestic governments. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to domestic | | | | |
| | individuals. See Part IV, line 22 | 2,545. | 2,545. | | |
| 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, | | | | |
| | trustees, and key employees | 4,811. | | 4,811. | |
| 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 | 227,102. | 197,826. | 29,276. | |
| 8 | Pension plan accruals and contributions (include | | | | |
| | section 401(k) and 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | 5,169. | 3,623. | 1,546. | |
| 0 | Payroll taxes | 20,469. | 15,352. | 5,117. | |
| 1 | Fees for services (nonemployees): | | | | |
| а | Management | | | | |
| b | Legal | | | | |
| С | Accounting | 10,691. | | 10,691. | |
| d | Lobbying | | | | |
| е | Professional fundraising services. See Part IV, line 17 | 26,000. | | | 26,000. |
| f | Investment management fees | | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, | | | | |
| | column (A), amount, list line 11g expenses on Sch 0.) | 41,873. | 8,881. | 32,992. | |
| 2 | Advertising and promotion | 3,672. | | 3,672. | |
| 3 | Office expenses | 3,463. | | 3,463. | |
| 4 | Information technology | 8,500. | 4,010. | 4,490. | |
| 5 | Royalties | | | | |
| 6 | Occupancy | 1,382. | | 1,382. | |
| 7 | Travel | 12. | | 12. | |
| 8 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | 4 447 | | | |
| 9 | Conferences, conventions, and meetings | 1,217. | 911. | 306. | |
| 0 | Interest | 4,726. | | 4,726. | |
| 1 | Payments to affiliates | 00.550 | 1.6.000 | | |
| 2 | Depreciation, depletion, and amortization | 22,650. | 16,988. | 5,662. | |
| 3 | Insurance | 15,335. | 7,667. | 7,668. | |
| 24 | Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) | | | | |
| а | REPAIRS & MAINTENANCE | 33,433. | 33,433. | | |
| b | SUPPLIES | 27,215. | 25,590. | 1,625. | |
| c | | · | · | . | |
| d | | | | | |
| e | All other expenses | | | | |
| 5 | Total functional expenses. Add lines 1 through 24e | 460,265. | 316,826. | 117,439. | 26,000. |
| 6 | 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) | | | | |

| SOLOMON' | S | TEMPLE | FOUNDATION | INC. |
|----------|---|--------|------------|------|
|----------|---|--------|------------|------|

| Par | 990 (2 t X | 2022) SOLOMON'S TEMP Balance Sheet | LE FO | UNDATION INC | • | 81-0 |)983784 Page 11 |
|-----------------------------|----------------------|--|--------------|-------------------|---------------------------------|----------|---------------------------|
| | | Check if Schedule O contains a response or not | e to anv lir | ne in this Part X | | | |
| | | L | j | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | | | 224,614. | 1 | 360,692. |
| | 2 | Savings and temporary cash investments | | | | 2 | |
| | 3 | Pledges and grants receivable, net | 85,000. | 3 | 26,050. | | |
| | 4 | Accounts receivable, net | | | | 4 | |
| | 5 | Loans and other receivables from any current or | | | | | |
| | | trustee, key employee, creator or founder, subst | | | | | |
| | | controlled entity or family member of any of thes | | | | 5 | |
| | 6 | Loans and other receivables from other disgualif | • | | | _ | |
| | • | under section 4958(f)(1)), and persons described | • | · · | | 6 | |
| <i>"</i> | 7 | Notes and loans receivable, net | | | | 7 | |
| Assets | | Inventories for sale or use | | | | 8 | |
| As | 9 | | | | | 9 | |
| | | Land, buildings, and equipment: cost or other | | | | | |
| | iou | basis. Complete Part VI of Schedule D | 10a | 357,560. | | | |
| | b | Less: accumulated depreciation | | 89,465. | 260,931. | 10c | 268,095. |
| | 11 | Investments - publicly traded securities | · · · · · | | | 11 | , |
| | | Investments - other securities. See Part IV, line 1 | | | | 12 | |
| | 13 | Investments - program-related. See Part IV, line - | | | | 13 | |
| | 14 | Intangible assets | | | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | | 348. | 15 | 0. |
| | 16 | Total assets. Add lines 1 through 15 (must equa | | | 570,893. | 16 | 654,837. |
| | 17 | Accounts payable and accrued expenses | | | 33,036. | 17 | 25,961. |
| | 18 | Grants payable | | | , | 18 | |
| | 19 | Deferred revenue | | | | 19 | |
| | 20 | Tax-exempt bond liabilities | | | | 20 | |
| | 21 | Escrow or custodial account liability. Complete F | | | | 21 | |
| | 22 | Loans and other payables to any current or form | | | | 21 | |
| lies | 22 | trustee, key employee, creator or founder, subst | | | | | |
| Liabilities | | controlled entity or family member of any of thes | | | | 22 | |
| Lia | 23 | Secured mortgages and notes payable to unrela | - | | | 23 | |
| | 23 24 | Unsecured notes and loans payable to unrelated | • | ····· | 151,915. | 23 | 85,585. |
| | 24 25 | Other liabilities (including federal income tax, pa | | | 131,913. | 24 | 00,000 |
| | 25 | parties, and other liabilities not included on lines | • | | | | |
| | | | , | · | | 25 | |
| | 26 | of Schedule D Total liabilities. Add lines 17 through 25 | | | 184,951. | 26 | 111,546. |
| | 20 | Organizations that follow FASB ASC 958, che | | X | 101/0010 | 20 | 111/0100 |
| S | | and complete lines 27, 28, 32, and 33. | | | | | |
| Net Assets or Fund Balances | 27 | | | | 255,466. | 27 | 494,015. |
| ala | 28 | | 130,476. | 28 | 49,276. | | |
| П Р | 20 | Net assets with donor restrictions Organizations that do not follow FASB ASC 9 | 130,470. | 20 | 49,2700 | | |
| ۲ ۲ | | • | JO, CHECK | | | | |
| P | 20 | and complete lines 29 through 33. | | | | 20 | |
| ets | 29 20 | Capital stock or trust principal, or current funds | | | | 29 | |
| SSI | 30 21 | Paid-in or capital surplus, or land, building, or eq | | | | 30 31 | |
| 4 | 31 32 | Retained earnings, endowment, accumulated inc Total net assets or fund balances | | | 385,942. | 31 | 543,291. |
| 1 8 | | | | | | | |

Form **990** (2022)

| | 990 (2022) SOLOMON'S TEMPLE FOUNDATION INC. | 81-098 | 33784 | Pag | _{ge} 12 | | | |
|----|---|-----------|--------------|------|-------------------|--|--|--|
| Pa | rt XI Reconciliation of Net Assets | | | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | | | | |
| | | | | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | 7,6: | | | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 0,2 | <u>65.</u> 49. | | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | | | | | | | |
| 4 | | | | | | | | |
| 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 on Schedule O) | 9 | | | 0. | | | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, | | | | | | | |
| | column (B)) | 10 | 54 | 3,2 | <u>91.</u> | | | |
| Pa | rt XII 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: Cash X Accrual Other | | | | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. | | | | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | . 2 a | | 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: | | | | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | . 2 b | X | | | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate | e basis, | | | | | | |
| | consolidated basis, or both: | | | | | | | |
| | X 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 | e audit, | | | | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | . 2 c | | X | | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Sch | edule O. | | | | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the | | | | | | | |
| | Uniform Guidance, 2 C.F.R. Part 200, Subpart F? | | . 3 a | | X | | | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | red audit | | | 1 | | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | . 3b | 000 | L | | | |
| | | | | | | | | |

Form **990** (2022)

Department of the Treasury Internal Revenue Service

(Form 990)

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.

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

| OMB No. 1545-0047 |
|------------------------------|
| 2022 |
| Open to Public Inspection |

1

| Nar | ne of t | the organization | | | | | | | dentification number |
|----------|---------|--|----------------------------------|---|------------------|------------------|-----------------|---------------|----------------------------|
| D | | | | LE FOUNDATIO | | | | | 1-0983784 |
| Pá | art I | Reason for Public (| Jonarity Status. | (All organizations must o | complete th | nis part.) S | ee instruction | S. | |
| The | organ | ization is not a private found | ation because it is: (I | For lines 1 through 12, c | heck only | one box.) | | | |
| 1 | | A church, convention of ch | • | | | n 170(b)(1 | 1)(A)(i). | | |
| 2 | | A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) | | | | | | | |
| 3 | | A hospital or a cooperative | hospital service orga | anization described in s | ection 170 | (b)(1)(A)(ii | ii). | | |
| 4 | | A medical research organiz | ation operated in cor | njunction with a hospital | described | in sectio | on 170(b)(1)(A |)(iii). Enter | the hospital's name, |
| | | city, and state: | | | | | | | |
| 5 | | An organization operated for | | llege or university owned | l or operat | ed by a go | overnmental u | nit describe | ed in |
| | | section 170(b)(1)(A)(iv). | Complete Part II.) | | | | | | |
| 6 | | A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). | | | | | | | |
| 7 | X | An organization that norma | Ily receives a substa | ntial part of its support f | rom a gove | ernmental | unit or from th | ne general j | oublic described in |
| | | section 170(b)(1)(A)(vi). (C | omplete Part II.) | | | | | | |
| 8 | | A community trust describe | ed in section 170(b) | (1)(A)(vi). (Complete Par | t II.) | | | | |
| 9 | | An agricultural research org | ganization described | in section 170(b)(1)(A)(| ix) operate | ed in conju | unction with a | land-grant | college |
| | | or university or a non-land-g | grant college of agric | ulture (see instructions). | Enter the | name, city | , and state of | the college | or |
| | | university: | | | | | | | |
| 10 | | An organization that norma | • | | | | | - | • |
| | | activities related to its exem | | - | | | | | - |
| | | income and unrelated busir | | (less section 511 tax) fro | om busines | ses acqui | red by the org | anization a | after June 30, 1975. |
| | | See section 509(a)(2). (Con | | | (| | 20(-)(4) | | |
| 11 | | An organization organized a | - | | • | | | way out the | numero of one or |
| 12 | | An organization organized a more publicly supported or | - | - | - | | | • | |
| | | lines 12a through 12d that | - | | | | | | |
| a | | Type I. A supporting orga | • • | | | | | - | aivina |
| | | the supported organization | - | - | • • • • | - | | | |
| | | organization. You must c | | | indjointy e | | | | pporting |
| k | , | Type II. A supporting org | - | | tion with its | s supporte | ed organizatio | n(s), by hav | vina |
| | | control or management o | - | | | | - | | • |
| | | organization(s). You mus | | | • | | · | 5 11 | |
| c | ; | Type III functionally inte | grated. A supportin | g organization operated | in connect | ion with, a | and functional | ly integrate | ed with, |
| | | its supported organization | n(s) (see instructions) |). You must complete | Part IV, Se | ctions A, | D, and E. | | |
| c | 1 | Type III non-functionally | / integrated. A supp | orting organization oper | ated in co | nnection w | vith its suppor | ted organiz | zation(s) |
| | | that is not functionally int | egrated. The organiz | ation generally must sat | isfy a distr | ibution rec | quirement and | an attentiv | /eness |
| | | requirement (see instructi | ions). You must con | nplete Part IV, Sections | A and D, | and Part | ۷. | | |
| e | , | Check this box if the orga | anization received a v | written determination fro | m the IRS | that it is a | Туре I, Туре | II, Type III | |
| | | functionally integrated, or | | nally integrated supporti | ng organiz | ation. | | | |
| ſ | | er the number of supported o | | | | | | | |
| <u>ç</u> | | vide the following information i) Name of supported | n about the supporte (ii) EIN | d organization(s). (iii) Type of organization | (iv) Is the orga | inization listed | (v) Amount of | monoton | (vi) Amount of other |
| | (| organization | | (described on lines 1-10 | in your governi | ng document? | support (see ir | - | support (see instructions) |
| | | | | above (see instructions)) | Yes | No | | , | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Tot | al | | | | | | | | |

Schedule A (Form 990) 2022 Part II Support Sch

SOLOMON'S TEMPLE FOUNDATION INC.

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.)

| Se | ction A. Public Support | | | | | | |
|------|--|-----------------------|----------------------|-----------------------|----------------------|----------------------|-----------------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | 568,706. | 574,203. | 681,121. | 506,466. | 686,920. | 3017416. |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 3 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | 582,000. | 582,000. | 582,000. | 1746000. |
| 4 | Total. Add lines 1 through 3 | 568,706. | 574,203. | 1263121. | 1088466. | 1268920. | 4763416. |
| | 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, | | | | | | |
| | column (f) | | | | | | 239,028. |
| ~ | | | | | | | 4524388. |
| | Public support. Subtract line 5 from line 4. | | | | | | 4924900. |
| | | (-) 0010 | (1-) 0010 | (-) 0000 | (4) 0001 | (-) 0000 | |
| | ndar year (or fiscal year beginning in) | (a) 2018 568,706. | (b) 2019 574,203. | (c) 2020 1263121. | (d) 2021 1088466. | (e) 2022 1268920. | (f) Total 4763416. |
| | Amounts from line 4 | 500,700. | 574,205. | IZOJIZI. | 1000400. | 1200920. | 4/03410. |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | | 100 | | | 144 | 400 |
| | and income from similar sources | | 196. | 75. | 57. | 144. | 472. |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the | | | | | | |
| | business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain | | | | | | |
| | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part VI.) | | 20,460. | 17. | 3,953. | 361. | 24,791. |
| 11 | Total support. Add lines 7 through 10 | | | | | | 4788679. |
| 12 | Gross receipts from related activities, | etc. (see instructio | ns) | | | 12 | |
| 13 | First 5 years. If the Form 990 is for th | ne organization's fir | st, second, third, f | ourth, or fifth tax y | ear as a section 5 | 01(c)(3) | |
| | organization, check this box and stop | | | | | | |
| See | ction C. Computation of Publi | c Support Per | centage | | | | |
| 14 | Public support percentage for 2022 (I | ine 6, column (f), d | ivided by line 11, c | olumn (f)) | | 14 | 94.48 % |
| 15 | Public support percentage from 2021 | Schedule A, Part | II, line 14 | | | 15 | <u>93.61 %</u> |
| 16a | 33 1/3% support test - 2022. If the o | organization did no | t check the box or | n line 13, and line 1 | 14 is 33 1/3% or m | ore, check this bo> | and |
| | stop here. The organization qualifies | as a publicly suppo | orted organization | | | | X |
| b | 33 1/3% support test - 2021. If the o | organization did no | t check a box on li | ine 13 or 16a, and | line 15 is 33 1/3% | or more, check thi | s box |
| | and stop here. The organization qual | ifies as a publicly s | upported organiza | ition | | | |
| 17a | 10% -facts-and-circumstances test | - 2022. If the ora | anization did not c | | | | |
| | and if the organization meets the fact | | | | | | |
| | meets the facts-and-circumstances te | | | - | - | | |
| h | 10% -facts-and-circumstances test | - | | • • • • | - | | |
| ~ | more, and if the organization meets th | - | | | | | |
| | organization meets the facts-and-circu | | | | | | |
| 18 | Private foundation. If the organization | | • | | ••••• | | |
| -10 | i mate roundation. If the organizatio | an alla not check a l | | a, 100, 17a, 01 170 | , oncon this box a | | |

Schedule A (Form 990) 2022

SOLOMON'S TEMPLE FOUNDATION INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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.) Section A. Public Support

| Sec | Stion A. Public Support | | | | | | | |
|------|--|----------|------------------|---------------------|-----------------------|---------------------------------------|----------------|------------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 20 | 122 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | | |
| | membership fees received. (Do not | | | | | | | |
| | include any "unusual grants.") | | | | | | | |
| 2 | Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | | |
| 3 | Gross receipts from activities that are not an unrelated trade or bus- iness under section 513 | | | | | | | |
| 4 | Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf | | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | | |
| 7a | Amounts included on lines 1, 2, and | | | | | | | |
| | 3 received from disqualified persons | | | | | | | |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | | |
| c | Add lines 7a and 7b | | | | | | | |
| 8 | Public support. (Subtract line 7c from line 6.) | | | | | | | |
| Sec | ction B. Total Support | | 1 | | 1 | | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 20 | 22 | (f) Total |
| | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | | |
| b | Unrelated business taxable income (less section 511 taxes) from businesses cognized after lune 20, 1075 | | | | | | | |
| | Add lines 10a and 10b | | | | | | | |
| | Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on | | | | | | | |
| | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | | |
| | Total support. (Add lines 9, 10c, 11, and 12.) | | rot occord third | fourth or fifth tou | I voor op o opstige F | [[01(a)(2) area | | |
| 14 | First 5 years. If the Form 990 is for the | 0 | | , | , | | anization, | |
| Sec | check this box and stop here ction C. Computation of Publ | | | | | | | <u></u> |
| | Public support percentage for 2022 (| | | column (f)) | | 15 | | % |
| | Public support percentage from 2022 (Public support percentage from 2021 | | | .,, | | 16 | | % |
| | ction D. Computation of Invest | | | | | | | 70 |
| | Investment income percentage for 20 | | | ne 13. column (f)) | | 17 | | % |
| 18 | Investment income percentage for | | | | | 17 | | % |
| | 33 1/3% support tests - 2022. If the | | | | | · · · · · · · · · · · · · · · · · · · | d line 17 is r | |
| | more than 33 1/3%, check this box a | | | | | | | |
| h | 33 1/3% support tests - 2021. If the | - | • | | | | 1/3%, and | |
| ~ | line 18 is not more than 33 1/3%, che | - | | | | | | |
| 20 | Private foundation. If the organization | | | - | | - | | |
| | | | , • - | . , | | | | |

SOLOMON'S TEMPLE FOUNDATION INC.

1

Yes

No

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

Schedule A (Form 990) 2022 SOLOMON'S TEMPLE FOUNDATION INC.

2

| | | Yes | No |
|-----|---|-----|----|
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | |
| а | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and | | |
| | 11c below, the governing body of a supported organization? | | |
| b | A family member of a person described on line 11a above? 11k | | |
| с | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide | | |
| | detail in Part VI. 110 | | |
| Sec | tion B. Type I Supporting Organizations | | |
| | | Yes | No |
| 1 | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the | | |
| | supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | | |

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

| supervised, or controlled the supporting orga | anization. |
|---|------------|
| Section C. Type II Supporting Organiza | ations |

 Yes
 No

 1
 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed
 Image: Control or management of the support of the support of the same persons that control or managed
 Image: Control of the support of the suppor

| Section D | . All Type III | Supporting | Organizations |
|-----------|----------------|------------|---------------|

| | | | Yes | No |
|---|--|---|-----|----|
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By reason of the relationship described on line 2, above, did the organization's supported organizations have a | | | |
| | significant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| | supported organizations played in this regard. | 3 | | |

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

| с | The organization supported a governmental entity. | Describe in Part VI how | vou supported a | aovernmental entity | (see instructions) |). |
|---|---|-------------------------|-----------------|---------------------|--------------------|----|
| | | | | | | |

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *provide details in* **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*

Yes No

| Schedule A | (Form 990) | 2022 (|
|------------|------------|--------|
|------------|------------|--------|

Schedule A (Form 990) 2022 SOLOMON'S TEMPLE FOUNDATION INC. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

| 1 | Check here if the organization satisfied the Integral Part Test as a qualifyir | | | Part VI). See instructions. |
|----------------------------------|--|----------------|--------------------------------|--------------------------------|
| - | All other Type III non-functionally integrated supporting organizations mus | | | |
| Sect | ion A - Adjusted Net Income | (A) Prior Year | (B) Current Year (optional) | |
| 1 | Net short-term capital gain | 1 | | |
| 2 | Recoveries of prior-year distributions | 2 | | |
| 3 | Other gross income (see instructions) | 3 | | |
| 4 | Add lines 1 through 3. | 4 | | |
| 5 | Depreciation and depletion | 5 | | |
| 6 | Portion of operating expenses paid or incurred for production or | | | |
| | collection of gross income or for management, conservation, or | | | |
| | maintenance of property held for production of income (see instructions) | 6 | | |
| 7 | Other expenses (see instructions) | 7 | | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Section B - Minimum Asset Amount | | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | | | |
| | instructions for short tax year or assets held for part of year): | | | |
| a | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| C | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| е | Discount claimed for blockage or other factors | | | |
| | (explain in detail in Part VI): | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 | Subtract line 2 from line 1d. | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, | | | |
| | see instructions). | 4 | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 | Multiply line 5 by 0.035. | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Section C - Distributable Amount | | | | Current Year |
| _1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | | |
| 2 | Enter 0.85 of line 1. | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3. | 4 | | |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| | emergency temporary reduction (see instructions). | 6 | | |

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

| SOLOMON'S | TEMPLE | FOUNDATION | INC. |
|-----------|--------|------------|------|
| | | <u> </u> | |

| Par | t V Type III Non-Functionally Integrated 509 | (a)(3) Supporting Orga | nizations (continued) | |
|----------|--|-------------------------------|--|---|
| Secti | on D - Distributions | | | Current Year |
| _1 | Amounts paid to supported organizations to accomplish exe | mpt purposes | 1 | |
| 2 | Amounts paid to perform activity that directly furthers exemp | | | |
| | organizations, in excess of income from activity | 2 | | |
| 3 | Administrative expenses paid to accomplish exempt purpose | es of supported organizations | s 3 | |
| 4 | Amounts paid to acquire exempt-use assets | | 4 | |
| 5 | Qualified set-aside amounts (prior IRS approval required - prior | ovide details in Part VI) | 5 | |
| 6 | Other distributions (describe in Part VI). See instructions. | | 6 | |
| 7 | Total annual distributions. Add lines 1 through 6. | | 7 | |
| 8 | Distributions to attentive supported organizations to which the | ne organization is responsive | | |
| | (provide details in Part VI). See instructions. | | 8 | |
| 9 | Distributable amount for 2022 from Section C, line 6 | | 9 | |
| 10 | Line 8 amount divided by line 9 amount | 1 | 10 | |
| Secti | on E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2022 | (iii) Distributable Amount for 2022 |
| _1 | Distributable amount for 2022 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2022 (reason- | | | |
| | able cause required - explain in Part VI). See instructions. | | | |
| 3 | Excess distributions carryover, if any, to 2022 | | | |
| <u>a</u> | From 2017 | | | |
| b | From 2018 | | | |
| C | From 2019 | | | |
| d | From 2020 | | | |
| e | From 2021 | | | |
| f | Total of lines 3a through 3e | | | |
| | Applied to underdistributions of prior years | | | |
| <u>h</u> | Applied to 2022 distributable amount | | | |
| <u>i</u> | Carryover from 2017 not applied (see instructions) | | | |
| | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | |
| 4 | Distributions for 2022 from Section D, | | | |
| | line 7: \$ | | | |
| | Applied to underdistributions of prior years | | | |
| | Applied to 2022 distributable amount | | | |
| | Remainder. Subtract lines 4a and 4b from line 4. | | | |
| 5 | Remaining underdistributions for years prior to 2022, if | | | |
| | any. Subtract lines 3g and 4a from line 2. For result greater | | | |
| 6 | than zero, <i>explain in</i> Part VI. See instructions. Remaining underdistributions for 2022. Subtract lines 3h | | | |
| 0 | - | | | |
| | and 4b from line 1. For result greater than zero, <i>explain in</i> Part VI . See instructions. | | | |
| 7 | | | | |
| 7 | Excess distributions carryover to 2023. Add lines 3j and 4c. | | | |
| 8 | Breakdown of line 7: | | | |
| | Excess from 2018 | | | |
| | Excess from 2019 | | | |
| | Excess from 2020 | | | |
| | Excess from 2021 | | | |
| | Excess from 2022 | | | |
| | | | | |

Schedule A (Form 990) 2022

| Schedule A | (Form 990) | 2022 (|
|------------|------------|--------|
| | | |

SOLOMON'S TEMPLE FOUNDATION INC.

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

| REIMBURSEMENTS | |
|-----------------|---------|
| 2019 AMOUNT: \$ | 20,460. |
| 2020 AMOUNT: \$ | 17. |
| 2021 AMOUNT: \$ | 3,703. |
| 2022 AMOUNT: \$ | 361. |
| | |
| MISCELLANEOUS | |
| 2021 AMOUNT: \$ | 250. |
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223171 04-01-22

Identification of Excess Contributions Included on Part II, Line 5

81-0983784

2022

** Do Not File **
*** Not Open to Public Inspection ***

| Contributor's Name | Total Contributions | Excess Contributions |
|---|------------------------|-------------------------|
| WILLIAM JOSEF FOUNDATION | 125,000. | 29,226. |
| OURANIA-EPIMETHEUS TRUST | 271,350. | 175,576. |
| JOHN AND POLLY SPARKS FOUNDATION | 130,000. | 34,226. |
| | | |
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| | | |
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| | | |
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| | | |
| | | |
| | | |
| | | |
| | | |
| Fotal Excess Contributions to Schedule A, Part II, Line 5 | | 239,028. |

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

| | SOLOMON'S TEMPLE FOUNDATION INC. | 81-0983784 |
|-----------------------|--|------------|
| Organization type (ch | eck one): | |
| Filers of: | Section: | |
| Form 990 or 990-EZ | \boxed{X} 501(c)(3) (enter number) organization | |
| | 4947(a)(1) nonexempt charitable trust not treated as a private foundation | |
| | 527 political organization | |

| Form 990-PF | 501(c)(3) exempt private foundation |
|-------------|---|
| | 4947(a)(1) nonexempt charitable trust treated as a private foundation |
| | 501(c)(3) taxable private foundation |
| | |

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

📙 For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______\$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

ATLANTA, GA 30315

Name of organization

Part I

SOLOMON'S TEMPLE FOUNDATION INC.

(a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 US TREASURY Person Payroll 1500 PENNSYLVANIA AVE 194,030. Noncash \$ (Complete Part II for WASHINGTON, DC 20220 noncash contributions.) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 2 US SMALL BUSINESS ADMINISTRATION Person Payroll 64,965. 409 3RD ST SW Noncash (Complete Part II for WASHINGTON, DC 20416 (a) (b) (c) Name, address, and ZIP + 4 **Total contributions** No. 3 FULTON COUNTY **137 PEACHTREE STREET SW** 50,000. \$ ATLANTA, GA 30303 (a) (b) (c) Name, address, and ZIP + 4 **Total contributions** No. 4 THE VASSER WOOLEY FOUNDATION

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

noncash contributions.) (d) Type of contribution X Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person X Payroll Noncash 1201 W PEACHTREE STREET 4900 37,500. \$ (Complete Part II for ATLANTA, GA 30309 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 JOHN & POLLY SPARKS FOUNDATION X Person Payroll 1300 AMERICAN BLVD, MSC 0303 30,000. Noncash \$ (Complete Part II for noncash contributions.) PENNINGTON, NJ 08534 (c) (d) (a) (b) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 X 6 THE REWIND COMPANY Person Payroll 26,000. Noncash 2836 SPRINGDALE ROAD SW SUITE 3205 \$ (Complete Part II for

Employer identification number

(d)

(d)

X

X

81-0983784

noncash contributions.)

| | B (Form 990) (2022) rganization | | Page Employer identification number |
|------------|--|---------------------------|--|
| | | | |
| Part I | ON'S TEMPLE FOUNDATION INC. | | 81-0983784 |
| | Contributors (see instructions). Use duplicate copies of Part I if additiona | 1 | (d) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributior | |
| 7 | NETWORK FOR GOOD | | Person X Payroll |
| | 655 15TH ST NW, SUITE 650 | \$16,02 | |
| | WASHINGTON, DC 20005 | | (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributior | ns Type of contribution |
| 8_ | HAUSER FAMILY | | Person X Payroll |
| | 2836 SPRINGDALE ROAD SW SUITE 3205 | \$15,0 | 00. Noncash |
| | ATLANTA, GA 30315 | | (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributior | (d) Type of contribution |
| | | | |
| 9 | MOORE COLSON | | Person X Payroll |
| | 600 GALLERIA PKWY, SUITE 600 | \$14,5 | 00. Noncash (Complete Part II for |
| | ATLANTA, GA 30339 | | noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributior | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contribution | Type of contribution |
| | | \$ | Person Payroll Payroll Noncash Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributior | (d) Type of contribution |
| 110. | Nulle, audie35, alla Zir T T | | |

(Complete Part II for noncash contributions.)

Person Payroll Noncash

\$

Name of organization

81-0983784

SOLOMON'S TEMPLE FOUNDATION INC.

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

| Part II | Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. | | | | |
|------------------------------|---|---|----------------------|--|--|
| (a) No. | (b) | (c) FMV (or estimate) | (d) | | |
| from Part I | Description of noncash property given | (See instructions.) | Date received | | |
| | | | | | |
| | | \$ | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | | |
| | | | | | |
| | | \$ | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | | |
| | | | | | |
| | | \$ | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | | |
| | | | | | |
| | | \$ | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | | |
| | | | | | |
| | | \$ | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | | |
| | | | | | |
| | | \$ | | | |

| Schedule I | B (Form 990) (2022) | | | | Page 4 | | |
|---------------------------|---|---|--|--|--------------------------------|--|--|
| Name of o | organization | | | | Employer identification number | | |
| GOT.OM | ON'S TEMPLE FOUNDATION | TNC | | | 81-0983784 | | |
| Part III | Exclusively religious, charitable, etc., contribut | ions to organizations descri | ibed in section 50 | 01(c)(7), (8), or (10) th | | | |
| | from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, |) through (e) and the followin charitable, etc., contributions of \$ | ng line entry. For o 6 1,000 or less for t | organizations :he year. (Enter this info. o | once.) \$ | | |
| (a) No. | Use duplicate copies of Part III if additional | space is needed. | | 1 | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of g | gift | (d) Desc | cription of how gift is held | | |
| | | | | | | | |
| | | (e) Transi | fer of gift | | | | |
| | Transferee's name, address, a | | | Relationship of tra | nsferor to transferee | | |
| | | | | | | | |
| | | | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of g | gift | (d) Desc | cription of how gift is held | | |
| | | | | | | | |
| | | | | | | | |
| | (e) Transfer of gift | | | | | | |
| · | Transferee's name, address, a | and ZIP + 4 | F | Relationship of transferor to transferee | | | |
| | | | | | | | |
| | | | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of g | gift | (d) Desc | cription of how gift is held | | |
| | | | | | | | |
| | | | | | | | |
| | | (e) Transt | fer of gift | • | | | |
| | Transferee's name, address, a | and ZIP + 4 | F | Relationship of transferor to transferee | | | |
| | | | | | | | |
| | | | | | | | |
| (a) No. from | | | -10 | (1) D | | | |
| Part I | (b) Purpose of gift | (c) Use of g | gift | (d) Desc | cription of how gift is held | | |
| | | | | | | | |
| | | | | | | | |
| | | (e) Transt | fer of gift | 1 | | | |
| | Transferee's name, address, a | and ZIP + 4 | F | Relationship of tra | nsferor to transferee | | |
| | | | | | | | |
| | | | | | | | |

| | HEDULE D n 990) | Supplementa Complete if the orga Part IV, line 6, 7, 8, 9, 10 | nization answered ' | 'Yes" on Form 990, | | OMB No. 1545-0047 |
|------|----------------------|--|-------------------------|----------------------------|----------------|--------------------------------------|
| | | | ttach to Form 990. | | | Open to Public Inspection |
| | e of the organizati | | OUNDATION 1 | INC. | Employ | ver identification number 81-0983784 |
| 1 41 | | n answered "Yes" on Form 990, Part IV, lin | | | 1000um3. | |
| | | | (a) Donor ac | lvised funds | (b) Funds a | and other accounts |
| 1 | Total number at e | nd of year | | | | |
| 2 | | f contributions to (during year) | | | | |
| 3 | Aggregate value o | f grants from (during year) | | | | |
| 4 | Aggregate value a | t end of year | | | | |
| 5 | Did the organization | on inform all donors and donor advisors in v | vriting that the asset | s held in donor advised fu | unds | |
| | are the organization | on's property, subject to the organization's | exclusive legal contr | ol? | | Yes No |
| 6 | • | on inform all grantees, donors, and donor a | • | • | | |
| | | poses and not for the benefit of the donor of | , | , , , | Ũ | |
| Par | impermissible priv | | | | | Yes No |
| | | ation Easements. Complete if the org | | | IV, line 7. | |
| 1 | | servation easements held by the organization of land for public use (for example, recrea | · · · · | Preservation of a hi | storically imr | ortant land area |
| | | of natural habitat | | Preservation of a ce | , , | |
| | — | n of open space | | | | |
| 2 | | through 2d if the organization held a qualif | ied conservation cor | tribution in the form of a | conservation | easement on the last |
| | day of the tax yea | | | | | ld at the End of the Tax Year |
| а | Total number of co | onservation easements | | | 2a | |
| b | Total acreage rest | ricted by conservation easements | | | 2b | |
| с | Number of conser | vation easements on a certified historic stru | ucture included in (a) | | . 2c | |
| d | Number of conser | vation easements included in (c) acquired a | fter July 25,2006, ar | nd not on a | | |
| | | | | | - | |
| 3 | Number of conser | vation easements modified, transferred, rele | eased, extinguished, | or terminated by the orga | anization dur | ing the tax |
| | year | | | | | |
| 4 | | where property subject to conservation eas | | naction bandling of | | |
| 5 | | tion have a written policy regarding the per forcement of the conservation easements it | | | | Yes No |
| 6 | , | er hours devoted to monitoring, inspecting, | | s and enforcing conserva | | |
| Ŭ | | | narialing of violation | s, and officially concerve | | |
| 7 | Amount of expens | ses incurred in monitoring, inspecting, hand | ling of violations, and | d enforcing conservation | easements d | uring the year |
| | | | • | - | | |
| 8 | Does each conser | vation easement reported on line 2(d) abov | e satisfy the requirer | nents of section 170(h)(4) | (B)(i) | |
| | and section 170(h |)(4)(B)(ii)? | | | | 🗌 Yes 🗌 No |
| 9 | - | be how the organization reports conservation | | • | | |
| | | d include, if applicable, the text of the footn | ote to the organizati | on's financial statements | that describe | es the |
| Dar | | ounting for conservation easements. ations Maintaining Collections of | Art Historical | Frageurae or Other | Similar A | ecote |
| ı aı | | f the organization answered "Yes" on Form | - | | | 33513. |
| 10 | | elected, as permitted under FASB ASC 95 | | rovonuo statomont and b | alanaa ahaat | worko |
| Id | • | easures, or other similar assets held for pub | · · | | | |
| | | Part XIII the text of the footnote to its finar | | | | |
| b | • | elected, as permitted under FASB ASC 95 | | | ice sheet wo | rks of |
| ~ | - | sures, or other similar assets held for public | | | | |
| | | ing amounts relating to these items: | , 200 | , | | , |
| | | ided on Form 990, Part VIII, line 1 | | | \$ | |
| | | | | | | |
| 2 | If the organization | received or held works of art, historical trea | | | | |
| | | unts required to be reported under FASB A | | | | |

b Assets included in Form 990, Part X
 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.
 232051 09-01-22

a Revenue included on Form 990, Part VIII, line 1

Schedule D (Form 990) 2022

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| Sche | | 'S TEMPLE | | | | | | 81-09 | 83784 | Pa | ge 2 |
|----------|---|------------------------|-------------|---------------|----------------|--------------------|----------------------|---------------------|------------|-----------|-------------|
| Par | t III Organizations Maintaining C | ollections of Ar | t, Histo | orical Tre | easures, or | ^r Other | [.] Similar | ⁻ Assets | (continu | ied) | |
| 3 | Using the organization's acquisition, accessi | on, and other record | s, check | any of the | following that | make sig | gnificant u | ise of its | | | |
| | collection items (check all that apply): | | | | | | | | | | |
| а | Public exhibition | c | 1 🗌 L | oan or exc | hange progra | ım | | | | | |
| b | Scholarly research | e | • 🗌 (| Other | | | | | | | |
| С | Preservation for future generations | | | | | | | | | | |
| 4 | Provide a description of the organization's co | | | • | - | | | se in Part | XIII. | | |
| 5 | During the year, did the organization solicit o | r receive donations of | of art, his | torical trea | sures, or othe | r similar | assets | | _ | | |
| | to be sold to raise funds rather than to be ma | | | | | | | | Yes | | No |
| Par | t IV Escrow and Custodial Arran | | ete if the | organizatio | on answered " | Yes" on | Form 990 | , Part IV, I | ine 9, or | | |
| | reported an amount on Form 990, Pa | | | | | | | | | | |
| 1a | Is the organization an agent, trustee, custodi | | • | | | | | | 7 | | 1 |
| | on Form 990, Part X? | | | | | | | L | Yes | | No |
| b | If "Yes," explain the arrangement in Part XIII | and complete the fo | llowing ta | ıble: | | | | | A | | |
| | | | | | | | | | Amount | | |
| | Beginning balance | | | | | | | | | | |
| | Additions during the year | | | | | | | | | | |
| e 4 | Distributions during the year | | | | | | 1e 1f | | | | |
| 20 | Ending balance Did the organization include an amount on Fe | | | | | | | | Yes | | No |
| | If "Yes," explain the arrangement in Part XIII. | | | | | | LY ? | L | 165 | \square | NU |
| Par | | | | | | | 0. | | | | |
| | | (a) Current year | | rior year | (c) Two year | | (d) Three y | ears back | (e) Four y | /ears b | ack |
| 1a | Beginning of year balance | | | | | | | | | | |
| b | Contributions | | | | | | | | | | |
| с | Net investment earnings, gains, and losses | | | | | | | | | | |
| d | Grants or scholarships | | | | | | | | | | |
| е | Other expenditures for facilities | | | | | | | | | | |
| | and programs | | | | | | | | | | |
| f | Administrative expenses | | | | | | | | | | |
| g | End of year balance | | | | | | | | | | |
| 2 | Provide the estimated percentage of the curr | rent year end balanc | e (line 1g | , column (a |)) held as: | | | | | | |
| а | Board designated or quasi-endowment | | _% | | | | | | | | |
| b | Permanent endowment | % | | | | | | | | | |
| С | Term endowment | % | | | | | | | | | |
| | The percentages on lines 2a, 2b, and 2c sho | | | | | | | | | | |
| 3a | Are there endowment funds not in the posse | ssion of the organiza | ation that | are held a | nd administer | ed for the | е | | | | |
| | organization by: | | | | | | | | | /es | No |
| | (i) Unrelated organizations | | | | | | | | 3a(i) | | |
| | (ii) Related organizations | | | | | | | | 3a(ii) | | |
| | If "Yes" on line 3a(ii), are the related organiza | | | | | | | | 3b | | |
| 4 Par | Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipm | | wment fu | inas. | | | | | | | |
| 1 41 | Complete if the organization answere | |) Part IV | line 11a S | See Form 990 | Part X I | line 10 | | | | |
| | Description of property | (a) Cost or c | | | t or other | | ccumulate | d l | (d) Book | value | |
| | Description of property | basis (investr | | • • | (other) | • • | preciation | | | value | |
| 1a | Land | | , | | 、 · / | | | | | | |
| | Buildings | | | | | | | | | | |
| | Leasehold improvements | | | 31 | 4,587. | | 68,5 | 75. | 246 | ,01 | 2. |
| | Equipment | | | | 2,973. | | 20,89 | | | ,08 | |
| | Other | | | | - | | | | | | |
| - | . Add lines 1a through 1e. (Column (d) must e | | X. colum | n (B). line 1 | 0c.) | | | | 268 | ,09 | 5. |
| | | | - | | | | | | | | |

Schedule D (Form 990) 2022

| (a) Description of security or category uncluding name of security. (b) Book value (c) Method of valuation: Cost or end-of-year market value 3) Other | Complete if the organization answered "Yes" | on Form 990, Part IV, line | 11b. See Form 990, Part X, line 12. | |
|--|--|----------------------------|--|-----------------------|
| 2) Closely held equity interests | - | | - | -of-year market value |
| 2) Closely held equity interests | (1) Financial derivatives | | | |
| a) Other | | | | |
| (A) | (3) Other | | | |
| (C) (C) (D) (C) (E) (C) (F) (F) (F) (| | | | |
| D Image: Constraint of the organization answered 'Yes' on Form 980, Part IV, line 115. See Form 980, Part X, line 13. Image: Constraint of the organization answered 'Yes' on Form 980, Part IV, line 115. See Form 980, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (b) Image: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (c) Image: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (c) Image: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (d) Image: Cost On investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (f) Image: Cost On investment (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (f) Image: Cost On investment (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (f) Image: Cost One State Sta | | | | |
| (E) Image: second s | (C) | | | |
| (F) (G) (G) (G) (G) (G) (a) Description of investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Mutst equal Form 990, Part X, col. (b) line 12. (a) Description of investment (b) Book value (c) Mutst equal Form 990, Part X, col. (b) line 13. (d) (G) (f) (G) Description (h) (G) Description (f) (G) (b) mutst equal Form 990, Part X, col. (b) line 13.) (f) (G) Description (g) Description (b) Book value (g) Description (b) Book value (g) Description (b) Book value (g) (G) Origination answered "Yes" on Form 990, Part W, line 11d. See Form 990, Part X, line 15. (g) (G) Description (g) (G) Description (h) (G) Description (h) (G) Description (G) mutst equal Form 990, Part X, col. (G) line 15. (g) (G) Description of inability (h) (h) (g) (G) Descripti | (D) | | | |
| (G) (G) (H) (G) Part VIIII Investments - Program Related. (G) Method of valuation: Cost or end-oryear market value (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-oryear market value (1) (e) Method of valuation: Cost or end-oryear market value (f) (g) (g) Book value (e) Method of valuation: Cost or end-oryear market value (g) (g) (g) (g) (g) (g) (g) (g) <tr< td=""><td>(E)</td><td></td><td></td><td></td></tr<> | (E) | | | |
| (H) Image: Construct of the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end of year market value (1) (a) Description of investment (b) Book value (c) Method of valuation: Cost or end of year market value (1) (a) Description of investment (b) Book value (c) Method of valuation: Cost or end of year market value (1) (a) Description of investment (b) Book value (c) Method of valuation: Cost or end of year market value (1) (a) Description of investment (b) Book value (c) Method of valuation: Cost or end of year market value (1) (a) Description (b) Book value (c) Method of valuation: Cost or end of year market value (b) (c) (c) (c) (c) (c) (c) (b) (c) (c) (c) (c) (c) (c) (c) (b) (c) (c) (c) (c) (c) (c) (c) (c) (1) (c) (c) (c) (c) (c) (c) (c) < | (F) | | | |
| Ordel. (-b). must equal Form 990. Part X, col. (B) line 12. Investments - Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (b) Book value (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (1) (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (1) (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (2) (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (3) (c) Method of value (c) Method of value (c) Method of value (7) (c) Method of value (c) Method of value (c) Method of value (7) (c) Method of value (c) Method of value (c) Method of value (1) (c) Method of value (c) Method of value (c) Method of value (1) (c) Method of value (c) Method of value (c) Method of value (1) (c) Method of | (G) | | | |
| Part VIII Investments - Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (a) (b) Book value (c) Method of valuation: Cost or end-of-year market value (a) (c) (c) Method of valuation: Cost or end-of-year market value (a) (c) (c) Method of valuation: Cost or end-of-year market value (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) <td>(H)</td> <td></td> <td></td> <td></td> | (H) | | | |
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| (5) I (6) I (7) I (8) I (9) I (9) I (9) I (1) I (a) Description (b) Book value (1) I (2) I (3) I (4) I (5) I (6) I (7) I (8) I (9) I (1) I (2) I (3) I (4) I (5) I (6) I (7) I (8) I (9) I Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (1) Federal income taxes I (2) I | | | | |
| (6) | | | | |
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| (9) (b) Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) (b) Book value (1) (a) (b) (2) (b) (c) (3) (c) (c) (4) (c) (c) (5) (c) (c) (6) (c) (c) (7) (c) (c) (8) (c) (c) (9) (c) (c) Complete if the organization answerd "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 25. (c) Part X Other Liabilities. (c) Complete if the organization answerd "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 25. (c) (a) (c) (c) (c) (1) Federal income taxes (c) (2) (c) (c) (c) (3) (c) (c) (c) (4) (c) (c) (c) (6) (c) | | | | |
| Intel (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (a) Description (2) (b) Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (4) (c) (5) (c) (6) (c) (7) (c) (6) (c) (7) (c) (6) (c) (7) (c) (7) (c) (8) (c) (9) (c) Part X Other Labilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (b) Book value (1) Federal income taxes (c) (2) (a) (c) (3) (c) (c) (6) (c) (c) (7) (c) (c) (6) (c) (c) | | | | |
| Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value (1) (b) Book value (c) (2) (c) (c) (3) (c) (c) (4) (c) (c) (6) (c) (c) (7) (c) (c) (8) (c) (c) (9) (c) (c) Part X Other Liabilities. (c) Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (c) 1 (a) Description of liability (b) Book value (1) Federal income taxes (c) (c) (2) (c) (c) (3) (c) (c) (c) (4) (c) (c) (c) (5) (c) (c) (c) (6) (c) (c) (c) (6) (c) (c) (c) (6) <t< td=""><td></td><td></td><td></td><td></td></t<> | | | | |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value (1) (a) Description (b) Book value (2) (a) (a) (3) (b) Book value (c) (4) (b) Book value (c) (5) (c) (c) (6) (c) (c) (7) (c) (c) (8) (c) (c) (9) (c) (c) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) (c) Part X Other Liabilities. (c) Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (b) Book value (1) Federal income taxes (c) (c) (2) (c) (c) (3) (c) (c) (c) (4) (c) (c) (c) (6) (c) (c) (c) (6) (c) (c) (c) (6) (c) (c) <td< td=""><td>Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)</td><td></td><td></td><td></td></td<> | Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) | | | |
| (a) Description (b) Book value (1) | | on Form 000 Dort IV line | 11d Soc Form 000 Port V line 15 | |
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| (9) Image: Column (b) must equal Form 990, Part X, col. (B) line 15.) Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (b) Book value (2) (a) (b) Book value (3) (b) (c) (4) (c) (c) (5) (c) (c) (6) (c) (c) (7) (c) (c) (8) (c) (c) (9) (c) (c) | | | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (1) Federal income taxes (2) (2) (3) (4) (5) (6) (1) (6) (7) (2) (7) (8) (1) (9) (1) (1) | | | | |
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| (4) (4) (5) (6) (6) (7) (7) (8) (8) (9) | | | | |
| (5) (5) (6) (7) (7) (7) (8) (9) | | | | |
| (6) (7) (7) (8) (8) (9) | | | | |
| (7) (8) (9) | | | | |
| (8) (9) | | | | |
| (9) | | | | |
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| | | e 25.) | | |

SOLOMON'S TEMPLE FOUNDATION INC.

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

X

81-0983784 Page 3

Schedule D (Form 990) 2022

| | edule D (Form 990) 2022 SOLOMON'S TEMPLE FOUNDATION I | | | | 0983784 _{Page} | e 4 |
|--|---|---|---------------------------|------------------|--|-----------------|
| Pa | rt XI Reconciliation of Revenue per Audited Financial Statements V | With Re | evenue per Re | turn. | | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | | | | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 1,209,614 | <u>4.</u> |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | | |
| а | Net unrealized gains (losses) on investments | 2a | | | | |
| b | Donated services and use of facilities2 | 2b | 592,000. | | | |
| С | Recoveries of prior year grants | 2c | | | | |
| d | Other (Describe in Part XIII.) | 2d | | | | |
| е | Add lines 2a through 2d | | | 2e | 592,000 | |
| 3 | Subtract line 2e from line 1 | | | 3 | 617,614 | 4. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | la | | | | |
| b | Other (Describe in Part XIII.) | łb | | | | |
| | Add lines 4a and 4b | | | 4c | | 0. |
| С | Add lines 4a and 4b | | | | | |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | | 5 | 617,614 | 4. |
| 5 | Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) Int XII Reconciliation of Expenses per Audited Financial Statements | | | | 617,614 n. | 4. |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | | | 1. | |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) rt XII Reconciliation of Expenses per Audited Financial Statements | With E | xpenses per F | | 617,614 n. 1,055,796 | |
| 5 Pa | Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | With E | xpenses per F | leturi | 1. | |
| 5 Pa 1 | Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) TABLE Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: | With E | xpenses per F | leturi | 1. | |
| 5 Pa 1 2 | Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities | With E | xpenses per F | leturi | 1. | |
| 5 Pa 1 2 a | Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments 2 | With E | xpenses per F | leturi | 1. | |
| 5 Pa 1 2 a | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Int XII Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities 2 Prior year adjustments 2 Other losses 2 | With E | xpenses per F | leturi | n. 1,055,796 | 6. |
| 5 Pa 1 2 a | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) | 222 222 222 222 222 222 222 222 222 22 | xpenses per F | leturi | n. <u>1,055,796</u> 592,000 | 6. |
| 5 Pa 1 2 a b c d | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Int XII Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: 2 Donated services and use of facilities 2 Prior year adjustments 2 Other losses 2 Other (Describe in Part XIII.) 2 Add lines 2a through 2d 2 | With E 2a 2b 2c 2d | xpenses per F | 1 | n. 1,055,796 | 6. |
| 5 Pa 1 2 a b c d e | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) | With E 2a 2b 2c 2d | xpenses per F | eturi 1 2e | n. <u>1,055,796</u> 592,000 | 6. |
| 5 Pa 1 2 a b c d e 3 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: | With E 2a 2b 2c 2d | xpenses per F | eturi 1 2e | n. <u>1,055,796</u> 592,000 | 6. |
| 5 Pa 1 2 a b c d e 3 4 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities 2 Prior year adjustments 2 Other losses 2 Other (Describe in Part XIII.) 2 Add lines 2a through 2d 2 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 4 | With E 2a 2b 2c 2d | xpenses per F | eturi 1 2e | n. <u>1,055,796</u> 592,000 | 6. |
| 5 Pa 1 2 a b c d e 3 4 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b | With E 2a 2b 2c 2d 2d la lb | xpenses per F 592,000. | eturi 1 2e | n. <u>1,055,796</u> 592,000 | <u>6.</u> |
| 5 Pa 1 2 a b c d e 3 4 a b c 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) | With E | xpenses per F 592,000. | 1 2e 3 | n. <u>1,055,796</u> <u>592,000</u> <u>463,796</u> | <u>6.</u> 6. |

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE INTERNAL REVENUE SERVICE HAS DETERMINED THAT THE FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER THE PROVISIONS OF INTERNAL REVENUE CODE SECTION 501(C)(3). ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN MADE IN THESE FINANCIAL STATEMENTS. MANAGEMENT OF THE FOUNDATION CONSIDERS THE LIKELIHOOD OF CHANGES BY TAXING AUTHORITIES IN ITS EXEMPT ORGANIZATION RETURNS AND DISCLOSES POTENTIAL SIGNIFICANT CHANGES THAT MANAGEMENT BELIEVES ARE MORE LIKELY THAN NOT TO OCCUR UPON EXAMINATION BY TAX AUTHORITIES. MANAGEMENT HAS NOT IDENTIFIED ANY UNCERTAIN TAX POSITIONS IN FILED RETURNS THAT REQUIRE DISCLOSURE IN THE ACCOMPANYING FINANCIAL STATEMENTS.

THE FOUNDATION FILES FORM 990 IN THE U.S. FEDERAL JURISDICTION AND THE

SOLOMON'S TEMPLE FOUNDATION INC. 81-0983784 Page 5 Part XIII Supplemental Information (continued)

STATE OF GEORGIA.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

ADJUSTMENT TO AGREE TO AUDITED ENDING NET ASSETS

-3,531.

| SCHEDULE G | Suppleme | ntal Information Regarding | Fund | Iraisi | ing or Gaming A | ctiv | ities | OMB | No. 1545-0047 |
|--|--------------------------|--|----------|------------------------------|--------------------------------------|------------|-----------------------------|-----------|-------------------------|
| (Form 990) | | e organization answered "Yes" on organization entered more than \$1 | | | | r 19, | or if the | 2 | 2022 |
| Department of the Treasury Internal Revenue Service | Got | Attach to Form 990 www.irs.gov/Form990 for instru | | | | 1 . | | | en to Public pection |
| Name of the organization | | | | | | | Employer | identifi | ication number |
| | SOLOMON | 'S TEMPLE FOUNDATI | ON 3 | INC | • | | 81-098 | 3378 | 4 |
| | complete this par | Complete if the organization answe | ered "Y | 'es" or | n Form 990, Part IV, I | ine 1 | 7. Form 990 | -EZ file | rs are not |
| · · · | | sed funds through any of the followir | na activ | ,ities (| Check all that apply | | | | |
| a Mail solicitat | - | | - | | overnment grants | | | | |
| | email solicitations | | | - | - | | | | |
| c Phone solici | tations | g 📃 Specia | | • | e e | | | | |
| d 🗌 In-person so | licitations | | | | | | | | |
| 2 a Did the organization | on have a written o | or oral agreement with any individual | (includ | ling of | ficers, directors, trus | tees, | or | | |
| key employees list | ed in Form 990, P | art VII) or entity in connection with p | rofessi | onal fi | undraising services? | | X | ſes | No No |
| b If "Yes," list the 10 | highest paid indiv | viduals or entities (fundraisers) pursu | ant to | agreer | ments under which th | ne fur | ndraiser is to | be | |
| compensated at le | ast \$5,000 by the | organization. | | | | | | | |
| (*) News and address | a la filmatici dalla all | | (iii) | Did | | | Amount pai | | i) Amount paid |
| (i) Name and addres or entity (fund | | (ii) Activity | have c | raiser ustody ntrol of | (iv) Gross receipts from activity | | or retained b fundraiser | | (or retained by) |
| or only (lane | | | contrib | utions? | non douvry | lis | ted in col. (i |) | organization |
| WELLSPRING RESOURCE | 3 | | Yes | No | | | | | |
| MANAGEMENT LLC - 20 | 00 | GRANTWRITING | | x | 0. | | 26,00 | 0. | -26,000. |
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| Total | | | | <u></u> | | | 26,00 | | -26,000. |
| List all states in whi or licensing. | ich the organizatio | on is registered or licensed to solicit | contrib | utions | or has been notified | it is e | exempt from | ı registr | ration |
| GA | | | | | | | | | |
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Schedule G (Form 990) 2022 SOLOMON'S TEMPLE FOUNDATION INC.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

| | 3 3 | | EZ, lines 1 and 6b. List e | | |
|----------|---|---|---|--|---|
| | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events |
| | | | GOLF | NONE | (add col. (a) through |
| | | GALA | TOURNAMENT | | col. (c)) |
| | | (event type) | (event type) | (total number) | |
| 1 | Gross receipts | 111,133. | 52,646. | | 163,779. |
| 2 | Less: Contributions | 88,906. | 42,117. | | 131,023 |
| 3 | Gross income (line 1 minus line 2) | 22,227. | 10,529. | | 32,756 |
| 4 | Cash prizes | | | | |
| 5 | Noncash prizes | | | | |
| 6 | Rent/facility costs | 31,702. | | | 31,702 |
| 7 | Food and beverages | | | | |
| Q | Entertainment | 2 350. | | | 2,350 |
| | | 34 943. | 33 572. | | 68,515 |
| | | a | | | 102,567 |
| | . , , , , , , , , , , , , , , , , , , , | () | | | -69,811 |
| | | | | | 00,011 |
| _ | | | | | |
| | | | (b) Pull tabs/instant | | (d) Total gaming (add |
| | | (a) Bingo | | (c) Other gaming | col. (a) through col. (c |
| | | | | | |
| 4 | Gross rovonuo | | | | |
| <u> </u> | | | | | |
| 2 | Cash prizes | | | | |
| - | | | | | |
| 3 | Noncash prizes | | | | |
| 4 | Rent/facility costs | | | | |
| 5 | Other direct expenses | | | | |
| ~ | | | | Yes% | |
| 6 | volunteer labor | | | NO | |
| 7 | Direct expense summary. Add lines 2 through | n 5 in column (d) | | | |
| 8 | Net gaming income summary. Subtract line 7 | from line 1, column (d) | | | |
| | | | | | • |
| Ent | er the state(s) in which the organization condu | ucts gaming activities: | | | |
| | | | | | Yes No |
| | No," explain: | | | | |
| | | | | | |
| | | | | | |
| | re any of the organization's gaming licenses re | | | ear? | Yes No |
| | re any of the organization's gaming licenses re Yes," explain: | | | ear? | Yes N |
| | 2 3 4 5 6 7 8 9 10 1 2 3 4 5 6 7 8 9 10 11 1 2 3 4 5 6 7 8 9 10 11 1 2 3 4 5 6 7 8 9 10 11 1 1 2 3 4 5 6 7 8 9 10 11 1 1 1 1 1 1 1 1 1 1 1 1 | 2 Less: Contributions 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 11 Net income summary. Subtract line 10 from 1 111 Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 8 Net gaming income summary. Subtract line 7 | 1 Gross receipts 111,133. 2 Less: Contributions 88,906. 3 Gross income (line 1 minus line 2) 22,227. 4 Cash prizes 22,227. 4 Cash prizes 31,702. 5 Noncash prizes 31,702. 6 Rent/facility costs 31,702. 7 Food and beverages 34,943. 10 Direct expenses summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) 11 Gaming. Complete if the organization answered "Yes" on Form \$15,000 on Form 990-EZ, line 6a. 2 Cash prizes (a) Bingo 1 Gross revenue (a) Bingo 2 Cash prizes (a) Bingo 3 Noncash prizes (a) Bingo 4 Rent/facility costs (a) Bingo 5 Other direct expenses (b) No 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 8 Net gaming income summary. Subtract line 7 from line 1, column (d) Enter the state(s) in which the organizatio | GALA TOURNAMENT (event type) (event type) 1 Gross receipts 111,133. 52,646. 2 Less: Contributions 88,906. 42,117. 3 Gross income (line 1 minus line 2) 22,227. 10,529. 4 Cash prizes | GALA TOURNAMENT (event type) (event type) (total number) 1 Gross receipts 111,133. 52,646. 2 Less: Contributions 88,906. 42,117. 3 Gross income (line 1 minus line 2) 22,227. 10,529. 4 Cash prizes |

232082 10-27-22

Schedule G (Form 990) 2022

| Sch | edule G (Form 990) 2022 | SOLOMON'S | TEMPLE | FOUNDATION | INC. 8 | 31-098378 | 34 Page 3 |
|-----|---|-------------------------|-------------------|-------------------------|--------------------------------|--------------------|-------------|
| 11 | Does the organization conduct ga | | | | | Ye | s 🗌 No |
| 12 | Is the organization a grantor, bene | | | | | | |
| | to administer charitable gaming? | | | | - | Ye | s 🗌 No |
| 13 | Indicate the percentage of gaming | | | | | | |
| á | a The organization's facility | | | | | 13a | % |
| | • An outside facility | | | | | | % |
| 14 | Enter the name and address of the | e person who prepar | es the organiz | ation's gaming/specia | l events books and records | | |
| | Name | | | | | | |
| | Address | | | | | | |
| 15a | a Does the organization have a cont | tract with a third part | y from whom | the organization receiv | ves gaming revenue? | Ye | s 🗌 No |
| ł | If "Yes," enter the amount of gami | ing revenue received | by the organia | zation \$ | and the amou | unt | |
| | of gaming revenue retained by the | | | | | | |
| c | If "Yes," enter name and address | | | | | | |
| | Name | | | | | | |
| | Address | | | | | | |
| | | | | | | | |
| 16 | Gaming manager information: | | | | | | |
| | Name | | | | | | |
| | Name | | | | | | |
| | Gaming manager compensation | \$ | | | | | |
| | | • | | | | | |
| | Description of services provided | | | | | | |
| | · · · | | | | | | |
| | | | | | | | |
| | Director/officer | Employee | | Independent contracto | λr. | | |
| | | | | | | | |
| 17 | Mandatory distributions: | | | | | | |
| | Is the organization required under | state law to make ch | naritable distril | butions from the gami | na proceeds to | | |
| | | | | 6 | | 🗌 Ye | s 🗌 No |
| ł | Enter the amount of distributions | | | | | | |
| | organization's own exempt activiti | es during the tax yea | ar \$ | | - | | |
| Pa | Supplemental Inform 15b, 15c, 16, and 17b, as | | | | e 2b, columns (iii) and (v); a | nd Part III, lines | 9, 9b, 10b, |
| | | | ndo any addie | | | | |
| SC | HEDULE G, PART I, | LINE 2B, L | IST OF | TEN HIGHEST | PAID FUNDRAIS | SERS: | |
| | | | | | | | |
| (I |) NAME OF FUNDRAIS | SER: WELLSP | RING RE | SOURCE MANA | GEMENT LLC | | |
| | | | | | | | |
| (I |) ADDRESS OF FUNDE | RAISER: 200 | MONTGO | MERY FERRY | DR NE, ATLANTA | A, GA 30 | 309 |
| | | | | | | | |
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| Schedule G | i (Form | 990) |
|------------|---------|------|
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| Part IV | Supplemental Information (continued) |
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SCHEDULE O (Form 990)

Name of the organization

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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



SOLOMON'S TEMPLE FOUNDATION INC.

81-0983784

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SOLOMON'S TEMPLE IS A HOLISTIC EMERGENCY AND TRANSITIONAL FACILITY FOR

HOMELESS WOMEN AND THEIR CHILDREN. THE CORE PROGRAMS OF SHELTER, FOOD,

FAMILY COACHING AND EMPLOYMENT SERVICES ARE DESIGNED TO HELP GUIDE

HOMELESS FAMILIES TOWARD LIVES OF INDEPENDENCE.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SOLOMON'S TEMPLE IS A HOLISTIC EMERGENCY AND TRANSITIONAL FACILITY FOR

HOMELESS WOMEN AND THEIR CHILDREN. THE CORE PROGRAMS OF SHELTER, FOOD,

FAMILY COACHING AND EMPLOYMENT SERVICES ARE DESIGNED TO HELP GUIDE

HOMELESS FAMILIES TOWARD LIVES OF INDEPENDENCE.

FORM 990, PART VI, SECTION A, LINE 2:

THE CHAIRMAN SOLOMON SMALLWOOD AND DIRECTOR JACQULINE SMALLWOOD HAVE A

FAMILY RELATIONSHIP.

FORM 990, PART VI, SECTION A, LINE 8B:

THE ORGANIZATION DOES NOT HAVE ANY COMMITTEES.

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 IS PREPARED BY CPA AND SENT TO THE CHAIRMAN AND ACCOUNTING FOR

REVIEW PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

| THE APPROVAL OF COMPENSATION FOR TOP EMPLOYEES INCLUDING THE EXECUTIVE |
|--|
| DIRECTOR IS APPROVED BY THE CHAIRMAN AND BOARD OF DIRECTORS. |
| |
| |
| FORM 990, PART VI, SECTION C, LINE 19: |
| NO OTHER DOCUMENTS AVAILABLE TO THE PUBLIC. |
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BOARD OF DIRECTORS MONITORS THE CONFLICT OF INTEREST POLICY.

FORM 990, PART VI, SECTION B, LINE 15:

Schedule O (Form 990) 2022

Name of the organization

Employer identification number 81-0983784

kmarion@tsgfm.com

| From: | Solomon Smallwood <ssmallwood@tsgfm.com></ssmallwood@tsgfm.com> |
|----------|---|
| Sent: | Tuesday, November 14, 2023 10:19 AM |
| То: | Kim Marion |
| Subject: | Fwd: 2022 Electronic Return Accepted by the IRS |

Print

Sent from my iPhone

Begin forwarded message:

From: CCH-ReturnNotification@wolterskluwer.com Date: November 13, 2023 at 2:57:03 PM EST To: ssmallwood@tsgfm.com Subject: 2022 Electronic Return Accepted by the IRS

Solomons Temple Foundation Inc.,

You are receiving this e-mail on behalf of Mauldin & Jenkins LLC.

Your electronically filed Exempt federal income tax return for tax year 2022 has been acknowledged as accepted for processing by the IRS on 11/13/2023.

Your return was sent to the Ogden Service Center.

Your SubmissionID is **58030320233170384e03**. Your Client ID is **03016793**.

Do not mail the paper copy of your tax return to the IRS. It is for your use only.

PLEASE DO NOT REPLY TO THIS E-MAIL.

We generate this e-mail automatically from your request to be notified when your return or extension is accepted by the taxing authority. We do not monitor this e-mail address for incoming e-mail traffic. If you need assistance or have a question, please contact the firm preparing this return for you. Thank you.